



ONTARIO ASSOCIATION FOR FAMILIES OF CHILDREN WITH COMMUNICATION DISORDERS O.A.F.C.C.D. NEWSLETTER

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Provincial Updates

At the OAFCCD 2003 Annual Conference, in Toronto, OAFCCD members met with Facilitator Diane Peacock to discuss activity priorities and future development of OAFCCD. As a result of that session, and further discussions by the OAFCCD Board of Directors, the following Vision and Mission Statements have been developed.

Vision

All children will have access to a continuum of speech and language services to support their successful participation at home, in school and in the community.

Mission

Ontario Association of Families of Children with Communication Disorders is committed to working with families and partners to ensure children have access to speech and language services by:

- increasing public awareness
- providing families with information and support
- working in partnership with community agencies
- consulting with government and provincial organizations
- maintaining an effective volunteer structure and viable organization.

These statements reflect the beliefs of OAFCCD members and will be used to determine annual activities for the organization.

At the OAFCCD Annual General Meeting several new members were appointed to the Board of OAFCCD. Profiles of all the current Board Members are printed on page 4 of this Newsletter.

Tenth Anniversary for OAFCCD

OAFCCD was legally incorporated in 1994 and it was hard to imagine where the organization would be ten years later. The founding members hoped to raise the profile of speech and language issues and set a long term goal of having provision of speech and language services mandated by the Ministry of Education.

Ten years later OAFCCD members are still working towards these same goals, with much progress on the way. The most significant change - improvement in speech and language services - was realized with the establishment of Preschool Speech and Language Programs across Ontario. OAFCCD can't take credit for the initiative, but we were one of the key groups asking for more services, and improvements, such as parent referral, single waiting lists, and a full range of service delivery options.

The Ministry of Education hasn't mandated speech-language pathology services, but does recognize speech and language services in the education funding model. As a result of identifying funding for Speech-Language Pathologists (SLPs) and enhanced funding for early intervention services, nearly all school boards in Ontario now employ SLPs.

In the past ten years, OAFCCD has had over 1500 members and started local Chapters in many communities. In addition, OAFCCD has expanded parent support services to include parent workshops, parent and child activity calendars and parent Fact Sheets.

As OAFCCD looks forward to the next ten years we will pause to celebrate the first decade. A luncheon is being planned for the OAFCCD Annual General Meeting on May 1, 2004. Save the date and plan to attend.

OAFCCD 2003 Annual Conference

**Keynote Speaker: Carla Johnson,
Associate Professor, Department of Speech-
Language Pathology,
University of Toronto**

Young adult outcomes of children with communication disorders: Social and behavioural skills

Carla Johnson opened the day by reviewing the results of a remarkable 20 year study, which has followed a group of children from Kindergarten to age 25. This study is unique because the researchers have been able to track a group of children, some with a speech and/or language disorder, through school and into their adult lives. This study has been able to test the groups' speech and language skills at regular intervals, and review their development in many areas, including cognition, psychosocial, education, and employment.

The study of Kindergarten children in Ottawa-Carleton was started by Joseph H. Beitchman in 1982. At that time the speech and language skills of a large number of kindergarten children were assessed and two groups of children were identified. One group consisted of children identified with a speech or language disorder and the second group of children who did not have any identified impairments. The two groups were matched on characteristics of age, sex and school. With parent agreement, and later their own consent, this group has been re-tested and interviewed at 7 year intervals, in 1982, 1989, 1996, and 2003.

This study was not able to evaluate the impact of speech and language intervention services, although the families of all identified children were informed about services in Kindergarten. Rather the focus of the study was on the differences between the two groups in terms of their academic, social, and behavioural development over time. At each time frame the individuals were assessed in several areas, and the results for the two groups compared. The most recent testing of 85% of the original participants was completed earlier this year. Although analysis is still underway, Carla was able to share some of the initial results.

The results presented were for the whole group and did not look at the outcomes for individuals. Of the children identified with a communication disorder, the majority had a language disorder, with or without a speech disorder, and approximately one third had a speech disorder only. The results indicated that most of the group with language disorders still had a measurable impairment at age 25. In addition, the group with language disorders consistently had lower scores in areas of achievement (reading, spelling, and math) at each testing, and had poorer outcomes in terms of high school graduation, number of arrests, and enrolment in post-secondary education.

