

Collaboration and Advocacy in the Management of Speech and Hearing Disorders



Edited by
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Chapter 5



MANAGEMENT OF SPEECH AND HEARING IMPAIRMENT AMONG SCHOOL-AGED CHILDREN THROUGH COLLABORATIVE HEALTHCARE SERVICE DELIVERY

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Introduction

The inability to perceive sound and use language effectively poses a great threat to the social life and overall development of children with speech and hearing disorders.

Speech disorder is abnormal when it deviates substantially from the speech of other people that it calls attention to itself, interferes with communication or causes the speaker or listeners to be distressed (Heward, 2003). These include among others; delayed/disordered speech sounds, difficulty in understanding and using language and stuttering. Hearing disorder on the other hand refers to hearing loss; significant enough to require speech and

audiological training and/or adaptations such as hearing aids and it usually includes the hard-of-hearing and the deaf (Heward, 2003).

The treatment of children with speech and hearing disorders has come a long way particularly in developed countries. Specialists have continued to research into how best these children could be helped to develop their potentials so that they could eventually be self-reliant. American Speech-language Association (2007) observes that children with hearing difficulties due to hearing loss or auditory problems continued to be under identified and underserved population. Not only that, the early hearing loss occurs in a child, the earlier the effect on the child's language and speech development. Similarly, the earlier the problem is identified and intervention begins, the less serious the ultimate impact (Brice, 2001). To achieve this, collaborative approach that integrates more than one dimensions of service was instituted in United States of America (USA) and Britain from the stage of diagnosis and the management of children by the team of professionals. In Nigeria, in spite of the availability of professionals, a number of factors forestall the implementation of speech and hearing management. These factors include- the unwillingness of parents to promptly report their children with speech and hearing disorders, coupled with non-challant attitude and misplacement of priority by the government in terms of failure to pay attention to the plight of children with speech and hearing disorders. In addition, other related professionals may see collaboration as an additional responsibility which they may not be willing to accept.

A child with speech or hearing disorder needs help from experts and various professionals, in order to bring the best out of him/her. This involves the treatment and training of the child, so that he/she can attain full potentials for normal living; physically, psychologically, socially, educationally and vocationally (Raver, 1999).

In the developing countries such as Nigeria, the issue of collaborative approach is known but practically, it is not practiced as it ought to be. Other professionals are usually brought into the picture when it is considered absolutely necessary. In most cases, such intervention is late. Many factors could be said to be responsible for this. Until recently, for example, most parents of children with speech

or hearing disorder experienced social stigma associated with the presence of such children in the families. Hence, the opportunity of experts collaborating to plan quality management is denied such children.

Collaboration is defined as an interaction process that enables a team of people with diverse expertise to generate creative solution to problems (Rover, 1999). Collaborative team approach is when decision-making is shared between patients and their family on the one hand, and the professional team on the other.

In the USA, for example, the Education of the Handicapped Act Amendments 1986 (PL 99 – 457) Part B and Part C of the individual with disabilities Act, 1991, (IDEAPL 102 – 119) support early intervention and collaboration among professionals and families. Part B pertains to pre-school through school age children, while C further mandates that agencies work together to provide early intervention through family centre services.

The Joint Committee of the America Speech-Language and Hearing Association (1994) describes the necessary roles, knowledge and experience of team members who should provide early intervention to children who are deaf and hard- of- hearing from birth to 36 months as presented in IDEA – Part C. The cooperative effort of various specialists and their associates is necessary to improve the physical, mental, social and vocational development of children with speech or hearing disorder with the objective of preserving their ability to live happily and productively on the same opportunities as peers who are without such disorders (Ayoola, 2005).

Pakenham (2007) states that the rationale for forming collaborative team is to integrate the diagnostic treatment efforts of a wide variety of professionals in the delivery of healthcare services for children with speech or hearing disorder. This group of children requires multiple services from professionals rather than functional specialization to optimize patient care.

Bray (1999) describes collaborative service delivery as a process of planned and deliberate encouragement of effective work practices to assist a work group in pursuing its objectives and resolving its problems. According to him, the process of team building for the treatment plans involves data collection, group assessment of

needs development, implementation and evaluation of the plan. In the developed countries such as America and Britain, children with speech and hearing difficulties are managed right from the beginning using collaborative team approach.

All experts such as audiologists, speech therapists, ear, nose and throat experts, physiotherapists, clinical psychologists, counsellors, social workers and nutritionists are brought together to plan the mode of management and work closely with the parents of the children. The child on a regular basis is evaluated and necessary changes are made and if other professionals are required, they would be brought in. By this collaborative method, the child's unimprovement level can be measured; and this is done until the child becomes an adult.

Collaborative Management Process

Pakanham (2007) highlights four principles of collaboration for specialists and related professionals to follow; they are:

- (1) **Goal Task:** Individual members must agree on the team's goal. Diverging goals among members can result in frustration, conflict and disintegration of the group. Refusal by an individual team player to participate with the other players towards the same goal will affect the achievement of the team. The objectives of the team should be consensually defined, agreed upon and comprehended. These objectives need not be rigid but should be guided and be the basis for team judgements and decision-making.
- (2) **Role Task:** The individual team member's role must be clearly defined. Each member of the team must identify what his/her role is within the team and understand the roles of the other team members. Integration among disciplines is essential for treatment to be truly coordinated and complementary. Disparities in expectations among team members often result in unfulfilled expectations, mistrust and frustration.

