

MARY-ANNE ZUBRYCKY, M.A. & ASSOCIATES  
REGISTERED SPEECH-LANGUAGE PATHOLOGISTS

## WHAT ARE THE SLP'S SKILL SETS?



Speech-language pathologists possess a variety of unique skills and knowledge specific to prevention, identification, evaluation and treatment of voice, language, speech, fluency, social communication, and swallowing disorders. They also have skills in education and counseling for individuals and families affected by communication difficulties. Many of these skills are derived from academic knowledge as well as practical experience, which are developed over time.

In Canada, the education requirement for speech-language pathologists is a Master's degree in Speech-Language Pathology; however, ongoing learning is integral to the profession. Speech-language pathologists continuously develop, maintain, and perfect their skills and knowledge through continuing education opportunities, which are required by the profession's College, and accumulated clinical experience.

The unique skill sets of the speech-language pathologist include:

**Interpersonal skills:** the personal attitude, manner, and style of the individual. Examples of desired features of interpersonal skills are acceptance, active listening, cooperation, enthusiasm, positive attitude, patience, flexibility, and trustworthiness.

**Professional skills:** discipline-specific behaviours that are acquired and regulated. They indicate a clinician's compliance with the standards, codes, and responsibilities outlined by the profession.

**Problem-solving skills:** the cognitive abilities required to identify a challenging situation and resolve or manage it in an efficient, effective, and satisfactory manner. Such skills include confidence to problem solve, decision-making, good judgment, time management, observation, and part-to-whole analysis.

**Technical skills:** the abilities that are gained from knowledge and practical experience through the use of different materials, techniques, and procedures learned during professional education. Examples include formulation of appropriate recommendations, implementation of diagnostic tools and procedures, interpretation of assessment results and procedures, planning of treatment sessions, and treatment implementation.

## Early literacy and social skills training for preschoolers

Early childhood education programs set the stage for school readiness and lifelong learning. More and more, the focus of such programs is preparation for academic learning. As a result, the programs highlight early school and life skill development.

A recent study revealed that integrating social skills training along with early literacy skills can have a significant impact on young children's school readiness. Specifically, the application of these additional programs in a daycare context can result in improved vocabulary, pre-literacy skills, and attention skills, as well as a reduction in aggressive behavior.



## Nous offrons maintenant des services en français!

Nous sommes très heureux d'annoncer que des services en orthophonie sont maintenant disponibles en français pour les enfants francophones ou bilingues et leurs familles. Melissa Moloissa offre des services d'évaluation et de traitement des retards et problèmes de langage et de parole chez les enfants d'âge préscolaire et scolaire.

## French Services Available at SVLC

The SVLC is pleased to provide French and bilingual speech and language services to children and their families. Melissa Moloissa offers speech and language assessment and treatment services to the preschool and school age populations.

## Questions?

## Please Call!!

As part of each assessment that we provide here at the SVLC, the Feedback appointment is an important time for the sharing of information. Inevitably, there is an abundance of information, and many technical terms that are used. Often, parents and caregivers may feel overwhelmed with the volume of information, and may arrive at home with a number of questions that they did not ask. It may also happen that information is provided to one parent, and in sharing that information at a later time with a partner or caregiver, new questions arise.

In any of these cases, a phone call to ask questions or book a follow-up appointment is welcomed and encouraged. We are always open to answering your questions, and if needed, we can help you to access other services in the community that would be beneficial to you and your child.

# WORKING WITH AUTISM

By Melissa Moloissa

My journey in working with children with autism began in my last year of graduate school, during an internship in Cornwall. Before then, I had little understanding of the disorder. I remember once meeting Aiden, a 7 year-old, who was diagnosed with autism. I recall Aiden screaming while he spun himself around the room. I had no idea how to engage him. His behaviours were disruptive and intimidating.

I became increasingly and passionately curious about autism and rolled up my clinical sleeves so to speak! I quickly realized by addressing the child's individual wants and needs was my task at hand. By gaining an understanding of Aiden's unique perspective on the world, I could help him relate to it.

Over time and with plenty of experience, I became aware that children with autism have needs at different levels. These needs include communication, social, emotional, and physical. I use a holistic approach instead of traditional speech and language therapy methods. This allows me to create optimal conditions for learning functional communication.

My passion lies in determining and connecting with the unique profiles of each client. Based on these profiles, I create conditions in which they will be happy, comfortable, and motivated to connect with the outside world. This feat is never accomplished without the participation and cooperation of moms, dads, and even grandparents!

