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Collaborative Speech-Language Services in Urban Schools

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Abstract

This article recounts elements of collaborative and classroom-based practices that SLPs reported enacting in an urban school district where these SLPs carried very large caseloads (on average approximately 50% greater than ASHA [1993] recommendations). Consultation with classroom teachers and team preparation of cross-disciplinary reading/writing IEP objectives were ongoing SLPs perceived teachers as satisfied with collaborative efforts. Mitigating factors, including large caseload size, elements of teacher resistence, and the absence of SLPs from regular education curriculum planning committees, appeared to coexist with forestalled attainment of collaborative service delivery.

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Over the past decade several authors have described successful outcomes for students receiving collaborative speech-language services (Bland & Prelock, 1995; Borsch & Oaks, 1992; Falk-Ross, 1997; Farber & Klein, 1999; Throneburg et al., 2000). Other authors have proposed models for providing collaborative service delivery (American Speech-Language-Hearing Association [ASHA], 1999; Elksnin, 1997; Elksnin & Capilouto, 1994; McCartney, 1999; Pershey, 1998). Contemporary standards-based reforms emphasize that every student must work toward the expectations set for each academic content area. As the mandates of the Individuals with Disabilities Education Act (IDEA, 1997) become fully implemented (ASHA, 1996; ASHA, 1999; Mead, 1999), more school speech-language pathologists (SLPs) will assess students' abilities to meet curricular demands, design curriculum-based goals and objectives for students, and provide interventions designed to help students meet curricular requirements. This will apply whether the least restrictive environment for therapy is a classroom or a pull-out setting.

Given the time-intensiveness of collaborative service delivery (Beck & Dennis, 1997), scheduling may be difficult for SLPs with large caseloads. Large caseloads remain a perennial point of dispute between speech-language organizations and state and/or local education agencies. As a case in point, one state prescribed a caseload maximum of 70, approximately 50% over the state speech pathology and audiology alliance recommendations (Foulkes & Givler, 2000). ASHA (1993) advocates a maximum caseload of 40 students for a full-time school-based SLP (25 when serving preschoolers).

Having larger caseloads may compromise a SLP's effectiveness. Control of session length, session frequency, group size, group composition, program duration, and total time spent with regular education peers may not be possible. It may be difficult to see each student in class at a time when instruction that is conducive to intervention is taking place, or the SLP may not be available to attend grade level or discipline-based team meetings and thus might not participate in instructional planning and/or design of classroom modifications for caseload students. In order for all students to be serviced, compromises may be made that results in programming where the collaborative element is less than optimal.

The purpose of this article is to describe how SLPs in a large, urban school district have begun to implement some collaborative practices. This article describes elements of collaborative practices that are in place and explores factors that influence why a relationship between speech-language intervention and classroom instruction was sometimes not being attained. The greatest obstacle to collaboration at this site was large caseload size. This contributed to a lack of time to discuss with teachers how more consistent collaboration might be enacted. Teachers and SLPs are just beginning to acquire a mutual understanding of how their interventions might coincide to improve the abilities of children struggling to gain the knowledge and master the skills specified in state and district reading/language arts curricula. A survey was distributed to 42 SLPs working in a 52,000+ pupil, 82 school district in a fairly large city. The student population is 67.4% minority. Per-pupil spending in this state is midrange for the nation. Compared to state averages, district performance on state mandated testing was below average for all grades in all areas. Grade promotion rates were below average and the high school graduation rate was 65.6%, nearly 20% below average. Attendance rates were lower and suspension rates were higher than average (City Profile, 2000; Ohio Department of Education, 2000)

There are several limitations to a small scale survey that restrict its generalizability. Responses reflect conditions in one district only; the questions were subject to individual interpretation; the accounts of professional practice may or may not accurately reflect SLPs' actual behaviors, and the viewpoints of teachers and other team members were not assessed. The survey probed four topics: caseload information, contributions to reading and writing curriculum and instruction, impressions of teacher satisfaction with collaborative service delivery, and self-perceptions of impact of collaborative service delivery.

SLPs' Descriptions of their Caseloads and Assignments

Seventeen SLPs out of 42 (40.5%) responded to the survey. Fifteen worked full-time, two part-time. Three respondents served one building, seven traveled to two buildings, six traveled to three buildings, and one traveled to four buildings per week. All served multiple grades.

