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Building Tomorrow's Speech-Language Therapists

The Word, the Breath and the Person Behind Them

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Introduction

The Sentence That Took Forty Seconds

The sentence he wanted was short and it had been in his head, complete and correctly ordered, since the moment his daughter walked in with the newspaper and the news about her neighbour. He wanted to say that he had seen the garden that morning, that the plum tree had come out, and that somebody ought to cut the branch that hung over the fence before it took the whole fence down with it in the next storm. What came out, after a pause long enough for the daughter to look up from her phone, was a sentence about a fence and a tree and a morning, in which the words arrived in the wrong order and two of them were not words at all, and in which the name of the thing he wanted to talk about never appeared.

His daughter did what everybody does. She filled the gap. She said yes, the garden looked lovely, and she went back to her phone, because she is a decent person and because it is unbearable to sit in a small room with a man who cannot finish a sentence and to do nothing about it, and filling the gap is something, and it is the wrong thing, and it is what nearly every family does in nearly every one of these rooms in the first months after a brain has been interrupted. The man knew it was the wrong thing. That knowledge is what he was actually staring at, while his daughter read the news, and it is the reason the question that followed, when the therapist came in and asked him what he had been trying to tell her, produced a silence that lasted long enough to be uncomfortable for everyone except the therapist.

That question is the whole trade in one move, and the rest of this book is an account of what it takes to ask it well, and of what the answer obliges you to do next. Speech and language therapy is the practice of finding out what a person needs to say, to understand, to read, to write, to eat or to swallow, establishing precisely which part of a long and mostly invisible chain is failing, and then intervening on whichever link will return the largest amount of usable function in the life that person is actually living. The chain is longer than most people imagine and shorter than the textbooks make it. Air has to come up from the lungs with enough force and control to make a voice, the voice has to be shaped by a throat and a mouth and a tongue and a soft palate into sound, the sound has to be assembled into words and the words into sentences and the sentences into something a listener can follow without effort, and every stage of that has to be funded by attention, memory and the confidence that it is worth beginning. When any single link fails, the whole apparatus appears to fail, which is why a person whose hearing has gone and a person whose

word-finding has gone can look identical from across a room and require entirely different work.

The Two Caricatures

Every trade in this series arrives with a public picture that is wrong in a way that flatters the observer, and speech and language therapy has two of them, which is one more than most.

The first is the elocution teacher: somebody pleasant who sits with a child on a mat and encourages them to say the sound properly, and whose work is essentially encouragement with a mirror in it. This picture is warm and completely inadequate, because it centres the trade on production, on the making of a sound, which is the smallest and often the least important part of the work. A great deal of the craft happens with people who produce sound perfectly well and cannot retrieve the word for a spoon, or cannot understand a question asked at normal speed in a noisy kitchen, or cannot organise a narrative well enough for a listener to know which of the three things happened first. None of that is elocution, and all of it is the trade.

The second is the swallowing technician: the person who arrives at a bedside with a glass of water and a small spoon, decides whether the patient may eat and what texture they may eat, and writes a line on a chart that the ward will follow for a week. This picture is colder and equally inadequate, because it turns a judgement about a body into a decision about a tray, and because it leaves out the reason the texture matters, which is that a person who is afraid of choking eats less, and a person who eats less loses strength, and a person who loses strength loses the capacity to recover from the thing that put them in the bed in the first place. The swallow is not a mechanical checkpoint. It is the point where dignity, nutrition, fear and time all meet in a mouthful, and treating it as a checkpoint produces plans that are technically safe and practically useless.

Between the two caricatures, the actual product is invisible, and the actual product is this: a person is understood by the people who matter to them, or eats without fear, or says the thing they have been trying to say since the morning the plum tree came out. Everything in this book is in service of that sentence.

The Machine in the Room

The trade's raw material is speech, and speech has become the easiest thing in medicine to capture, transcribe, score and summarise. A microphone in a

clinic room, an application on a phone, a model that turns forty seconds of disordered talking into a clean transcript and a set of counts, and a system that drafts the report before the therapist has left the building: none of this is speculative, all of it is already in use somewhere, and the trade is genuinely divided about whether it is a gift or a threat.

