

# ***Advances in Speech-Language Pathology***

## ***A Brief Look at the Past 50 years***

The field of speech-language pathology started in the late 1800s, but has had its greatest advances in the past 50 years.

50 years ago, many children with speech-language problems were institutionalized for mental retardation. When speech-language pathologists began studying these children, they found that many were not mentally retarded, but rather had brain injuries, emotional problems, were autistic or deaf. Many were given speech-language therapy and integrated back into society.

50 years ago, adults victims of stroke, brain trauma or head injuries might not have been rehabilitated. Families and medical professionals at the time often were resigned to just keep such patients comfortable at home and out of stressful situations. As speech-language pathologists began working with them, they discovered that stroke and brain injury patients could be rehabilitated - their minds could still think clearly, they just needed to learn new ways to express themselves so that they could return participate in daily life activities (attending school, socializing with family and peers, returning to work, etc.)

Decades ago, stuttering was thought to be a mental illness. Today, it is recognized as a motor-speech disorder that can be treated by speech-language therapy (i.e., proper breathing techniques, word articulation, etc.) rather than psychiatry.

The advent of plastic surgery has transformed the lives of children born with cleft lip and palate and other cranial-facial deformities. With surgery and speech-language therapy, many people can be rehabilitated to normalcy.

Today we have a better understanding of autism spectrum disorders. Once considered unreachable, now many children with autism are taught to learn and interact with their peers through the efforts of speech-language pathologists (SLPs). As a result, these children grow up to become contributing members of society rather than dependent adults.

The advent of computer technology has transformed the lives of people with significant communication challenges (i.e., people with severe cerebral palsy) by giving them a "voice" that they might not otherwise have. Augmentative and Alternative Communication (AAC) systems enable people to speak through computerized devices. One of the most famous AAC users is Stephen Hawking, Lucasian Professor of Mathematics in the Department of Applied Mathematics and Theoretical Physics at Cambridge University, a title formerly held by Sir Isaac Newton. As AAC devices have gotten smaller and more sophisticated and insurance coverage has made them more attainable, AACs are being widely used and allowing people more fulfilling lives.

In schools, the role of the speech-language pathologist has been revolutionized. Once seen as the friendly "lisp-fixer" or an elocutionist, a la Henry Higgins, the school-based speech-language specialist provides therapy for children with various types and severity of disorders. The shift from remediating minor articulation deficits to treating the more severe language development and learning issues has today's speech-language specialist helping students of all ages with the full range of communication needs or disabilities. These include language disorders, cognitive communication impairments, social-pragmatic language disorders, speech articulation, fluency and voice disorders, literacy, hearing impairment, central auditory processing disorders, feeding and swallowing disorders and use of AAC systems. In addition to therapy, SLPs are also responsible for services in prevention, pre-intervention, identification, evaluation, case management, eligibility, IEP development, counseling, re-evaluation, transition, vocational training and legally required documentation/accountability. Up to 85% of children with learning disabilities have disorders of language. Most of the students SLPs in schools now service have language disorders.

The role of the hospital-based speech-language pathologist has increased dramatically now that the American Speech-Language-Hearing Association (ASHA) code of ethics allows SLPs to attain the training and credentials necessary to evaluate and treat children and adults with swallowing disorders (dysphagia). The evaluation and treatment of swallowing disorders has granted thousands with safer abilities of swallowing to avoid risks such as aspiration pneumonia, choking and coughing episodes, better nutrition and digestion. Technology such as a Video Swallow Study or FEES has enhanced the ability to watch a swallow as it happens whereby the diagnostician can pinpoint the exact area of swallowing difficulty.

One of the most recent developments is the rise of the evidence-based practice movement, which is being supported by SLPs, ASHA and insurance companies alike to clinically prove treatment efficacy. This type clinical study is one way in which SLPs hope to continue to improve upon the services being delivered to their patients/clients.