

## Speech and Language Therapy in Mental Health Care of Children. Part 2: competencies, diagnosis and therapy

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### Summary

**Aim.** The article is the second part of the study aiming to describe the role of a speech-language therapy in protecting mental health of children. It concerns the competences of a speech-language therapist in a specialist team, speech and language assessment, diagnosis, and therapy.

**Materials and methods.** The research has an exploratory character. The secondary qualitative analysis of archive data collected from my SLT practice with preschool age children was used.

**Results.** The speech-language therapist's competences include speech, language and communication disorders diagnosis and treatment, as well as preventing these disorders. Skills in responding appropriately to the child's current mental state are essential. The most common disorders in people with mental disorders include language, communication and prosody disorders, as well as psychogenic voice and swallowing disorders. The speech-language diagnosis can contribute to the early detection of mental disorders and can be used in differential diagnosis and in the recognition of unclear mental states. Therapy should be individualized, properly organized, programmed, and balanced to meet the actual needs of children. Moreover, therapy has an additional preventive value, because efficient use of language has a positive impact on mental health.

**Conclusions.** Speech-language therapists play an important role in protecting mental health of children. SLT for children who experience mental health problems has its own specificity. The results of speech-language assessment and diagnosis can be used in the process of diagnosing mental disorders. The positive effects of SLT can significantly improve the quality of life of the child and his family, and contribute to the prevention of mental health problems.

**Key words:** speech-language assessment and diagnosis, speech-language therapy, mental health of children

## **Introduction**

The article is the second part of the study describing the role of a speech therapist in mental health care of children. The first part was devoted to the scope of speech-language therapy (SLT) intervention. This article concerns the competences of a speech-language therapist in a specialist team and speech-language assessment, diagnosis and therapy.

### **1. Aim**

Certain postulates were formulated – proposals for discussion, which may be the starting point for further development of a model of SLT care for children with mental health problems, as well as provide inspiration for developing similar models for older children, adolescents, adults, and seniors.

### **2. Material**

The empirical base consists of my own experiences of work with preschoolers as a speech-language therapist. The research material is archive data collected between 2014 and 2022, which includes descriptions of diagnosis and therapy, as well as opinions and notes from my SLT practice in three mainstream kindergartens<sup>1</sup>. SLT covered 93 children with speech, language and communication disorders associated with mental health conditions. I had direct, mostly long-term relationships with the children and our contact was regular. The material was anonymised. I did not conduct experiments or other research beyond standard SLT, to which the children's parents gave their consent in each case. The data will be presented in a general manner, without using elements that would enable the identification of participants. The benefits of describing a little-recognized, but interesting and up-to-date issue for practical reasons significantly outweigh the risk of damage, which is minimal.

### **3. Method**

The research has an exploratory character, a secondary qualitative analysis method was used. The following categories of description were distinguished: scope of SLT interventions (described in the first part of the study), competences of speech-language therapists in an interdisciplinary team, speech-language assessment and diagnosis (specificity of assessment, problem of norms, functions of speech-language assessment, speech-language assessment and diagnosis in the diagnosis of mental disorders), speech-

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<sup>1</sup> The material from individual institutions is uneven, because I worked in each of them for a different period of time, and each of them had a different organizational system.

language therapy (its functions and goals, planning and implementation, methodology of therapeutic procedures, effectiveness, therapist's skills).

## 4. Results

### 4.1. Competence of a speech-language therapist in a specialist team

In the treatment and therapy of children and adolescents, a multidisciplinary team with the leading role of a psychiatrist consists of specialists in psychotherapy, psychology, community therapy, nursing, occupational therapist, but also an educationalist, a speech-language therapist and others. Work of each of these specialists has an influence – direct or indirect – on communication abilities of the individual and his environment [1]. Speech and language therapy is a science and professional activity based on it deals with all aspects of speech – both within and beyond the norm – in its cognitive and communicative function in the linguistic, biological, psychological, social, and medical terms at all stages of human life<sup>2</sup>. The goal of speech-language is to diagnose and treat speech, language and communication disorders, as well as to prevent these disorders. Language (especially semantic-pragmatic) disorders, communication disorders and psychogenic voice, speech and swallowing disorders are the most common in people with mental disorders.

