

the exploration of context, and interpretation of all text forms.

Conclusion

THRASS® does for literacy what the times table does for maths and the periodic table does for chemistry. THRASS® is not a prescriptive 20-minutes-a-day program, nor does it promote itself to being *the* program for teaching literacy. However, it is explicit teaching, providing children with the *whole* picture in regards to decoding graphemes into phonemes (reading), and encoding phonemes into graphemes (spelling). Spelling books and readers can still be used, but spelling should be based around the phoneme-grapheme principle and the charts and can be applied to all areas of the curriculum. This paradigm shift is not as great for speech pathologists, who are introduced to linguistically correct terminology and phonemic and graphemic principles in their training. It is a challenge, however, for many in

the teaching profession who may feel confronted with learning a new way of teaching the starting points of literacy.

The THRASS® program provides students with the structure and skills to successfully attack literacy at the word level, and this structure and these skills can be transferred to the sentence and text levels: “children will enjoy the structure of the programme which becomes familiar and helpful; the small steps which ensure successful learning; and the discovery that what they have learned can be successfully generalised beyond the confines of the programme” (Stuart, 1996). It allows children who have good phonemic awareness to develop graphemic awareness without damaging self-esteem, while helping students with poor phonemic awareness to segment and blend sounds in words. Clinical experience to date is demonstrating effective outcomes. It is now essential to conduct the objective research that will more comprehensively evaluate the effectiveness of this tool.

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ACQ INTERNET COLUMN



Webwords 8. Voice: Something out of the box

Caroline Bowen

Terms-R-Us

Oh, how we loved *Terminology and Nomenclature for Speech Pathology* thirty-something years ago! There were acronyms, abbreviations and lots of big new words, all cheerfully assimilated and put directly to use. Stimulability, diplophonia, diadochokinesis, glottis, canalisation, acalculia – enough to make your spellchecker go bonkers – but we knew what they all meant. By absorbing the jargon (http://members.tripod.com/Caroline_Bowen/professional-jargon.htm) of our future profession, we quickly learned an exclusive patois, incomprehensible to those who had enjoyed perfectly straightforward conversations with us for years. This transformation of our English usage took place at Lincoln House (<http://www.lib.unimelb.edu.au/collections/store.html>), a distinctive landmark at the Naples end of Swanson Street, Melbourne that might have been a relic from a 1960s *Exposition du Cément*. We called it the Pink Palace.

Visiting the Palace, to bring news from my home state of Western Aus-



Caroline Bowen

tralia, my father remarked, “The old chap next door is getting a trifle deaf”. “Hmm,” I intoned, assuming the serious and thoughtful air of a seasoned diagnostician. “I expect it’s presbycusis, judging by the aetiology – perhaps his LMO will refer him to Otolaryngology (<http://www.dundee.ac.uk/>

otolaryngology/). He’ll need to go to Audiology (<http://www.searchwave.com/search/searchwave.cgi>), of course. The result could be NAD, but you know, the Otorhinolaryngologist (<http://orl-france.org/>) will be able to advise. Come to think of it, perhaps gerontology would be the referral of choice, rather than an ENT (<http://www.ent-consult.com/>); you see...” Suddenly I got the feeling I was talking to myself.

But he must have been thrilled by the neatly labelled rows of ring binders multiplying in my study bedroom. I certainly was. Starting with the slightly risqué “Adult Language” on the left of the shelf, they proceeded to Brainbox, CNS, CVA, DDK, ENT, and so on through the alphabet. At the other end, just after V-P Func. (<http://www.choa.org/craniofacial/speech-4.shtml>), was the section devoted to voice disorders (<http://www.skullurgery.aust.com/html/voicedisorders.html>). Because it fascinated me it grew faster than any other category. VD VD VD VD VD my folders read. Now, it must be explained that the said study bedroom

was in the boarding house at the exclusive *We'll Have no Vulgarity Here Girls' College* where I was working my way through university as a live-in supervisor (or "Student Mistress"). "I'd be so very grateful if you did not share the more *unseemly* aspects of your course with the dear gels," said the senior mistress, passing by to perform the white glove test on my bookcase. "I always thought speech therapy was such a *nice* thing for a gel to do. But I see that even it has its baser side". I made a series of little labels that read "voice" to paste over the offending VD's.

