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# THE ROLE OF PARENTS IN THE MANAGEMENT OF SPEECH IMPAIRED CHILDREN - A CLINICIAN VIEW

By

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## **ABSTRACT**

*A normal speech should permit the undistracted interchange of verbal language. It must be free from grimaces, phonemes misarticulation, unnatural and unusual voice qualities; rates of speaking and rhythm should also be normal, anything less signifies abnormality.*

*However, for a speech impaired child the type of interaction between parents and their wards can mar or improve their speech defects, while it can even enhance the speech performances of the child; parent must start to educate their children who is speech impaired right from birth with an organised parental training at home.*

*In essence, direct service delivery to the speech impaired should be assumed by parents and family members alike as to have a balance flow of information, interaction and emotion within their households.*

## **INTRODUCTION**

Exceptional children are either the positive or negative deviants. The main factor that describes their exceptionality is their departure from the norm, or the expected societal set standards. The focus of this paper is however the speech impaired child.

Speech impaired children according to Kirk (1972) are those children with speech that draws attention to itself, whether

through an unpleasant sound, inappropriateness of the age level or it interferes with communication. To Van Riper (1972) also, speech is defective, when it deviates from the speech of other people, to the extent that it attracts attention to itself, interferes with communication or gives rise to maladjustment in the person using the speech.

However, Perkins (1977) sees an

impaired speech as not intelligible, abuses the speech mechanism, and culturally or personally unsatisfactory. Although the message may be acceptable, it is an imperfection in verbal language in the way and manner that is voiced (faulty speech).

In essence, a normal speech should permit the undistracted interchange of verbal language. It must be free from grimaces, phonemes misarticulation, unnatural and unusual voice qualities, rates of speaking and rhythm should also be normal, anything less is abnormal.

According to Telford and Sawrey, (1967) the incidence of speech defects comprised the 10% of school age children especially in America.

The Committee on Legislation of American Speech and Hearing Association further indicates that 5% of school age children especially between age 5 and 20 years have speech defects.

Essentially too, apart from emotional problem cases, speech impairment is more pervasive than any other category of exceptionalities.

### **TYPE, NEED AND CONSEQUENCE OF PARENT- CHILD INTERACTION**

The type of interaction between parents and their wards can mar or improve speech defects in children, as well as enhance their speech performances.

Parental worries may arise as a result of ignorance, parent aloofness, rationalisation, rigid thinking (by parents) and neighbours pity. All these demand enlightenment and education of the parents by the specialist, through guidance services, or else, it will complicate more, the problem experienced by the speech impaired children.

However, Safford (1978) summed up the noticeable signs of speech problem as the speech that is characterised by phonemic misarticulations, unusually fast or slow speaking rates and rhythms, unusual voice qualities, unnaturalness, word pattern/sound order confusion, as when intending to say 'Hospital' or 'Animal' the child pronounced 'hopsital', 'aminal' instead.

Elsie-Ereinet, the great French Educator opined that, Education

is not a school formula but a task for life". This implies that parents must start from birth to educate the child. There should then be an organised parental training, for parents, to enable them educate properly the speech impaired at home.

Programmes that emphasize co-operation between teachers and parents, are desirable project in our sophisticated society. This is necessary if the goal is to take the speech impaired beyond the usual school curriculum.

Children elicit easily certain appropriate responses from their parents. It is then important, to have a reciprocal care-giver child interaction, at the early days of infancy, to stimulate adequate language competencies in the child. The contingencies in the early mother infant interaction can seriously assist to establish the infant's expectancies that the environment is predictable and controllable (Watson, 1977).

Bell (1974), Harper (1977) emphasised the need for a Bidirectional model of parent-child interaction since each influences one another. The direct interaction between the speech impaired child and the family, even has implication for the family

members.

Safford (1978) asserted that, ignorance fosters fear and hostility, hence knowledge and awareness, can combat such restrictive attitudes. Parents need to be told how to budget, plan and educate their children. Parents need to be told the way to converse, pronounce vowels, consonants and even stress certain syllables of words in their homes.

Habit formation and relationship of Constituent phonetic elements of words, need to be stressed in the homes. Parents participation in the education of their speech impaired children is indispensable and the direct service delivery should be assumed by parents and family members alike.

Murphy (1979) therefore opined that the decade of fragile family is here, and that the family must be treated in the light of today social context, which warrants services to be extended to their entire family. for a balanced flow of emotion and interaction within the family. Olaniyan (1981) further enthused that keeping the family in focus in the educational and social services for the exceptional children is necessary for their

utmost development, in that it minimises greatly the existing obvious conflict, unhappiness, emotional difficulties of parents, as to enhance the adjustment of a speech impaired child totally into the society.

