

Morgan Wofford

EH 102.141

Professor LaBon

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Speech Now or Forever Hold, Your Peace

The discussion of speech pathology practices occurs among patients, families, and speech-language pathologists. Speech pathology is an evolving field, and more practice and activities arise with that notion. Different therapy models are practiced throughout the field, which presents different outcomes. Due to patient outcomes, some interventions in speech therapy are seen as controversial. The argument related to this problem is whether the methods in this field are efficient for patients in speech therapy. One side of the argument thinks that making more speech-pathology services gives more patients access to individualized treatment. The other side argues that more services won't work because speech pathologists want to use certain structures. Both sides of the argument agree that there's a lack of resources in the field. This needs to be solved because patients and future SLPs are impacted. A solution to this problem is adding more speech pathology programs/services. This paper will discuss the lack of resources in the field of speech pathology and will solve it by making additional services.

The problem in this field pertains to the lack of resources for speech therapy. The first side acknowledges this issue and feels that adding additional speech pathology services would benefit patients and SLPs. The first side of the argument thinks the methods of speech pathology

are insufficient. The other side of the argument states that the current methods are conducted correctly, and standards won't change due to positive outcomes in patients. We need to solve this problem now because it will affect future SLPs and patients.

The first side understands how the lack of resources impacts future SLPs and patients. People in speech therapy may notice a lack of individualization in their interventions. Adding more speech pathology services could cut back on ineffective interventions in this field. Speech pathology can be stressful for patients and SLPs because of caseloads. Due to familial "burnout" and high caseloads among SLPs, some patients may not receive proper treatment. In Kristen Giesbrecht's dissertation, she argues that dose frequency impacts children with speech sound disorders (SSD). In Giesbrecht's essay, speech pathologists (SLPs) with higher caseloads offer shorter treatments to their patients. In this instance, children with mild SSD were the ones with reduced treatment. With limited research on SSD, children with this disorder are placed in a difficult position (Giesbrecht 16). Dose form refers to the activities provided to the children in therapy sessions. These activities are child-centered, using various toys while engaging the child in correct-sound productions (Giesbrecht 7). Multiple forms of treatment are needed to produce target sounds, but burnout may occur in patients and their families. SLPs may feel conflicted when having many patients but not enough time. An additional program/service in this field would relieve tension on patients and SLPs. The impact of additional programs in this field allows corporations and healthcare providers to gauge patient outcomes.

Patient outcomes may fluctuate depending on the severity of their communication disorder. The lack of resources in the field hinders many patients from succeeding in speech therapy. Speech pathologists may have difficulty with patients if they try to structure all patients

around the same practices. Certain SLPs may attempt to tack on specific practices for patients with the same disorder. The “one size fits all” mindset affects future speech pathologists and patients. “‘It depends’: Characterizing speech and language therapy for preschool children with developmental speech and language disorders” highlights the differences among preschool children with speech disorders. Lydia Morgan’s article discussed the processes of speech intervention on an individualized level. For individualized therapy to occur, speech pathologists must calculate the child's profile, the parent, and the available resources (Morgan 963). Categorizing speech disorders alone is complex, which prompts a complex solution. I think personalizing speech therapy allows patients to be comfortable and flexible depending on their target (s). If future SLPs set certain practices for patients with the same communication disorders, this hinders patient success.

Patient success is the main focal point in the field of speech pathology. Speech therapy is meant to aid people with communication disorders and build retention skills. In speech pathology, additional programs provide customized versions of therapy. Future speech pathologists won’t be able to properly provide for their patients if they’re committed to one form of therapy. Alex Leff discusses the issues in research surrounding speech and language therapy. ACT NoW (Assessing Communication Therapy in the North West) studied the impacts of enhanced communication among patients with aphasia or dysarthria. The author notes that confusion arose due to researchers naming “everyday communication” as control and “communication therapy” as the intervention. Leff was not able to define the differences between “everyday communication” and “communication therapy.” The author did note that due to phrasing, it seemed that researchers were comparing “apples to apples” (Leff 1). The study

didn't provide intended results, but it was due to researchers excluding data. In this study, researchers measured the basis of communication across people with two different speech disorders. I noted that the trials lacked structure and low therapeutic doses, which impacted patients. Designing new trials will help individualized speech therapy for future patients and SLPs (Leff 2). SLPs need to account for patients that differ in communicative aspects.

