

Reflecting on May's Speech & Hearing Month

Now that June has begun and May's Speech & Hearing Month has officially come to an end, I thought it would be an appropriate time to reflect on the importance of the past month and offer my own form of education. Since 1927, the month of May has been dedicated to informing people everywhere about our professions – to let them know **WHO WE ARE**, **WHO WE HELP**, and **HOW WE HELP**. This year's theme was “*S-LPs & Audiologists: Doing More Than You Think*”, which emphasized how the role of speech-language pathologists and audiologists is often overlooked. Because communication comes so naturally to many, it is often regarded as a given. But the reality is that this privilege is not afforded to all. The ability to speak, express needs, understand, and connect through language is a daily struggle for millions of Canadians. It is the work of speech-language pathologists and audiologists that bridges these communication differences and provides individuals with the tools and support they need to navigate and overcome communication challenges. The month of May is ultimately committed to promoting just that: raising awareness and amplifying the diverse roles and life-changing care S-LPs and Audiologists provide.

WHO WE ARE: Canadian speech-language pathologists and audiologists are highly specialized in human communication and hearing. We have extensive postgraduate education (Masters and Doctoral degrees) and clinical training in our chosen areas of focus. It is currently a requirement that professionals practicing in Canada be registered with either their provincial, national, or both professional associations in order to practice. Graduates from university training programmes (there are currently 13 SLP and 6 audiology programs in Canada), having completed the requirements set by their own university, must write standard

examinations to be registered within Canada. Speech-language pathologists focus on speech, language, cognitive communication, voice and swallowing difficulties, whereas audiologists are interested in difficulties related to hearing or balance.

Speech-language pathologists and audiologists are employed by a variety of agencies: hospitals, clinics, health units, school boards, rehabilitation centres, and universities to name a few. Several of us are in private practice. Many physicians are now aware of this alternative for those who wish to avoid the current waiting lists at the various agencies.

WHO WE HELP: We help babies, children, adolescents, and adults who are at risk of having or who have speech, language and cognitive communication delays, disorders, difficulties, or hearing loss/impairment. The list of speech, language, and hearing disorders we diagnose and treat is lengthy, but I have attempted to craft a list as complete as possible. Persons having the following disabilities, diagnoses, or symptoms are potential speech-language pathology or audiology candidates:

- Memory difficulties (cognitive skills)
- Unclear speech
- Difficulty understanding directions
- Challenges comprehending stories read to them
- Dysfluent speech (stuttering)
- Word-finding difficulty
- Hearing impairment
- Poor grammar
- Hoarse, breathy voice (vocal nodules, polyps)
- Poor reading or writing skills
- English as a second language
- Difficulty speaking following a neurological problem (stroke, brain injury...)
- Delayed language development
- Verbal expression similar to that of a younger child
- Tongue thrust (immature swallowing)
- Hypernasality (cleft palate)

- Post-laryngectomy
- Syndromes (such as Down's Syndrome)
- Cerebral Palsy

Occasionally, the children referred to us have been labelled “lazy”, “troublemakers”, “day dreamers”, or “uninterested in school” by their teachers. However, rarely is this the case. These labels are “red flags” to speech-language pathologists and audiologists. When we hear children described in these terms, we need to look beyond the behaviour they are displaying and first ask: “*why are these children responding with negative behaviour*”, as a speech and language, learning, or hearing difficulty may be underlying the negative behaviour. Children with labels such as these need further investigation. Physicians are often the front line for speech-language pathologists and audiologists. We regularly depend on them to identify these children and refer them to us for a complete assessment of speech, language and hearing.

Adults in need of a speech-language and/or hearing assessment are usually easier to detect. Because most adults have an already intact communication system, any change in their ability to communicate is often readily apparent. This is different from a child whose system is developing. When considering children, we need to determine whether this system is developing “*normally*”.

HOW WE HELP: When a child or adult is referred for services, an assessment appointment is scheduled. Assessment appointments are generally 1.5-2 hours in length. During this time, relevant background information is collected and both standardized and non-

standardized tests are administered. Some assessments require more time and are conducted over more than one session. Testing covers the following areas of communication:

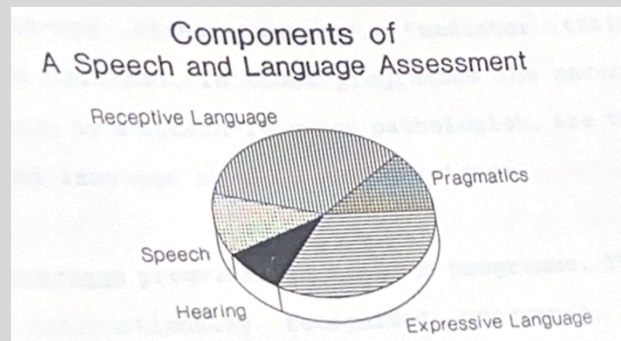
Table 1	
AREAS OF COMMUNICATION ASSESSED	
1 -	RECEPTIVE LANGUAGE: A) Comprehension of the spoken word (listening) B) Comprehension of the written word (reading)
2 -	EXPRESSIVE LANGUAGE: A) "Pre-language" communication (gesturing, babbling etc.) B) Oral expression (talking) C) Written expression (writing)
3 -	SPEECH A) Articulation of sounds B) Voice C) Oral Peripheral Examination - structure and function
4 -	PRAGMATIC SKILLS Ability to use language appropriately for a variety of functions
5 -	HEARING - Speech-Language Pathologists are qualified to screen hearing - Audiologists and/or otolaryngologists perform complete audiological assessments