When working with children who need mental health support, skills in appropriately responding to the child's current mental state, as well as ethical, safe and effective (also in the long term) conduct in difficult situations, including those threatening health and life, are very important. This results from the adult's obligation to be responsible for the child, but also from the purpose of SLT: development of language and communication requires conditions providing a sense of security, promoting learning new things and shaping the child's well-being.

A speech-language therapist's competences also include skills in the area of cooperation with the child's environment (family, preschool, school, and others), including psychoeducation regarding speech, language and communication disorders.

### 4.2. Speech-language assessment and diagnosis

The process of speech-language diagnosis includes a descriptive assessment and the diagnosis *sensu stricto*, that is the identification of a case. The choice of diagnostic methods and tools, the diagnostic procedure and the interpretation of research results in language and communication disorders related to mental health disorders demand special caution and the ability to analyse and interpret the research material expertly,

<sup>2</sup> Definition of speech-language therapy proposed in the draft act on the profession of speech therapist, date of creation of the document: December 18, 2023; [https://logopeda.org.pl/resources/pliki/1123\\_20231218\\_sprawozdanie\\_grupy\\_ds\\_logopedii\\_jako\\_nauki\\_i\\_ksztalcenia\\_logopedow.pdf](https://logopeda.org.pl/resources/pliki/1123_20231218_sprawozdanie_grupy_ds_logopedii_jako_nauki_i_ksztalcenia_logopedow.pdf)

on the basis of deep understanding of language and communication, and taking into account a multitude of contexts factors influencing the current state of speech. Speech assessment is a dynamic process that takes place in parallel with the therapeutic interventions; some symptoms in the sphere of language and communication are very subtle, difficult to name and define unambiguously.

Methods that are particularly useful in the speech-language assessment of children with mental disorders include: interview (especially ethnographic), observation, language sample analysis, test, and documentation analysis. In children with mental disorders, the use of tests requires particular caution in interpreting the results and drawing conclusions, and therefore should not be the only method of diagnosis. In older children and adolescents, self-assessment of speech and communication tools are used.

#### 4.2.1. The problem of norms

An important element in the diagnosis and decision on the implementation of SLT is the reference to norms so that both negligence and excessive actions can be avoided. In psychiatry, norm and pathology are not defined by a single unambiguous factor such as biological markers; the boundary between the two can be blurred and wide [2]. Clinical assessment also considers the patient's quality of life [3]. In some areas of speech-language pathology, i.e. communication abilities, the norms, understood in a traditional manner, are not easy or probably possible to determine.

Another perspective, different from but not contradictory to the "normative" one, is a perspective which uses the concept of speech, language and communication needs. The application of this concept contributes to an accurate, effective and ethical therapy which takes into account the value of quality of life. It makes it possible to see all the communication needs of a person, to prioritize them accordingly and to customize the therapeutic path. The parallel use of the concept of norm and the concept of needs allows for a balanced decision to include SLT interventions.

The cases of children with less severe communication difficulties aroused discussions within the team of specialists, and there were sometimes claims that the provision of support for them favoured the psychiatricisation of children. Having reflected on these concerns, I ultimately adopted the following: if communication difficulties adversely influence personal, social and educational functioning of a child and/or limit the child's development, it is reasonable to offer appropriately designed and balanced support. I monitored the course of therapy and its effects in order to be able to decide whether to maintain or withdraw the therapeutic interventions.

#### 4.2.2. Speech-language assessment functions

Speech-language assessment makes it possible to recognize the child's needs, abilities and limitations, define therapy goals, monitor progress and assess the qual-

ity of therapy (including its effectiveness). It may also have clinical significance (see below). Nowadays, a speech-language therapist's opinion is a standard element of the process of determining the need for early development support and the need for special education; and it may constitute evidence in court proceedings.