The argument of this book is that it is neither, and that the division is the wrong argument. A machine that transcribes accurately and counts reliably takes over a portion of the work that therapists have always done badly, which is the clerical portion, the writing down of what happened in enough detail that somebody else can act on it later. What it cannot take over is the judgement about which of the counts matter, because the counts describe a performance and the trade is about a person, and the difference between a person who has stopped producing a sound and a person who has stopped trying is not a difference any transcript contains. The therapist's ear is not a folk instrument that the machine will replace. It is the thing that decides what the machine's output means, and it becomes more valuable, not less, as the output gets cheaper.

There is a second and harder question, which the later chapters will take seriously rather than resolve in a sentence. When a machine begins to predict who will recover and who will not, and when those predictions are computed from the voices of thousands of people who came before, the prediction carries the shape of the population it learned from, and the person in the room is one person, not a population. A practitioner who reads a risk score as a verdict has stopped doing the trade. A practitioner who ignores it has stopped using an instrument that might have helped. The space between those two failures is where the craft now lives, and it is narrower than it used to be.

How to Read This Book

The chapters that follow are arranged in an order that mirrors the way a practitioner's understanding actually develops, which is not the order in which the trade is usually described.

The first two chapters establish what the work is and what stories surround it, because a practitioner who has not settled the definition will spend a career being pulled towards whichever caricature is more comfortable on the day. The third and fourth chapters describe the route into the trade and the shape of a working week, which is the part a student most needs and a service most often omits from the job description. The fifth chapter states the craft's rules,

and is the chapter to return to when a case stops making sense. The sixth is about the cost of doing this work inside a system that is funded for less of it than it needs, and it is placed deliberately before the chapters on other settings and other instruments, because those chapters are optimistic and the optimism is only credible if the constraint has been described first. The eighth chapter is about the shelf, the ninth is about a year in a department that does not exist, and the tenth is about a working life.

A reader who is deciding whether to enter the trade should read the third, fourth and sixth chapters first, in that order, because they are the ones that describe the job rather than the craft. A reader who is already practising should read the fifth and the eighth, which are the two that most often produce an argument. A reader who is a family member, a teacher or a manager should read the second and the ninth, which explain why the service behaves the way it does without excusing it.

Nothing in the book requires the reader to accept the author's conclusions in order to be useful. The cases are constructed and the objections are available, and a practitioner who finishes a chapter disagreeing with it has done exactly what the trade requires, which is to test a claim against their own caseload rather than to accept it because it was printed.

What This Book Promises

No figure in these pages is invented, because there are almost no figures in these pages at all. No assessment instrument is named, no score is quoted, no texture or diet threshold is printed, no timing and no dose is given, and no service, regulator, employer, hospital or manufacturer appears under its own name. Where the trade's arrangements differ between countries, the text says so and hands the local facts back to the reader, who will need them anyway and will need them more precisely than any book can supply.

Every case is constructed. The man with the plum tree, the daughter with the phone, the ward, the school, the care home, the clinic with the bad acoustics: all of it is written for the chapter it appears in, none of it describes an identifiable person, and the constructed department that appears late in the volume is labelled as invented in the sentence that introduces it. This is a book about a craft, written to be useful to the people who practise it and honest to the people who receive it, and a craft can be described without borrowing anybody's medical history to do it.

What the book asks of the reader is the same thing the trade asks: patience

with a chain of causes, and a refusal to accept the first explanation that arrives. The sentence about the garden was not a failure of intelligence and it was not a failure of effort, and the difference between those two is the difference between a plan that works and a year of appointments that do not.

Chapter 1: The Word, Not the Deficit

The Woman Who Could Not Name the Spoon

The table in the assessment room has on it a cup, a spoon, a key, a comb, a small brass padlock and a folded square of cloth, and the woman sitting opposite it has been asked, in the calm and slightly over-articulated voice that people use in these rooms, to name each object as it is presented. She names the cup without trouble and without interest. At the spoon she stops, and her hand makes a small lifting gesture that is not quite pointing, and she says that it is the thing, for the soup, the thing you eat the soup with, and then she looks at the therapist rather than at the spoon, because she already knows what has happened and because looking at the object will not produce the word that has gone.