The second side of the argument doesn't account for the differences between patients. They do account for the lack of resources, but their stance isn't changeable due to how they practice speech therapy. This side views an additional program as wasteful. The practices are working for some patients, so adding more programs would be excessive. In Hayo Terband's study, they measured the effectiveness of speech therapy on adults with intellectual disabilities. In this essay, Terband had thirty-six adults receive training in articulation and listening skills over a 3-month period. The intervention targeted certain speech patterns depending on the participant. Participants were placed in comfortable settings during speech therapy and were evaluated via their speech production, word-understanding, etc (Terband 238). This study is an example of how certain studies acclimate their patients to a specific environment. The study offered consistent therapy sessions and engaged patients in their favorite activities. Patients in Terbands' study have little variation, which skews speech therapy for some patients. Many patients aren't provided comfortable settings and consistent speech therapy. If patients benefit from a comfortable environment, health providers need to account for this variable. Corporations and health providers may feel that adding another program is unwarranted due to already having enough. If patient outcomes are unsuccessful, corporations, and health providers will feel that the additional program is a waste.

The lack of resources in the field of speech pathology needs to be addressed in order to aid future patients and speech pathologists. Many speech pathologists comprehend that some patients aren't succeeding in therapy due to certain practices. Even with this notion, some speech pathologists still fix certain standards into therapy for all patients. Tele-speech therapy is a one size fits all method for people with communication disorders. I think the issue lies in difficult interactions and the potential mischaracterization of a patient's disorder. The author uses the country of Iran and their introduction of tele-medication into the field (Bayati 2). Bayati informs on the limitations of speech therapy due to the patient's socioeconomic background. Although the traditional approach is more widely discussed, Bayati argues that tele-speech therapy provides better access than the conventional approach. I think the lack of resources and services in certain areas of the world impact people with communication disorders. Tele-speech therapy offers patients a flexible alternative option for speech therapy. Although they acknowledge patients that don't succeed, they may have no obligation to change their methods. The effectiveness of these methods and practices for some patients hinders change.

In a field that deals with numerous communication disorders and a wide range of variety, changing certain aspects of therapy shouldn't come as a surprise. Speech pathology is a field that offers patients various practices. Patients with communication disorders come from different social and economic backgrounds, which may affect their outcomes in therapy. The field of speech pathology continues to expand, and with this comes new forms of therapy. In this field, many speech pathologists discuss frequency issues among their patients. These frequency issues may stem from speech pathologists and the patient's background. Maryam Jahromi evaluates patients' satisfaction with stutters through tele-speech therapy. Remote therapy provides patients

with another flexible aspect of the field (Jahromi 1). In order to better accommodate the patients and family's needs, tele-speech therapy is a flexible and beneficial method. The field of speech pathology is making an effort to implement new ways to access services, which will assist future SLPs and patients. Jahromi notes that patient outcomes may differ depending on the severity of the stutter. Still, for patients to have proper amounts of speech therapy, more services should be provided.

Although the second side acknowledges the lack of resources in the field, success rates among patients prompt some SLPs to stick with certain practices. Depending on their communication disorder, SLPs may break down these practices for some patients on different levels. Speech pathologists use the same techniques across multiple communication disorders, which deters patients from success. "Living successfully with aphasia: A qualitative meta-analysis of the perspectives of individuals with aphasia, family members, and speech-language pathologists" is an essay that focuses on people with post-stroke aphasia. Speech pathologists noted that people with aphasia might find different ways to communicate without speech therapy. The SLPs in this study offered a wide variety of factors that influence the ability to live successfully with aphasia (Brown 145). I think the study shows that different levels of communication and practices influence improvement. Some patients are left behind when speech pathologists attempt the "one size fits all" method. However, the goal of speech therapy is to garner successful ways of communication among all patients.