Caseload size ranged from 40 to 84, with a mean of 71 and a mode of 60. The part-timers' caseloads were pro-rated and each equaled a full-time caseload of 60. All together, the 17 SLPs were responsible for the needs of 1,206 students. In addition, they screened and tested referrals. Most students were served outside of their classrooms. The respondents indicated that they saw 139 students (11.5%) in individual sessions. The mean number of students per caseload seen individually was eight. There were 662 students (54.8%) seen in small groups, an average of 39 per caseload. Sixty students were seen in regular education classrooms and 345 were seen in special education classrooms. In total, 1,146 of the 1,206 students (95%) were served in a special setting; 66.3% were seen in a non-classroom setting.

SLPs were asked, "What comments do you wish to make about your assignment and/or how your time is spent?" Lack of time to provide quality services was discussed: caseloads and group sizes were much too large, travel took time away from therapy, paperwork was time-consuming, students with significant concerns needed more therapy time than could be allotted. Respondents noted advantages of classroom-based therapy: scheduling efficiency, plus SLPs could identify and support the needs of students not currently receiving services.

Contributions to Reading and Writing Curriculum and Instruction

Responses to the question. "In what ways are classroom teachers and speech-language pathologists collaborating in order to coordinate the aims of language services with curricula in reading/language arts?" clustered around two themes: curriculum-based therapy and cross-disciplinary goal setting. Curriculum-based therapy. Twelve SLPs reported consultation or therapy that addressed the reading/language arts curriculum. Many used classroom texts, materials, themes, units of study, vocabulary, and spelling words in classroom-based and pull-out therapy. Code-based and meaning-based reading and writing were addressed frequently. Reciprocal sharing of materials and ideas with teachers facilitated this endeavor. Therapists in classrooms taught portions of reading groups or observed and consulted while class was in progress. Goal setting, SLPs set goals based upon curriculum and grade promotion standards. Several developed IEP goals to be addressed by the SLP and learning disabilities or reading personnel. Team meetings, held prior to IEP writing and during IEP implementation, allowed service providers to plan and review progress in goals being jointly undertaken or addressed by one service provider. More meetings took place among special needs teams than between SLPs and classroom teachers.

While frequent team conferences were mentioned by some respondents, others reported that, given time constraints, discussions were serendipitous, brief, informal, unplanned, or held if the SLP initiated them. Some noted that lack of dialogue was indicative of buildings where service planning was not coordinated at all, but others recounted that well-coordinated IEP planning sometimes degenerated into fragmented service delivery.

SLPs' Impressions of Teacher and Satisfaction with Collaborative Service Delivery

Respondents reported on feedback received from teachers with whom they collaborated. Although school faculty peers do not generally evaluate one another, feedback between partners is often received in the form of compliments or complaints given directly by one's partner or "second-hand" via a supervisor, colleague, or parent. Responses reflect only the respondent's own knowledge of teachers' views, which may or may not be complete. Teachers were usually satisfied with collaborations. About half of the SLPs had received praise from teachers, who mostly expressed the desire to continue collaboration. SLPs were asked, "What do you think contributed to teacher satisfaction?" Respondents catalogued their strengths and successes in program implementation:

- o the SLP listened and met teachers' objectives and needs
- o the SLP was well prepared
- the SLP maintained a focus on identified students' goals in both in-class and out-ofclass sessions
- the SLP offered suggestions and strategies that were useful to the teacher; how to modify materials, how to build students' prior knowledge before reading, miscellaneous teaching techniques
- the SLP seemed to boost identified students' self-esteem
- the SLP's work with the teacher was truly a combined effort
- the SLP had a good rapport with students and made learning easy and fun
- the SLP provided activities for teachers and parents to use with identified students
- the SLP contributed good ideas for themes
- themes were more fully developed and more accessible to special needs students
- o the teachers found it easier to follow through on special needs students' IEP objectives
- the SLP's language lessons benefit the whole class
- the SLP had good classroom management skills
- the identified students made progress in language, reading, writing, and/or in other curricular areas

- o students reacted positively to the SLP's interventions
- o the teacher enjoyed getting input from the SLP
- tearning was positive; good communication between partners, constant feedback between partners, cooperation, sharing ideas.

