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Every Child Can Learn Podcast

Episode 11: Dr. Isaac shares about speech therapy

Intro: You are listening to the every child can learn podcast. The podcast is offered to you by Backup Uganda and Brainstud. You can listen to our podcasts online on our website, www.backupuganda.com. And if you are in Gulu, you can pick up the audios offline from Mega FM, Radio Rupiny, Divine Video and Music Library. Head teachers from the district's schools can pick this podcast from the District Education Office. And Head teachers from city schools can pick theirs from the City Education Office. You can as well pick up the podcast episodes from the following schools Highland Primary School, Gulu Prison Primary School, Gulu Town Primary School, Mary Immaculate Primary School, St. Joseph Primary School, or Christ the King Demonstration Primary School. Do you like our podcast? Feel free to share it with your family, friends, or neighbors? The more people learn about learning difficulties, the better we can help our children.

Glades: Welcome to our 11th episode of every child can learn. My name is Lanyero Glades and I'm very delighted today to meet with a doctor that he's going to introduce himself and tell us more about what he does and how he can help our children or our parents. Let me welcome him. You are most welcome.

Isaac: Thank you so much, Glades. I'm called Isaac Ojok, by profession. I'm a speech and language therapist, a person who see people with communication difficulties, feeding, swallowing difficulties, and also hearing because I'm also an audiologist. So I deal with hearing. Thank you.

Glades: Thank you so much for sharing that. And I know our listeners are already very much interested in how can we help our children or how can we help someone who has gotten a speech and language difficulty. So, Isaac, I would love you to tell us something about the work that you do as a speech and language therapist so that our listeners can get to understand more.

Isaac: Yeah, basically, our work is all about with children or adult with communication difficulty, feeding and swallowing difficulty as I said also hearing but I think I will be focused on my talk on feeding, swallowing and communication as per now. So a speech and language therapist, just like occupational therapist, field therapist, psychiatrists and all other therapies, music therapies, what we do, we do treat this condition without medicine. So in, in our, in our work, we see these children, we don't treat them with medicine, we do what is called therapy, what has been developed and has been proved tested, that is even best that when you follow all those procedures with children, they will improve. When you follow all these procedures with parent with an adult, they will improve on, when you give them to parent to go and do it you expect when they have done it, you expect a good outcome out of that. So, that is basically what I do.

Glades: Thank you so much, Dr. Isaac for sharing that. Before I continue, I wanted you to tell us more about the procedures you kept mentioning what are those procedures that we can follow so that our children or our learners can be helped?

Isaac: Yeah, thank you so much. I think the procedures are very many and I cannot exhaust it completely here. But one thing that I want to say it clearly when we do our treatment or when we do our therapy to the children or an adult that we are seeing or to the patient that we see what we do we first do assessment what is called assessment, we find out what is the problem with this child and what could be like the cause of this problem that we are seeing, okay, when we get that we know like this child may be has a learning difficulty or this child has a problem with understanding a language or understanding instruction. Then we know like this child basically is not talking or he's not saying much what because of understanding difficulty. So, that is where now we start from we build our procedures, we start training these children, we start doing therapy session with these children to build up to improve on our own understanding that different procedures that different therapeutic procedures that you can use to improve the communication or to improve the language of this child, once this child pick up with communicate with understanding, then you know, their speech will improve their expressive talking will improve, so, a lot of things will improve their social skills will improve. So, everything the chemistry around that child will change dramatically and will

improve. So, that is what I can talk about our profession and what we what we do in those children.

Glades: Thank you so much for sharing that and also to our listeners and the parents who are listening to us, just like Dr said, this does not necessarily mean you are going to give your children or whoever has this challenge medicine, it is something that he has already explained that they go through stages of therapies that they give them and more you will you will also have to understand when we continue sharing or when he continues sharing with us. So, besides all that, how is your work related to children's learning, this is something that I know our parents are so much interested in understanding and getting to know how is your work related to children's learning?