The word is in her, and it is not lost in the way a key is lost. It is in the same place it has always been, filed with the sound of it and the sight of it and the memory of the drawer it lives in at home, and the retrieval path to it is temporarily closed, which is a different problem from having no word at all, and a different problem again from not knowing what the object is for. This distinction took the trade a long time to establish and is still, in practice, frequently ignored, because the deficit is visible and the purpose is not. A therapist who writes that the patient demonstrates a naming difficulty and moves to the next item has recorded an accurate fact about a performance and has learned almost nothing about the woman, about what she does with a spoon in her own kitchen, about whether the kitchen is the place she is most worried about, or about which of the hundred and forty words she uses every morning are the ones she can afford to lose.

The craft begins where the naming stops, and the first move of the craft is to stop measuring the woman against the table and start finding out what she needs a mouth to do.

What the Trade Actually Is

The work of a speech and language therapist is to establish what somebody needs in order to communicate, or to eat without danger, then to locate the precise joint in a long and largely invisible mechanism that has stopped holding, and finally to alter the least possible thing that will give back the greatest usable capacity inside the life that person is really leading. The chain runs from the lungs to the listener. Air has to be drawn and controlled, the vocal folds have to set it vibrating, the throat and tongue and palate and lips have to shape the resulting sound into the units of a language, those units

have to be retrieved from a store and assembled into words, the words have to be arranged into sentences, the sentences have to be aimed at a listener who has a reason to be listening, and the whole performance has to be funded by attention, by working memory, and by the belief that speaking is worth the effort it now costs.

Every one of those links can fail on its own, and the failures look remarkably similar from the doorway. A man whose hearing has deteriorated over a decade and a man whose language has been disrupted by a stroke both lean forward, both ask for repetition, both smile at the wrong moment, and both appear, to a casual observer, to be confused. The difference between them is the entire work, and the difference cannot be established by looking at either man. It can only be established by working backwards along the chain until the link that does not hold is found, which is slow, which is why services under pressure skip it, and which is the single most common reason that a person spends six months receiving the wrong therapy done well.

The name of the trade is misleading in a way that shapes everything downstream of it. Speech-language therapy suggests two things sitting side by side, speech and language, as though they were siblings of equal size, when in fact speech is the mechanical production of sound and language is the symbol system that sound is used to carry, and a person can have flawless speech and no usable language, or rich language and no intelligible speech. The name also omits the half of the work that has nothing to do with communicating at all, which is swallowing, and this omission is not an accident of history but a consequence of the fact that the mouth is doing two jobs and the trade inherited both of them because it was the trade that understood the mouth.

Why the Deficit Is the Wrong Unit

A deficit is a measurement of a performance at a moment. It is useful, it is comparable, it is the thing a service can report, and it is the wrong unit of work, because nobody lives inside a score.

Consider two people who produce identical results on the same assessment on the same afternoon. The first is a lecturer in her fifties whose clot interrupted the retrieval of nouns, and whose days are made of naming: she must produce the terms of her subject, at speed, in front of people who are writing them down. The second is a man in his seventies who retired from a workshop a decade ago, whose days are made of his wife, his garden and two friends he sees on Thursdays, and whose retrieval problem is identical in kind and

moderate in degree. The deficit is the same. The disability is not. For the lecturer, the same problem is a threat to her employment, her identity and the structure of her week, and the therapy that matters is the therapy that gets her back in front of a room. For the man in his seventies, the same problem is an irritation that becomes a crisis only when he cannot name the thing he wants from the shelf and his wife is out, and the therapy that matters may be a strategy for circumlocution and a conversation with his wife about not finishing his sentences for him.

The unit of work, then, is not the deficit but the task: the specific thing a specific person needs to do, in a specific room, with the specific people who are usually in it. This is why the trade's best practitioners begin every episode with a question that sounds almost naive, which is what would you like to be able to do that you cannot do now, and why the answer is so often not the answer the referral anticipated. The referral says naming. The answer is that he wants to be able to ring his brother and not have his brother say, after ninety seconds, that he will call back later when he is less tired, which is what the brother says now, every Sunday, and which is the reason the man has stopped ringing.

