International Journal of Humanities and Social Science Invention
ISSN (Online): 2319 – 7722, ISSN (Print): 2319 – 7714
www.ijhssi.org ||Volume 4 Issue 12 ||December. 2015 || PP.20-27

Speech disordered conditions and challenges experienced by learners with different speech disorders.

DHEMBA Ishmael
Southern Africa Nazarene University (SANU)(Special and Inclusive Education Department) – Swaziland.

Abstract: *Both verbal and non-verbal expressions have been known to carry symbolic meanings, used to represent either an idea, an event, a process, an intention or an object. The ability to communicate, in whatever form,hasalways been an integral part of human life, at whatever age and level of human development. While we take for granted the ability to communicate, especially through speech, it has to be noted that not everyone has such a privilege to express oneself intelligibly. Like any other form of a disability or impairment, suffering from a speech disorder, even at school going age, tantamount to frustration of self and those listening. Since children can suffer from different types of speech disorders, this paper shall only examine speech disordered conditions like: Articulation disorders, Fluency disorders and Voice disorders. These are some examples of the speech disordered conditions where learners become so unintelligible that their hopes and dreams for effective communication become severely shuttered. On interpersonal level, these learners remain severely prejudiced, stereotyped or stigmatised, leading to them enduring quite somechallenges. For the purpose of this paper, studies and practical experiences have been drawn and brought together to pursue arguments, illustrations and examples raised.*

Key terms*: articulation, verbal and non-verbal, communicate, intelligible, unintelligible, impairment, speech disorder, prejudiced, coded, oral language, speech impediments, articulation, fluency, speech impediments,*

I. Introduction

From time immemorial,people have been expressing their thoughts, feelings, views, and imaginations through various means, which among them included: paintings, music, drum beating, dance and such related ways, including spoken language, etc.From a Human Rights perspective, as The Association for Persons with Severe Handicaps (TASH) mandates, the right to communicate is both a basic human right and the means by which all other rights are realised. While verbal communication is the bedrock of human relationship, as Tafangombe, Gandari, and Chiinze (2010) assert, oral language is just out of question for some children, as they may also have some physical and/or cognitive challenges, which may preclude their learning to communicate efficiently and effectively through speech. For this reason, it may be submitted that when one cannot speak or is unintelligible, their ability to convey information to others, in order to fully satisfy a verbal function, is severely limited. This failure may also find one having difficulties in associating with others. Since spoken language is the most general means of building interpersonal relationships, others may find interacting with the individuals who may be speech-disordered both annoying and frustrating.Work experience with those learners with speech-disorders has shown that such children always have labels attached to them.Such labels result in one becoming segregated, looked down upon and given different names. Due to these negative attitudes towards them, these learners develop a feeling of inadequacy and lowered self-esteem. Those feelings of being undervalued and unwanted,obviously cause distress and maladaptive behaviours, which the society may again consider deviant. This paper shall examine some speech disordered conditions and challenges experienced by learners with different speech disorders.

Understanding terms:‘Speech’, ‘Speech disorders’, ‘Articulation’, ‘psycho-social’

Speech has been understood by Tafangombe, Gandari and Chiinze (2010), as an organised system of sounds coded and produced by humans. To augment, Hallahan and Kauffman (1997:258) say that, speech is, “…the behaviour of forming and sequencing the sounds of oral language…is the most common symbol used in communication between humans.” However, at times speech can be disrupted resulting in speech impediments or disorders. Hallahan and Kauffman (1997:260) understand speech disorders as, “…impairments in the production and use of oral language. They include disabilities in making speech sounds (articulation), producing speech with normal flow (fluency), and producing voice.” Since speech impediments include disorders of voice, articulation, and fluency, it is important to note that an individual may have one or more speech disorders. Tafangombe, et al (2010) describe articulation as the process by which sounds, syllables and words are formed.