Isaac: Thank you so much that is a very good question. Communication actually, is also learning when a child cannot communicate, that child will be having difficulty with learning new things, why because the bit of learning that is the receptive understanding of language does involve a lot of learning skills, okay. So we know like basically, when a child cannot express themselves, a child cannot talk, well, then that one also will limit the other what the learning procedures or the learning modalities that that child can use to learn. Because when you cannot understand, you will not learn, when you cannot express yourself, you cannot learn when you don't have the social skills, and social skills come with communication, when you don't have the social skills, you will not also want be able to learn I give an example children with Down syndrome, they have difficulty with one with learning why because sometimes they cannot communicate. Sometimes they have a problem with what with understanding what people are saying. But when you improve on the speed, when you improve on the understanding, they will learn more to the extent that they can even they can be able to read, they can be able to write. Okay, so our work is so mine is actually very, I could say like it is they're similar. When somebody doesn't communicate, somebody will have problem with when some will have problem with communication, that problem will also be learning. So we see a lot of children with learning difficulty in this clinic. And also at the same time, we see a lot of children with communication, difficulty presenting the learning difficulty vice versa.

Glades: Thank you so much, Dr. Isaac, for sharing that. There is something that has come up in my mind. And I've been meeting a lot of these in communities and also with one of our neighbour's child. This is a child who grew up to around five years, but didn't know how to speak. So I really don't know whether it is a connection with the brain, or something to do with that tank. Of course, they tried all possible ways to help this child. But also, this child stayed with a maid who didn't know English, but who would speak their language. So I don't know if this can also affect the child's speech.

Isaac: Thank you so much. That is also a good question. I will start by answering like this as a parent or as a human being. When children when somebody has a problem. We do have, we bring a lot of hypotheses. We do we bring a lot of ideas. What could be the cause of that? Okay. So it's the same thing that when a child is not communicating, and most parents will say like, I think my child has a problem with the tongue. Could be the tail as a tongue tie, you know, like this and this they bring a lot of ideas just to bring the whole seeing like this child need to go and see what a specialist Oh, to go and seek help outside there. So, I will start with a brain, our brain is a very complex organ in our body. Why am I saying this, because the brain controls everything in our body, starting from our breathing, how our visual in our hearing all of them how our communication, our feeding, all of them has been the brains function. And yes, different small parts that control this. So sometime, when a child maybe can be when the child is still in the womb, or immediately after birth, or during the birth, or even in adulthood, when you have got an accident, you have hit your head, when the brain has gotten a problem or suffered any injury, there will be an impact depending on that area. So we see most of our children having problem with communication, we think like maybe it's something that has happened outside No, but it is originating from the brain, because the area for understanding, it is there, the area for expression talking, it is there, the area for getting those speech sounds that we have, it is there, and there are connection between these areas. So when there is a problem in the connection, you will find that this child has a problem, when there is the area in the in getting the speech sounds a child will have been problem when the problem is the in the understanding of the word child problem there. So you'll find that short will be exhibiting who will be experiencing different difficulty. So we need to see we need to bring that child we need to bring that child to the therapist, and we do assess. And we find

what could be the problem? Could it be the brain? Could it be physical problem or maybe like the tongue tie so if we get this, we can start doing what is right for this child when to do therapy that can improve the child's life.

Glades: Okay, thank you so much. Maybe before I ask something else that I want to know, does the environment where the child lives affect the child's pitch? I am giving. I'm asking this from the perspective that this child lives with the maid and the only two in this place and the other child who lives with 2030 people in the same area? Does that affect that child learning how to speak or that is a connection in the brain?

Isaac: That is a very brilliant question. And vermin, our environment really impact not only on the communication or speech and language, and it also impact on our learning abilities. Okay, so there's a lot of research that has been done in our field. One child has been to children born from the same they were identical train, you know, so this children has been separated, one has been faced with a lot of communication, then one has been given everything but was lacking the communication. All these children grew up at the same pace; they're all looking the same with the same age. But one was talking mainly I don't know who was not talking. This one understood very many things, and then the other one could not learn why it is the environment that has been. So basically, I would say like when children are exposed to language, if they don't have mass media, if they don't have any difficulty, if you don't have any problem with their brain, or any sickness that has hindered the development of the brain, this child will learn properly. But if they don't have any problem, and still the environment has been poor in their communication, in their stimulation, then this child will also experience problems with communication and also learning at the same. So environment do your impact a lot, even when children are having problem with communication or learning, when the environment is positive, this child is bound to what to bounce out to burn up from like to come up from that problem will improve a lot, so environment do impact.