The Chain, Link by Link

The chain deserves to be walked in order, because the most expensive mistake in the trade is treating a downstream symptom as an upstream cause.

At the front of the chain is hearing, and it is at the front for a reason that is frequently forgotten in adult services and almost never forgotten in children's services. A person who cannot hear the difference between two sounds cannot learn to produce the difference, and a person who cannot hear their own voice cannot correct it, and a person whose hearing has declined slowly over fifteen years will have built a life of compensations that make the decline invisible to everybody except the person living it. Every assessment that skips the front of the chain is an assessment with a hole in it, and the hole is large enough to swallow the whole plan.

Behind hearing sits respiration, which the trade treats as a supporting instrument rather than a subject, and which is in fact the power supply of everything above it. Speech requires air to be released slowly and in a controlled way, and a person with a weak or uncoordinated breath produces speech in short bursts, at the wrong volume, with sentences that run out before the meaning does. The listener hears hesitation and concludes

uncertainty, and the person, who is not uncertain at all, learns to say less.

Then phonation, where the vocal folds turn the airstream into sound, and where the failures are audible in ways that embarrass the person producing them: a voice that has become breathy, or harsh, or unreliable in pitch, or absent altogether after surgery. A voice disorder is not a cosmetic problem, and the reason it is not is that the voice is the person's most continuous public surface, the thing that announces them on the telephone before a single word has been understood, and a person who no longer recognises that surface begins to speak less in order to be heard less.

Then articulation and resonance, where the throat, palate, tongue and lips shape sound into the units of a particular language, and where a listener's comprehension depends on a set of distinctions that are invisible, arbitrary and learned. Two neighbouring sounds may differ only in whether the vocal folds are vibrating, and a person who cannot hear or cannot produce that difference will be understood only by people who know them well, which is a description of dependence rather than of communication.

Then language: the store of words, the grammar that arranges them, the retrieval system that finds them at speed, and the discourse level where sentences become an account that another person can follow. This is where the trade spends most of its time and where the public understands it least, because the failure is invisible. Nothing about a person with a retrieval problem suggests, from the outside, that anything is wrong, until they speak, and then everything does.

Then the funding layer: attention that has to be held, working memory that has to carry the beginning of a sentence while the end is being produced, and the executive machinery that decides when to speak and when to stop. A person whose language is intact and whose attention is not will perform well in a quiet room and collapse in a kitchen with a radio on and two conversations running. This is the most common source of plans that look excellent on paper and fail in the real room, because the real room is loud.

Speaking Is Not the Only Channel

The trade's oldest error, and the one that costs people most, is the assumption that communication means speech. It does not. Communication is the transfer of something from one mind to another, and speech is one of at least six channels available for the transfer, alongside writing, gesture, sign, a picture board, a device that speaks on the person's behalf, and the deliberate use of

the body in a room to indicate a want.

A person with a severe motor impairment and intact language may have almost no usable speech and almost no limit to what they can communicate, given a channel that works for them, and the decision about which channel to build is one of the highest-value decisions in the entire trade because it is a decision that can be made once and used for years. A person with fluent speech and impaired language may have an excellent channel and very little to send down it, and no amount of voice work will fix that, which is why the two halves of the trade's name are not interchangeable and why an assessment that does not separate the channel from the message will produce a plan aimed at the wrong half.

The channel decision is also where the trade collides with the household's patience. A device that takes ninety seconds to produce a sentence is a communication system in a clinic and a social liability at a family dinner, and a person who is slower than the conversation will be talked over by people who love them, not out of cruelty but out of the ordinary human inability to sit in silence while somebody assembles a sentence. Any plan that ignores this will be abandoned by the person it was written for, and the abandonment will be reported as non-compliance, which is the trade's word for a plan that was wrong.

Swallowing: The Other Half of the Trade

The mouth does two jobs, and the trade inherited both of them, and the second job has a different logic from the first.

