A Guide to School Services in Speech-Language Pathology

Third Edition

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Praise for the First Edition

"The organization of the book helps readers understand the concepts. The author addresses topics such as caseload/workload management and behavior management, which are critical issues to speech-language pathologists in the schools. Overall, the information is relevant. The strength of this book is its utility. The author provides numerous examples and appendixes that are directly applicable to the school setting with little effort necessary on the part of clinicians—they can simply copy and implement. This feature will help new clinicians implement quality practices."

—Joneen Lowman, PhD (Bloomsburg University), *Doody's Review Service*

"The chapter on assessment was so very thorough and practical . . . Well done!"

—Nina Cass, MS, CCC-SLP

"I enjoyed reading each chapter. You have a wealth of information!"

—Alyson Eith, MS, CCC-SLP

"You have a lot of excellent information here. I most enjoyed the chapters in which you included legal requirements and then explained them."

—Barb Rademaker, MS, CCC-SLP

Contents

List of Tables and Figures

Tables

Figures

Preface

This book is about the exciting world of the school-based speech-language pathologist and current issues related to providing speech-language services in the school setting. It is designed to serve as an introductory overview for the college student who is ready to embark on his or her school-based student teaching experience. This book illustrates how complex and interesting the school setting can be. Even though it is tailored for the individual who is a novice to the field, many of the seasoned professionals who served as peer reviewers commented that this book would be a very useful resource for the professional, school-based speech-language pathologist.

The book is organized so that it gives the reader a quick walk through American history related to school-based speech-language pathology services and then leads the reader to information about modern day issues. In this way, the reader may acquire an appreciation for the social, political, cultural, demographic, economic, and research-based influences that have shaped how school-based speech-language pathology services have evolved, and continue to evolve, over time. Current legal mandates are discussed (e.g., the Individuals with Disabilities Education Improvement Act, No Child Left Behind Act, Every Student Succeeds Act, and the Americans with Disabilities Act). The preferred practice patterns of the speech-language pathologist, as defined by the American Speech-Language-Hearing Association (ASHA), are intertwined into every chapter along with many of the guidelines and position statements set forth by ASHA. The lists of references that appear at the end of each chapter illustrate how all the information presented relates to evidenced-based practice and provides the advanced learner a means to explore topics in more depth.

The reader is introduced to the knowledge, skills, and dispositions that professional speech-language pathologists should possess. Cutting-edge service delivery models are described. The concept of a workload analysis approach to caseload standards in schools is introduced and implementation strategies are offered. Concrete, real-life, success stories are shared. Strategies for using evidence-based practice, proactive behavior management, conflict resolution, professional collaboration, conferencing and counseling skills, cultural competencies, goal writing, informal assessment procedures, and creating testing accommodations are offered. Real-life scenarios based on experiences shared by public school speech-language pathologists give the reader concrete examples upon which to scaffold the complex professional concepts. Chapter summaries provide an overview of major points related to the material presented. Questions at the end of each chapter are designed to engage the reader in cognitive exercises at the analysis, application, synthesis, and evaluation levels of thinking as well as the knowledge and comprehension levels of thinking. Vocabulary related to each chapter is defined at the start of each chapter. The selected vocabulary was identified by a University of Wisconsin–Madison undergraduate student who had taken an introductory course in the field. That student highlighted the vocabulary words that were unknown to him while reading a draft of the book for the first time. Thus, the perspective of the new learner has been taken into consideration.

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- ASHA. (2002). *A workload analysis approach to caseload standards in schools.* Rockville, MD: Author
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The members of the ASHA Workload/Caseload ad hoc committee: Frank Cirrin and Ann Bird (Co-Chairs), and in alphabetical order: Larry Biehl, Sally Disney, Ellen Estomin, Judy Rudebusch, Trici Schraeder, and Kathleen Whitmire (ex officio). Heidi Notbohm served as chairperson of the Middleton/Cross Plains Area School District SLP Workload Weighting System ad hoc committee.

