

The Speech Clinic
21398 Provincial Blvd
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Celebrating 12 Successful Years!

*“Connecting People Through Communication”
Better Hearing and Speech Month*

From the desk of **Kausar H. Zafar, M.A., CCC-SLP**

It is time to celebrate! May is Better Hearing and Speech Month. Many people when they find out that I am a speech-language pathologist, ask me, “Does speech therapy really help?” This is a good opportunity for me to answer that question. Normally developing children who are delayed in speech and language only, often catch up with therapy and are usually age appropriate after therapy. However, children with other diagnoses, such as Autism, Down Syndrome, etc., show improvement but may have speech-language challenges throughout their life. However, without intervention, they don’t normally reach their potential. Voice problems respond very well to therapy. Fluency problems when addressed in children early, often go away. However, long standing stuttering can be controlled but usually does not go away. Adult onset problems, for example, stroke, traumatic brain injury, when the brain damage is not too severe, respond well to therapy. Many times people go back to work. They may have some mild residual problems that they are trained to handle. More severe clients make improvement in their communication skills. When people are unable to speak, augmentative communication systems are often prescribed. Many swallowing therapy patients can be weaned from the Gastrostomy tube. Many people with swallowing disorders can start eating normally, some with minor adjustment to their posture or diet consistency. So to answer the question, Does speech therapy really help, I would say emphatically, “YES.”

Speech Sound Disorders: Articulation and Phonological Processes

What are speech sound disorders?

Most children make some mistakes as they learn to say new words. A speech sound disorder occurs when mistakes continue past a certain age. Every sound has a different range of ages when the child should make the sounds correctly. Speech sound disorders include problems with articulation (making sounds) and phonological processes (sound patterns).

Can adults have speech sound disorders?

Adults can also have speech sound disorders. Some adults continue to have problems from childhood, while others may develop problems after a stroke or head injury.

The Speech Clinic Update

Introducing our newest staff members:

K. Joi Uzoh, M.A., CCC-SLP Mrs. Uzoh joined The Speech Clinic team in August 2011. We are very pleased to have her with us. Mrs. Uzoh obtained her Bachelor of Arts degree from Washington University in Saint Louis in Philosophy-Neuroscience-Psychology with a Minor in Speech and Hearing Science. She received her Master of Arts degree in Communication Sciences and Disorders from the University of Texas at Austin. She holds Texas licensure and the American Speech-Language-Hearing Association’s Certificate of Clinical Competence. Mrs. Uzoh has received specific training regarding the linguistic traits of children from culturally and linguistically diverse backgrounds in order to help children become competent communicators in each linguistic community in which they communicate. Psycholinguistic and speech training at Central Institute for the Deaf while attending Washington University in Saint Louis equipped her with alternative and multi-sensory approaches for addressing articulation concerns.

Jeanne Geick, Administrative Assistant Mrs. Geick joined The Speech Clinic team in March 2012. Previously, she worked for a company providing medical insurance authorization. She is the recipient of excellence in customer service awards for two years. Jeanne is a native Texan, originally from College Station, but she has been in the Katy area for the last 10 years. We are very excited to have her as part of our team.

Proudly announcing the recipients of the most recent Awards for Continuing Education (ACE) from the American Speech-Language-Hearing Association.

Tatum Budreau

Mary O’Truk

Joi Uzoh

Kausar Zafar

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What are signs of an articulation disorder?

An articulation disorder involves problems making sounds. Sounds can be substituted, left off, added, or changed. These errors make it hard for people to understand you. Young children often make speech errors. For instance, many young children sound like they are making a “w” sound for an “r” sound (e.g., “wabbit” for “rabbit”) or may leave sounds out of words, such as “nana” for “banana.” The child may have an articulation disorder if these errors continue past the expected age. Not all sound substitutions and omissions are speech errors. Instead, they may be related to a feature of a dialect or accent. For example, speakers of African American Vernacular English (AAVE) may use a “d” sound for a “th” sound (e.g., “dis” for “this”). This is not a speech sound disorder, but rather one of the phonological features of AAVE.

What are signs of phonological disorder?

A phonological process disorder involves patterns of sound errors. For example, substituting all sounds made in the back of the mouth like “k” and “g” for those in the front of the mouth like “t” and “d” (e.g., saying “tup” for “cup” or “das” for “gas”). Another rule of speech is that some words start with two consonants, such as broken or spoon. When children don’t follow this rule and say only one of the sounds (“boken” for broken or “poon” for “spoon”), it is more difficult for the listener to understand the child. While it is common for young children learning speech to leave one of the sounds out of the word, it is not expected as a child gets older. If a child continues to demonstrate such cluster reduction, he or she may have a phonological process disorder.

How are speech sound disorders diagnosed?

A speech-language pathologist (SLP) is the professional that evaluates children or adults with speech and language difficulties. The SLP listens to the person and may use a formal articulation test to record sound errors. An oral mechanism examination is also done to determine whether the muscles of the mouth are working correctly. The SLP may recommend speech treatment if the sound is not appropriate for the child’s age or if it is not a feature of dialect or accent. For children, the SLP often also evaluates their language development to determine overall communication functioning.

What if I speak more than one language? Is my accent a speech sound disorder?

An accent is the unique way that speech is pronounced by a group of people speaking the same language. Accents are a natural part of spoken languages. It is important to realize that no accent is better than another. Accents are NOT a speech or language disorder. An SLP can work on accent modification services if a client wishes to reduce or modify his or her accent.

What treatments are available for people with speech sound disorders?

SLPs provide treatment to improve articulation of individual sounds or reduce errors in production of sounds patterns. Articulation treatment may involve demonstrating how to produce the sound correctly, learning to recognize which sounds are correct and incorrect, and practicing sounds in different words. Phonological process treatment may involve teaching the rules of speech to individuals to help them say words correctly.

The Most Anticipated Moment

The most anticipated moment for a parent is the sound of a child’s first words. But what if the words are delayed, jumbled, or never come at all.

Speech and language problems can affect early learning and self-esteem. Give your child a chance by seeking proper treatment from a speech-language pathologist.



Reach Your Full Potential

As we strive to reach our full potential, speech and language problems can hold us back. To some it may be a delay in talking or difficulty swallowing. Others may be unable to speak clearly or comprehend because of a stroke or an accident. Speech and language problems can affect anyone at any age. If you are concerned that a disorder is going untreated or are unable to find proper treatment, consult a speech-language pathologist.

Spotlight Topic

Telepractice

Telepractice is the application of telecommunication technology to deliver professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention and/or consultation. (ASHA). A telepractice session or encounter typically consists of real-time audio and visual connection between a client (or a group of clients) and a clinician. It is not recorded or viewed by a clinician or client, rather the clinician and client can converse and see each other. It requires the use of high-speed internet connection. The quality of services provided via telepractice should meet the same quality standards provided in traditional services. Telepractice is here to stay. The federal government has funneled many of our tax dollars into the development of technological advancement and employment. (www.recovery.gov). Telepractice is also being used by the military to treat patients who do not have access to trained speech-language pathologists.

Source: Texas Speech-Language-Hearing Association Telepractice Task Force, October 2010

Telepractice – A Personal Experience

My older sister, who managed the Girl Scouting Program for more than 45 years in Punjab Province of Pakistan, suffered a massive stroke and became totally nonverbal as a result of severe expressive aphasia and apraxia. The city of Lahore has probably less than three speech-language pathologists. I had no choice but to get involved. We have been using Skype to provide her speech-language therapy from Katy, TX to Lahore, Pakistan. She is making good progress.

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