Detailed aspects of speech and language are evaluated such as vocabulary, sentence construction skills, length of sentences, use of “markers” such as past tense “-ed”, possessive “s”, comprehension of commands, reading comprehension skills, fluency of speech, voice quality, clarity of speech, spelling, written language abilities and sound substitution patterns to name a few. Results are compared to generally recognized and agreed upon “norms” to determine where the child’s skills are in relation to children of the same chronological age.

Babies and young children just beginning to communicate require specialized testing as do adults who have “lost” their speech and language skills due to a stroke or head injury. We are trained and qualified to assess and treat all ages and disabilities. Some of us choose to work with certain populations and/or disabilities (adults, multiple handicapped children, stutterers, etc.)

An oral peripheral examination is also conducted to evaluate the structure and function of the oral mechanism. Hearing is tested by an audiologist and/or otolaryngologist.

Finally, a comprehensive and detailed written report containing the assessment results and recommendations completes the evaluation procedure. If a need is indicated from the assessment results, speech and language therapy may be initiated. Individual or small group sessions are arranged one to several times weekly depending on the nature of the difficulty. Goals are established from the specific areas of weaknesses detected during the assessment. Therapy sessions consist of tasks designed as a series of steps toward a goal. To engage clients, tasks are often incorporated into play for a child or practical daily activities for adults. Therapy usually continues over several months depending on the particular case.



EARLY IDENTIFICATION FOR EARLY INTERVENTION: Most of us have heard the story of the little boy who didn't talk until he was 3 years old when, suddenly, he said, "This food tastes terrible!". When asked why he hadn't spoken earlier, he replied that up until then the food had been fine!

It is true that there is a wide range of "normal" when determining whether a child's speech, language, and hearing skills are age-appropriate. The development of speech, language and hearing however follows a generally accepted and recognized pattern with easy sounds appearing first (p, b, m) and simple words preceding simple sentences. We need to know the course of a child's speech and

language development: **HOW, WHEN, and WHY** did he communicate in his early months; **HOW, WHEN, and WHY** does he communicate now; **HOW, WHEN, and WHY** is he different from his peers? We, as speech-language pathologists, look for delays as well as unusual patterns in speech and language development. Children who develop to a certain point and then “plateau” or children whose speech and language is more than 6 months delayed are in need of a referral.

It is never too early to evaluate communication. We know that babies start to communicate as soon as they are born. *Early intervention is the key.* Early intervention is only possible, though, when there is early identification. Preschool children make up a large portion of the children many of us see. The earlier children with difficulties are identified, the sooner we can begin our work – and hopefully, “head off” problems which can escalate into loss of self esteem, behavioural, and/or learning problems once children begin school.

SPEECH & HEARING MONTH 2025

What exactly was done during the month of May to celebrate Speech & Hearing? In an attempt to spread the word about the work speech-language pathologists and audiologists do daily and prove that S-LPs & Audiologists indeed *Do More than You Think*, Speech-Language & Audiology Canada (SAC) created a Speech & Hearing Month toolkit full of educational resources, email templates, and campaign materials designed to raise awareness about communication disorders, improve understanding of the significant work professionals do, and advocate for increased access to communication services. Canadians across the country were able to get involved: whether through posting on social media, sharing the SAC

graphics, contacting provincial ministries to get involved, or having children share their experience working with S-LPs/Audiologists in the annual colouring contest, there were various ways to join the #DoingMoreThanYouThink movement.

Reflecting on the month of May has provided us with the opportunity to share our perspective of the significant work S-LPs and Audiologists do daily. “Communication is very motivating”, we tell parents. We believe most children try their very best to communicate. Most children who aren’t communicating well, can’t. Speech-language pathologists and audiologists depend on physicians for early detection of possible speech, language and/or hearing problems among children. With efforts from physicians, educators, and parents, we can provide the best of help to our children and put them on the road to success.

References

1. Roberts W, Humphries T. School problems: A current perspective on assessment 1990; Canadian Journal of Paediatrics: 16-29
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3. The Canadian Association of Speech-language pathologists and audiologists
4. The Ontario Association of Speech-Language pathologists and audiologists

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