Readers have permission to photocopy the *Oral Language Curriculum Standards Inventory (OL-CSI)* (Appendix 9–1) for educational or clinical purposes only.

I dedicate this book to my family,
who have blessed me with so many rich and rewarding life experiences through
many years of dynamic, energized, interesting, creative, heartwarming,
challenging, and loving acts of communication.

Chapter 1

Origins of Public School Speech-Language Pathology Programs

RELATED VOCABULARY

adequate yearly progress (AYP): A provision in the No Child Left Behind Act that requires each state to implement a statewide accountability system that documents how students are making expected academic progress, as defined by academic standards, each school year.

American Speech-Language-Hearing Association (ASHA): The professional association that promotes the interests of speech-language pathologists and audiologists, ensures ethical practices and the highest quality services, and advocates for persons with communication disorders.

clinical fellowship: A program in which, during the first year of professional employment, the novice speech-language pathologist receives mentoring by a professional who holds a Certificate of Clinical Competence (CCC) from the American Speech-Language-Hearing Association. The fellowship supervisor must complete a total of 36 monitoring activities throughout the clinical program, including 18 on-site observations and 18 other monitoring activities, which must be documented. The novice must complete a successful clinical fellowship in order to acquire a CCC.

cognitive-developmental model: A service delivery approach in which the speech-language pathologist (SLP) first determines the stage of cognitive development, as described by Jean Piaget, that the child exhibits through overt behaviors. Then the SLP structures the environment and linguistic input to enhance the child's learning processes within that developmental stage.

disaggregated results: When a school district reports student scores on statewide assessments for the purposes of documenting adequate yearly progress, the scores of students with disabilities, students who are English language learners, students from low socioeconomic backgrounds, and students from specific ethnic groups must be reported separately. These separated scores are known as disaggregated results.

highest qualified provider: A term that currently is defined differently in each state. The American Speech-Language-Hearing Association (ASHA) advocates for the definition to mean a professional who holds an ASHA Certificate of Clinical Competence. Currently, however, many states define the term to mean a person who holds a license in the area of exceptionality.

inclusive practices: The educational mandate of bringing special education and support services to the student requiring them in the least restrictive environment through a collaborative team effort.

individual family service plan (IFSP): The process and product that ensures that a child with a disability, between birth and the age of 3 years, and his or her family receive the services they need to achieve outcomes implemented in a natural environment. The IFSP reflects who will provide the services and where, how often, and how long they will be provided. The IFSP is updated at least every six months.

individualized education program (IEP): The process and product that ensures that a student with a disability, between the ages of 3 and 21 years, will receive a free and appropriate education in the least restrictive environment. The IEP must be created by a team that includes the parent or legal guardian. The IEP reflects the student's current performance, annual goals, participation with nondisabled peers, participation in statewide and districtwide testing, and, with regard to special education and related services, when those services will begin, how often they will be given, and how long they will last; how progress will be measured; how the parents or legal guardians will be informed of the progress; and the transition services that are needed. The IEP is updated at least every academic year.

Individuals with Disabilities Education Improvement Act (IDEA '04): The federal law, reauthorized in 2004 that ensures the right of all children with a disability, 3 to 21 years of age, to receive a free and appropriate public education in the least restrictive environment and also ensures the due process rights of the parents or legal guardians.

Knowledge and Skills Acquisition (KASA): A document created by the American Speech-Language-Hearing Association (ASHA) that

delineates all of the academic and clinical standards set forth by ASHA that describe what a speech-language pathologist should know and be able to do on completion of a master's degree program.

least restrictive environment (LRE): The educational mandate that, to the maximum extent possible, a student with a disability should be educated with his or her nondisabled peers. IDEA '04 dictates that the LRE should be the general education classroom, and that whenever special education and support services need to be provided in a setting other than the general education classroom, the IEP team must document why it is necessary to provide the services in an alternative setting.

lisp: Misarticulation of the *s*, *z*, *sh*, *ch*, or *j* sound due to misplacement of the tongue or abnormality of the articulatory mechanism.