#### 4.2.3. Speech-language assessment and diagnosis in recognition of mental disorders

Diagnosis of mental disorders comes within the exclusive competence of a psychiatrist [4]. The psychiatric examination takes into account opinions of other experts, psychologists, educators, as well as speech-language therapists [5].

##### 4.2.3.1. Early detection

Speech-language assessment and diagnosis can play a role in early detection of mental disorders and other conditions requiring psychiatric consultation [6]. In educational settings, it is worth considering the implementation of speech-language screening aimed at detecting needs in the field of speech, language and communication related to the state of mental health, in various context, through interviews, observations, because not all important issues are revealed during individual meetings with the child – child's difficulties may also go unnoticed or be misinterpreted (e.g. as a result of the child's 'character' or parenting style) by parents and teachers. It is also worth undertaking activities to popularize knowledge about SLT options for children with mental health support needs in the community.

##### 4.2.3.2. Differential diagnosis

A speech-language therapist's opinion may prove useful in the differential diagnosis, especially of neurodevelopmental disorders [7, 8]. and in the recognition of unclear mental states.

##### 4.2.3.3. Diagnostic validity

Diagnosis in psychiatry, especially in children, takes time and is an ongoing process [9]. The clinical manifestations of particular disorders may be very similar; they may coincide or overlap. The final diagnosis is typically subjective; hence it is not uncommon to encounter differences in assessment/diagnosis between specialists in different disciplines [10], including psychiatrists. There is a fairly high risk of under-diagnosis and over-diagnosis of some cases. Children seem to be particularly vulnerable to misdiagnosis, whereas the impact of diagnostic errors on a child's life seems to be particularly pronounced. It determines the further path of development at a very tender age, and the received support. It influences how particular facts (e.g. the child's

behaviour) will be interpreted in the environment of the child's family, kindergarten and school. Interventions undertaken as a result of a hasty diagnosis, without careful observation of the child, can negatively impact the child's functioning, and complicate proper understanding and interpretation of the child's behaviour [9]. These facts highlight the value of a long-term, direct, in-depth observation in different contexts of the child's functioning; as well as independent, reliable and detailed descriptions and opinions given by professionals, including speech-language therapists.

## **5. Speech and language therapy**

### **5.1. Functions and goals of speech and language therapy**

The immediate goal of SLT for children with mental disorders is to build up and develop linguistic, communicative and cultural competence and skills, and to improve speech performance. These goals should be subordinated to the overriding objective: to improve the child's quality of life. Speech-language therapy can have a significant impact on the following aspects of quality of life: physical and mental well-being (it is possible to communicate the experienced conditions and needs), sense of self, autonomy, social relationships and having friends [11].

#### **5.1.1. Preventative function**

In the group of children at an increased risk of developing mental disorders, speech therapy can fulfil a preventive function. SLT can alleviate some of the effects of mental disorders, ensure fuller use of psychotherapy (especially in the case of older children and adolescents) [6], support regulation of emotions [12], contribute to reducing the risk of developing mental disorders, such as in children with language disorder or stuttering, and foster a more optimistic path of mental development. Skills of self-expression and communication with others are recognized as a strong protective factor; they build the child's resources, enhance self-esteem, self-efficacy, and facilitate coping with possible other accompanying developmental disorders, especially with respect to expressing oneself, one's feelings and thoughts [13].

### **5.2. Planning of the speech-language therapy**

One of the key categories when planning and implementing therapeutic interventions for people with mental disorders is time. In preschool children, due to the previously discussed problems related to the diagnosis of mental disorders in this population, therapeutic interventions are often initiated at a time when the diagnosis has not been made yet. Furthermore, in preschool children, therapeutic measures should be initiated when the child is ready for them, e.g. when the child has successfully adapted to

a new place. If necessary, a speech-language therapist can accompany this process. In the case of adults, it is emphasized that in the event of acute illness episodes, therapy can be implemented/continued only after they have been brought under control [14].

