



Volunteerism: Speech-Language Pathology with the Homeless

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I am a Speech-Language Pathologist (SLP) who has volunteered for the past 7 years, providing services to homeless men and women at a large urban rehabilitation mission. This faith-based mission specializes in a 13 month residential program which is offered to homeless individuals afflicted with drug and alcohol abuse. Often the rehabilitation is not a choice but court ordered in lieu of a prison sentence. I have evaluated and treated numerous residents of the mission's programs who present with communication disorders such as long term stuttering [1], ataxic dysarthria post amateur boxing [2] hyperkinetic dysarthria post cocaine abuse [3], in addition to delayed language, Huntington's chorea, swallowing disorders, and cognitive disorders post traumatic brain injury. The possibilities for positive life changes through rehabilitative intervention are infinite. Many of these homeless individuals must stay in the program or face incarceration, therefore the motivation for change is present and the time to make that change, 13 months, is adequate for rehabilitation intervention.

My volunteerism has provided unique opportunities for treatment, education and research for students at the university in which I teach (California State University Long Beach). This SLP treatment program through a volunteerism platform demonstrates to students the power of philanthropy, the plight of the homeless, their humanity, and the all too familiar cycle of poverty; all complicated by a communication or swallowing disorder.

The effect on students has been profound. Many have made volunteerism a commitment in their personnel and professional life. It is no longer an unfamiliar concept, but one which is now an expected part of their life plan.

Mission referrals continue, with counselors more aware of swallowing and communication disorders. A recent referral of a 38 year old man, a lifelong stutterer, with a 25 year history of drug abuse led to evaluation and subsequent on-going treatment. He has completed one month of fluency establishment and will soon be moving on to transfer of his skills. He is being treated in a similar manner as detailed in McMicken et al. 2012. The speech and drug rehabilitation prognosis is positive based on his 13 month commitment to both activities. A detailed case history will follow in the fall of 2014.

References

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