mainstreaming: A program format that was the precursor to inclusive practices; the student with disabilities was pulled out of the classroom for special education and related services. He or she participated in the general education classroom for only a small portion of the day, in order to build social skills.

metacognition: Thinking about one's own thinking. Understanding one's own executive functions (e.g., problem solving, categorization, memorizing) and reflecting on how one accomplishes those functions.

neurogenic speech disorder: A speech impairment that is the result of dysfunction of the neurological system or combined dysfunction of the muscles and nerves.

para-educator: A person who has acquired a two-year technical degree that prepares him or her to function as an assistant, with a limited scope of practice, under the supervision of a fully certified speech-language pathologist.

pedagogy: The art or the profession of teaching.

speech correctionist: The first term created in 1925 by the American Academy of Speech Correction to describe the professional who practices speech-language pathology.

speech impairment: The deterioration, weakening, or partial loss of function, which may be the result of an injury, malformation, or disease.

speech impediment: An outdated term used as a synonym for speech impairment.

speech-language pathologist (SLP): A professional trained to provide services for the person who exhibits a communication delay, disorder, or difference resulting from an impairment of articulation, voice, resonance, fluency, swallowing, hearing, cognitive aspects of language, social aspects of language, or language comprehension or production, or requires an alternative communication modality.

speech-language pathology: The professional field that focuses on the prevention, etiology, diagnosis, prognosis, and treatment of communication delays, disorders, or differences in the realm of articulation, fluency, voice, resonance, swallowing, cognitive aspects of communication, social aspects of communication, various communication modalities, or the effect of hearing on communication.

stammer, stammering: An outdated term that describes a disorder of speech fluency, rhythm, rate, or involuntary speech stoppage and the emotions the speaker feels before, during, or after the event of fluency disruption.

stutter: A disruption in the fluency, timing, or patterning of speech and the speaker's emotional reaction before, during, or after the event. Primary characteristics may include, but are not limited to, audible or inaudible laryngeal tension, sound, syllable or word repetitions, sound prolongations, interjections, partial word abandonment, and circumlocutions. Secondary characteristics may accompany the primary characteristics. The disturbance may be at the level of neuromuscular, respiratory, laryngeal, or articulatory mechanisms.

Introduction

During the first century of U.S. history, no **speech-language pathology** services were offered in public schools. To understand why this was the case, one must first understand the status of child labor laws in the United States during that era. As early as the 1800s, states and territories enacted more than 1,600 laws protecting children from exploitation in the work force. Nevertheless, it was very common for children in rural areas to toil every waking hour with their parents doing farm work. Hard labor for the sake of the family's survival often took precedence over education. The strong work ethic was also prevalent in urban areas where children and their parents worked in mills, foundries, and factories. Throughout the 1800s, local child labor laws did not apply to immigrant children whose entire families worked for a single company, lived in company-owned homes, and typically worked 68 to 72 hours per week. The U.S. Supreme Court from that era repeatedly yielded to the political pressures applied by factory owners and ruled that child labor laws were unconstitutional. In 1907, Congress chartered the National Child Labor Committee (NCLC) at the persistent request of socially concerned citizens and politicians. As documented by The History Place (1998), the concerns of the NCLC came into national focus when photographs by Lewis Hine publicized the deplorable life experiences of young children in America.

Lewis Hine (1874–1940) was a teacher born in Oshkosh, Wisconsin, who gave up his career as an educator to become a photographer for the NCLC. Hine traveled across the United States from 1908 to 1912 documenting and photographing children working long hours in dingy, unsafe conditions. Hine published his first of many photo essays in 1909. Hine's photo essays created national publicity that led to many states banning the employment of underage children. Public education of young children became a national initiative in the early 1900s when droves of children left the farm fields, foundries, mills, and factories and began attending public schools on a regular basis. The incidence of communication disorders among children became known when more children started attending public schools.

