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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 pat



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.



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.

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





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

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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