However, at the latest evaluation of the groups at age 25, there were almost no differences in how the members of each group rated their systems of social support and quality of life. In a number of areas, the two groups had similar results. For example, there were no significant differences in the levels of employment or the number of group members who are now married.

The conclusions drawn from the study were:

1. In young adulthood, children with early language disorders show:

- High rates (70-75%) of continued disorder
- Increased risk of long term, adverse outcomes in communication, academic, cognitive and social/behavioural areas
- Poorer overall prognosis than children with early speech-only disorders

2. In young adulthood, children with early speech-only disorders show:

- Modest rates (40-50%) of continued very mild speech-only disorder
- Minimal risk for adverse long-term outcomes in communication, academic, cognitive, and social/ behavioural areas.

3. Young adults with and without early communication disorders do not differ in their perceptions of their:

- Own communication effectiveness
- Quality of key relationships
- Quality of life

The results to date of this long term study suggest that

there is some good news and some bad news. The bad news is that, as many language disorders are lifelong, students with language impairment are at higher risk for failure in high school and dropping out of school, are less likely to attend post-secondary school, and are at higher risk for getting into trouble with the law. On the positive side, individuals with or without a communication disorder were generally satisfied with their relationships with family and friends and with their quality of life.

References:

Beitchman, J.H., Nair, R., Clegg, M., & Patel, P.G. (1986). Prevalence of speech-language disorders in 5 year old kindergarten children in the Ottawa-Carleton region. *Journal of Speech and Hearing Disorders*, 51, 98-110.

Beitchman, J. H., Douglas, L., Wilson, B., Johnson, C., Young, A., Atkinson, L., Escobar, M., & Taback, N. (1999). Adolescent substance use disorders: Findings from a 14 year follow-up of speech/language impaired and control children. *Journal of Clinical Child Psychology*, 28, 312-321.

Johnson, C., Beitchman, J.H., Young, A., Escobar, M., Atkinson, L., Wilson, B., Brownlie, E.B., Douglas, L., Taback, N., Lam, I., & Wang, M. (1999). Fourteen-year follow-up of children with and without speech/language impairments: Speech/language stability and outcomes. *Journal of Speech, Language, and Hearing Research*, 42, 744-760.

Johnson, C.J., Taback, N., Escobar, M., Wilson, B., & Beitchman, J.H. (1999). Local norming of the Test of Adolescent/Adult Language-3 (TOAL-3) in the Ottawa speech and language study. *Journal of Speech-Language-Hearing Research*, 42, 761-766.

Beitchman, J.H., Wilson, B., Johnson, C.J., Leslie, A., Adlaf, E., Escobar, M., Douglas, L. (2001). Fourteen-year follow-up of speech/language impaired and control children: Psychiatric outcome. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 75-82.

Young, A., Beitchman, J.H., Johnson, C.J., Atkinson, L., Escobar, M., Douglas, L., & Wilson, B. (2002). Young adult academic outcomes in a longitudinal study of speech/language impaired and control children. *Journal of Child Psychology and Psychiatry*, 43, 635-645.

Learn to Read

Oral language is the foundation for reading. Listening and speaking are a child's first introduction to language. Talking and singing teach your child the sounds of language, making it easier for him or her to learn how to read.

Here are some things you can do to help your child build an appreciation for words and language:

- ✓ Tell family stories about yourself, your child's grandparents and other relatives.
- ✓ Talk to your child as much as possible about things you are doing and thinking.
- ✓ Ask your child lots of questions.
- ✓ Be patient! Give your child time to find the words he or she wants to use.
- ✓ Encourage your child to tell you what he or she thinks or feels.
- ✓ Ask you child to tell you about his or her day - about activities and games played.
- ✓ Sing songs, such as the alphabet song, and recite nursery rhymes, encouraging your child to join in.
- ✓ Play rhyming and riddle games.

