

11-16 years. Supporting a child with a disfigurement: a teacher's guide

Guide 10. Speech and language difficulties

When a young person speaks in a way which sounds different or unusual, other people's ability and readiness to listen is apt to be disrupted by their reactions of surprise, curiosity and concern. This will be compounded if the speaker also has a facial disfigurement but a speech and language impairment may not necessarily be linked to a facially disfiguring condition.

In most cases, if a pupil at secondary school has speech or language difficulties these are likely to be longstanding with relatively low expectation of further gain through therapy or other treatment. It may be uncomfortable for you to raise the issue of how your student communicates with other people. It may seem helpful to protect a student who has a speech impairment from situations that require some communication. Ultimately, it will be more helpful to work with your student to devise strategies to enable such encounters to be tackled successfully. Teachers, working with other professionals can help the pupil to develop a range of skills and strategies for managing communication better, along with the attitude and the confidence to put them into practice.

When a pupil has a significant speech and language difficulty health professionals will either be directly involved or available for consultation, possibly as part of a multi-disciplinary team, especially if there are additional medical needs. Such teams may include: a speech and language therapist, nurse advisor, clinical and/or educational psychologist together with the SENCO, class teacher and support staff. The lead professional will co-ordinate the work of the team. This is usually, but not always, the SENCO.

If the pupil has an Individual Learning Plan the targets should include communication skills and strategies.

1 UNDERSTANDING SPEECH DIFFICULTIES

A basic understanding of speech and language disorders is important so as not to ask the young person affected to attempt sounds or sound-sequences that are too hard or even impossible, while sustaining expectations for what she can achieve and appreciating her efforts. Speech and language may be affected by

- difficulty with producing or controlling appropriate voice sounds
- difficulty with articulation to create all the different sounds used in speaking
- difficulty with processing language
- hearing difficulties
- more subtle, perhaps, psychological difficulties

A student with speech difficulties may need patient attention to encourage her to express herself in speech. Paying that attention does more than anything else to motivate the student to keep trying. The efforts others make to understand unusual speech should be acknowledged too.

Clarity of speech may be markedly affected by tiredness – especially when a situation requires more speaking than usual, as the effort required to produce or articulate the right sounds can be very wearing. Rest is usually all that is required to recover the capacity to speak more clearly again. Long periods of listening can also be very taxing for anyone who has hearing difficulties.

Resonance

If the tissues and muscles at the back of the mouth and in the throat cannot sufficiently close off the throat and/or the nasal cavity to separate these spaces from the mouth, the voice will sound unusual – breathy or hollow and nasal, for instance.

Articulation

A young person who has a facial disfigurement may have difficulty in pronouncing words clearly because the mouth cannot produce certain sounds, particularly, if the skin or muscles of the face are tight or differently shaped. The difficulty may be improved by surgery, or with aids worn in the mouth. The speech therapist may be able to teach substitute sounds, or other strategies for communicating more effectively.

Hearing

Hearing impairments can be permanent or variable – often as a result of frequent ear infections which commonly affect children with cleft lip and palate, for example. Hearing loss often gives problems with speech. Lighting is important if your pupil has permanent or variable hearing difficulties as he needs to be able to see other people's faces clearly.

Associated Difficulties

- Problems with swallowing and other eating difficulties eg. breathing while chewing. Eating difficulties can seriously affect social acceptance. Severe eating difficulties can make it hard for a young person to maintain stamina.
- Nasal regurgitation or nasal air emission (eg. from inadequate palate functioning).
- Abnormal alignment of teeth or underdevelopment of the jaw (common in many cranio-facial syndromes).
- Short or immobile palate.

Eating difficulties can have a significant social impact on young people. Work closely with the parents and other professionals to address the practical, social and emotional difficulties that can arise due to these problems.

At lunchtimes, in particular, your pupil may need more time for eating. This can be isolating if peers all hurry off to do other things as soon as they have finished their lunch. Consider how a group of pupils, including the one who needs more time to eat, can be enabled to spend more time together. If a room is available, are there activities which they could do together, alongside and after eating lunch, e.g., a music club where they listen to a range of recordings?

Alternatively, a pupil who takes a long time to eat may prefer to eat a little and often. It may be less isolating to take small amounts of time out throughout the day to 'snack', so as to get sufficient nourishment without having such a large eating task at lunchtime.

If the pupil you are supporting has difficulty closing their lips together, or for other reasons food tends to leave her mouth while she is eating, it will be very important to encourage her to manage this difficulty, e.g., by using a tissue or paper napkin at all times to dab her mouth or chin. People, especially if they are unfamiliar with the problem, are apt to react negatively to anything which resembles 'dribbling'. This can have a serious isolating effect throughout adult life if it is not addressed effectively.

2 DECIDING HOW TO COMMUNICATE

You, your student, and her speech and language therapist will need to consider what forms of communication may be useful in general situations and for responding to other people's reactions to her unusual appearance or speech.

Even if a student mainly communicates through a word-board, voice simulator or signing, there may be a case for devising a way to communicate something brief and basic through other means such as someone else speaking on their behalf or a written message. For anyone who has had little direct experience of inclusion of people with disabilities or impairments, information that is oral or written might be the most accessible or effective option.

3 ESTABLISHING GOOD NON-VERBAL COMMUNICATION

Whichever means of communication is being used, body language is important. Help your student to convey confidence and self-assurance, and not to hurry. The ability to make eye-contact also aids communication. Positive feedback will help your student to understand the effects of good self-presentation. See also the *Guide on Self-expression*.

4 IF HEARING IS AFFECTED

If a young person uses hearing aids, she will need to have the option of saying something about her hearing when talking to anyone new e.g. 'I can hear you best when you face me.' or 'Loud noises are very difficult for me.' or 'I'm sorry – could you say that again please.' (See the *Guide on Having something to say*.)

5 DECIDING WHAT TO SAY

With your student, consider what kinds of things may need to be communicated and how this might best be done in order to address other people's reactions to her unusual appearance and speech impairment.

General Conversation

Help your student to prepare a question / introduction written on a card which she could keep in her pocket or bag. At a party, for example, in order to find out whether someone who seems all right is worth getting to know the card might say: "I can talk but it's hard to

understand. Are you up for that?" Depending on the response, your student can decide whether the conversation will be worth the effort she would have to put into talking.

Responding to curiosity

If your student is out and about and becomes aware that someone is persistently curious or ill-at-ease, she may want the *option* of 'saying something'. This can be best done by having something printed on a card which can be passed to the over-interested stranger e.g., "I was born with a condition called Treacher Collins. It only affects my ears and jaw – I'm perfectly all right otherwise. It doesn't bother me. Please don't let it bother you."