

Therapy

17

WHY SPEECH THERAPY ?

Mythra Mahesh
Madhuri Pai



The
Spastics
Society
of India

REFERENCE



WHY SPEECH THERAPY?

Mythra Mahesh
Madhuri Pai

INTRODUCTION

According to the most commonly accepted definition, infants born with cerebral palsy (c.p.) have a static, non progressive damage to the brain. The most common sequel of c.p. is disordered or delayed speech and language development. The disorder covers an entire range of spectrum from near 'normal' to complete lack of speech. (clinically referred to as anarthria).

Human speech does not occur in a simple or isolated way. It is a complex and delicate balance of neuromuscular movements. Lack of comprehension, difficulty in the use of words, and sentences is caused by the intellectual impairment. Professionals refer to this problem as speech deficiency. Studies indicate that seventy percent of spastic quadriplegic have poor vocabulary, limited attention and memory. Among those c.p. persons, who are least affected intellectually, the language development and comprehension is relatively intact although their speech may be defective.



REFERENCE

Expressive skills in c.p. are severely disordered due to poor muscular coordination which affects speech organs like tongue, lips, larynx, diaphragm etc. Difficulties with biting, sucking, swallowing chewing co-exist with speech problems. A study of over one thousand c.p. children revealed that sixty-eight percent had speech impairment. Forty percent were severe un-intelligible and remaining twenty-eight percent also had significantly unintelligible speech. Speech experts in America have reported following characteristics of c.p. speech: poor respiratory control, slow rate of speech, weak voice, low or high pitch, monotone and excessive jaw movements. Similar studies are not available in India. However much work is still needed in this area before any understanding of language potential and performance of c.p. persons would emerge.

As mentioned earlier, if factors such as hearing loss, mental retardation, restricted language environment (limited exposure, stimulus from environment) are present, delayed comprehension and expression of language results. If comprehension is good and expressive language of speech is affected, immediate intervention and remediation is required.

ROLE OF A SPEECH THERAPIST

The importance of early intervention in c.p. can not be over emphasised. Early involvement of several professionals is essential for development of a c.p. child. The speech-language pathologist as a rule becomes actively involved

with child, even before first words are spoken. Together with an occupational therapist, a speech therapist works on feeding patterns, babbling, lip movement, breathing control and other related aspects leading to speech.

The speech therapist interacts closely with parents. She educates or informs them about normal speech and language development, importance of improving breathing patterns, methods of achieving relaxation, appropriate lip movements, drooling, its effects on speech development and methods of controlling it, and need for providing stimulating environment. She is alert to the problems faced by parents and may recommend a social workers intervention.

Several research studies have indicated that social work counselling of parents is most helpful during the early stages when parents may have unrealistic expectation about their child's language development. At time, they are unable to cope with the reality. Speech therapists brings any specific problems to the notice of the social worker, who can then take appropriate corrective steps. Such an integrated, interdisciplinary professional approach is now a rule in the technical institute the Spastics Society of India.

Parents in turn, must keep in mind that speech, occupational and physio therapy should not be considered in isolation. A team approach to development is always taken and joint goals for development are set. The role of a speech

therapist has broadened in recent years to include assessment, facilitating non speech behaviours, like babbling, optimal positioning for respiration, identification of residual abilities, attention and eye contact etc. While some of these functions may not 'appear' very therapeutic, they have an indirect bearing on the speech and language development of a c.p. child.

It must be stated that even with early intervention in pre-speech, language and speech areas, many persons with c.p. remain severely unintelligible. Speech therapists at some point of time may even take a decision on alternate or supplementary models and modes of communication. Several such high and low technology aids are now available. The role of these aids in communication is discussed separately.

Often, along with speech impairment, a speech therapist recognises an associated hearing disorder. As the prevalence of hearing loss in the population of c.p. people is very high compared to the general population a speech professional is always alert to this problem. The reason being, most of the causes of c.p. also produce hearing loss. Again, according to the studies carried out in the U.S. Athetoid children are reported to be more prone to hearing disorder compared to the spastic children. Quoting the American study covering a large sample of 1,000 children, with c.p. in Boston, twenty percent, were reported to have mild to severe hearing problem. Therefore, a speech therapist may recommend an audiological study if she

suspects a problem. Obviously, an early coordinated evaluation and management of hearing impaired c.p. child maximises the rehabilitative potential.

THERAPEUTIC INTERVENTION

The objective of speech therapeutic treatment is to improve the speech pattern using systematic, scientific and well established methods. International experiences, individual progress and needs of an individual are kept in mind while designing the personalised environment specific programme. An alert therapist upgrades the programme continuously. We discuss below some of the procedures in light of problems already discussed. This list is only to give an index about various methods and is not an exhaustive one.

BREATHING PATTERNS

As already mentioned, poor breath control, too fast or too slow rate of breathing or reverse breathing affects speech. The first step in speech therapy is improvising breathing patterns. Speech pathologists have recommended a series of exercises to establish proper breathing control. She even helps the child to a relaxing position.

The success of a speech therapy programme depends upon the regularity of exercises and co-operation of the patient. It is therefore essential to explain the need and effects of exercises as well as secondary effects of uneven breathing. Blowing, initiating yawning, helping the child feel the rhythm

of breathing are some common techniques used by the speech therapists.

ORAL MOVEMENTS

Achieving correct oral movements is often difficult for a c.p. child. Lip movement to a smiling position, imitating protruding and sucked in lip positions, tongue movements, sucking, forcing oral respiration to open soft palate, clearing throat are some of the exercises often recommended. Therapists point out that initially, the exercises can be carried out without a child's assistance or in a passive manner, however as the therapy progresses, a child is able to carry on with the exercises even independently. Needless to say that active involvement of the child is very desirable.

DROOLING

Drooling is a common problem among children with c.p. Primarily, it is a result of poor swallowing. Drooling can be controlled by training the child to swallow liquids, physical stimulation through massaging neck and making him aware of the problem. When the feeding patterns are improved, drooling is automatically controlled. Therapists recommend frequent water or liquid intake.

Thus, a series of exercises focused at improving a given function helps a child in his oral communication.

CONCLUSION

Early intervention and follow-up with regular speech therapy helps a child in overcoming the most significant stumbling block in overall development the communication barrier. Regular follow-up exercises are recommended for sustainable development. If a mechanical or electronic aid is to be used to assist communication, its frequent use, familiarity and stimulation are needed to improve efficiency and to obtain tangible benefits.

Edited and Published by
MALINI CHIB-ALUR