When planning therapeutic interventions, it is important to take into account that they are usually long-term. This requires careful management of resources of the child and of the child's family. The rapid changes that are taking place in the modern world: increasing technicization, changes in environmental conditions, changes in family structure and functioning, new challenges and threats to mental well-being, make this element particularly important. Furthermore, opinions of parents, therapists and teachers how a good therapy should look like sometimes pose a challenge. In my work, I often encounter beliefs that therapy is good when it is intensive, task-based and as frequent as possible, which is not confirmed by the current knowledge.

The course of broadly defined mental health problems is dynamic. There are situations that signal the need to slow down the dynamics of therapy. When the child's well-being deteriorates, when he or she is overloaded or going through developmental steps, or if there are changes to the child's immediate environment in which he or she is highly involved, it is useful to keep the 'minimum' – maintain relationship, provide a sense of security, give space for the child's spontaneous reactions. The desire to achieve specific goals here and now cannot dominate the therapy process, which is intended to serve the child – not the other way around.

### 5.3. Methodology of the therapeutic process

#### 5.3.1. Model of care

The choice of the model of care is the starting point in the programming and implementation of interventions and it becomes particularly significant in the work with children with mental health problems. In my work I have adopted model of person-centred care. This multidisciplinary model is used in medicine, especially in psychiatry, psychology, nursing, SLT, etc. It focuses entirely on the patient/client as a person, and assigns the key role to empathy, which takes into account the subjectivity of all participants in the treatment and therapy process: the patient/client, his or her family and caregivers, doctors and other specialists, and relies on patients' resources [15]. It is opposed to an overly directive or paternalistic approach [16].

#### 5.3.2. Forms of therapy

I applied a variety of therapy forms, taking into account their potential benefits. As far as direct therapy is concerned, the individual form, in addition to its great diagnostic and therapeutic potential, proved to have significant added value. Children enjoyed the time dedicated to them individually, interest, space to talk freely (especially due to the

fact that their needs in this respect may be greater than those of typically developing peers), but also one where you do not have to speak to be understood and communicate. The work in pairs and in small groups was of high value for the development of communication and emotional-social skills. When a child feels comfortable with his or her peers during this type of activity, it opens up the possibility for him or her to participate in many different meaningful experiences and to learn from other children in everyday life.

As regards indirect therapy – which is very important in the case of language and communication disorders – I implemented it by cooperating with parents and teachers, proposing coping strategies in the home and preschool environment conducive to the development of language communication and resolution of difficulties. I worked with my charges' peers to foster better understanding and mutual acceptance between children.

### 5.3.3. Methods, techniques, strategies

When taking a decision regarding the selection and implementation of methods, the fundamental issue is their reliability, effectiveness and ethicality. The choice of a method is never obvious and in the case of developing language and communication competences and skills can be very complex.

The methodological principles of my work were the following:

- the basis and point of reference was the individual psychological and biological profile of the child (DiR/Floortime), his or her language acquisition style, the child's current mental condition;
- the formulation of therapeutic goals determined the choice of methods techniques and therapeutic strategies;
- I was inspired by therapeutic trends of various origin: psychoanalytic (especially S. Greenspan's developmental model), behavioural, cognitive-behavioural, Ericksonian, play therapy, art therapy, paying attention to how these trends deal with particular aspects of language and communication, building relationships, learning, dealing with difficult situations.
- I made extensive use of music, visual arts, drama and plays, movies, children's literature and children's folklore.

### 5.3.4. Effectiveness of therapy

The evaluation of the effectiveness of methods and practices in SLT can be measured in a qualitative way. This is largely due to the EBP trend. The development and application of the principles of this trend and the extrapolation from medicine to other fields, including nursing, emergency care, psychology, SLT, and education, have