Suffering from any form of speech disorders has, therefore, been known to cause some psycho-social problems in an individual. An internet source: http://www.answers.com/pschological, explains that the term psycho-social involves the aspects of both social and psychological behaviours. For a concept to be psycho-social, therefore, suggests that it relates to one's psychological development in a social environment. In essence, psycho-social relates to both the psychological and social aspects of something.

II. Speech production

Speech production entails making proper speech sounds (articulation), having normal flow (fluency) and producing a voice (Tafangombe et al, 2010). Impediments in any of these channels impact negatively on the psycho-social stand of an individual. Studies and experiential contact with learners who happen to be speech disordered, has shown that these learners encounter psycho-social problems because of them being unintelligible. It has to be acknowledged from the onset that speech disorders may also occur in conjunction with other disabilities. Crystalising the aboveis Hallahan and Kauffman (1997) who assert that among children with other disabilities, especially mental retardation and neurological disorders like cerebral palsy, the prevalence of articulation disorders has been recorded to be much higher than in the general population. The above authorities further explain that abnormalities of the oral structures, such as a cleft palate, may make normal speech production difficult or impossible. In this mix, also lies those children living with autism. From the preceding citation, one may learn that speech disorders can also have some masking characteristics, which may baffle the listeners. In the majority of cases, those children showing such speech disorders end up with labels attached to them.It has to also be emphasisedthat in order to identify speech disorders in learners, the teacher has to pay particular attention to students who seldom speak. By so doing, theteacher will establish whether such children are simply shy, or they have difficulties with speech, thus their reason for deliberately remaining silent.Below are some examples of speech disorders, and how a teacher can offer educational interventions:

(i) Articulation and Articulation disorders

As may be noted somewhere in this paper, Tafangombe, et al (2010) describe articulation as the process by which sounds, syllables and words are formed. This comes by through co-ordinated movement of the speech organs to produce intelligible sounds. For correct articulation, the lips, tongue, teeth, jaws and palate and other speech organs have to be in their proper alignment and proportional sizes in order to alter the air stream coming from the vocal folds (Anderson and Sataloff, 2002). Articulation disorders, therefore, arise when such speech organs do not work normally resulting in sounds, syllables or words produced incorrectly, thereby affecting intelligibility, to such extent that listeners do not understand. Hallahan and Kauffman (1997) put this condition in three categories of: substitution, distortion and omission.

(a) Substitution Examples

Substitution is characterised by replacement of one sound with another sound. Learners with substitution problems will erroneously do the following:

(i) Substitute **[th]** for [s] to say: (**th**ine for shine) (**th**un**th**ine for sunshine, or **th**ick for sick).
(ii) Substitute **[w]** for [r] to say: (**w**abbit for rabbit) (**w**ing for ring) etc.

A learner with such an articulation disorder will be very difficult to understand since there is no efficiency in communication. Both the teacher and the other learnerswill not understand such an unintelligible speaker. As a result, such errors in speech may carry obvious social consequences,since the society does not always accommodate such errors of unintelligibility. Such unintelligible children normally meet with what Hallahan and Kauffman (1997) call heavy social penalties. These penalties may come in different forms, the common ones beingteasing and/or ridicule byother class mates and/or even some teachers. It's generally a common practice that such a learner may be called *unpleasant names*, or attached to labels that are associated to the errors they make in their word articulation.

It's common that some teachers may view thelabelling of such learners as common insults, which are consistent with young children. However, this writer feels that an insult is an insult, and schools must not take such insults lightly, since such creates animosity in children, warranting withdrawal and wastage in education.