It is the social and psychological environment of the family that determines the individual child's life achievements which then necessitates adequate parental information, awareness and proper education for their exceptional children.

In fact, parenting an exceptional child requires the additional task of securing and relating to the special services needed by the child concerned, as asserted by (Faber, 1975). It is the parents that set the foundation for their children early in life; they can best observe and identify children with problems, hence proper education on the symptom, cause, prevention, care and treatment of the speech impaired children is highly needed by the parents of the speech impaired.

Similarly, parents are effective and influential partners in the educational process. They know more their children and can influence significant change in their wards, even better than the

clinician, who comes to visit the child ones or twice a week.

There should then be a organised parental training for better success to be recorded.

### **MANNER IN WHICH PARENTS CAN ASSIST WITH THEIR SPEECH IMPAIRED CHILD**

Johnson and Katz (1973), O. De (1974), Levitt and Cohen (1975) have indicated that parents have been involved to one degree or another, in the treatment of children with nearly any handicapped behaviour disorder one might imagine. While Berkowitz and Graziano (1972) asserted that the mother alone usually participate others indicate that the degree of their involvement can range from simply looking on, (Wilton Mcveigh, Richardson, (1976); or they may actually function as an agent of change for the child (Patterson, (1974).

Oladele (1987) however opined that a more practical approach to involve the parents to help make a beginning in the training of the child. Hence parents must be actively involved, since it may likely yield more positive results than their remaining passive.

Falender and Herber (1973) noted that some sophisticated

programmes for children do not stop at modifying the individual behaviours but also attempt to alter the patterns of interactions.

Existing therapeutic models involving parents, range from psychodynamic to clients centered, and to behaviour oriented programmes.

Parents should enhance the use of left over hearing (in case the child is deaf) through the use of correct hearing aid and speech training at home. Many children that are deaf do not like to use hearing aids, some forget to turn it on while other tune themselves off. Hence proper parental guidance, control, monitoring are essential for effective speech correction.

In fact, at the initial stage of training, parents can teach self help skills and provide physical therapy at home for their speech impaired children. Parents can later include cognitive skills training in the programme. Parents should try to secure and strive for the voluntary cooperation of age-mates, peers and other siblings, so as to influence speech impaired children's desires to speak well.

Parents should use systematic speech instruction related to the

child's language teaching. They should avoid casual/haphazard speech work.

Parents should demonstrate and dramatise good speech for their wards to imitate.

Parents should with the help of experts plan a speech programme and implement it for their wards. Parents can decide the area of speech to be taught, and indicate the range of exercises under each section, such as the use of speech sounds, accent, phrasing and rhythm.

Parents should talk to their children at home constantly, play games, ludo, draft, cards, and in so doing stimulate and reinforce the child's good speech. They can also use lotto games, word-bingo vocabulary completion of letter, to teach sounds and word formation in turns, to enhance better speech performance.

## **SUGGESTION**

Parenting any child at all is a tremendous challenge. Hence parents should use varieties of formats, in different settings to educate their speech impaired children. These may range from fairly inactive parent participation away from the home environment.

to a very active parent involvement in the natural setting.

However techniques such as individual or group training, lectures, role playing, group discussions, readings, modelling or direct coaching could be used. Such equipment as films, audio and video tape could be used, while other signal devices could also be used, to cue the parents when to behave in a specific way. It is the duty of parents to visit appropriate centres (e.g. School or Rehabilitation) for adequate information and exposure to the problems of their child, and to obtain information on how best they can assist.

Parents should neither attribute the problem of speech impairment to any of the spouses nor reject or neglect their words.

Directed listening should be intensified through graded series of listening exercises, starting with single words, progressing to the complex speech patterns, nursery rhymes, songs, dance, music, stories, which are to be utilized to improve the speech of the impaired children.

The Federal and State

Government should allocate special welfare packages to the parents of the exceptional childrer, and their wards, to enable them cope with the challenge of educating the speech impaired at home.

Beninal and Morth (1978) recommended the use of training manuals, for parents to be able to educate their speech impaired children. Parents should seek professional guidance, read relevant articles in Journals, magazines, on how to foster their children's interest and talents in the arts (Maloro, 1976).

It is the view of Jelinek and Kasper (1976) that parents learn from professionals about behaviour modification, child development and their own children's handicapping condition and how best they can help their children at home.

In fact, parents can observe the expert treatment of their wards in school and practise it at home, modelling, drama, demonstration, learnt at centres can be used later by parents in educating their wards at home.

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