# Attitude to Speech and Communication in Individuals Born with Cleft Lip and Palate

### AKADEMISK AVHANDLING

som för avläggande av medicine doktorsexamen vid Sahlgrenska akademin vid Göteborgs universitet kommer att offentligen försvaras i hörsal Arvid Carlsson, Medicinaregatan 3, Göteborg, fredagen den 8 oktober 2010 kl. 9.00

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# Avhandlingen baseras på följande delarbeten:

- I Havstam C, Dahlgren Sandberg A, Lohmander A. Communication attitude and speech in 10-year-old children with cleft (lip and) palate in an ICF-perspective. *International Journal of Speech-Language Pathology*, 2010, in press.
- II Havstam C, Lohmander A, Dahlgren Sandberg A, Elander A. Speech and satisfaction with outcome of treatment in young adults with unilateral or bilateral complete clefts. Scandinavian Journal of Plastic and Reconstructive Hand Surgery 2008;42(4):182-189.
- III Havstam C, Laakso K, Ringsberg KC. Making sense of the cleft: Young adults' accounts of growing up with a cleft and deviant speech. *Journal of Health Psychology*, 2010, in press.
- IV Havstam C, Laakso K, Lohmander A, Ringsberg KC. Taking charge of communication: Adults' descriptions of growing up with a cleft-related speech impairment. Submitted.



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#### Abstract

The overall aim of this thesis was to explore and describe how individuals who are born with a cleft lip and palate experience their communicative situation, how they perceive their speech and whether their views correlate with the results of speech assessments made by specialised speech-language pathologists (SLPs). Both quantitative and qualitative methods were used. Fifty-four 10-year-olds born with a cleft involving the palate completed a Swedish version of a Communicative Attitude Test (CAT-S) and the result was compared with their parents' responses to questions about their child's communicative situation and the results of speech assessments made by SLPs. The children's mean CAT-S scores were also compared with the mean score of a group of children without a cleft. Thirty-five young adults born with a unilateral or bilateral cleft lip and palate were asked about their satisfaction with speech outcome after their treatment had been terminated. They indicated their satisfaction with their speech on visual analogue scales which were compared with speech assessments. Finally, 13 young adults who had been assessed as having a speech impairment on their last visit to the cleft team participated in semi-structured interviews about their experiences of growing up with a cleft and their impressions of their speech and communication. The interviews were conducted and analysed according to the guidelines of the qualitative method Grounded Theory. The 10-year-olds' responses to the CAT-S were significantly correlated with the majority of the speech variables, but the associations could only explain part of the variance. Their communicative attitude was significantly more negative compared with reference data from 10-year-olds without a cleft, but there were large individual differences among children born with a cleft. The adults' own satisfaction with speech was not statistically correlated with the results of the speech assessments. The analysis of the interviews resulted in two separate areas with separate core categories. The core category Making sense of the cleft described the processes of developing self-image in relation to the cleft and comprised the categories Shaping one's attitude to the cleft and Dealing with being different. The core category Taking charge of communication described the way the speech impairment was dealt with and comprised the categories Forming an idea of one's speech, Learning about one's communication and Taking responsibility for communication. Many of the children and adults born with a cleft lip and palate who were assessed as having a speech impairment by SLPs were themselves satisfied with their speech and described well-functioning communication in most situations. Isolated speech assessments by SLPs are therefore not especially informative about the person's communicative participation in society. For this reason, it is also important to assess the persons' own attitude to their speech and communication in a structured way. Adding information about the individual's own experience would expand the field of speech-language pathology from a description of speech impairment to include communicative participation, which has implications for both clinical practice and research concerning individuals born with a cleft lip and palate.

**Key words:** cleft (lip and) palate, speech, communicative attitude, participation, satisfaction with speech, self-assessment, qualitative methods, grounded theory, interview, speech assessment

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