Teacher's intervention

Basing on the notion that the quality of our lives is generally affected by the adequacy of our speech, the teacher has to swiftly intervene whenever a learner with a speech disorder is identified in class. Considering the impact this speech disorder has on one's social, emotional and educational stand, these substitution problems can never go unabated. The teacher has to help this unintelligible learner become intelligible. In case there is a learner who substitutes **w** sound for **r** sound, the following examples may be employed:

Since children are very good at imitating, if Albert Bandura's social learning theory is anything to go by, then the teacher has to set a good example by presenting very good articulation models, which learners have to imitate.Studies and experiential contact with speech disordered children has shown that the teacher can achieve this bymaking it a point that the misarticulated words arecorrectly and efficiently articulated. Below is an illustration of how a teacher may intervene in case of an articulation disorder caused by substitution:

(i) If the child says: *That is a big **W**abbit.* The teacher may say: *Yes, that is a **R**abbit. A big **R**abbit.Do you like big **R**abbit?*

The above example shows how the teacher presents a good articulation model, as they give emphasis on misarticulated sounds/words [***W-W**abbit for **R-R**abbit*]. However, the longer the problem has settled or persisted, the harder it may be to change. In order for one to be understood, the teacher has to first put the child in a speech training programme of direct instruction, that is based on small, incremental, and sequential steps that are reinforced by immediate feedback and repetition. Teaching experience of handling learners with substitution errors, has shown that such learners need focused instructions, which take a systematic procedure in order for them to conceptualise. Agreed, such problems may require a lot of time, but at the end of it all, it may pay off.

(b) Distortion examples

Distortion is commonly characterised by a person saying out speech sounds inaccurately and/or, in wrong order, however, sounding like the intended order. Here, speech will be distorted by adding a sound, where it is not supposed to be. Such distortion problems may be found prevalent in schools, homes and workplaces, as also found in both children and adults, the later being even in University graduates! It is worthmentioning that incidences of distortion may be undetected or remain under wraps, if the listener is not very sensitive to this type of disorder. Below are a few distortion examples where the speaker adds sounds which are misplaced or totally not there.

(i) **[Various]** for virus:
Someone says: ---------- My laptop has an **anti-various**.
For: My laptop has an **anti-virus**.

(ii) **[Parcitipate]** for participate:
Someone says: ---------- I want to **parcitipate** this year.
For: I want to **participate** this year.

(iii)**[Aks]** for ask:
Someone says: ---------- Please, aks Regina.
For:Please, ask Regina.

Since it calls for a very sensitive listener to mask out speech distortions, these learners are not very much in danger, like the way those with substitutions or omissions are. However, like with any other disorder, learnerswith such speech distortions can also be made fun of by equally sensitive listeners. These learners may also have some names associated with their speech problemsattached to them, a tag that may impact negatively, to cause psycho-social problems in a learning milieu.

Teacher's Intervention

The strategies to remedy distortion problems may be similar to those of substitution, discussed above. The rule of thumb here isthat the teacher has to also set very good articulation examples. It has to be reiterated that those misarticulated words have to be used correctly and with great emphasis. In addition to what has been alluded to above, the teacher and the learner have to set targets, which have to be said repeatedly. The teacher has to model correctly, but mindful not to correct, while the child is still talking. Instead, the teacher has to write down, on a piece of paper, the distorted sound or word, and refer to same immediately after the speaker is through. Since play is work to the child, a common maxim from the lips of Montessoripre-school teachers, such remedial exercises have to, therefore, be done in *a serious play-way method.*

With repetition, learners are directed and conditioned to recognise and use the consistent clusters within words. In the words: *participate, virus and ask*, the learner will be taught to call out the word in clusters: [parti+cipate], [vi+rus] and[as + k]. Through clusters, the learner is encouraged to perceive distinctive features in the words. Such an identification process is transferred to the new words: *participate, virus and ask.* (Rubin, Sataloff, and Korovin, 2006).

(c) Omission Examples

Persons with omission problems are characterised by omitting sounds. Most of the learners with such an articulation disorder will for example say: **[at]** for **hat**, **[oo]** for **shoe** etc. From these two examples, it may be noted that the sounds will be so unintelligible that the speaker will not be understood by the listener. From such errors, the two aspects of communication, which Tafangombe et al (2010) give as efficiency and effectiveness, will not be realised. Like in substitution and distortion, a speaker with omission problem will be negatively labelled, thereby encountering psychosocial challenges.

