

## **Facilitating the Speech Impaired Child's Oral Communication Skill through Partnerships**

### **Abstract**

Speech as part of language involves verbal communication. Language, as we all know is a tool for social cohesion, so when speech is impaired communication is defective. Individuals are able to share ideas through the use of language, which could be oral or written. The speech-impaired child is however deprived of the opportunity to express himself orally. In his bid to communicate, those around him often ridicule him because of articulation, voice or fluency difficulties. This paper examines problems of the speech impaired child, ways in which individuals can collaborate to facilitate the speech development of the child, and highlights case studies that demonstrate collaborative partnership. It is the conviction of the researchers that if effective measures are taken by stakeholders the child's life, his speech development can be enhanced. This way, he would be able to meet most of his communication needs both at home and school and be properly integrated in the society.

**Keywords:** speech impaired, oral communication skill, partnerships, speech development.

## **Introduction**

Language is probably the most intriguing and complicated phenomenon devised by humans for social cohesion. In a broader perspective, language development involves acquiring skills in listening, speaking, reading and writing. All normal children are innately predisposed to language acquisition in that step-wise sequence (Wallace and McLoughlin, 1979). The four language skills are inter-related and the successful acquisition of a preceding skill facilitates acquisition of the subsequent one.

Speech is a primary language skill upon which success in acquisition of secondary language skills of reading and writing is hinged. Speech consists of sounds, words and longer utterances used by human beings to express thought or feeling. According to Chambers Dictionary (1999), speech employs a system of signs and symbols with rules for forming intelligible communications. This brings us to the phonological component of language, which has to do with the articulation of phonemes or speech sounds of a language. According to Wallace and Larsen (1978), phonemes of themselves are meaningless, and only become meaningful when they conform to standards of acceptable usage with a particular language. For example variations in the meaning of words can be obtained by alteration of phonemes, which would have been meaningless on their own. For instance the word ice can yield a number of meaningful words by continuous alteration of the initial phoneme to obtain dice, lice, mice, nice, rice and vice. As Friend and Bursuck (2006) rightly observe, expressive language requires that an individual produces utterances that are understood by and meaningful to others.

The speech-impaired child, who is trying to grapple with the problems of speech defects, is equally confronted with this complexity of language, which places the child at greater disadvantage in a bid to communicate. Besides the complexity of language and prepotency of language skills, the speech-impaired child equally faces a myriad of communication and social problems. Even though such a child may have normal vocal organs there may be inherent speech problems that affect vocal quality and proper articulation of speech sounds. This is often distasteful to most listeners who may find the speech unintelligible. Such listeners often ridicule the child, which may cause such a child to become shy and withdraw from social contact. The result is that even though the child may have some ideas or opinions to share on certain issues he may withhold them for fear of being ridiculed. This may be mistaken for stupidity or dullness and expose the child to further ridicule. Radaskiewicz (2000) observes that for as long as our ideas and opinions remain solely in our minds, they tend to be fuzzy, shadowy and half-formed. It is only when they are expressed orally or in writing that they crystallize and assume shape and form.

Obviously, if the speech impaired child is to be helped to achieve in school and in the society, avenues must be created for self-expression. Affording him the opportunity to express himself orally will help him to gather data, which will facilitate the acquisition of the subsequent language skills of reading and writing in the course of interacting with others in the society. This will also facilitate proper social integration as inhibitions associated with speech impairment are overcome.

This paper examines the problems of the speech-impaired child within the context of the Nigerian society. It also considers ways the stakeholders in the child's life could collaborate in order to help him to develop intelligible speech for effective communication.

### **Concept of speech impairment**

Speech impairment is a common handicapping condition, which is the most prevalent type of handicap found among school-age children, yet in most developing countries like Nigeria, the speech impaired child is the most neglected of all special needs children. This may be as a result of the fact that speech impairment is not easily noticeable and children with this problem do not appear to stand out as much as children who are hearing impaired, visually impaired or those with mental retardation. This lack of awareness makes the problem of speech impairment to be on the increase.

Speech is impaired or defective when it is unintelligible, ungrammatical, culturally or personally unsatisfactory or abusive of the speech mechanism (Perkins, 1976); if it sounds rhythmically odd or attracts unfavourable attention to the speaker. In another definition by Van Riper (1978) speech is defective when it deviates so much from the speech of other people to the extent that it draws attention to the speaker rather than what is being said, interferes with communication, produces anxiety or causes the speaker or his listeners to be distressed. However, Ikpaya (2001) warns that differences due to cultural background, ethnic affinity or dialects of a standard language should not be considered defective because they are reflective of a linguistic community.

It is therefore very important to keep the speaking age and cultural background in mind when determining whether speech is impaired. Consequently, it could be deduced that a child with speech that is quite different from that of others in his age or cultural group will definitely need speech remediation.