- (3) **Procedural Task:** There should be oral and /or written agreement that specifies mutually acceptable roles and responsibilities, such as:
- Time, place and frequency of meetings.
 - Collection and analysis of data for the management of the clients hearing and communication disabilities.
 - Commitment to joint treatment procedure.
- (4) **Interpersonal Task:** For a team to function effectively, members must be able to work with others, be aware of how they relate to each other, accept individual values and determine the most appropriate means of communication, (Oluokun and Adeniyi, 2006).

He further states that the same principle that applies in the management of clients with hearing impairment also applies to the management of those with speech and language disorders or other forms of special needs.

Types of Collaborative Management Teams

Pakenham (2007) classifies collaborative management team into three; they are as follows: Multidisciplinary; Interdisciplinary and Transdisciplinary

Multidisciplinary: In identifying hearing loss in infants and children, for example, audiologists are usually the first professional to do this, while the expertise of audiologists typically include diagnosis, management and treatment of hearing loss, their expertise may not include related topics such as health psychological, social issues or educational issues and therefore the support of other professionals may be paramount in effectively and maximally managing the child with hearing impairment. Here, each profession provides a parallel assessment and treatment, with communication mechanisms built in, so the members of each discipline can understand each other's roles. Team members meet regularly at a case conference to share results and plans.

Interdisciplinary Team: This involves closer interaction among professional teams. Assessment may be made separately but treatment planning, goal setting and decision making are done cooperatively. The result is an integrated plan to maximise the contribution of each discipline and the potential for positive outcome

for a patient in achieving the set goal. Interdisciplinary team is required when a patient's problems need to be addressed by more than one discipline. The approach entails the participation of professional support, the staff, the patient and his/her family, individualized programme, implementation and evaluation. Throughout this process, team members should share their knowledge and expertise with two or more professionals from different disciplines working together synergistically. This approach may be a more time-consuming process, in the long run, it results in fewer mistakes, more satisfactory outcome, and lower overall cost of healthcare and higher staff morale.

Transdisciplinary Team: This is the most integrated and least frequently used form of team treatment. Here, there are professional boundaries. The team members teach and learn from one another, thus promoting and increasing overlap of practices and knowledge. This approach enables multiple professionals to evaluate a client simultaneously with family members present.

Benefits of Collaboration in management of speech and hearing impairment

Collaboration has been discovered to be necessary in service delivery for people with speech and hearing disorders if the desired result is to be achieved. The following are the benefits:

- Collaborative service delivery helps experts to acquire more knowledge from other professionals working with a client thereby enlarging their scope in the management of clients.
- All specialists and professionals working together in collaboration will have understanding with a patient and his/her family thereby making it easier to integrate service into a whole rather than merely two separate parts.
- Collaboration right from the moment of diagnosis of a client is made, helps early intervention thereby reducing the stress parents would normally go through when intervention is delayed.
- The work of the specialists become easier as parents supply the necessary information that would be useful in the planning of the management of the client.

- It helps parents and professionals to gain the necessary experience that would be useful in helping a child with speech or hearing disorders at home and in the school.
- Collaboration gives direction to the exact need of the client. For example, a child with intellectual disability may also have speech or hearing problems. The management would focus on how to bring in the speech and hearing experts as well as those specializing in intellectual disability.

Perceived Factors Militating against Collaboration among Specialists in Nigeria

Many factors are responsible for lack or inadequate collaboration among professionals in the management of speech and hearing disorder in Nigeria. The major ones are highlighted as follows:

- A major factor is the problem of misplacement of priority. The government does not place appropriate importance on the service delivery for school-aged children with speech and hearing disorders.
- Some of the policymakers and even heads of institution that deal with children with speech and hearing disorders are not specialists, so it is difficult for them to know the right things to put in place.
- Most specialists institutions and hospitals do not have the state of the art equipment for audiologists and speech experts. Hence, they find it difficult to be effective in discharging their duties.
- Children with speech and hearing disorders are still seen by the majority of the populace as children that should not be reckoned with. So, planning any form of management for them is seen as a waste of time and useful resources.

Recommendations

The following are recommended based on the importance of collaboration in the management of speech and hearing impairments among school-aged children:

- (1) More speech and hearing experts should be trained in order to help manage children with speech and hearing impairment in schools.
- (2) Speech and hearing screening should be part of admission requirements for school aged children to identify those with speech and hearing impairments or those at risk.
- (3) Referral services should be encouraged among team members who are managing children with speech and hearing impairments.
- (4) Team members should encouraged by their employers to attend workshops, seminars and conferences on regular basis to update their knowledge about new trends in their areas of specialization.
- (5) The parents of children with speech and hearing impairments should be carried along by the professionals, to help in acquiring skills for understanding and managing their children.

Conclusion

The management of speech and hearing disorder among school-aged children will produce good results when professionals come together since these children may have additional difficulties that a single professional is not capable of handling.

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