Since working at the Speech, Voice, and Language Clinic, I have worked closely and intimately with families of children with autism. I am often the first professional who intervenes with a family once a child has been diagnosed. I take pride in becoming part of a positive support system for the family, while helping them deal with the ups and downs of raising a child with a disability. I love showing parents and caregivers every bit of improvement their child has made toward meaningful and functional communication. I help them shift their focus from wanting their child to be the child they thought they had, to reaching out and interacting with the child they *do* have.

The children and parents have taught me that this is just the beginning of the journey. I have experienced and celebrated so many rewarding moments in which a child like Aiden has either stepped out of his world and sustained eye contact for the first time, or surprised his dad by initiating an interaction. Overall, I have learned that the celebrated moments outweigh the challenging ones. And that therapy, hard work, and belief in development, equal hope!



## Your Voice Has Power!

Many of us under-estimate the power of our voice. We often neglect the extent to which it claims our place in the world! From the time we are born, our voice is used as our tool of expression to the world. A newborn uses his voice when crying and lets the world know that he wants his needs met. An older child uses his voice when giggling and expressing enthusiasm for a new gift. An adult may use a stern voice when trying to establish unequivocal boundaries with children.

Our voices have an emotional impact on our listeners and strongly affect how we are perceived by them. Given the importance of our voice, we should strive to keep it healthy. Proper vocal hygiene and vocal habits cannot only protect the health of our voices, but also enhance our communication skills.

Here are some tips to promote healthy vocal hygiene and proper vocal habits:

- Don't clear your throat or cough excessively; try sipping water and swallowing slowly.
- Don't yell or scream habitually; try to be close to your listeners when speaking.
- Avoid talking in noisy situations; reduce background noise and try to face your listener.
- Don't smoke! The inhaled heat and chemicals can slowly damage your vocal cords and affect the quality of your voice.
- Do drink lots of water to maintain a moist vocal mechanism.
- Avoid holding your breath while speaking. Always maintain continuous airflow and breathe out with diaphragmatic support.
- Try breathing exercises to relax muscles around your vocal cords—breathe in slowly, using your abdominals, then yawn out deeply and maintain that voice until you run out of usable air.

## Continuing education... We're always learning!

**Mary-Anne Zubrycky** spent two days this spring in Wilmington, Delaware with psychologist Christine Madden who runs a Multi-Sensory tutoring and therapy service for children with dyslexia. There she had the opportunity to meet with Madden's colleagues who shared a wealth of information and experience, in working with reading disability in children, teens and adults. Mary-Anne also attended a Voice Disorders conference this summer.

**Kimberly Matthews** has engaged in continuing education in the areas of Speech, Voice, Dysfluency and Parent Counseling.

**Melissa Moloissa** has attended many continuing education courses and conferences this past year, including a workshop on Communication in Children with Autism, a presentation by Dr. Barry Guitar on Preschool and School-Aged Stuttering, and Dr. Meghan Hodge's presentation on Childhood Apraxia of Speech. In addition, Melissa has completed the Hanen *It Takes Two to Talk Certification* workshop and a course on the Picture Exchange Communication System. She also attended workshops in the area of Voice and School-Age Language Disorders.

## 'R' Facts

"Ooh! A supwise for me?"



The 'R' sound is one of the trickiest sounds to master in the English language. Tweety Bird certainly did not pronounce this sound correctly, but this sure made his character adorable. News anchor Barbara Walters has also been known to struggle with the pronunciation of her 'R' sound. For years, she was subjected to mocking and teasing.

Why is this sound so difficult to learn to pronounce? It is because 'R' requires several parts of the tongue to move simultaneously in different directions. In addition, tongue tone and posture must be well developed.

Another complicating factor is that the 'R' sound varies depending on where it is positioned in a word. For example, the 'R' sound in 'ready' is different from the one in 'horn' and yet again different in the word 'fur' or 'arrow'. This further complicates the process of teaching the 'R'.

When someone has difficulty in pronouncing a correct 'R' sound, his or her speech may sound a bit immature. Since this is a high-frequency sound, many people wish to correct it in order to avoid being teased or misunderstood when speaking.

## Commonly mispronounced words

We may cringe when we hear someone mispronounce or misuse a word. We may feel embarrassed when we realize that we are doing so! There are several words that are frequently misused or mispronounced among speakers of the English language. Often, speakers continue to misuse or mispronounce words until they have been corrected by someone or have inadvertently learned how to say them correctly. Common errors are often a result of rapid speech or a lack of careful reading. Sometimes, speakers have learned to mispronounce words because they are not pronounced as they are spelled. English is a tricky language, especially for pronunciation rules. Have fun learning about some commonly mispronounced and misused words and see which ones you have heard!

1. **"anyways"** instead of ANYWAY- some speakers add an unnecessary 's' sound
2. **"aks"** instead of ASK – the position of the 'k' and the 's' is reversed
3. **"ex-cetera"** instead of ETCETERA – this Latin term is often pronounced with an added 'k' and the 't' omitted
4. **"hi-ar-chy"** instead of HI-ER-AR-CHY – this word has 4 syllables but is often pronounced with 3
5. **"innernet"** instead of INTERNET – the "t" sound is often dropped
6. **"real-a-tor"** instead of REAL-TOR – an extra 'a' is added between the 'l' and the 't'
7. **"irregardless"** instead of REGARDLESS – this common mistake involves the adding of the IR-prefix, meaning 'not'

8. **"larnyx"** instead of LARYNX – the position of the "y" and the "n" are sometimes reversed

9. **"mis-chee-vi-ous"** instead of MIS-CHI-VOUS (proper spelling "mischievous") – this 3-syllable word is often pronounced with an extra syllable!

10. **"nuc-ular"** instead of NU-CLE-AR – a common mispronunciation, in which the letter 'u' is repeated between the 'c' and the 'l'

11. **"supposably"** instead of SUPPOSEDLY – some speakers add the wrong suffix!



Former President Bush has been heard to mispronounce "nuclear" as "nu-cu-lar" in his speeches!

## Family Physician Guidelines

### When Referring



#### 6-12 months

- No reaction to loud sounds
- No response to music or singing
- Limited or no babbling

#### 18 months

- Does not show interest in adults or other children
- Not using any words
- Unable to point to body parts when asked

#### 24 months

- Quiet and not initiating production of words
- Difficulty pointing to named objects and pictures
- Little pretend play
- Not combining words such as 'more milk' or 'want up'

#### 30 months

- Poor comprehension of language
- Speech is unclear to familiar members, even in known context
- Does not produce two-to-three word phrases such as 'go bath now'
- Limited progress observed from week to week

#### 36 months

- Gap between receptive and expressive language skills becoming larger; that is parents report: "he understands everything", or "she understands so much more than she can say"
- Only saying single words, or primitive sentences
- Poor comprehension
- Speech is unclear to strangers, neighbours or relatives who do not see the child often

## How to Refer

- Call: (613) 820-4722 ext. 1 or fax (613) 820-7097
- Provide the individual's **name, phone numbers and reason for referral**. We will make the initial appointment.
  - Physicians should give the **original** referral to the patient, as they will need it for their insurance.
  - Self-referrals are always welcome.

Visit us Online @ [www.speechvoice.ca](http://www.speechvoice.ca)

## Getting to Us

WE WELCOME YOU TO OUR CLINIC, LOCATED CONVENIENTLY IN GREENBANK HUNTCLUB CENTRE, NORTH OF HUNT CLUB, JUST 5 MINUTES SOUTH OF THE QUEENSWAY, ACROSS FROM THE POLICE STATION, ON THE WEST SIDE OF GREENBANK ROAD.

WHEN PARKING IN GREENBANK HUNTCLUB CENTRE, PARK NEAR THE SIDE OF THE SUBWAY RESTAURANT AND ENTER THE OFFICE COMPLEX BY ENTERING TWO GLASS DOORS LABELLED 250-B.

### Driving Directions from the 417:

- Exit Pinecrest/Greenbank
- Turn South, drive 5-6 lights
- Turn right at Greenbank Hunt Club Centre (Metro Grocery Store) (we are across from the Police Station)
- Park near side of Subway restaurant
- Enter double glass doors, use elevator or stairs
- We are at the end of the hall in Suite 228

### Driving Directions from Hunt Club:

- Turn North (away from Barrhaven toward 417)
- Drive ½ a block
- Turn left at Greenbank Hunt Club Centre (Metro Grocery Store) (we are across from the police station)
- Park near side of Subway restaurant
- Enter double glass doors, use elevator or stairs
- We are at the end of the hall in Suite 228

### Contact Us:

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