### **Problems of the Speech Impaired Child**

Speech impairment can come in many forms. The majority and most easily recognizable cases of impaired speech are disorders of articulation and fluency. Most of the articulatory speech difficulties occur at an early age. The speech-impaired child will experience articulation problems, which are wrong production of sounds. This may manifest in any one or more of the following:

- (i) substitution, where the child uses a different sound in place of the conventional one;
- (ii) distortion, which entails mispronouncing the sound;
- (iii) omission, which involves leaving out a sound;
- (iv) addition, that involves putting in an extra sound.

Most children who make errors of articulation are not usually consistent in their errors. They may make a sound correctly in one word and incorrectly in another; or they may even substitute a sound that they do not ordinarily make correctly in a word for another sound. For example they may utter 'sedder' for 'feather' and 'thun for sun'. Speech sounds are acquired by children in stages; thus, some sound such as p, b, and m appear at much earlier age in the repertoire of the child's speech than the sibilant sounds such as "s", "sh", "z", "ch", "th". The child will have difficulty in words with these sounds. Perkins (1971) in Okeke (2001) opines that although all children make such errors at one time or the other, one can still determine when a small child is displaying an error of articulation. This is because important variables to consider in determining speech impairment include the child's age, frequency of occurrence of the error, type of error, consistency in making the error and the child's language environment.

Another typical problem of the child is that of disorders of fluency, which are characterized by interruptions of speech to an extent that it becomes dysfluent. A child who exhibits speech dysfluency is known as stutterer or stammerer. Stuttering or stammering is a disturbance in rhythm or fluency of speech, which is characterized by pauses, repetitions prolongation of sounds, syllables and complete verbal block. In a typical inclusive school setting, speech defects often manifest in a number of ways through which many danger signals are exhibited by the child. Some examples of the danger signals include the following behaviours:

- (i) Pointing at an object when making a request instead of speaking.
- (ii) Using of unintelligible and inappropriate speech for the child's age
- (iii) Substituting one speech sound for another e.g. th for s.
- (iv) Distorting some speech sounds
- (v) Repetition or prolongation of sound syllables
- (vi) Inserting uh! uh! uh! between words.
- (vii) Adding a vowel or consonant to the original word.

To the older child, the difficulty often causes concern. His classmates think that he sounds like a baby and ridicule him and at times treat him as one. For some children the condition may be transient; nevertheless, it may in some cases continue into adulthood. Teachers frequently find in their classrooms children with speech defects belonging to one of the categories mentioned above.

### **Ways of Developing Partnership for the Child's Speech Intervention**

One of the best practices in handling children with special needs is through partnership with and among parents. Parents constitute the major stakeholders in special education because they are the owners of the children. Obviously, the home constituting parents, other siblings and significant others should show genuine love, concern and interest for the speech impaired child through their willingness to work together with the school and other parents who have children with similar problems. It should be the responsibility of the home to go into partnership with the school in order to facilitate the remediation of the child's speech defects. Ntukidem (1997) has indicated that such partnership will provide parents with some understanding of the nature of their children's problems. Moreover, both parties will get to understand themselves better. Mbipom (1997) has also noted that when parents and teachers work together they form a formidable team that can cover giant strides in the education of children with handicapping exceptionalities. This implies that such partnership is likely to enhance a better working relationship between the home and the school thereby improving the quality of treatment given to the child with speech impairment.

### **Opportunities for Partnerships**

According to Gargiulo (2009), the linguistically disordered child represents a unique population. This means that there are several families with children who suffer one form of disability or the other. When parents first discover the disability of their children they react in a number of ways, including expression of fear, sadness and even embarrassment. Some prefer to wish away the problem, pretending that it did not exist. Some parents keep such children out of school, while others send them to normal schools without seeking professional help. It is this attitude that informed the researchers' efforts

to assist other parents to come to terms with their children's impairment, based on their own personal experiences as reading specialists and also as parents of children who had some form of impairment.

For partnerships to work, Garguilo (2009) suggests that there must be awareness of and sensitivity to the needs of families who have children with disabilities. Cooperative relationships, according to the author must be built around trust, mutual understanding and respect. He buttresses his conviction with the suggestion of Perl (1995) that interactions between parents and professionals can be facilitated when the professionals are able to establish an atmosphere of genuine caring, honesty and empathy. In addition to these, professionals must listen actively to parents, other significant persons and caregivers with understanding. All these will facilitate mutual trust and encourage families to share their fears, feelings and attitudes about their children's disability. It will thus, be possible to render the required help to the child.

### **Research Method**

Below are two case studies to demonstrate collaborative partnerships that made it possible for two children with speech impairment to be assisted positively.

#### **Case 1**

Aniedi was presumed to be born as a normal child. He had the features of any other normal child and started school with his peers. At the age of six his parents observed that what they thought to be baby language persisted. He could not articulate many words correctly and in addition, had problems understanding simple instructions. However, his parents kept him in the normal school where he continued to fail and repeat classes. At the age of fifteen he was still unable to understand what eight year old children could. Children in his school even believed that he had no brain and made fun of him.