Swallowing is a sequence of events that takes about a second and that nobody performs deliberately. Food is chewed and gathered, the tongue moves it backwards, the soft palate lifts to close the nose, the airway closes, the throat contracts, the upper opening of the food pipe relaxes, and the whole thing happens in an order that cannot be consciously supervised. When the sequence is disrupted, food or drink can enter the airway instead of the stomach, and the consequences range from a cough at the table to an infection in the lung that puts a person back in a hospital bed they had only just left.

The clinical part of this is manageable and well understood. The hard part is everything around it, because eating is not a nutritional procedure. Eating is the most social thing a family does, several times a day, for a lifetime, and a decision that a person may not eat the food everybody else is eating is a

decision about membership. A textured diet that is safe and unappetising produces a person who eats less, and a person who eats less loses weight and strength, and a person who loses strength recovers more slowly from whatever put them in the bed to begin with. The trade knows this. The trade also knows that the safest plan is not always the best plan, and that the difference between the two is a conversation with a person, and often with a family, in which fear and dignity are both in the room.

The Diagnosis Is Not the Plan

A diagnosis names a cause. It is necessary, and it is not the plan, and the confusion between them is the second most expensive mistake in the trade after skipping the chain.

Two people with the same diagnosis can require opposite plans. One has a progressive condition in which the strategy is to preserve function for as long as possible and to prepare for its loss in a way that does not rob the present of its pleasure. The other has an event from which recovery is expected, in which the strategy is to work hard and early and to expect more next month than this month. Same words on the referral. Opposite instructions to the person. A therapist who reads the diagnosis and writes the plan has skipped the only question that matters, which is what is happening to this body over time.

The diagnosis is also where the trade's relationship with medicine becomes visible. The trade is not the junior partner in that relationship and it is not the senior partner. It is the discipline that knows what a mouth does with air and with food, and the medical team knows what the body is doing underneath, and the two kinds of knowledge are not ranked, they are different, and the plans that fail are usually the plans written by one discipline without the other.

What Counts as Progress

Because the deficit is measurable and the life is not, services measure the deficit, and practitioners who are honest will admit that the two do not always move together.

Progress in this trade is not a rising score. Progress is a person being understood on the telephone by somebody who does not know them. Progress is ordering a coffee without pointing. Progress is reading a bedtime story to a grandchild without the child's mother hovering in the doorway ready to take over. Progress is eating a meal without watching everybody else's face for signs of alarm. Progress is a man ringing his brother on a Sunday and getting a conversation rather than a promise to call back later.

These are not sentimental substitutes for measurement. They are the criteria, and the measurements exist to serve them, and when a measurement stops predicting them it has stopped being useful and become a habit. The practitioner's discipline is to name the real criterion at the start, in the person's own words, and to test against it at the end, in the room where it will actually be performed.

The Two Directions of Time

The trade serves two populations whose needs are mirror images of each other, and the practitioner who has trained in one frequently misunderstands the other.

A child with a communication difficulty is a system under construction. The task is developmental: the sounds, the words, the grammar and the social rules are being acquired in an order, and a difficulty means that one part of the acquisition is not proceeding as it should. Intervention is therefore about building, and the measure of success is the distance the child travels along a path that other children travel without help.

An adult who acquires a communication difficulty is a system that was complete and has been interrupted. The sounds, words, grammar and social rules were all in place, and the task is not to build them but to recover, compensate or reorganise. The measure of success is not the distance travelled along a developmental path but the extent to which a life that was already underway can continue.

The two are not the same craft, and the differences are practical rather than philosophical. A child has years in front of them and a brain that is still organising itself, which means that early intervention compounds and that waiting is unusually costly. An adult has an identity built on the way they spoke, a set of social roles that depended on it, and a much shorter window in which intensive work produces the largest gain. In the child's case the household is signing up for years of ordinary work, while in the adult's case a spouse may be signing up for a season or for the remainder of a shared life, and the practitioner is asking something different of each of them.