Glades: Thank you so much for clarifying that. And our listeners, you'll have to understand that sometimes you will have children or you have a child who will take long to learn how to speak but that shouldn't really be a guarantee that this child has got this condition or this problem. Doctor I wanted you to also help us understand, well, what kind of condition. Do

you treat? In other words, what does the treatment look like for children with this condition? Yeah, there's a lot of condition that we see the first one child who are having terrible policy

Isaac: Should when we're having cerebral palsy they always have problem with their communication swallowing and our physical difficulties cerebral me in brain policy mean like paralysis or like paralysis mean like lameness of the brain okay. So, when these children come to us we know like they have problem with communication definitely, they are another children that we see another condition that we see is the Down syndrome, we know Down syndrome very well, how they are the difficulty, and they have their problem with communication and problem with learning. And also problem with, with other diseases or other medical conditions that they present with. We also have children with learning difficulty, you also see them, we also have children with autism, but is in a spectrum disorder, we also see those children they have problems with communication, there are problems or interactions skills and behavioral skills. We have problem with those. And we also have to renovate stammering we have children also with speech difficulty, we have to learn the language difficulty, and we have children with feeding and swallowing. So, even adults, we do see them misspells as I said, like language, you don't give medication to treat. Okay, language, they just build this inert start from the, from the home when the child is still in the home. When a child is in the home, you talk the parent is talking materials kicking excited, why?, Because he's listening to what you're saying. Okay, they're already understanding when they come out the first communication that they give this crime to show you that they understand they have come to a new environment, okay, they are the communication we did well, they start babbling Mama Mama Mama Mama Tata, then from there to come to one word, at the age of one year, we expect the child to have one, one word, or even to some of the children were quick in development. So two years chairs will be having two or three words, but when a child is not doing this, and we know that this child has a problem with communication, language, and speech, and definitely children with this, they move together with learning difficulties.

Glades: Thank you so much, very interesting. I know a lot of parents would really want to stick for some of the help from you. You've mentioned a lot of conditions that I also didn't know that you do treat things to do with autism spectrum disorder. We also work with such



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Lana's at least what we do and what we've always been telling the people that we work with teachers and parents we met at backup Uganda, we don't provide therapy for that with that we don't diagnose kids with all those conditions. But what we do, we seek for areas where we can refer these people I'm very happy that at least doctor is around in Gulu. And towards the end of episode he is going to tell us where you can find him or where you can find the hospital for all whatever he has mentioned, or all the conditions he has mentioned. But before I continue, I wanted to ask doctor, he talked of learning disabilities. I don't know, if you treat all the learning disabilities, are there specifics? Of course, I know, learning disabilities, or autism could be one of them. I don't know if there are other areas for learning disabilities that you also treat besides autism spectrum disorder and the other conditions you mentioned.

Isaac: Yeah. Thank you so much for that question. If we put learning difficulties, there are a lot of things that have been embedded there. Right, we have children who are problem with reading is dyslexia. Her problem of children who have problem with hearing, we have also problem with children who have problem with understanding the details of the conversation. So there are a lot of things that I could say is embedded in learning difficulty. So we pick these children, just like the way they are when we do the assessment, we find out what is their major, major problem. If we find a major problem, then we see which one we should prioritize to work with to help this child in his or her environment. So we deal with it specifically to help that child then we move on another one just like that. So we see these children, they come up some improve those who and who are consistent with therapy, they will improve others who are not. Sometimes they might not find a lot of help. So we need just to refer to teachers, like especially to schools to get more environments that stimulate them. Okay.