At church, his Sunday School Teacher, who ran a reading workshop for children equally realized that Aniedi could neither read well nor articulate words correctly. He spoke in a nasal manner and added unnecessary initial vowels to words that began with consonants. The teacher therefore arranged a meeting with his parents, where she pointed out her observations concerning their son. They acknowledged that they were aware of the problem but did not know that their son could be helped. After all they had seen a number of children with a similar problem, who either went about begging or were kept at home to help their parents with chores. To have even sent him to school, to them, meant they had tried.

The Sunday School Teacher explained to them that they owed the child a responsibility to help him maximize his potentials. Thereafter, she referred them to a special education centre for expert help. They took the child there, while the Sunday school teacher continued to follow-up his progress.

In addition to input from the special school, the Sunday school teacher instructed Aniedi's mother, who was principally responsible for the intervention programme to give him more attention. In addition, another expert in special education advised the mother to patiently teach him correct pronunciation and expose him to constant practice. She advised the mother to facilitate teaching by having the child watch how sounds are produced and letting him use mirror to monitor his own speech production as well as using recorded radio cassettes and VCD's as models for pronunciation. Each correct

effort he made at correct pronunciation was to be reinforced with praise, while consistent effort was to be rewarded with either a material gift or an outing with his parents and siblings.

All these, obviously, excited the boy's willingness to learn. After a year Aniedi's speech improved, as well as his performance in school. Even though his progress in school has been slow, he has been able to get into secondary school with support from his Sunday school teacher, family and school.

## **Case 2**

William, a ten year old boy had a very bad case of stammering. Both his parents and siblings taunted him by mimicking his stammering. This angered him and made him nervous to the extent that he was always involved in one fight or the other. His stammering became worse and sometimes he refused to talk even when he knew what to say. Members of his family believed he spoke fluently when he was with his peers and only stammered at home, particularly when he was guilty of an offense. They also saw his stammering as a bad habit, which he ought to have overgrown as he grew older. In school he did not fair any better as other children easily picked on him. Not even his teacher was patient enough to help him, and these affected his performance in school.

Help finally came through their neighbour who never had a close interaction with William's family. The neighbour, who is one of the researchers of this work had gone to pick her child from school, when she saw William, his mother and William's elder sister standing by the road, obviously waiting for a taxi cab and decided to give them a ride home in her car. On the way home William tried to narrate an incident at school and began to stammer. The other two children in the car giggled, while his mother, who was obviously embarrassed tried to make excuses for her son.

Her neighbour advised her to relax and rather realize that her son needed help to overcome the problem. The two women discussed at length and William's mother saw the need to be patient and empathic with her son as well as encourage other family members to do the same.

Subsequently, the neighbour was informed that with the co-operation of the family, William's stammering began to reduce as his self confidence increased. He even made some utterances occasionally without any trace of stammering. His mother also had a talk with William's class teacher on the issue and asked her to stop other children from ridiculing him. With the co-operation of the teacher William was no longer ridiculed in school as children who persisted in this were punished. As his confidence increased, his performance equally improved.

## **Summary and Concluding Remarks**

It is obvious that all stakeholders in the child's life have a key role to play in enhancing the speech impaired child's speech environment. Mirror use has been highly recommended as an excellent visual aid in helping reduce undesirable movement of face and articulators as well as showing the child how his articulators make sounds. In all aspects of speech training the emphasis has been for the home and school to provide a good language model, reward the child's positive performance and always encourage the child to speak. Other avenues that can create opportunities for collaboration are

Parents'/Teachers' Association, Seminars, Workshops, Conferences, Church meetings, social organizations, among others.

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### **Authors' Bio-profile**

Sarah Nicholas Oden is Associate Professor of Curriculum and Instruction / Language Education in Department of Curriculum and Teaching, Faculty of Education, University of Calabar, Nigeria. She holds a BA. Ed in Education (English); M. Ed and Ph. D respectively in Curriculum Studies/ English. Her research interest includes effective teaching and learning, teaching English as a second language, communication and environmental sustainability. She belongs to many professional bodies in her field and has published extensively in the area in several reputable journals.

Eno Grace Nta is Associate Professor in Department of English and Literary Studies, University of Calabar, Nigeria. Her specialization is Language Acquisition and Teaching English as a Second Language. She is actively involved in literacy studies and has done collaborative research with several local and international organizations such as publishing houses, state government in Nigeria, British Council and Reading Association of Nigeria. She belongs to many professional bodies in her field and has published extensively in the area in several reputable journals.

Eno P. Ntukidem is Professor of Special Education in Department of Vocational and Special Education, Faculty of Education, University of Calabar, Nigeria. Her research interest is in the education of learners with special needs. She belongs to many professional bodies in her field and has published extensively in her area of specialization, both in national and international journals. She has also contributed enormously to intervention programs for children with learning disabilities.