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REGISTERED SPEECH-LANGUAGE PATHOLOGISTS

# Speakeasy Newsletter

Spring 2011

## *SVLC's Review of the King's Speech*



The Speech-Language Pathologists at SVLC agree that the award-winning motion picture "The King's Speech" has made us very proud to do the work that we do! This movie tells the story of the Duke of York, soon to be King George VI, and the struggles he faced as an individual who stutters. It effectively depicts the feelings that are experienced by many people who live with a stuttering disorder and sheds light on the impact our profession has on the lives of those we treat. It cleverly illustrates how our role as speech-language pathologists is multifaceted: we are therapists of the speech mechanism but we are also counselors and companions throughout the therapy journey. This movie gets our "2 Thumbs Up" for being an educational and historical masterpiece!

In the story, Albert's social standing as the Duke of York does not spare him from the anguish, shame, and frustration that people who stutter often experience. He dreads the thought of making public speeches to his people and almost turns down the opportunity to become king. His story is very similar to the stories shared by those we treat. Intense fear and anxiety can prevent a client from raising his hand in class, applying for a job in customer service, or speaking up during meetings at work.

One of our first objectives as interventionists is to target the negative feelings and avoidance behaviours that accompany stuttering.

We encourage clients to confront their fears by fully experiencing a stutter. We teach them fluency-enhancing strategies that will help them get through those 'difficult' sounds or words. Our therapy approach also involves the practice of relaxation techniques, including, breathing exercises and visualization methods. In the movie, there were stretches of comic relief when Albert and his therapist, Lionel Logue, pursue a variety of exercises, some of which are no longer practiced today. A few techniques however, such as the diaphragmatic breathing exercises, desensitization and light contact of articulators are tried and true techniques that are still currently practiced and are effective treatment approaches.

Skepticism regarding fluency-enhancing techniques was not uncommon in the early 20<sup>th</sup> century, nor is it today. As was demonstrated in the movie, a certain level of trust in the therapy methods, as well as dedication to the process are required. This is what Lionel Logue, the speech therapist, tries to gain from his patient throughout the movie – commitment to the therapy process and a relationship built on trust.

Logue, an actor-turned-elocution tutor, may not have had the proper credentials but he possessed many of the skills that are essential to being a good speech therapist. He successfully customized a relevant therapy program with goals centered around Albert's preparation for his coronation and his speech to the British people. Logue's focus was on generalizing the fluency-enhancing strategies outside of the clinic, to a setting that closely resembled the setting where his speech would take place. Altogether, these clinical skills are what set Logue apart from Albert's

previous therapists and probably what encouraged the future king to commit to treatment.

The King's Speech provides a historical perspective on the early beginnings of the field of speech therapy through Logue's character. Many of the discipline's pioneers were elocutionists with an interest in the correction of speech defects. Such was the case for Logue, who drew on his acting experience and elocution training when providing therapy. Speech therapists and elocutionists once shared a very similar knowledge base. Both disciplines were equipped with exercises and techniques that could help improve the voice or quality of speech. Over time, speech therapy became the communication science that it is today whereas elocution training remained a discipline of the arts.

The King's Speech's sweep at the Oscars demonstrates how this movie has not only impressed audiences, but has provided an invaluable service to people who stutter and the Speech-Language Pathologist community. This captivating film used a mixture of historical facts, humor, and emotional drama to enlighten its viewers on the significance of language expression and the crippling effects that a communication disorder may have on an individual.

Lionel Logue's character has been compared to that of a hero because he was able to treat the King simply by doing what he loved to do with empathy, wisdom, dedication, conviction and restraint. This alone rings true for many of us speech – language pathologists, and it is for this reason that this movie has made us proud!

## The View: Nursery Rhymes



Many of us have fond memories of nursery rhymes. They connect us to happy memories of our

childhood. We enjoyed how they were riddled with quirky tales and engaged us with their melodic and rhythmic beats.

Now, as adults and professionals, we get to revisit the world of nursery rhymes and use them as therapy tools with our young clients at the Speech, Voice and Language Clinic. We wish to share our view on the usefulness of nursery rhymes for therapy.