Teacher's intervention

The learner with omission errors also needs help, like all those others with other forms of articulation disorders. The strategies may be similar to those raised earlier on, in an effort to 'treat' substitution and distortion problems. It, however, has to be reiterated that the teacher should desist from constantly correcting the child, as one is talking, as this tantamount to interruption. One other factor to consider is never to tolerate anyone to tease or mock one with articulation disorders likeomissions, be it a friend or relative. In a teaching learning situation, the teacher has to bring models to use in order to remediate omission problems.

From the omission examples given above, the teacher may bring concrete models of say a *hat* and a *shoe*. As the teacher raises the **hat**, the teacher and learner should together call out, '*hat!'* This has to be repeated, for conceptualisation, until the learner has to call out alone. Such a remedial activity uses direct instruction, with a high level of learner's response for error correction. The teacher gives immediate feedback to improve the learner's articulation comprehension. Raring and Verdolini (1998) observe that such a direct instruction method allows for a close and quick learner/teacher interaction, and 100% learner participation, as like in substitution and distortion discussed somewhere in this paper, omission impediments have to also be corrected in a play way approach, if Marria Montessori's play way method in teaching and learning is anything to go-by.

ii). Fluency disorder

A speech disorder can also be characterised by producing speech with abnormal flow. RaringandVerdolini (1998)describe fluency disorder as an error in which the normal flow of speech is disrupted by frequent repetitions or prolongations of speech sounds. A fluency disordered speech is marred by interruptions which make one disfluent. A fluency disordered person can also be characterised by pausing at wrong places in a sentence or speaking too quickly to be understood [American Speech-Language-Hearing Association (ASHA, 2005)].

Hallahan and Kauffman (1997) observe that the most frequent type of fluency disorder, in most schools is stuttering. It is worth noting that whenever people think of disfluency, one that quickly comes to mind is that caused by stuttering. For this reason, this is the condition that shall also be explored in this section of the paper, since it is also evidently prevalent in the community in which this writer works.

While much can be said and written to define and describe stutterers, their major characteristics have been known to be that of producing speech with a lot of repetition of words or parts of. They can also be denoted by prolongations of speech sounds. ASHA (2005) describes this disfluency of speech as coming through a series of interjections, stumbling, backtracking and repeating syllables like:'ooo-ohh,u-u-u-m, uum, uuuh', etc, in a way of trying to fill in pauses and stoppages. The stutterer will be trying to think of what to say next or how to complete a sentence. Experiential contact with such fluency disorder persons has shown that such interruptions in the flow of speech can be so frequent that one becomes pervasively unintelligible, thereby drawing extraordinary public attention.

In severe cases, one can appear very tense and seemingly runs out of breath, as they try to talk. One's speech can completely stop or become blocked for a few or several seconds. During this speech stoppage, they gesture, showing rapid jaw and head movement, blinking excessively or with totally closed eyes even, before they finally complete a statement. Completion of a sentence or a phrase is characterised by great energy expenditure. There is nothing worse frustrating than wanting to say something, but cannot say it in an efficiently intelligible manner. With disfluencies,struggles may be evidenced in somewhat easy and short statements like:

(i) Where are you going? (May be uttered as): ---------- ['W-w-w-w-here-a-a-you-g-g—g-go-ooo-ing?]

(ii) Save me a seat. (A stutterer may be heard as saying): ----- ['Si---ssss-Siii—s-ave-me-ayyy-sii-e-att].

The two sound prolongations, given as examples above, may suffice our illustration. The pauses in between sounds in examples, (i) and (ii) above, demonstrate the stutterers struggle as speech becomes completely blocked. One really struggles moving from one sound to the other. In example (i) above, one who stutters has difficulties moving from the [w] and [g] to the remaining sounds, so is with the [s] soundin '**S**ave me a **s**eat'. In most cases, this struggle makes the speakerappearing both tense and emotional. At times, the speaker can even visibly sweat and showing watery red eyes, probably to explain the struggle and energyexpenditure.