The problem needs to be solved because it impacts future careers and patients. Current patients may feel that their speech therapy interventions are lacking. To fix this issue, adding more services on an individualized basis helps. Without proper resources in the field, patients

and speech pathologists are put in a loop. Even with both sides acknowledging the lack of resources, the problem doesn't disappear. Patients and speech pathologists benefit from more customized therapy interventions with more services. A way to solve the current problem in this field is to make additional programs for future speech and language therapists. Students in this major will benefit from the program and not worry about extra costs. Depending on the college, a program like this can be grant-funded or government-funded. Government funding may arise from the role of SLPs in the health field. This program is feasible because it can be carried out through students and faculty. Students and faculty can reach out to students via email, social media, and even on-campus events for this to work. This solution is easily implemented on campus with student and faculty support. Support is garnered when students, faculty, and previous alumni show their passion for the field. This solution solves both sides' problems because with education, comes opportunity. College offers many opportunities for students while they pursue their education. This solution is the best because it offers students and faculty an opportunity to learn about the differences among patients and how to adjust in future work settings.

A service in this field provides a work-oriented experience for students is feasible. Garnering support from students, faculty, and previous alumni in the field may strengthen the argument when presenting the idea to Student Affairs. The additional service allows students a hands-on experience. I think this service would be operational due to its basis. Another service that plans to individualize and allocate time for patients is economically feasible. Scott Barnes argues that measuring communication is limited due to speech pathology concepts not addressing the concepts of co-present communication. Co-present communication is based on

dynamic, public and multi-modal, reflexive and accountable, and local and collaborative interactions (Barnes 223). Current speech practice fails to account for these interactions, limiting some patients' outcomes. Documenting and analyzing the problems in the field would be quicker if more services were created. These programs have to be funded without error for these programs to work effectively.

Universities offer multiple programs and opportunities for students on campus. Implementing a program for students majoring in speech and hearing sciences provides a better transition into the workforce. Students and faculty can begin the process by promoting the program around campus. Emailing current students in the field, sending out mass emails to other faculty, posting flyers around campus, and hosting in-person events allow the program to gain more attention. College students, first-year students, in particular, are looking to join programs and clubs that cater to their major. If campuses added a program centered around speech and hearing, students in the field might be more inclined to support the program. I think this program provides students with direct interaction in the field. Nicole McGill writes about the issues of wait-listing patients in speech-language pathology. Some SLPs have reported that waiting lists make them feel stressed, anxious, frustrated, and overwhelmed (McGill 3). The impacts of the lists bring consequences for patients and speech pathologists. Implementing a new program or service in this field would relieve tension for all parties. McGill exemplifies the issues behind waiting list management with the following quote:

To translate research into practice, professionals are encouraged to add to the evidence base through planned implementation and evaluation of waiting list management strategies in their own clinical settings, guided by frameworks such as PDSA. Professionals' own wellbeing

must be supported by teams and organizations (e.g. time, resources) to undertake innovative initiatives. (McGill 6) The previously mentioned quote shows the theme behind implementing waiting list management strategies. Without the support of the organizations or companies, constraints occur. Patients move through multiple levels of waiting for healthcare. Some patients' assessment, diagnosis, and interventions may take months (McGill 3). An additional service in the field would cut these constraints for SLPs and patients. Current speech and hearing majors, faculty, and patients benefit from these services in proper therapy management.