Glades: Thank you so much for sharing that our parents who will be listening to this episode will, will really understand well, and please, if you have a child with these conditions, this is where you can get help, Doctor. We are no, we are about to finish this, I wanted you to help us. Share with us a success story that has ever happened. I know you've met a lot of patients; you've met a lot of kids who have been brought with this condition. Could you please share with us your success story and maybe devote the names for now?

Isaac: Thank you so much. It's a good question. But I'm going to be laconic about this. Because this is this is my sixth year in practice. So I've been seeing these success stories how does really make us happy. I've worked in a hospital organization that deals specifically with children with disability. That is casual. It is an integral for three years. Now I've come to Gulu. This is also my third year in Gulu, three years. So I'm going to talk about the success that I've experienced in Gulu here, we had this children, about three or four of them, who have come to the clinic, this children was having cerebral palsy, CP. So they came in, when he was not feeling he has lost weight. He was not communicating, he was not walking. So the parents were really desperate, because they have moved different places. But they could not want get the help that they want. The only thing they get is medication. So when they came in, we did our assessment, we prioritize this child has communication problems, speech and language, and also feeding problems. So which one should we start with, we prioritize feeding. When we did that, we did therapy. And this child improved and feeding, he started feeding where he gained weight. Then he said okay, because feeding, speech, and feeding, they work together, because they share the same organ. So we started improving on that, on the basis of his eating well is feeding where we also improve his sweet spot. Now he's strong boy is going to school is talking, okay, is walking, I have a mighty does not very well, but he's walking. So the parents are very happy. Another one, a group of children is Down syndrome, we started seeing them in 2020, we started seeing them in group, then 2021, and we brought them together, starting seeing them one by one. But as I talk right now, majorities are communicating, they have words that parents are happy. You know, it's just; it's just like a miracle to them. Because they thought like these children cannot talk. They thought like these children cannot settle, say they know they will, when you do what we have told you, when you bring them to the clinic where we work with them, you persistent, you'll see improvement. So these children, their parents are very happy. They're communicating, and other children a lot in the group. So those are the small. Those are the success stories that I can share.

Glades: Thank you so much. This is really very amazing. And, and I'm also very delighted that we've gotten this chance to discuss about all these conditions that a lot of times, parents come to us and we fail to get where to refer them. But this is really a blessing that we've had

this chance to, to meet the doctor and share all this kind of conditions that we meet with our planners, with our kids in communities and also parents. Now something that I wanted to ask or I know our parents would also want to know is when should parents come and look for your help? In other words, I know there are already parents after listening to this episode, there will be very, very eager to come and look for you. So when should parents come and look for your help?

Isaac: Most are going to be brave that we say like Holly intervention heals good prognosis. I'm going to explain. When you bring a child highly enough, this child is bound to have what good improvement or good outcomes of their therapy. It's just like any other condition, when you start when you detect a cancer very highly, and they started treating you bones to what to get to be successful in your treatment. So it's the same thing. When you bring a child very early and you bring a child late. There will be one difference. Children were being brought very early on treatment. They have good prognosis they improve better if I'm to say that those women who have been brought late, but I'm encouraging the entire parent to bring the children at whatever age but it's good. That's why we always emphasize, you have to be close to your children talk to a child from birth, when they're still in home, when they come out, talk to them, when you're very close to them, when you talk to them, you play with them, you sing to them, you understand their problem, when you detect any one, any disability, or any difficulty they have, then you will look forward for help early enough, and that child is going to get what to get improvement or success early enough also. So that is briefly what I can say. So when you detect a child, at eight months, the child is not saying way me not babbling. On one year, the child is not saying then you need to look for help immediately.

Glades: Thank you so much. And this is something that we've always told parents that the first school for our children is home. And that means our parents who have a very big role to play pertaining your children's growth, just like the doctor said, Please, you are the best people to help the doctors as well.

Isaac: Of course, when you bring a child to hospitals, or a physic-therapist, trust me, they are not going to ask you as a parent, what is the problem with your child, so you will have to

explain from the time the child was born, actually, from the time the child was growing in your womb, and that will help the doctor to really give correct treatment to your child.