Personal teaching experience and general interaction with persons who happen to be unintelligible have shown that effects of all these speech disorders in general, and with stutterers in particular, are both interpersonal and intrapersonal. Intrapersonally, most stutterers develop feelings of uncertainty about the adequacy of their speech. If after discovering that their hesitancies have become chronic, persistent and/or a lifelong disorder, one may withdraw from social functions, thereby limiting their participation in different activities. Because of disfluencies, one may also become very particular and sensitive about what the other peoplesay, or how they react to their unintelligible condition. Some may decide to reduce their social interaction by talking only to very few selected acquaintances. The worst will be when one declines to speak altogether, and decide to remain mute.

Reasons to the psycho-social problems given above may be explained better through Chimedza and Sithole's (2000:7) observation, who are quoted as saying, "A disability or disorder is not a problem internal to an individual only, but a result of the problems of the interaction of the individual, societal and environmental factors." This view may suggest that the reasons for someone withdrawing from public participation may also be interpersonal. Agreed, stuttering disrupts one's communication. For that reason, the public is not always patient with someone's inability to fluently proceed articulating what they want to say. On this note, Anderson et al (2002) say that listeners do not always have tolerance for unintelligible speakers and their awkward speech flow disruptions, which come by stuttering. More often than not, listeners naturally become impatient and/or annoyed listening to a non-efficient speaker.

Like in the other disorders discussed earlier on, stuttering also disrupts the listener from the speaker's message, causing communication breakdown. In most cases, frustrations ensure between the speaker and the listener, thereby compromising relationships, explaining some psycho-social problems. Stutters can also be stereotyped as being less intelligent or less capable than others. While the causes of stuttering, as a fluency disorder, remain largely unknown, Hallahan and Kauffman (1997) proffer that stutterers are generally viewed as intellectually incapable; since they lack the ability to clearly express themselves. While such assertions may need verification, what may be important for now is to note that with any speech problem, one has a disorder that society is not sympathetic or patient about. Descriptions that surround one's mental capacity in relation to speech disorders may also expose one to name calling and labels. As an adult stutterer, adult listeners may contain themselves, but the young may be exposed to being made fun of by equally young peers. However, being young or old, stuttering affects one's confidence and overall self esteem, and causing some psycho-social problems.

Perhaps the most difficult obstacle that persons with fluency disorders face is that of prejudicial attitudes from others. Such prejudicial attitudes and reactions of others have a negative impact on their confidence and self-esteem. Stutterers fail to develop positive feelings about themselves. Instead of reaching out, they always feel defeated. In most cases, they have a life characterised by helplessness and misery. The lifestyle of social deprivation and heightened inferiority feelings is seen exhibited through withdrawals, tendencies which also define persons with emotional and behavioural disorders.

Teacher's intervention

As a collaborative measure, the school should be in partnership with Speech and Language Pathologists (SLP). These specialists teach fluency disordered persons how to produce sounds correctly in their mouths. While it sounds logical to partner and be in collaboration with speech specialists, in line with the multidisciplinary approach, as mandated by the PL 94-142, most of our schools and communities do not have the capability to pay for such services. The question that we may then grapple with is: What do we do, where there is no doctor? Our answer and remedy squarely rests on the teacher's door step!!

Like in the other discussed speech disorders, there are also a number of fairly specific techniques which the teacher can employ, which may contribute to favourable conditions for speaking, especially to young stutterers. To be considered first is change of attitudes. To begin with, the teacher should help to restore the lost

confidence in the learner. Try to build the child's confidence in his abilities by helping them to accept their limitations or failures, remembering that their speech too, is a series of successes and failures (Beukelman, 1999). This can be done by encouraging the stutterer to continue speaking. Instead of withdrawing from the public, the speech disordered person should be exposed to a variety of activities which will motivate and/or encourage the stutterer to communicate effectively.