Excerpt from *A Parent's Guide, Helping Your Child Learn To Read*, Government of Ontario, Early Reading Strategy.

Additional Tips for Children with Speech and Language Disorders

1. Make sure you have the child's attention. Get down to the child's level and make sure he/she can see your face.
2. Reduce any background noises by switching off the radio and TV.
3. Use simple sentences and pronounce words carefully.
4. Describe activities and name objects as you play together.
5. Expand your child's answer to questions.
6. Talk about feelings and provide words to describe different feelings.
7. Provide lots of opportunities to practise words and use simple sentences.

How Parents Can Help Children

OAFCCD Board Members

President - Rhonda Jacobson

Rhonda is the parent of a child with a communication disorder, Co-founder of Expressive Communication Help Organization (ECHO) for families of children with Oral Motor Speech Disorders, and Co-founder of Speechville Express, a comprehensive web portal about Communication Disorders. Rhonda is currently the Project Manager for York Region 'Parents as Partners' Early Years Challenge Fund Project, developing and delivering workshops to parents of children with special needs starting JK/SK. Rhonda represents the OAFCCD on the York Region DSB SEAC.

Past President - Genese Warr-Leeper

Professor, Communication Sciences and Disorders, University of Western Ontario. Genese, who is originally from Oklahoma, is one of the founding members of OAFCCD. Genese is the "Information Officer" providing research and statistics for OAFCCD position papers and submissions. Genese is also a lively presenter who provides many workshops on behalf of OAFCCD.

Vice-President - Deb Almost

Head of Speech -Language Pathology Services, Woodstock General Hospital. "I joined OAFCCD as an OSLA consumer rep and felt strongly about the cause. And here I am still involved 10 years later. I believe that we should continue to be focused on providing information for parents and advocate for continued and increased services. The support and information we provide are important."

Vice-President - Susan Richards

Susan is a parent of a child with a communication disorder and a small business owner in Smiths Falls. Susan supports OAFCCD as the webmaster for the OAFCCD website, as co-chapter leader of the Lanark, Leeds & Grenville chapter and was the alternate representative on SEAC for the past 6 years. Susan created "The Face of a Communication Disorder" Campaign which is now being used by the OAFCCD province wide. Susan was recently elected Trustee for the Upper Canada District School Board, and is the recipient of the Canadian Speech Language Pathologists and Audiologist's (CASLPA) 2004 Consumer Advocacy Award.

Treasurer - Wendie Dupuis

"My youngest son, Pat, was not able to produce any consonant sounds when he started JK. Through much searching and a lot of tears I met Dr. Warr-Leeper and Pat started therapy at Elbourn College. When asked if I would be interested in participating in a NEW organization starting in Oxford county, I said yes! Four or five of us met in Sharen Heath's kitchen and it felt wonderful to have an outlet for my energy and need to help. Through the years I have not always been able to fully commit to the OAFCCD, but now that my children are older and I have more time I am pleased to be able to give what assistance I can to this great organization."

Member at Large - Susan Menary

Chief Speech-Language Pathologist/Autism Service, Toronto Catholic District School Board. Representative on the Minister's Advisory Council on Special Education for Speech-Language Pathologists, member of OSLA's School Services Committee. "I am one of the original members of OAFCCD. It is my strong conviction that professionals need to work in partnership with parents to provide a voice for all children with communication disorders."

Member at Large - Deanna Garton

Deanna is the parent of a child with a communication disorder and has been active with the Lanark, Leeds & Grenville Chapter since it was established in 1995. Deanna was a (SEAC) representative on the Upper Canada District School Board for 8 years. Deanna is very concerned that people do not understand the impact of a language disorder and about the need for more services and shared strategies at the secondary school level.

***Ex-officio* Board Members**

The OAFCCD Board also includes a representative from each local Chapter and from the Barbershop Quartet Singers. Barbershop Quartet Singers have provided support to OAFCCD through the "Harmonize for Speech Fund" for ten years.

The work of the OAFCCD Board is supported by the Alison Morse, who is the Provincial Co-ordinator. She is the parent of a child with disabilities, including communication disorders. Alison works part time for OAFCCD from a home office.