

“I Know You’re a Speech Pathologist... But What Do You Do?”

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Speech Language Pathology (a.k.a. therapy, correction) is a broad field that continues to grow. Many parents and staff members do not fully know the role of the school’s Speech Language Pathologist (SLP).

Just as a reminder, here is an overview of typical speech and language services.

Articulation Therapy and Assessment:

Children with difficulty producing speech sounds come to speech for therapy. This includes the most common school-age problem, the lisp.

Voice Therapy and Assessment:

Children who have prolonged vocal hoarseness come to therapy to learn how to use their voice nicely, without mistreating it. SLPs also refer some children to the ENT (ear, nose and throat doctor) to rule out any growths that can appear on the vocal chords from prolonged vocal abuse.

Language Therapy and Assessment:

Speech Language Pathologists assess and treat children with delays in vocabulary and syntax/grammar or other language disorders.

Auditory Processing and Comprehension Deficits:

Children who have difficulty understanding spoken language come to speech therapy. Children with auditory processing deficits have difficulty distinguishing and discriminating speech sounds. Children with comprehension issues have difficulty with word meaning, sequencing skills and problem solving.

Pragmatic Language Disorders:

There are children who have difficulty using language properly in social contexts. These children come to therapy and learn how to greet others, introduce conversation, make eye contact, use proper body language and other important social skills.

Hearing Impairment and the Hearing Handicapped:

Children with a hearing loss participate in a type of therapy called aural rehabilitation. This includes lip reading skills, articulation and voice therapy. Speech Language Pathologists also screen hearing, check hearing aids and other hearing devices, and work with the classroom teacher in developing strategies to maximize the child's classroom performance.

Oral-Motor Disorders:

Weak tongue and/or lip muscles can decrease the clarity of speech. Speech therapists often employ oral activities such as blowing bubbles and whistles, using straws and chewing gum to strengthen these muscles. Children may also demonstrate difficulties coordinating the movement of structures in the mouth during speech. These difficulties are called apraxia. Treatment includes structured practice of speech movements.

Myofunctional Disorders:

Children with myofunctional disorders typically demonstrate a tongue thrust when eating and lisp when producing sounds such as "s." Myofunctional problems are characterized by a flat, weak tongue that always pushes against the front teeth. Therapy focuses on reducing the tongue thrust which also reduces difficulties with speech.

Swallowing/Feeding Issues:

Some children have difficulty chewing and swallowing. Speech Language Pathologists can help set up a feeding program that indicates what foods are appropriate or inappropriate for the child. There are also many techniques that help the child eat safely including modifying the texture of foods and positioning the body.

Fluency Disorders:

Dysfluency presents as repetition or prolongation of sounds, words or phrases during speech. Speech Language Pathologists assist children with fluency difficulties in learning strategies to overcome these difficulties.

Academic Evaluations:

The Speech Language Pathologist participates in meetings with other educational professionals, evaluates and reviews student progress, and makes recommendations for appropriate academic goals.