The teacher has to also work on societal attitudes, in order to discourage any kind of character assassination. To boost the stutterer's self-esteem, no one in the school community, and even outside, should tease or mock the stutterer. Since stuttering is usually more severe when one speaks before a large group of people, one should be helped to speak more frequently with smaller groups first, before speaking to a full class or even a larger group. On this note, McConaughtly and Ritter (2002) assert that most speech treatment are behavioural, whereby one is taught specific skills or behaviours that can lead to improved oral communication. This can be achieved by say giving the child a class responsibility, or a position which earns him/her respect from fellow classmates. This also encourages the learner to participate fully in different activities, thereby making one face reality, instead of burying one's head in the sand.

The teacher has to encourage every other listener to give the child enough time to say what one has to say. Don't surprise the child. If anything, let the child know in advance when their turn to say something will come. The rate at which one speaks (speech rate) and breathes, can be regulated by mental speech rehearsals (Beukelman, 1999). Stutterers may be taught to start saying words slowly, with slightly less physical intensity. This may be achieved by making them practicing using familiar words, short phrases and sentences well before any major event.

Stutterers are aware that they have disordered speech, which may annoy listeners who may feel delayed. However, they need to be treated like every other person. When talking to one who stutters, the teacher should not look aside or away, especially during movement of stuttering. Listeners should desist from filling inthe gaps created by speech stoppages and blockages as one stutters, which has been seen as a very common tendency. Listeners should avoid checking with their time as the stutterer is talking, as this may even worsen the stuttering condition. Checking with one's time, as the stutterer struggles to speak,gives time pressure on the part of the *struggling* speaker. Such time checking makes one develop a notion that they are delaying the listener. Stutters need their time, no matter how long it takes them to complete what they are struggling to say. Listeners should, therefore, never complete statements for them. Completing sentences for stutters is a cause of great embarrassment, thereby lowering one's confidence of self.

Some studies believe that there may be some success with instructions like: 'slow down,' 'start over', 'stop and think', 'take a deep breath before you start', 'try another word if you cannot say that one' or any such directions, in an attempt to bring about fluent speech. However, this approach seems to be in cross-purpose and hence not consistent withthis writer's long time experiential contact with children, youths or adults who stutter. Experience has shown that not much success has been recorded in the approach of telling one who stutters of how to speak. From experience, it has been noted that giving such directions makes one feel even more uncomfortable, since such comments seem to suggest that the tenseness or stoppages which come with stuttering is more of voluntary than spontaneity. If anything, it has to be acknowledged that those stoppages and/or tenseness, which characterise, stuttering occur as a result of sudden inner impulses or inclination, and without effort or premeditation. For that reason, this writer, therefore, agrees in total with the American Speech-Language-Hearing Association - ASHA (2005)which cautions that listeners should desist from telling one who stutters to: 'slow down', 'relax' or 'take a deep breath' or any of such instructions, since that alone may be a cause of embarrassment resulting in lowered self-confidence.

If anything, the teacher should encourage anyone interacting with a person who stutters to be concerned about what they say, and not how they are saying it. On this note, Anderson and Sataloff (2002) caution, "… listen to the content of what he is saying, rather than to the trouble he has in speaking…" Also find out if the stutterer enjoys singing. If so, encourage their participation in choral groups, since many stutterers have been known to be capable of singing without stuttering, as Anderson and Sataloff (ibid), further observe. Their participation in choral groupsmay go a long way in reducing awkwardness, uncertainty or tension in the fluency disordered learners. Having said all this, the learner shouldnot be allowed to use their stuttering as an excuse to avoid class assignment(s).If the required class task is oral, which one cannot do for example, theyshould be allowed to submit their work in written form, as an alternative. If properly managed, the above may be taken as some of the strategies a teacher may think of to help address the problems that may come with stuttering, as a fluency disorder.

