

The Speech Clinic
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The Speech Clinic team consists of:

Clinicians:

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May 2013 Issue



“Helping People Communicate”

May is Better Hearing and Speech Month

From the desk of

Kausar H. Zafar, M.A., CCC-SLP

Those of you who are familiar with The Speech Clinic know that every May we celebrate Better Hearing and Speech month. This provides us the perfect opportunity to bring to you information about our relatively young profession.

The field of Speech-language Pathology is very vast and covers many different kinds of problems. The clinic provides services for both adult and pediatric clients. I would acknowledge that being in a general private practice setting does pose the requirement of keeping up with the new developments in many different areas of our field. We are lucky that our state and national conventions and other conferences help us keep abreast of the new developments in our field. The demand for our services continues to grow. We are blessed that we chose a profession which gives us the opportunity to help improve the basic needs of people, communication and swallowing.

With those thoughts in mind, I would like to announce to you that we have moved into our very own spacious building that we designed to meet our specific needs. This building gives us more room to accommodate the needs of our growing practice, our client families were inconvenienced due to a small waiting area especially in the evenings and summer times.

I would like to take this opportunity to thank you all for your continued trust in us and appreciate your referrals. We keep striving to meet the needs of our clients. We are all committed to showing results.

Traumatic Brain Injury (TBI) and Cognitive Deficits

A head injury is any trauma that leads to injury of the scalp, skull, or brain. There are two types of traumatic injury: open head injury and closed head injury. An open head injury occurs when the cranium is fractured and/or the membranes that surround the brain (dura mater) are breached; in contrast, a closed head injury does not cause damage to the dura mater or skull.

Some of the most common causes of head injury are car accidents, falls, and assaults. Also, sports related injuries are common. Recently, we have seen an increase in TBI as a result of wars in Iraq and Afghanistan, resulting from bomb blasts, etc.

Rehabilitation of TBI depends on what part of the brain is injured and the extent of the injury. A speech-language pathologist usually addresses cognitive deficits, which can include problems with speech and language, memory, attention, planning, and decision making, etc

Cognitive deficits can be quite debilitating especially when it happens in the absence of physical deficits. The needs of the people with cognitive deficits often go unrecognized as many times these individuals look and act normal. However, they may have subtle symptoms that can be overlooked as differences in personality or idiosyncrasies, for example, difficulty in initiating and sustaining attention, distractibility, disinhibition, deficits in perception, or visual and auditory discrimination. Reasoning and problem solving can also be affected.

Many times, individuals with TBI are accepted back in their places of employment only to find that they cannot keep up with the demands of their jobs. They sometimes cannot complete their work in time, or may not be able to make the right decisions. They may get so involved with the details, that they might miss the bigger picture. Their ability to focus on the task at hand in the presence of normal office noise is sometimes affected.

There are many challenges and it is wise to assess carefully, even with mild TBI, to rule out any cognitive deficits. Usually, TBI patients respond well to therapy and can lead functional lives, even when residual deficits persist.

Phonological Processing Disorder

Joi Uzoh, M.A., CCC-SLP

A phonological processing disorder is a type of speech disorder which is similar to an articulation disorder in children because both involve children who are hard to understand due to errors in how they produce sounds in words. A phonological processing disorder differs from an articulation disorder in that, a child with an articulation disorder has trouble coordinating the articulators in order to produce a sound. They are aware of their error, but don't know how to use their lips, tongue and jaw or to coordinate the airflow, to produce these sounds.

The child with a phonological processing disorder perceives speech sounds differently. When these children are corrected after misspeaking, by an adult, they tend to reply, "that's what I said" and then repeat the misspoken word incorrectly again. These children must be taught to listen and understand the sounds in their language before they are taught how to adjust tongue and lip movements to correct them.

Many children go through a normal period of confusing one sound for another, but when it persists past a certain age, then it is considered a disorder; especially because of the link between phonological awareness skills and pre-literacy development.

All speech sounds are comprised of a series of distinguishing features involving tongue placement, pattern of airflow, and vibration pattern of the vocal folds amongst others. Babies have an innate ability to discriminate these features to decide what speech is, what noise is and which sounds are alike and different within their language. A phonological processing disorder is a pattern of perceiving sounds as similar when the spoken language dictates that they are different.

Continuation: Phonological Processing Disorder

Some common examples of these phonological disorders are stopping and fronting. Stopping is when fricatives (long sounds) like /s, z, f, v/ are perceived and created as a stop sound (shorter sound) like /t, d, p, b/, respectively. /s/ and /t/ may sound identical to a child with a phonological processing disorder. They may say 'teetaw' for 'seesaw'. Fronting is when a sound made in the back of the mouth is perceived and created as a sound in the front of the mouth; substituting /t, d/ for /k, g/.

Some phonological processes are never a natural error on the path to clear speech; like metathesis. Metathesis is when sounds are exchanged for one another pervasively throughout speech; for example, producing 'batle' for 'table'. Another phonological process is consonant deletion. The child consistently omits the first sound in words; for example, saying "o oo uh ore" for "go to the store". This is uncommon but can occur in children with severe phonological disorders. Often we see this pattern in children who have had several middle ear infections.

Phonological processing disorders are more complex than articulation disorders with significant consequences if ignored, but with early speech therapy intervention, children may be set on a path to clear speech and strong pre-literacy skills.

TRIVIA:

How much of communication is nonverbal?

- a. 25% b. 50% c. 70%

Answer: c. 70%

*The **T** in the **FAST** acronym for stroke awareness stands for time. True or False*

Answer: True

FAST

stands for **F**ace (drooping on one side)

Arm (one side weakness)

Speech (slurred or nonsensical)

Time (time is critical to limiting stroke damage, call 911 immediately)

Our New Location



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