SLPs' speculated that deterrents to collaboration could be attributed to five possibilities: time constraints, limited knowledge of the instructional routines carried out by persons in other disciplines, attitudinal issues related to inflexibility and dysfunctional interpersonal relationships, lack of willingness on the part of some SLPs, and lack of SLP presence in policy making committees.

- 1. Time constraints. Lack of time was primarily due to caseload size, travel between buildings, and too many meetings. This resulted in a lack of co-planning time and short stays within buildings.
- 2. Limited knowledge of the instructional routines carried out by persons in other disciplines. Some SLPs suspected that some teachers do not realize that SLPs provide language enhancement services, there are teachers who harbor the misconception that SLPs only work on sound pronunciation problems. Reportedly, too many teachers have had no inservice instruction on SLPs' potential roles. SLPs commented that collaboration is most meaningful when teachers seek the input of the SLP.
- 3. Attitudinal issues. Very few SLPs indicated receiving complaints from teachers, but where scheduling problems and/or a teacher's sense of being intruded upon persisted, SLPs perceived that teachers were dissatisfied. Inflexibility and dysfunctional interpersonal relationships were frequently mentioned. SLPs' laments included a series of negative comments: "Teachers are set in their ways," "Collaboration is not the tradition," "I'm just a bother to them," "Teachers don't want me in their classrooms," "Teachers basically hate me. I screw up their schedules," "The number of willing teachers is growing but most don't want it." One SLP bemoaned, "I collaborate with them but they don't collaborate with me." SLPs indicated that some teachers may not feel equipped to evaluate students' accomplishment of goals set by a SLP and, conversely, want to be the sole evaluator of students' classroom performance, without therapists' input. Also, some teachers were reluctant to modify class work to be more developmentally appropriate for students. In their estimation, this compromised standards for grade level work.
- 4. Lack of interest on the part of some SLPs. Some SLPs claimed little preparation for implementing the curriculum. Respondents stated that they were reluctant to engage in collaborative services, either on the grounds that "it is not as efficient as pull-out" or because there is a "need to empirically establish the value of collaborative services."
- 5. Lack of SLP presence in policy making committees. SLPs had little input into programmatic and policy decisions, such as decision-making about literacy curricula. Three reported providing input that affects reading programs at the building level but none provided input at the district level.

Self-Perceptions of Impact of Collaborative Service Delivery

Three out of four SLPs indicated that they most effectively promoted student growth relative to curricular demands when they combined classroom-based and pull-out services.

Conclusions: Gradual Changes

Even under large caseload conditions, collaborative practices were reported. The participants have contemplated the relationship between speech-language intervention and classroom instruction. Another area of strength appears to be IEP planning. However, as the Chinese proverb states, "Good to begin well, better to end well." Attenuation of team work was seen due to lack of time for integrated service delivery. It

is important for the SLP to follow through on whether teachers adapt materials and curriculum and interpret the quality of students' performance relative to modified expectations (see Cook & Friend, 1995; Giangreco, 1996; Giangreco, 1998 for suggestions for teachers).

Although some respondents described inroads to collaboration, the situation was more, as Giangreco (2000, p. 236) phrases it, an "absence of process" characterized by "decisions ... made based on intuition, ... historical practices, or advocacy by ... professionals." A few SLPs reported that teachers have been resistive to SLPs' contributions to classroom instruction. A vicious cycle of time constraints prevents SLPs from cultivating relationships with teachers and arranging trial programs. One consequence of a fragmented program is that neither partner understands the other's instructional purposes. Significantly, SLPs indicated that they have taken professional development courses with their team members related to literacy acquisition. This may facilitate "speaking the teachers' language," that is, having a greater shared knowledge base relative to students' needs. As Giangreco (2000) advocates, all professionals need to be disposed to being ongoing learners who are committed to developing shared frameworks with practitioners from other disciplines.