According to Mary-Anne, the tunes and lyrics of “Baa-Baa Black Sheep” and “Peter Piper” are good examples of alliteration - that is the repetition of consonant sounds that occur at the beginning of the word. “Alliteration patterns help develop the child’s awareness of the beginning sounds in words.” The rhythm and rhymes in “Hickory Dickory Dock” and “One-Two Buckle My Shoe” are useful in helping children improve their ability to focus their attention to the ending parts of words to identify words that rhyme. “Rhythmic patterns can be used to work on syllable segmentation, a very important developmental phonological awareness skill.”

Kim’s take on nursery rhymes is that “they offer fun opportunities to work on learning new concepts and vocabulary.” The lyrics of “I’m A Little Tea Pot”, “Peas Porridge Hot” and the “Eensy Weensy Spider” include a variety of concepts such as “up”, “down”, “short”, “stout”, “hot”, “cold”, “beside”, and “behind”. Children can expand their vocabulary knowledge by finding synonyms for words like “nimble” in “Jack Be Nimble”. Kim says, “children can get a verbal memory workout when trying to remember the words of the nursery rhymes or remember the sequence of events told in the nursery rhyme story line.”

Melissa views nursery rhymes as an excellent therapy strategy for preverbal children! “They are wonderful for working on prelinguistic behaviours, such as anticipation, joint attention, imitation; and turn-taking.” Young children love the anticipation that comes at the end of “Ring-Around-The-Rosie” as they prepare to drop to the floor when they hear “...and we all ...fall..DOWN!!”. Pointing up to the ceiling while singing “Twinkle Twinkle Little Star” is a great way to engage a little one who has poor joint attention skills. “Patty-Cake” can be recited with gestures in order to encourage the imitation of words and gestures.

We all agree that nursery rhymes are simple and enjoyable to most young children. They are a quick and portable language tool. Recite nursery rhymes during bath time, before bed, or during play, and know that you are growing language and literacy skills in your child.

## Referral Tips for Parents and Professionals



The early identification of communication disorders in children can help prevent many problems that may develop in the long term, such as behaviour issues, learning difficulties, and social skills delays. Contrary to what many people believe, early intervention can start before a child is able to talk. Intervention services may take the form of parent-training, speech or language stimulation, or consultation services. Here are some key elements to look for when deciding whether to refer a child for speech and language services.

### 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

### 30 months

- Poor comprehension of language
- Speech is unclear to familiar members, even in known context
- Few or no words
- Does not produce two-to-three word phrases

### 36 months

- Poor comprehension of language
- Only saying single words
- Speech is unclear most of the time to familiar people, even in known context



## *Doctor's Advice Corner!*

It is not always easy to identify or notice the “red flags” concerning the communication development of young children during a 15- 20 minute doctor’s appointment. There may not be enough time for children to reveal the behaviours that are better noticed at home or at daycare.

Young patients are often shy or distracted by the new setting of a doctor’s office and may not interact in a typical manner. Consequently, physicians may miss their opportunity to identify concerning behaviours or red flags that would typically lead to a referral to a speech-language pathologist.

During times like these, it may be necessary to rely on parent reporting of concerns; but sometimes it is useful to try to elicit certain behaviours in order to get more accurate information.

Here are some tips and recommendations that are helpful in eliciting communication behaviours in children:

- If a parent is concerned that their child may have a lisp, ask the child to count from 1 to 10. Once he reaches the numbers “6” & “7”, see if his tongue protrudes forward for the ‘s’ sounds.
- For a non-verbal 2-year old, it is possible to rule out concerns for comprehension by asking simple “Where” questions, such as “Where are my shoes?”. Check for comprehension of simple instructions by giving the patient a closed container with a pencil and a spoon inside and instruct “ Open the box and give the pencil to mommy”.
- An easy way to screen the prelinguistic abilities of a non-verbal young patient is to observe the interaction between child and parent in the waiting room or in the clinic room. Look for the frequency of eye gaze exchanges from the child to the parent. Look for non-verbal interactions (i.e. pointing, grunting, eye contact) initiated by the child to his parent. Is he showing toys to his mother? Is he attempting to request an object by grunting or pointing?
- Play skills are a good indicator of a child’s stage or level of communication. In the waiting room or in the clinic room, observe how a child plays with toys. Is there any imagination or pretending involved in his playing? Does he use the toys appropriately or does he simply throw them across the room or mouth them? Does he show any interest in playing with toys?
- For the verbal child who may be experiencing some signs of a pervasive developmental disorder; observe his conversations with his parent. Is he initiating conversations? Is he maintaining the conversation topic? Is he able to talk about a variety of topics or does he mostly talk about the same thing? Does he elaborate his responses or does he answer with single words?

