

Smietanka, Paulina

The End

P.S. 99 is not an ordinary elementary school. It is a school that has two buildings and one heart, and that was clear each day that I entered into the buildings. It was evident that although J was a speech therapist in the annex building, she always interacted with M and K, in the main building via phone or via lunch break. In fact, J, K and M always updated each other on the growth of children and shared new activities amongst each other day in and day out. At first, I took this moment for granted. You would think that good communication happens among all coworkers. Well at least so I thought and then, I laughed to myself because honestly, heads can easily bump in a work setting just as much as they can in a competitive college classroom, if not more.

Upon realizing this, I understood how important it is to create an environment where people work together and communicate. Communication is extremely powerful. It's actually quite difficult to even explain; however, it is demonstrated with every movement we make, and every word we say. It is what separates us from all other species and makes us human. It is a gift and that gift has allowed a classroom to be a learning environment. Because K, M and J had a good relationship, their students did too. They were able to grasp the classroom rules and internalized mutual respect and proper behavior. Communication has set up a place where effective learning can take place as well as encouraged students to help each other out.

I will assure that wherever I end up in the future, that I will always provide children with a comfortable, learning and communicative environment. As a speech-language pathologist, I want children to speak as much as they can, so that whatever they want to express, can be expressed. Words are meant to be spoken and not be bottled up. Sometimes children are seeking a listener that's nowhere to be found, and that's where a speech-language pathologist comes in

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handy. I want to promote talking to my clients because it should motivate them to express themselves elsewhere too. Just like M, K and J's room, I will be that hidden room where magical things happen; after all, I'm not the doctor they fear (no flu shots here), I am (will be) the clinician of hope, smiles, smiles and more smiles.

When I think about leaving this opportunity behind, I am firmly situated in a bittersweet memory. Yes, I may be leaving a powerful learning environment but at the same time, the spring semester is just a few days away which means, I will learn more in my LCD courses and in turn, I will be even more informed. On another note, I learned a lot. With K, I was able to work with 5<sup>th</sup> graders who had short attention spans, comprehension issues, expressive problems or all three. Because the children were quickly distracted, had a difficult time understanding the material as well as had a difficult time saying what they intended to say, practice is needed on top of more practice. Essentially, as a speech therapist must be supportive. We play the role of a healer so that children develop a want to improve so that they won't give up during sessions.

K used a "what I know, what I remember, my guess" strategy which I found to be very clever. This strategy allowed her students to improve their reading comprehension. Also, her method provided them with organization; thus, if they were to read any piece, they could follow those three steps and be safely accomplished. Further, K had a lot of patience when she worked with a student who often knew the answer to questions but was socially unable to express what was in her mind. The child had a memory issue and was cognitively setback. At this moment I realized that it is extremely important to motivate. Support, support, support, I can't stress in enough.

I was also able to observe a child who had a cleft palate repair with M. I was so impressed with the surgery as well as the progress the child made throughout the month. I was

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tearing when she recited the entire alphabet – both the letters and their sounds. I really got a picture of how important those surgeries are and I could only wish that all families have financial strength to receive such an opportunity. Unfortunately, this particular child lives in a home where her mother cannot speak English and her father is undergoing difficulties which means that the progress that she develops is strictly within the school. Last semester, I remember that I was taught about how vital a parent is to a child's progress. A therapeutic session does not end once they leave a session but continues in a home because they spend so much time there. Knowing that this child was at such a disadvantage, along with many others I'm sure, is heartbreaking. I guess as rewarding as this field may be, there's still going to be moments where you feel helpless.

Aside from that, every time a student said the wrong answer, M showed various examples and encouraged them to try again. They eventually got the answer which made the experience just a bit more gratifying. As for an articulation observation, M used a mirror so that the child could see his articulators and compare them to hers. The fact that the child could visually see himself, prompted him to adjust his articulators. For instance, when he was clenching with his teeth, he was able to see that he needed to loosen up his jaw to pronounce the sound accordingly.

