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### **Introduction**

“We are a group of professionals whose purpose is to *REMEDIATE* or correct communication problems”

(W.R Leith, 1984).

Speech-Language Pathologist (SLP) is the current term which is being used to refer to the group of professionals who are specialists in human communication and related disorders, that is, when things go wrong in this aspect of communication. The term SLP can be interchanged and also used for professionals who are called by other titles such as Speech Therapist, Communication Therapist and Logopaedist. In Malta, professionals can only use these titles if they have a recognised qualification in Communication Sciences. In order to practice in Malta, one also needs to register with the Council for Professions Complimentary to Medicine. Further details may be found on <http://www.sahha.gov.mt/pages.aspx?page=84>. Legal action can be taken against anyone who claims to be an SLP, or offers advice in the aspects of communication difficulties without having the required recognised qualifications and registration with this council.

### **What do we do?**

1. Research-based practice
2. Investigate where things go wrong
3. Intervene

The ability to communicate is essential in all we do; it is important for functioning at home, in the community and in society at large. The research in the areas of communication and related disabilities is constantly evolving. Baselines of what is 'normal' or expected are established. These

norms allow us to identify what is deviant (abnormal) and needs to be treated. When things go wrong, detailed assessment is needed for a diagnosis to be formulated. The respective treatment programme is then designed according to needs and resources. Therapeutic programmes include individual one-to-one sessions, group therapy, referrals to other professionals, support and information to carers, clients and significant others (e.g. teachers, and health workers, etc).. Sometimes proper management may require referral for assessment to other professionals such as doctors, ENT specialists, neurologists, psychologists, occupational therapists, social workers, etc. Education to the general public and other professionals is given utmost importance together with prevention programmes.

### **List of common problems**

#### **❖ *Babies***

1. Difficulties in feeding and swallowing;
2. Born with craniofacial anomalies, such as cleft lip and palate etc.;
3. Born with a congenital disorder such as Down Syndrome, cerebral palsy etc.

#### **❖ *Children***

1. Difficulties in developing language – language delay arising from any source;
2. Specific difficulties in producing sounds;
3. Language difficulties secondary to mild, moderate and severe learning difficulties;
4. Attention problems leading to language difficulties;
5. Autism spectrum disorders;
6. Problems with fluency (stammering/stuttering);
7. Hearing impairment (temporary or permanent loss);
8. Reading and writing difficulties;
9. Difficulties in feeding and swallowing;
10. Acquired difficulties due to brain trauma such as brain injury, cancer or meningitis;
11. Voice problems.

#### **❖ *Adults***

1. Voice problems;
2. Stroke related problems including eating and swallowing and communication difficulties;

3. Neurological impairments and degenerative conditions including head injury, Parkinson's, Multiple Sclerosis (MS), motor-neurone disease and dementia-related problems including eating and swallowing as well as communication difficulties;
4. Cancer of the head, neck and throat including laryngectomy;
5. Learning difficulties;
6. Problems with fluency (stammering/stuttering);
7. Hearing impairment.

### **Referrals**

The earlier an individual is referred to a SLP, the better. If there is an identified syndrome or disorder referral is usually made as early as possible after birth or diagnosis. In some cases development may appear normal, though after a while, the development seems to divert or differ from the norm. In such situations, for example in children, as soon as there is a query, one should seek help. Age is irrelevant since norms vary widely and some problems may manifest earlier in some children than in others. Some situations may cause unnecessary anxiety since they may not be problematic at an early age but are worth considering at in an older child.

A referral may be made by:

- ❖ Self-referral (directly by the client or family).
- ❖ By a professional who is following the individual, especially since the difficulty is often secondary to a medical condition

### **Who can refer a client for speech language assessment and therapy?**

SLPs in Malta work on an open referral system, that is, a client or carer can refer for assessment and therapy. Self-referral is accepted by an adult (legally 18 years). If a client is for any reason unable to give consent for therapy, recognised legal carers, such as next of kin, can refer for therapy. In the case of children, parents or a recognised legal guardian can refer the child for assessment and therapy. Sometimes people prefer to discuss a problem with a family doctor and/or medical specialist prior to referral. However, a referral ticket or the actual go ahead by a medical professional is not necessary in order to receive speech-language service. Other professionals such as teachers, kindergarten assistants or carers, nurses, physiotherapists, occupational therapists, dentists, psychologists, etc., can recommend the client to seek help from a SLP.

### **How and where can I find a Speech Language Pathologist?**

SLPs work within the Health Department or Privately

- ❖ For details on Public service <http://www.health.gov.mt/services/speechlang.htm> .
- ❖ For a private therapist one can look up directory services or contact ASLP on [info@aslpmalta.org](mailto:info@aslpmalta.org)