There will be no additional cost for students or faculty to attend this program. Funding would be allocated via grant or government funding. Due to speech pathology having a clinical impact, it has a chance of receiving either type of funding. SLPs work in clinical, educational, private, and public health settings. I think funding for this program depends on the location. In this case, the program location could be on campus. Grant funding would be more likely if the program were on campus. If the program is held at the local hospital, I think federal funding would be the main contributor. "Knowing What We're Doing: Why Specification of Treatment Methods Is Critical for Evidence- Based Practice in Speech-Language Pathology," by Lyn Turkstra, provides insight into applying rehabilitation treatment taxonomy (RTT) in clinical settings. RTT uses theory to define specific details for patient treatment. Applying an RTT framework in clinical settings would provide researchers and future SLPs with information on recurring themes. The framework would benefit patients by maximizing their target areas in treatment (Turkstra 165). When students don't have to give universities any additional money, they may be more inclined to join programs.

This solution solves the problem because a program allows for conducting research and presents current speech and hearing students with a hands-on opportunity. The first side is satisfied with customizing therapy for patients. The second side views the solution as beneficial, because it allows them to continue with specific structures for their patients. Both sides are able to agree on this solution because it ties into education. I think education is one component where both sides agree. Both sides can also learn from one another and can interweave their practices, leading to higher outcomes among patients. I think this helps both sides because college is an even field of comprehension for all students. Universities encourage students to get involved in the community, and a program would be a stepping stone for many students. Allowing students and faculty to bridge the gap about certain aspects in their field helps them in future careers. I think an additional program gives balance to both sides of the argument. This program benefits the current students and faculty and prompts incoming students to engage and see if they want to pursue a career in this field.

Pursuing a career in speech pathology may feel daunting for students in that major. If more services were made available for students in the field, future patients and current SLPs would benefit. Adding a program for college students in this major allows them to view the practice from a direct perspective. Zeng Biao's article highlights another solution that can solve the lack of resources in this field. Biao's essay discusses dosage issues in children with speech and language difficulties. The author's solution is to change frequency levels for children in therapy. Biao argues that a higher dosage in therapy sessions would benefit patients (Zeng 475). The solution pertains to changing the frequency of speech sessions. Children with speech disorders will have better outcomes due to increased intensity in therapy. I think this solution

could be implemented with support from current SLPs, but it's not cost-effective. SLPs have many patients throughout their career. In order to provide patients with proper therapy, longer sessions may be needed depending on the severity of the disorder. This can be backed up by Lydia Morgan's essay that evaluates children with speech disorders. Morgan argues that making therapy individualized works better for the system.

I think Morgan's calculations tie into my solution for people with speech disorders (Morgan 963). Lydia Morgan presents foundational skills and comprehension calculations in her essay which support my argument. 89% of participants found that foundational skills and comprehension impacted their speech outcomes. Morgan's research highlights the complexities of speech therapy. Through this study, Morgan argues that therapists should tailor therapy in an "individualized" manner. Although Biao's solution works for some, others can argue that adapting certain practices would better fit this field. "Speech-language pathologists' assessment and intervention practices with multilingual children," by Corinne J. Williams, shows the need for multilingual SLP services in English-dominant countries. Williams accounts for this by exemplifying how many English-dominant countries have highly diverse societies. The author argues that speech pathology needs to change how they approach multilingual children with speech/language disorders. I agree that SLP practices can be adapted individually, but implementing this solution doesn't work. It is not a solution that covers all bases for a satisfactory solution to the problem. Adequate sessions of therapy are the outcome of adding additional speech services.

The argument presented found that speech pathology needs additional services in order to provide patients with adequate interventions. The services on campus would provide students,

faculty, current SLPs, and patients with a way to individualize therapy sessions. With an additional service, patients will be able to receive proper treatment and SLPs don't have to worry about high caseloads. The lack of resources in this field hinders all parties when it comes to reaching patient success. Providing services on college campuses provides future SLPs and patients with a sufficient process of speech therapy.

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