Future Considerations for Continuous Improvement

Ehren (2000) suggests professionals engage in dialogue about the relationship between instruction (the regular activity of the classroom) and intervention (additional support, often related to teaching linguistic concepts and analytical thinking, that is given when instruction alone does not allow students to succeed in the classroom). According to Giangreco (2000, p. 237), "Teamwork does not mean that all team members must be involved in all team activities. Teams can agree to a division of labor and determine differentiated roles for their members." Teams must develop contexts that facilitate interacting, communicating, and learning among students and adults.

Engaging in professional dialogue may help SLPs and teachers define their responsibilities, with SLPs being expert in language and knowledgeable about curriculum, and teachers being expert in curriculum and knowledgeable about language (Ehren, 2000; Norris, 1997). By approaching intervention as a continuum of options, from consultation to direct therapy, the SLP and teacher can mutually define their shared responsibilities for helping students achieve language-dependent academic goals. Administrative leadership and support are indispensable. Collaborative service delivery cannot casually transpire given the of happenstance of faculty friendships, coincidental scheduling, room proximity, or the good-heartedness of a few willing teachers. Options for program modification need to be discussed jointly by administrators and faculty. Each setting must examine its needs, resources, philosophies, curriculum, scheduling, and geography. SLPs and teachers need formally reserved coordination time to address team members' roles, schedules for classroombased services, and program evaluation. Administrators need to allocate resources so that caseload size, team size, and paraprofessional supports are optimal and ongoing professional development opportunities are provided (Giangreco, 2000; Mead, 1999). SLPs need to be appointed to curriculum committees at both school and district levels. Efficacy and outcome data need to be gathered consistently and strategies for continuous improvement need to be regularly utilized.

Finally, the need for political activism cannot be ignored. The importance of mandates to reduce caseload size persists. Future research might demonstrate how collaboration partners enact their roles, modify classroom practices, fulfill their day to day routines, and evaluate student outcomes.

References

- American Speech-Language-Hearing Association. (1993). Guidelines for caseload size and speech-language service delivery in the schools. Asha, 35 (Suppl. 10), pp. 33-39
- American Speech-Language-Hearing Association. (1996). Inclusive practices for children and youths with communication disorders: Position statement and technical report. Asha, 38 (Suppl. 16), pp. 33-44.
- American Speech-Language-Hearing Association. (1999). Guidelines for the roles and Responsibilities of the school-based speech-language pathologist. Rockville, MD: Author.
- Beck, A. & Dennis, M. (1997). Speech-language pathologists' and teachers' perceptions of classroom-based interventions. Language, Speech, and Hearing Services in Schools, 28, 146-153.
- Bland, L. E. & Prelock, P. A. (1995). Effects of collaboration on language performance. Journal of Children's Communication Development, 17(2), 31-38.
- Borsch, J. C. & Oaks, R. (1992). Effective collaboration at Central Elementary School. Language, Speech, and Hearing Services in Schools, 23(4), 367-368.
- City Profile. (2000). Available at http://www.homes.wsj.com.
- Cook, L. & Friend, M. (1995). Co-teaching: Guidelines for creating effective practices. Focus on Exceptional Children, 28(3), 1-16.
- Ehren, B. J. (2000). Maintaining a therapeutic focus and sharing responsibility for student success: Keys to in-classroom speech-language services. Language, Speech, and Hearing Services in Schools, 31(3), 219-229.
- Elksnin, L. K. (1997). Collaborative speech and language services for students with learning disabilities. Journal of Learning Disabilities, 30(4), 414-426.
- Elksnin, L. K. & Capilouto, G. J. (1994). Speech-language pathologists' perceptions of integrated service delivery in school settings. Language, Speech, and Hearing Services in Schools, 25(4), 258-267.
- Falk-Ross, F. (1997). Developing metacommunicative awareness in children with language difficulties: Challenging the typical pull-out system. Language Arts, 74(3), 206-216.
- Farber, J. G. & Klein, E. R. (1999). Classroom-based assessment of a collaborative intervention program with kindergarten and first-grade students. Language, Speech, and Hearing Services in Schools, 30(1), 83-91.
- Foulkes, E. & Givler, S. (2000). Attention school-based professionals!!! Newest revision of rules contains issues of concern. Communication Matters, 29(1), 6.
- Giangreco, M. F. (1996). What do I do now? A teacher's guide to including students with disabilities. