Psychosocial Effects of an Intensive Summer Communication Program for Cleft Palate Children

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ABSTRACT: The preventative psychosocial effects of an intensive summer residential program for children with communication disorders related to cleft lip and palate are evaluated. Twelve children completed the five-week program. Following the program, the children increased their social interaction rates during observed interactions with nonhandicapped peers and according to parent ratings. Less difference existed between the children's perceived reinforcement value of peer interactions, and their expectancies for initiating such interactions. The limitations of these findings due to the small sample size and the lack of a control group are discussed. The value of multimethod measurement systems are also discussed.

Children with cleft lip and palate do not appear to have more severe psychopathology than children with other physical handicaps or other children who are free of physical handicaps. However, generally consistent research findings suggest that cleft palate children develop behavioral patterns of passivity and inhibition. These characteristics apparently begin to develop early in life and continue at least through adolescence. In infancy, children with cleft lip and palate have been found to be more passive and less responsive to others than the norm sample of a developmental test. By late adolescence, individuals with cleft lip and palate have been described as reluctant to meet people and enter new situations, and as “observers rather than active participants” in social encounters.

In the interpersonal relationships that cleft children do have, they...
have been found to be less aggressive than children with other physical handicaps, and children who have been referred to a child guidance clinic. In contrast to a matched group of nonhandicapped children, mothers of children with cleft conditions perceived their children to be less critical of others, to resent others' criticism of them less, and to be more dependent. Intrapersonally, cleft children have an external locus of control and greater dependence on environmental stimuli. They perceive that they have less control over the reinforcements and satisfactions that they receive than do children without clefts. While one study has found cleft palate girls in early adolescence had lower self-esteem and were more anxious and unhappy than their nonhandicapped peers, other researchers have found cleft palate children and adolescents had higher self-esteem than a control group of children without clefts.

This pattern of behavioral and psychological reactions does not suggest the need for or desirability of intense psychotherapy for most of these cleft palate children. However, to reduce the cleft palate children's passivity, behavioral inhibition and interpersonal avoidance, secondary prevention programs utilizing mental health paraprofessionals would appear to be warranted. The primary role of the mental health professional in such preventative endeavors with children with chronic health difficulties and physical abnormalities would be to consult with community health service and social service providers. With consultation, appropriate psychosocial goals of ongoing community service programs could be identified, and methods of evaluating the identified goals could be proposed.

This article describes the psychosocial effects of an intensive summer residential program for children with cleft lips and palates (ISRP). The program was principally designed to provide speech and language therapy for the communication disorders of these children. The round-the-clock contact with the children by speech therapists and trained volunteers appeared to provide an unique opportunity for psychosocial gains as well. Specific psychosocial goals to increase: (1) children's expectations that they could get others to interact with them, and (2) the amount of actual interpersonal contact with peers were identified. Since the ISRP was primarily a service project, resources were not available to investigate and treat a large sample or to monitor an untreated control group. The purpose of this formative evaluation was to assess psychosocial effects of the entire program rather than of specific elements of the program. The pre/post evaluation of the program was essentially a case-study, hypothesis-