Speech correction program was the term used to describe speech-language pathology services in the early 1900s. The first states to develop speech correction programs included Wisconsin, New York, Illinois, Ohio, and Michigan (Neidecker & Blosser, 1993; Taylor, 1992). The first college training program for prospective communication specialists was established at the University of Wisconsin-Madison, and the first doctor of philosophy degree in the United States in the field of speech correction was granted to Sara M. Stinchfield-Hawk at the University of Wisconsin-Madison in 1921. Wisconsin was also the first state to enact enabling legislation for public school speech services. In 1923, Wisconsin appointed a state supervisor of speech correction at the Department of Public Instruction. By 1924, speech correction programs were prevalent in public schools in cities on the east and west coasts of the United States. The American Academy of Speech Correction, now known as the **American Speech-Language-Hearing Association** (ASHA), had 25 professional members in 1926.

The early speech correction programs mirrored a medical model, primarily because physicians were the advocates who shaped the knowledge, skills, and attitudes of those early **speech correctionists.** In the medical model, the professional focused on the problem and cured or diminished its symptoms. One of the pioneers in the field was E. W. Scripture, PhD (Leipzig), MD (Munich). Dr. Scripture had a distinguished career: He was Associate in Psychiatry at Columbia University, Director of the Research Laboratory of Neurology at Vanderbilt Clinic, formerly an assistant professor of experimental psychology at Yale University, and the author of one of the first texts ever written about communication disorders. Although Scripture was an advocate for speech language services, his attitude toward children who had communication disabilities—specifically, those manifesting as **stutter** and **lisp**—appeared to be somewhat harsh and condescending (1912):

> It would be difficult to find a group of people more neglected by medicine and **pedagogy** than that of stutterers and lispers. The stuttering children that encumber the schools are a source of merriment to their comrades, a torment to themselves, and an irritating distraction to the teacher. As they grow older, the stutterers suffer tortures and setbacks that only dauntlessness or desperation enable them to survive. The lispers that are so numerous in certain schools are a needless retardation to the classes. (p. v)

A concern for ethical practices in speech-language pathology dates back to the 1940s. Neidecker and Blosser (1993) documented that the American Medical Association compiled a list of ethical speech correction schools and clinics for distribution to physicians in 1943. The professional services offered during the 1940s and 1950s continued to follow a medical model and focused on speech, fluency, and voice. Students were taken out of the classroom and seen individually, or in small groups, in a separate room within the school. The speech correctionist conducted isolated sessions that were not at all linked to the general classroom curriculum. Services focused on curing or eliminating the symptoms of the speech impairment. The speech correctionist wrote the program goals, selected or made therapy materials, designed the activities, established the criteria for success, measured progress, and determined

dismissals from special services independently and without regard to other aspects of the student's education. The goal was to cure students of their **speech impediments**, **stammering**, and voice problems.

Before 1954, most school districts excluded from schooling any student who demonstrated cognitive abilities less than that of a 5-year-old child. Students with a moderate-to-severe developmental disability or an intellectual disability, as well as children with physical disabilities, typically were discriminated against and excluded from public schools. These youths were either warehoused in large institutions or hidden in family homes, where they received no educational services and no speech-language services. Children of color and those from diverse cultures experienced similar discrimination. Freiberg (2003) described the brutal practice known as the *boarding school system*. The purpose of the boarding school system was to separate Native American Indian children from their homes and communities and indoctrinate them with an "American" lifestyle. The children's cultural garb was replaced with military-style uniforms; their traditionally long hair was cut short; their religious belongings were confiscated; and they were forced to learn English through punitive means. According to Freiberg, "The boarding school system marked the most systematic assault on American Indian languages and cultures; and while the methodology gradually fell out of favor, the philosophy itself generally did not." (p. 10)

Across the United States, students of color also were discriminated against and forced to attend segregated schools, which typically had meager budgets, inadequate materials, poorly trained teachers, and low academic expectations.

