How I put learning into practice (1): View f

When Dawn Leoni accepted a post working with adults in North West Wales, she also took on learning a whole new language. Here, at the foothills of her journey into bilingualism through immersion in Welsh, she pauses to reflect on her new insights into the experience of clients with communication difficulties and how we can best support their rehabilitation. How I put learning into practice (2) will be in the Summer 09 issue.

Over half of the population served by North West Wales NHS trust uses Welsh in their daily life (figure 1). When I was offered the opportunity to work for the speech and language therapy service, I was excited and a little overwhelmed by the prospect of learning Welsh with a view to providing bilingual therapy. Prior to commencing my clinical duties, I was supported to attend a 10 week intensive Welsh course (Hughes, 1999).

During the course, I gained some insight into how it may feel for many of our clients who are struggling to communicate effectively with limited speech and language. Throughout the process I have made a personal journey through what could be likened to a number of different speech and language therapy diagnoses. I have also made discoveries regarding speech and language learning which have altered my working practice.

1. Relating to a suddenly acquired diagnosis

During the first days of the course, my head was a maelstrom and the Welsh speaking world seemed a deeply confusing and scary place. Despite the course beginning with very simple, short sentences, it was an incredible mental effort to try to work out what was being said. This impacted on all aspects of my life, leaving me feeling physically and emotionally fatigued.

2. Relating to aphasia

The effort of trying to hear the new sounds of the unfamiliar language - and then attempting to map them onto my phonological knowledge - was incredible. I understood then the importance of repetitive listening, and being provided with an opportunity to look closely at the speaker's face whilst they spoke. Still now, I struggle to understand as effectively when speakers are looking away, or over lunch when they are chewing an apple.

I required full, multimodality input in order to 'lay down' the new language. I found that my comprehension - and later my recall of words and sentence structures - improved considerably when I was able to hear the target, watch the speaker, and see the target in written form. The ability to copy out new vocabulary and sentences also appeared to play a part in the learning and storing of the new targets.

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I learned the importance of errorless learning (see Fillingham *et al.*, 2005), rather than 'trial and error'. I found that, if I had the opportunity to say, to hear or to write a word or phrase in an incorrect form, then it would seem to 'stick' in my language system, and it took extra effort to convert it back to the correct target. The 'try to work it out' approach did not work effectively for me.

As the literature on language learning suggests, my comprehension of the Welsh language is far ahead of my expressive language. The most disabling and frustrating feature of my Welsh learning is my relative lack of ability to respond to people in Welsh; this has been the issue that most makes me empathise with my clients.

I now well and truly understand the 'tip of the tongue' phenomenon. I continually find myself stopped, mid conversation, with my mouth open whilst my cognitive processes are stretched to their maximum searching for a word. Like people with anomia, I am often

from a Welsh mountain

Figure 1 Use of the Welsh language in NW Wales NHS Trust areas

	Gwynedd	Anglesey	Conwy
% of population able to speak Welsh *(Welsh Language Board, 2003: based on 2001 census data)*	69%	60%	29%
% of population who live in homes where Welsh is the only language spoken *(The Welsh Language Board, 2004)*	53%	42%	17%

Figure 2 Learning points

1. **Do not underestimate the level of information processing that takes place in a conversation, particularly for those with restricted speech and or language.**
2. **Be aware of, acknowledge, and educate others about the impact of a speech and language impairment on all aspects of a client's daily life.**
3. **Remember the importance of providing time for clients to respond, and follow their lead before jumping in to help.**
4. **Suggest the use of mnemonics where possible.**
5. **Encourage the client to use gesture whilst repeating a target, as this may form a prompt in functional conversation.**
6. **Provide therapy incorporating all word classes, including specific work for those words which are less readily visualised.**
7. **Repetition is vital in assisting comprehension, and allowing the opportunity for a correct template to be stored and recalled.**
8. **Consider using the errorless learning approach.**
9. **Ensure the client is able to watch your face whilst you are modelling speech and language. Consider the impact of visuoperceptual impairments on their ability to do this, and possible impact on auditory comprehension.**
10. **Facilitate multimodality input and output.**
11. **Incorporate tasks which require less apparently active processing in therapy, such as copying and listening to background language on audio media.**
12. **Offer therapy in groups if you can, to enable psychological adjustments, confidence and self-esteem to develop.**

able to describe features of the word such as how long it is or what letter it starts with, and may be able to start the word off, but require help from my listener to provide the full target. I have found that using personal mnemonics has helped, although this can add to the time element of the search for the word. Also, attaching a mime to some action words does seem to trigger word production, as if the motor pattern of the limbs or the visualisation provides the cue.

One of the more difficult word groups I have found is prepositions. Because they are abstract words which have poor imagability, I have found them incredibly difficult to learn, and have therefore realised just how disabling it is to try and communicate an idea without full access to this word group. I cannot recall any therapy I have carried out with adults which has focused on prepositions, and I wonder now whether it may have been of benefit in some cases?

3. Relating to dyspraxia

The Welsh language uses some vowel and consonant phonemes which do not appear in the English phonology. Initially I was tongue-tied when confronted with words using voiceless velar, and bilateral alveolar fricatives, and unfamiliar vowels. I was experiencing the classic features of verbal dyspraxia; groping for sounds, producing words with phonemes in the wrong places, and being unable to coordinate my mouth to form the sounds of the words. Extraordinarily, with careful watching, listening, and repetition, my mouth quickly became accustomed to the new shapes and movements being demanded of it, and new motor sequences appeared to be laid down.

4. Identity issues

Our therapy often involves enabling clients such as those who stammer to consider their identities as people with a non-standard communication style, and encouraging them to move out from the therapy room into real life, functional situations. In the same way, I found myself facing the fear and the reluctance of using Welsh outside the safety of the classroom. The first tentative approaches to colleagues, taxi drivers and shop staff - and the impact of their responses towards me - were significant in my being able to see myself as a Welsh speaker. I felt I was undergoing a process of reconstruction of my own communicative identity, and found that having the support, friendship and camaraderie of my class peers was invaluable in this process.

5. Subliminal language processing

As my course went on, other interesting phenomena began to occur in my existence as a new language learner. I would wake in the middle of the night, with random Welsh words or phrases stuck in my head. Mostly, I wouldn't know what they meant, but would recognise that I had heard them before. This seemed to indicate that, even when asleep, my brain continued to process the new language at a subconscious level. I wonder to what extent this happens with our clients? This has led me to reconsider the benefits of recording vocabulary and sentences onto audio media to enable people to play them in the background.

A summary of my learning points is in figure 2. My journey has provided me with insights and empathy that I hope will enable me to work more effectively with my clients, whether through the modality of Welsh or English. It has also highlighted the importance of providing input to our clients through their first language, as I now understand the challenges of re-learning a language through the modality of a second language. There will certainly be challenges ahead in my work as therapist with a bilingual caseload, but I hope that the ability to develop my Welsh language alongside my clients will allow a partnership approach to develop. I am most grateful for the opportunity to have undergone such intensive language learning, and for the impact it has had on my practice.

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Recommended reading

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