The mirror image also explains a failure that recurs across services: the paediatric practitioner who moves into adult work and finds the adults unmotivated, and the adult practitioner who moves into children's work and finds the parents over-involved. Neither observation is about the patients. They are about a craft that assumed the wrong direction of time.

What the Person Brings

The chain described in this chapter runs from the lungs to the listener, and it leaves out the most variable component, which is the person doing the work.

Three things travel with every patient into the room and none of them is measured by any instrument on the shelf. The first is what the person believes is happening. A man who has been told that he will recover fully and a man who has been told that he will not, both of them wrong, will perform differently on the same afternoon, and the beliefs are not irrational, they are the residue of every conversation they have had with every professional since the event. The practitioner who does not ask what the person has been told will spend months working against an account that somebody else supplied.

The second is what the person has already lost. A woman who has stopped answering the telephone, stopped going to the shop and stopped seeing the friend she used to see on Thursdays has lost more than her language, and the losses are connected: each avoidance makes the next one easier and the return harder. The communication problem is the cause and the withdrawal is the consequence, and a plan aimed only at the cause will fail against a life that has already reorganised itself around the consequence.

The third is what the person is willing to spend. Speech is effortful, and effort is finite, and a person with a serious illness, poor sleep, chronic pain or a demanding job has less of it available than a person who does not. The practitioner who assumes unlimited effort will write a programme that is abandoned, and will record the abandonment as a failure of motivation, when the truth is that the programme asked a tired person for more than a tired person has, and that a smaller programme, done, is worth more than a perfect one, not done.

The Family's Own Expertise

The person in the room comes with a family that has been conducting an involuntary research programme since the difficulty began, and the programme has produced knowledge that no instrument in the cupboard can match.

A mother can tell you which of her son's words are reliable, at what time of day he is most fluent, which relative he will speak in front of and which he will not, and what happens to his speech when he is excited, tired, hurried or angry. That is a functional profile compiled over years under conditions that a clinic cannot reproduce, and it is more useful for planning than most of what

the practitioner will measure. The trade's habit of treating the family as a source of history, rather than as a source of expertise, wastes the best data available.

Taking that knowledge seriously has a cost, which is that it obliges the practitioner to change the plan when it contradicts the plan. A family that says the programme is not working is usually right, and the practitioner who responds by explaining the programme has chosen the programme over the evidence. The discipline is to ask, specifically, what the family has noticed, to write it down, and to treat a contradiction between the clinic's view and the household's as a question requiring investigation rather than as an error to be corrected.

The Smallest Change

Everything in this chapter comes down to one instruction, and the rest of this book is an unpacking of it. Find the link that fails. Change the smallest thing that returns the most function. Verify the change where the person actually talks.

The smallest thing is not a compromise; it is the craft. A person whose speech is unintelligible to strangers but clear to family may need nothing more than a habit, taught to the household, of turning off the television before a conversation begins, and that habit may return more usable communication than a year of articulation work. A person who cannot retrieve nouns may need a strategy for describing rather than a drill, and the strategy may be learnable in three sessions. A person whose voice has weakened may need to be taught to stand differently and to breathe differently and to stop pushing, and the change may take a fortnight. None of this is less than therapy. It is therapy done at the point where the leverage is greatest, which is the whole of the discipline.

The woman at the table with the spoon was eventually asked what she wanted a spoon for, and she said that she wanted to be able to make her husband's tea, which she had made every morning for thirty-one years, and which she had stopped making because the last time she had tried she had stood in her own kitchen for a full minute with the spoon in her hand and the word gone, and had put it down and gone back to bed. The plan that followed was not a naming drill. It was a plan about a kitchen, a fixed place for the spoon, a card with four drawings on it, and a husband who was taught to wait. She made the tea on the ninth day. Nobody wrote a score down.

ABOUT THE AUTHOR

Aiman JoeHanz writes about work: the trades that hold institutions together, the people who do them, and what happens to a craft when the clerical layer around it is given to a machine.

Building Tomorrow's People is his series on the professions a society depends on, each volume written from inside a working day rather than from a policy document. The series runs past ninety volumes, from engineers and statisticians to paramedics, radiographers, occupational therapists and the practitioners whose work consists almost entirely of listening.

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