(iii). Voice disorder

We have all experienced problems with our voices, at one time or the other. There are times when the voice can be hoarse or when sound will not come out at all. Causes like growth, cold, scratches or bruises of the larynx, allergies, infections, including cheering can all result in voice loss (Anderson and Sataloff, 2002). Misuse or abuse of the voice can also lead to a quality (resonance) that is abnormal. Such loss or anomaly in a voice, like any other disorder, may cause a public stir, inevitably impacting negatively on an individual, especially when names are attached to individuals with such voices.

Voice disorder, also known as voice impediment is another type of speech impairment. This is characterised by speaking with an inappropriate pitch quality or loudness, or in a monotone (Anderson and Sataloff (2002). A voice has been described by Hallahan and Kauffman (1997) as having pitch, loudness and quality. Impediment of any of these three, therefore, results in voice disorders. This writer knows of a number of individuals given Shona names which associate with the type of their voice. Socially constructed names like: *Vazevezeve* (to mean one who speaks like is whispering). *Vakuzhozha* (to suggest one with a very rough or harsh sound or voice, who speaks in a hoarsely way, the same can be said for *VaMazhazhate*). Today all these are quite adults, individuals who have since outgrown the emotional impact caused by such names. We may want to pause a bit and imagine how it was like when such names were attached to them, at childhood. Chances are high that such names evoked quite some psychological effects, then, just like any other types of disability or disorder.

In schools, we also have a lot of children with voice disorders, what is encouraging is that studies have, it that most of the causes of voice disorders can be 'treated', especially following early detection/identification and the necessary interventions.

Teacher's intervention

Like every other speech disorder, a voice disorder/impediment also disrupts one's verbal communication, and any intervention is aimed at helping the one who is voice disorderedtospeak both efficiently and effectively. Suggestions in handling voice disorders may be limited due to the physical reasons of the disorders. The voice can be hoarse, breathy or denasal, which after discussing with the parents, the child may be referred to a physician or otolaryngologist (ASHA, 2005). In a multidisciplinary approach, the teacher has to recommend for voice therapy, where voice specialists have to work in collaboration with the schools. Raming and Verdolini (1998) observe that voice therapy has been demonstrated to be effective for hoarseness across the life span, from child to adult-hood. Following the American Speech-Language-Hearing Association - ASHA's (2005)recommendation, the therapy that is designed to reduce hoarseness has to be provided by certified and licensed Speech and Language Pathologists (SLP).For that reason, such voice therapy programmes can be unbearably expensive for the majority of parents. As a result, teachers have to step in and intervene in various other ways.

Like has been hinted somewhere in this paper, one's voice can either be too loud or too soft. To increase loudness or softness, the child may be asked to project or focus on a certain point where he wants his voice to be heard. In the process, one will be asked to listen to their voice and make necessary adjustments as to the degree of loudness or softness. If the teacher notices that the child's voice lacks flexibility or sounds monotonous, by showing very little pitch change, then as an illustration, the teacher can demonstrate how various pitches can change the meaning of a word or phrase.

As an example, a child who is voice disordered can be asked to take note of the different meanings of the word '**Sure**', as it is may be pitched differently. With a flat soft pitch: **Sure**., the word may suggest a statement of assurance, denoted with a full-stop. With a high toned pitch:**Sure**?, the same word may be understood to be a question. The teacher has to help the child to understand where and when to either pitch up or down. These practical activities have been found very helpful, provided there is no evidence of hearing loss in the one with the voice disorder. As a way of motivating the child, always praise the child when they say a sound that is close to the target sound. However, there is need to appropriately model, without overdoing it.