The laryngeal web

Of course my personal row of references (http://www.asha.org/NCTECD/efficacy/voice_disorders.htm), interesting old newsletters (http://www.bgsm.edu/voice/visible_voice.html), literature reviews (<http://www.co-otolaryngology.com/>) and lecture notes (<http://www.medsch.wisc.edu/otoweb/voice.htm>) was as nothing compared with the ever-expanding accumulation of web resources devoted to otolaryngology available today.

There are funny sites (<http://www.bris.ac.uk/Depts/ENT/art.htm>), and tantalising ones with intriguing names (what can Bogart-Bacall Syndrome (http://www.bgsm.edu/voice/bogart_bacall.html) and the entertainer's secret (<http://www.entertainers-secret.com/>) possibly be?). There are web-weavers who threaten to sue (<http://www.unc.edu/~chooper/classes/voice/links.html>) if you copy their pages, and others who express strong opinions (<http://www.voice-doctor.com/>). And there are impressive sites that emphasise current research like the KTH Centre (<http://www.speech.kth.se/voice/>) at Stockholm University.

In fact there are an amazing number of helpful academic sites that focus on research and clinical issues, and all of which point the way to other worthwhile web resources, for example:

University of Pittsburgh Voice Center (<http://www.upmc.edu/UPMCVoice/>)

Wake Forest University Gallery of Laryngeal Pathology (<http://www.bgsm.edu/voice/gallery.html>)

Eastern Virginia Medical School (<http://www.voice-center.com/>)

Voice Institute of West Texas (<http://www.acu.edu/academics/voiceinstitute/>)

Johns Hopkins Center for Laryngeal and Voice Disorders (<http://www.med.jhu.edu/voice/index.html>).

Client friendly

The UNC Medical Center (http://apollo.med.unc.edu/surgery/otolhns/clinical_voice_disorder.html) has a supremely client-friendly section that provides general information in non-technical language (hooray!!). Self-help organisations (e.g., the WebWhispers Nu-Voice Club (<http://www.webwhispers.org/>) and LarynxLink (<http://www.larynxlink.com/>)) provide vital information and support to consumers. So too do several company pages mounted by medical practitioners, especially ENT's in private practice, for instance, VoxCura (<http://www.interlog.com/~hands/>) (Dr Brian Hands) and the Texas Voice Center (<http://www.texasvoicecenter.com/>) (Dr C. Richard Stansey). Two very good association sites are the drama-teacher oriented VASTA site, with its busy listserv, at (<http://www.vasta.org/>), and The Voice Foundation (<http://www.voicefoundation.org/>). The Voice Foundation's Symposium (<http://www.voicefoundation.org/VFcallPaper.html>) held in June each year reads like an international who's who of everyone of note in the voice field.

Special interest divisions

ASHA has sixteen Special Interest Divisions (http://professional.asha.org/sidivisions/sid_list.htm). SID3, Voice and Voice Disorders is devoted to "the study of normal voice production; nature, prevention, and treatment of voice disorders; development and application of vocal prostheses and other devices designed to assist persons with impaired phonation." It has an active listserv which Speech Pathology Australia members can join by visiting the sid3voice web page (http://list.medicine.uiowa.edu/scripts/lyris.pl?enter=sid3voice&text_mode=0) and clicking on the button labeled "Join sid3voice".

Feedback

So ends Webwords 8, with plans for the next issue of ACQ quietly percolating away. The topic for October 2001 is *Empowering People with Communication Impairments*. Perhaps you would like to nominate *your* choice of empowering website for inclusion in Webwords 9. Go on! Email your feedback and suggestions to cbowen@ihug.com.au. Oh! And just a reminder that all the ACQ Webwords columns are online at (<http://www.slpsite.com>).

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