## *Nous offrons des services en français!*

Des services en orthophonie sont 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 provides French and bilingual speech and language services to children and their families. Melissa Moloissa offers speech and language assessment and treatment services to preschool and school age populations.

## *This is what we have been up to!*

The SVLC has a high standard and practice of enriching our knowledge through continuing education.

Areas of new learning have been in the areas of Aspergers in young adults, The Hanen Approach, voice therapy for the subclinical patient, sign language, oral motor disorders, central auditory processing, working memory, dyslexia among school age children, speech development in children with hearing loss, social and emotional communicative competence, managing negative feelings in children using empathy, ADHD, Waardenburg Syndrome, Williams Syndrome, expressive phonology impairment and the development of literacy, phonological awareness for the older school age student.

We are pleased to share our knowledge with you!



# 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 THE **GREENBANK HUNT CLUB CENTRE**, NORTH OF HUNT CLUB, JUST 5 MINUTES SOUTH OF THE QUEENSWAY. IT IS ON THE WEST SIDE OF GREENBANK ROAD, ACROSS FROM THE POLICE STATION.

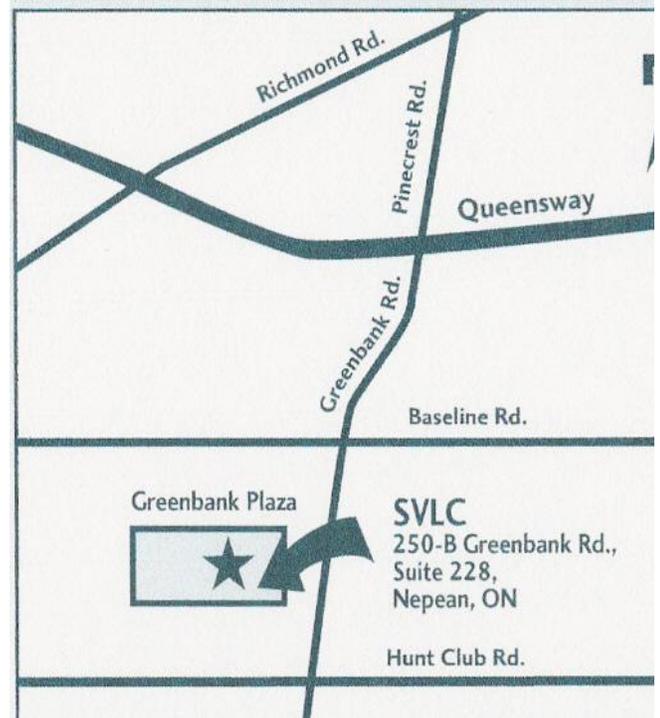
WHEN PARKING IN GREENBANK HUNTCLUB CENTRE, PARK NEAR THE SIDE OF THE SUBWAY RESTAURANT AND ENTER THE OFFICE COMPLEX BY ENTERING TWO GLASS DOORS LABELLED 250-B.

### Driving Directions from the 417:

- Exit Pinecrest/Greenbank
- Turn South, drive 5-6 lights
- Turn right at Greenbank Hunt Club Centre (LOEB), across from the police station
- Park near side of the 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 block
- Turn left at Greenbank Hunt Club Centre (METRO), across from the police station
- Park near side of the 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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Web site: [www.speechvoice.ca](http://www.speechvoice.ca)

## Quote for May



Electronic communication is an instantaneous and illusory contact that creates a sense of intimacy without the emotional investment that leads to close friendships.

Clifford Stoll, *Silicon Snake Oil*, 1995