Let it be pointed out that solutions for speech disorders are available within the social and technological world, courtesy of the International Society for Augmentative and Alternative Communication (ISAAC), which introduced Augmentative and Alternative Communication (AAC), a multi modal communication system. When

the speech disorder appears severe, in each of the categories discussed above, the teacher has to support and/or compliment the learner's verbal communication by AAC, a non-verbal communication system (Larson, 1995). Tafangombe et al (2010) augment by saying that every individual who is deprived of functional speech must be augmented through the most appropriate means for that individual. For the learners with speech distortions or unintelligibility, an augmentative communication support system, like the Blissymbolics, has been found handy, both in theory and practice.

III. Conclusion

To conclude, this paper has made an attempt to discuss some speech disorders and some psycho-social problems encountered by persons with such speech disorders. Speech difficulties that became central in the paper are: Articulation disorders, Fluency disorders and Voice disorders. What ensured in this position paper is that like any other disorder, disability and/or impairment, incidences of speech disorders also carry with them heavy psycho-social effects. This is so since speech disorders or unintelligibility, in whatever form,does not only evoke intrapersonal emotions, but interpersonal as well. Unintelligible speakers, the likes of those with substitution, omission, distortion problems, inclusive of fluency disordered speakers like the likes stutterers, have invariably drawn much of extraordinary public attention, resulting in derogatory labels and/or names attached to them. The paper has shown how such learners struggle to *'survive'* in schools as they endeavour to deal with psychological, emotional and social challenges which come with speech disorders. While the paper pointed out towards the services of speech therapists, for each disorder, the writer also made an effort to come up with the teacher's intervention strategies to help the concerned learner to cope with the psycho-social problems that come with any kind of a speech disorder. It may be acknowledged that solutions to speech disorders are also available within technological options. For this reason, the paper also recommended that teachers can encourage learners, especially with severe speech disorders, to make use of the Augmentative and Alternative Communication (AAC) method, a non-verbal communication system. All these intervention strategies may be employed to try and give the affected individual a total access to the communication world. However, it is important to note that in order to identify speech disorders, the teacher has to pay particular attention to those students who seldom speak in class. By so doing, the teacher will establish whether these learners are simply shy, or they have difficulties with speech.

References

[1] *American Speech-Language-Hearing Association (ASHA),* (2005).The Use of Voice Therapy in TreDysphonia [Technical Report] www.asha.org/policy.

[2] Anderson, T. and Sataloff, R.T. (2002). *The Power of Voice Therapy, Ear, Nose and Thorax*.Journal, (81).

[3] Beukelman, D. (1999). *Augmentative and Alternative Communication: An Introduction.*London: Brookes Pub.

[4] Chimedza, R.M. and Sithole, C.Z. (2000). Zimbabwe Open University Module SPED 104: *Sociological Issues in Disability & Special Needs Education.*Harare: ZOU.

[5] Hallahan, D.P. and Kauffman, J.M. (1997). *Exceptional Learners: Introduction to Special Education.* Boston: Allyn and Bacon.

[6] Larson, V.L. and McKinley, N.L. (1995). *Communication, Assessment and Intervention Strategies for Adolescence.* Eau Claire: Thinking Publications.

[7] McConaughtly, S.H. and Ritter, D.R. (2002). *Best Practices in Multidisciplinary Assessment of Emotional or BehaviouralDisorders.*London: School Psychology Review Co.

[8] Raming, L.O. and Verdolini, K. (1998). *Treatment Efficacy: Voice Disorders. Journal of Speech, Language and Hearing.* Research, 41, S101-S116.

[9] Rubin, J.S., Sataloff, R.T. and Korovin, G.S.(Eds) (2006). *Diagnosis and Treatment of Voice Disorders.*San Diego. C.A: Plural.

[10] Tafangombe, J., Gandari, E. and Chiinze, M. (2010). Zimbabwe Open University Module 504: *Augmentative and Alternative Communication.*Harare: ZOU.

[11] *http://www.answers.com/pschological.*

[12] The Association for Persons with Severe Handicaps (TASH).