The Quiet Revolution

Equality for all children in public schools achieved a milestone in 1954, when the U.S. Supreme Court ruled in the case of *Brown v. Board of Education* that "separate but equal" is inherently unequal. *Brown v. Board of Education* spurred the Civil Rights Movement that captured the media's attention. At the same time, a less publicized "quiet revolution" on behalf of people with disabilities was taking place. Lowe (1993) identified 1961 as the year that the quiet revolution began. That was the year President John F. Kennedy called a Presidential Panel on Mental Retardation, which led to the passage of the Elementary and Secondary Education Act as Public Law (PL) 89-10 in 1965. PL 89-10 provided states with funds to evaluate and educate some, but not all, students with special needs. In 1966, the Bureau of Education for the Handicapped (BEH) was created, and model demonstration programs for the education of children with disabilities were funded by the Handicapped Children's Early Education Act (PL 90-247).

Three early court cases in this era heavily influenced public school services for children with disabilities. The first was *Brown v. Board of Education*. The second occurred in 1971, when the Supreme Court ruled in the *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania* case that it was not legal to refuse to educate children who had mental ages of less than 5 years. The third famous case occurred in 1972, when the court ruled in *Mills v. D.C. Board of Education* that public schools could not use the excuse of inadequate resources as a reason to deny students with disabilities an education.

Freiberg (2003) documented that the Title VI of the Civil Rights Act of 1964, the Bilingual Education Act of 1968, and the Equal Education Opportunity Act of 1974 shaped America's public education system for children of color. Additional landmark judicial actions such as *Arreola v. Board of Education* (California, 1968), *Lau v. Nichols* (California, 1974), *Diana v. The State Board of Education (*California, 1970), and *Guadalupe v. Tempe Elementary School District* (California, 1972) showed that biased assessments led to enrollment of a disproportionate number of minorities in special education programs. These judicial actions also revealed that many standardized testing procedures were

racially, culturally, and linguistically discriminatory, and that the practice of placing English language learners in general education classrooms without assistance was unconstitutional. Important actions by the Executive Branch of the U.S. Government helped provide direction for educational agencies and parents; clarified the legal rights of people with disabilities and persons who are linguistically and culturally diverse; defined bilingual programs; and established eligibility criteria for state assistance. As an example of such remedial legislation, the acts identified by Freiberg (2003) as landmark judicial acts for Native American Indian children are summarized in Table 1–1.

Other Executive Branch actions that contributed to these premises include development and publication of the U.S. Department of Health, Education, and Welfare Policy Guideline Identification of Discrimination (1979), the Lau Remedies issued by the Office for Civil Rights (1975), the U.S. Code of Federal Regulations, Number 34, Part 300.532 (a) (1973), Regs CFR0er (1999), and the Bilingual-Bicultural Education Legislation, Subchapter VII (1977).

The extent and types of educational services offered to students with disabilities varied dramatically from state to state. Two federal laws were passed to rectify such inequities. Moore-Brown and Montgomery (2001) documented that Congress passed the Education of the Handicapped Act (EHA) (PL 91-230) in 1970, which established minimum requirements that states must follow in order to receive federal assistance. The second important law was Section 504 of PL 93-112, passed in 1973, which served as a civil rights statement for persons with disabilities. It guaranteed that persons with disabilities, no matter which state they lived in, had the right to vote, to be educated, to be employed,

Table 1–1. Key Legislation Supporting Unique Needs of American Indian Children

Act	Year	Relevance	Public Law
Indian Education Act	1972	Provided supplemental funds for urban and reservation schools in response to the Kennedy Report, which found that such schools were doing an inadequate job of educating children from American Indian culture.	
Indian Self-Determination and Education Assistance Act	1978	Defined tribal sovereignty (the right of tribes to manage their own affairs without the interference of federal, state, or outside influence). This law gave tribes the right to self-govern, determine the use of their resources, and build their community infrastructure.	PL 93-638
American Indian Religious Freedom Act	1978	Ensured that American Indian people, like other Americans, have the right and privilege to practice their tribal religions without fear of alienation or discrimination.	PL 95-341
Indian Child Welfare Act	1978	Protected American Indian children from being taken from their families. When a child was brought into the social services system, this act ensured that American Indian parents and members of the extended family had the first opportunity to custodial rights.	PL 96-608

Source: Freiberg (2003).