Collaborative Responsibilities with Teachers: Addressing the Needs of children with Language Pathologies

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Objectives

By the end of the session , the participants will

- explain at least five models of collaboration

- elaborate a treatment plan that incorporates at least three collaboration goals and activities

- describe how they can incorporate collaboration strategies in their present employment setting.

Critical Roles

- Working Across All Levels
- Serving a Range of Disorders
- Ensuring Educational Relevance
- Providing Unique Contributions to Curriculum
- Highlighting Language/Literacy
- Providing Culturally Competent Services

Range of Responsibilities

- Prevention
- Assessment
- Intervention
- Program Design
- Data Collection and Analysis
- Compliance

Collaboration

- With Other School Professionals
- With Universities
- Within the Community
- With Families
- With Students

Leadership

- Advocacy
- Supervision and Mentorship.
- Professional Development
- Parent Training
- Research

Issues without collaboration

- The speech therapy room is a more restrictive environment than the general education classroom.

- Generalization of learned communication skills is limited.

- Assessment of the communication disorder is often limited to standardized assessment tools, which yield a narrow perspective of the child's communication disorder.

- Therapy goals tend to be more clinical than educational.

- SLP schedules in this model rarely afford time for communication with classroom teachers or other professionals.

Mills, M. (2004). Considerations: Inclusive Practices for Speech/Language Pathologists, http://education.wm.edu/centers/ttac/documents/packets/inclusivepracticesforspeech.pdf

Professionals entering into a collaboration partnership should:

- Be flexible in terms of different teaching styles and different ways to meet goals
- Communicate and cooperate
- Be able to disagree and still work together
- Establish classroom rules/routines
- Develop planning materials
- Be open-minded to new ideas
- Plan and build classroom structure
- Share materials

- Follow through on responsibilities
- Engage in joint decision-making
- Be positive, demonstrate good humor, use common sense and common courtesy
- Debrief daily and praise each other's efforts
- Meet regularly and be prepared for the meetings
- Involve administrators and parents
- Advertise the programs' successes
- Put children first

Mills, M. (2004). Considerations: Inclusive Practices for Speech/Language Pathologists, http://education.wm.edu/centers/ttac/documents/packets/inclusivepracticesforspeech.pdf

Excellent Resource

American Speech-Language-Hearing Association

Purposes of a Collaborative Model

○ To enable professionals with diverse expertise and backgrounds to generate innovative solutions to mutually defined problems

○ To facilitate collaboration among the educators of preschool and school-age children in developing functional social communication skills within the classroom context

○ To meet and enhance the academic and language needs of students at all educational levels. Collaborative service delivery maximizes the effectiveness of services provided for students with developmental articulation/phonology and language impairments; cultural and linguistic differences; language-learning impairments; hearing impairments; and autism, mental retardation, and other developmental disabilities.

American Speech-Language-Hearing Association. (1991). *A model for collaborative service delivery for students with language-learning disorders in the public schools* [Relevant Paper]. Available from www.asha.org/policy.

Purposes of a Collaborative Model

- To stimulate speech and language patterns outside the traditional speech-language pathology service delivery context and to facilitate generalization of targeted skills.

- To address the motivational needs of staff members by encouraging interaction among professionals, making maximal use of the professionals' strengths and expertise, and facilitating student progress.

- To facilitate communicative functioning in an ecologically valid context.

American Speech-Language-Hearing Association. (1991). *A model for collaborative service delivery for students with language-learning disorders in the public schools* [Relevant Paper]. Available from www.asha.org/policy.

Classroom Observation leads to Recommendations

- https://www.youtube.com/watch?v=w20NeJQxqns

Models

- Co-teaching or classroom-based team teaching – slp and teacher share the responsibility for planning/teaching the lesson, monitoring progress, and making decisions regarding any needed modification.

- Classroom-based complementary teaching – teacher is responsible for teaching the lesson and the slp focuses o specific skills or instructional strategies.