opened up opportunities to improve the quality of services, but at the same time have raised doubts and objections [17]. The evaluation of the effectiveness of interventions, especially in the area of SLT for children with mental disorders, can be difficult and complex. This is clearly visible in the case of building language and communication skills, especially in the qualitative aspect. These phenomena are difficult to study with strict empirical rigour and this is not always the best way of research. Additionally, e.g. in autism, due to the variable symptoms and needs of individuals in the spectrum, establishing a universal measure of ‘successful outcome’ of interventions is difficult [18]. Sometimes effectiveness is measured by the achievement of specific skills targeted by therapy. However, some researchers on neurodevelopmental disorders point to the need for additional studies on outcomes that would present more distant, general and long-term effects of interventions [18]. From the perspective of my experience, I share this way of thinking about effectiveness. Moreover, in the case of therapies for language and communication disorders, it is important to bear in mind that language and communication are complex entities. Establishing that a given method e.g. increases the number of messages does not mean that it improves communication in all its aspects.

### 5.3.5. Therapist’s skills

The desirable qualities of a speech-language therapist working with children with mental health problems are:

- highly developed skills in building and maintaining relationships, listening, understanding and communicating;
- vigilance and attentiveness in assessing the child’s current condition, monitoring changes in his or her emotions and behaviour;
- stability that creates a sense of security and promotes the regulation of emotions;
- openness (including the ability to acquire new knowledge);
- creativity and flexibility that are conducive to development of various experiences, creation of meaningful contexts, and appropriate response to situations that can foster the construction of meanings and the acquisition of structures that encode these meanings;
- awareness of one’s own limitations, high ethical culture and readiness to work on oneself.

#### 5.3.5.1. Epistemological awareness

As professionals, we consciously use various knowledge resources, but at the same time we are conditioned by various traditions and experiences, which we are usually not aware of. The state of our knowledge about the child and his or her environment

is to some extent dependent on subjective factors. This influences our interpretation of facts and decision-making as regards therapeutic interventions. For example, a given behaviour may be perceived as: a) developmental, only more strongly expressed; b) a situation constituting an opportunity to build communication; c) difficult behaviour, etc. Epistemological awareness protects against dogmatism, opens a space for dialogue, foster the development of knowledge, mutual respect for autonomy and competence among professionals and for the value of various therapeutic trends.

## **6. Discussion of results**

Speech-language therapists have a role to play in mental health care of children as a specialists in broadly understood speech disorders. SLT for children who experience mental health problems has its own specificity. The competences of a speech therapist, in addition to those resulting directly from the definition of the profession, also include the ability to respond appropriately to the child's current mental state, dealing with difficult situations, cooperation with the family, kindergarten and other environments. Speech-language assessment may be one of the important elements in the early detection of mental disorders; may prove useful in differential diagnosis, especially in neurodevelopmental disorders and in the diagnosis of unclear conditions.

Speech-language therapy aims to build and develop linguistic, communication and cultural competences and skills, and improve speech. These skills are among the most fundamental in the human life. They enable understanding of oneself and the world; expression of one's own thoughts and experiences; implementing various communication intentions, building relationships and creating bonds. Appropriate competence in these areas has a positive impact on the child's mental development trajectory and the quality of life of the child and his or her family; it may alleviate some of the effects of mental disorders, enable fuller use of psychotherapy (in the case of older children and adolescents), and also be one of the factors protecting against the occurrence of mental health problems. Hence, it serves a preventive function. The desired skills and features of a therapist are highly developed skills in creating relationships, listening, understanding and communicating, as well as vigilance, attentiveness, stability, openness, creativity, flexibility, awareness of one's own limitations, high ethical culture and readiness to professional work on oneself.

## **7. Conclusions**

The aim of speech therapy care is the diagnosis and treatment of speech, language and communication disorders, as well as the prevention of these disorders. Speech-language therapy services for children with mental health support needs appear to have certain specific characteristics reflected in the used competencies, desired features and skills of therapists, as well as in the diagnostic and therapeutic process

itself. Speech-language therapists take an active part in the process of assessing and diagnosing the child development and may play a role in the early detection and recognition of mental disorders. Speech therapy aims to build linguistic, communication and cultural competences and improve speaking (and swallowing). As the role of language in the human life is important, the positive effects of speech-language therapy interventions can significantly improve the quality of life of the child and his or her family.

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