With J, I learned that if something sounds different, the first thing I should do is check the child's teeth, nasal cavity and oral cavity. There's a chance the child may have a missing tooth, a cleft, or another problem that may be interfering with a child's articulation. During a one to one assessment, I was able to see how one of the students had tonsils that were larger than usual and how that affected her speech. Because of this, I was also able to understand how important it is to work with ENTs and OTs. The student also had an extremely low voice and did not communicate with her teacher. This was taken into account during the assessment which

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made J stand on the tip of her toes, and had her crossing her fingers. Luckily, during the assessment she spoke so it ran smoother than expected. As a speech-language pathologist we have to work on our feet. We have to work with what we have and think what's best to do at that moment. J did not set high expectations from the student and thus she did not struggle and was not given excessive demands, which in the long run made the assessment more effective.

During another case, J had another one to one session with a student who did not seem to be doing well in class. When J became the detective she realized that the student was being asked for far too much. He needed to work on differentiating words from letters, not working with complete sentences. This was shocking to me because I could not believe that the teacher was unaware that her student had difficulty with differentiation and was providing him with work that was far too advanced for him. It only seemed inevitable to me that he would be doing poorly in class. Anyway, J worked with him and she also tackled his processing problem. If he was given a different order of questions and responses rather than in order, he gave the same feedback, expecting it to be the same order. This showed that his goal was to answer the question correctly rather than actually understand. It was even clearer, when I realized he was very reliant on cues because he constantly kept looking at the teacher. J made sure that before he left, he would be more worried about grasping the ideas.

I was also fortunate enough to see children with ADHD and autism. J focused on asking before and after questions to improve their reading comprehension. As she was doing so, I recognized that the child with ADHD was constantly moving around and getting distracted by his surroundings. At one point he ran off to play with a stuffed owl puppet. The child with autism was extremely repetitive. He kept repeating "My father doesn't listen to me". I was told that this

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was common among children with autism and that his behavior has improved because tantrums are also very common. In both children with autism, eye contact was extremely minimal.

All three therapists used an enthusiastic tone that had a high pitch, lots of emphasis and strong rhythm and intonation. It actually reminded me of my poetry class with Professor Black and poetry's rhythmic patterns. As I would hear M, J and K speak, I was catching onto the musicality of their words. I was thinking... hm, iambic pentameter, dactyl, and maybe I'm shouldn't even be thinking like this. They too, used comforting words such as "friends", "honey", "love", and "honeybun". In addition, they all had a "no homework, no sticker" policy which seemed to be working. Students wanted to earn their prize so they made sure they received a sticker after every session. The beauty of it all, students were so thrilled about the sticker they did not even care that they had to do homework. It was as if it was a pleasure.

I also picked up on the speech teacher's cues. Cues guided children toward the answer, which allowed them to think and process what needed to be said. They all incorporated boards, vivid cards and handouts so that they were playing learning games rather than boring stuff they don't want to do. Also, they made their lesson very hands on and formed it around the interests of the child for the most effective therapy.

All in all, I became aware of the fact that the Board of Education now limits school based speech-language pathologists to work on language rather than speech and language. With that being said, a lot of the work that was covered was intended to strengthen language. Their primary goal is to improve comprehension, listening, reading and writing. In order to do so, their lessons consisted of inferencing, Wh questions to guide critical thinking, sound and letter patterns, decoding, vocabulary, categorizing, homophones, etc. More importantly, each child was different, even if they were in the same grade. I quote Professor Gubler yet again, "There is no

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cookie cutter”. Nevertheless, I have to say that this observation has showed me even more that this field is meant for me. I must confess that the school setting is not for me. I would rather be in private practice and specialize in autism and cleft palates. The speech therapists have truly shown that our profession is about forming friendships and helping. As for the children, the experience would not have been so rewarding if it weren’t for them being them. When it was time to say goodbye, I realized that I was used to “Miss Paulina” – there was just a certain ring to it. It was simply heaven sent. But, let me tell you, this is only the beginning and what a great beginning it has been.