- Supportive teaching – the slp incorporates teaching supplemental instructional information related to the curriculum either in the general education classroom or in a pull-out setting

- Pull-out resource management - slp collaborates with teacher, observes in classroom, instructional support provided outside the classeroom

- Self-contained programs – slp is the classroom teacher responsible of r both academic/curriculum instruction and slp instruciton

Roseberry-McKibbin, C. (2007). Language Disorders in Children: A Multicultural and Case Perspective. Boston: Pearson.

Approaches

- Include list of goals for the year.
- Share with teacher what you worked on during treatment

Joint text/curriculum review and modification.

- This approach allows the team to determine how best to select, develop, or adapt the targeted student's academic material in a way that is linguistically relevant to the student's needs (Norris, 1988).

Modified time sharing in treatment contexts.

- With this approach, team members share and exchange duties within the classroom. This approach offers each intervention agent an opportunity to learn more about effective intervention practices and more time to work with the targeted student. For example, if team members cover some classroom responsibilities, the teacher may devote more time to direct interaction with a student (Gerber, 1987; Simon, 1987). This allows greater flexibility and more individualized and informed intervention in the classroom and other contexts.

Positive and empowering learning environments.

○ In any intervention activities, it is important to establish a positive learning environment (Cummins, 1989). In collaborative service delivery, an environment can be structured to focus on the student's strengths and, at the same time, provide a positive and nurturing context within which optimal learning may occur. This environment should focus on building the student's self-esteem as a learner and communicator and should use appropriate collaborative intervention strategies to address the student's less effective responses to previous failure (Sinclair & Ghory, 1987).

Naturalistic intervention strategies.

- Consistent with the pragmatics movement in applied linguistics (Oller & Richard-Amato, 1983), the whole language movement in reading (Goodman, 1986; Smith, 1982), and the sheltered instruction approach in bilingual education (Parker, 1985), naturalistic approaches to intervention should be used. Such approaches typically involve using "good teaching practices" (Graves, 1983; Mohan, 1986; Norris & Damico, in press; Oller, 1983; Willig & Ortiz, 1990) from a developmental perspective in a meaningful and goal-oriented context (Brinton & Fujiki, 1989; Fey, 1986). In collaborative service delivery, teaching strategies are child-directed and focus on real communicative strategies in actual interactive contexts.

Mediational techniques and scaffolding strategies.

- As has been noted by Vygotsky (1978), Bruner (1983), and K. Nelson (1985), mediational techniques such as scaffolding provide an effective approach to enhancing communicative development. In scaffolding, the intervention agent provides challenging input in a way that is buttressed by some supportive technique (e.g., simplification, contextual cuing). The students are presented with demanding information in such a manner that it expands their abilities (Feurestein et al., 1988; Krashen, 1982). Collaborative service delivery encourages the use of mediational techniques such as scaffolding in a variety of communicative contexts.

Peer tutoring.

- To increase the amount of support and the time devoted to intervention, the use of peers as tutors can be beneficial (Buehler & Meltesen, 1983). With this technique, other students act as intervention agents, typically in natural settings, during those times when the professionals or paraprofessionals are not working directly with the targeted student. Once chosen, student peers are provided with some simple but effective strategies for providing support in academic and social contexts. It is important that the targeted student also act as tutor to other students on some tasks. This practice builds self-esteem and fosters constructive peer interaction (Greenwood, Delquadri, & Hall, 1984).

Inclusive Model

- Therapy services are conducted in the child's classroom setting.

- Carry-over or generalization of learned communication skills is greater.

- Assessment of the child's communication disorder involves classroom observation of functional communication skills and the impact that the communication disorder has on the child's ability to learn the classroom curricula in addition to traditional standardized assessment tools. This provides a more complete description of the communication disorder and its impact on the child.

- Speech therapy goals are written so that they are compatible with the educational curriculum. Therefore, goals are educationally relevant and in compliance with IDEA guidelines.

- SLPs meet regularly with the classroom teachers and other professionals and parents.

- SLPs report increased knowledge of the relationship between language and academics.

- SLPs model intervention techniques and modifications for teachers and staff.

- Children in the classroom who are not identified with a disability experience the benefits of the SLP's expertise.

- Parents see the classroom intervention with less pull-out therapy as having a positive impact on their children.

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