Glades: Thank you so much for sharing that doctor. This is the last bit of our question. What would you like to say to our parents, and the teachers who are listening to this episode? Because I know, they are mostly the people who have time with these children. I know parents, of course, give birth to kids. And then with our teachers, these kids go to schools, and sometimes our parents send these children to the teachers, and make sure that it's that task for the teachers to identify what these kids are struggling with. So what would you like to tell parents and the teachers who are listening to this episode?

Isaac: Thank you. Let me start with parents, parents, I know always when they have problem, they tend to be so down, they mourn for the problem for long, it is enough, it is natural. But I would like to say like when a child has disability when a child is having a problem, please let us know more, so much for long. Let's look for help. Okay, try to get to know what is the problem with the child? And if you learned, what's the problem with the child is how I can help this child so the way the ways you're going to help the children or the child should be more important than the problem with the child. Okay, so don't either childhood disability or childhood problem, don't eight, bring it out, expose this child out so that you can get help, because when you eat this child inside the house, you're not taking the child to school who will know about the child who will give you the good advice you will die with a stress with a depression alone and you will not you end up not helping the child. So as a parent, bring out a child with disability expose the child the community, so that they give you different feedback, I know you will get different reaction mix, how does degrading others will empower you take the one which you will employ and keep on pushing for health for these children. Okay, then I would also say like send his children to school, you are sending the brothers and the sisters to school and his child is home. He feels bad. She feels bad. Send his child to their school, get a special needs school or take it to the nearby nursery school and you get you might get someone who will give you good advice from there. Okay. So that is the few advice they can give parents, dead teachers, when a child has disability trying to take your time to know this child better don't move with the rest because they're picking up very well. They're doing well the understanding you by trying to get to understand the integral. What is the difficulty with



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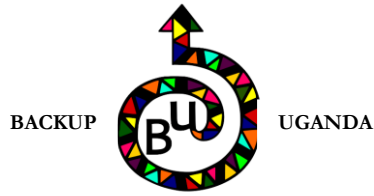
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this child and how can I modify my environment to suit a child? And how can this child environment be modified to show my work? In that one, you look for more help for more techniques to work with these children. Now, to the rest of the community, let us not point fingers plot. Okay, because it will not help it not changes. Let's try to find a way of helping these children. Let us be their advocates instead of stigmatize them- okay. Because when you advocate for them, when you love them you will bring more impact on their life and even the life of the community. That is the only thing I can say.

Glades: Thank you so much Dr. How can parents or our listeners get to you, I mean after someone has listened they would want to immediately run to where you are. How can they get you? Where are you located, something like that?

Isaac: Thank you so much, as in our introduction, we are a non-organization NGO, we are nonprofit and we are located at St Philip Health Center II. The name that we are using is Faith Audiology and Speech Therapy Organization or FAST you can put as FAST. When you come to St Philip Health Center II you will find us but am also throwing it back to other organizations, the first one is now Backup Uganda; you have to try to spread this good news to parents, when they bring children with this kind of difficulty or disability, you have to refer, you have to be our referral source and we have to be your referral source. When you know these children are having learning difficulty, go to Backup and they will help refer you more. So I think that is how we should do it. We have to tell these parents where we are located as an organization, as an individual who are listening to this, try to say go to St Philip, you will get this kind of help, go to St Philip you will get this kind of doctors, you will get this specialist there. We are at St Philip Health Center II but in future still if we change our location, we will identify ourselves to the community so that they can be able to allocate where we are.

Glades: Thank you so much Dr. Isaac for sharing with us such wonderful information. And to our listeners, this has helped us to know really, a lot of times as Backup Uganda, we do training and parents do ask us question that I have this child with this condition, where can I go. Now, we have realized that we have doctors who can help our children with these



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conditions that you have heard. And just as Backup Uganda, we always say; ‘every child counts or every child can learn’. Thank you so much.

Outro: Thank you for listening to Every Child Can Learn. Please share your thoughts with us. Join the conversation on Facebook, or send your questions to 0772630078. Do want to learn more about Backup Uganda and stay updated about our activities? Check our website on www.backupuganda.org and follow us on Facebook, Instagram, Twitter, and LinkedIn.

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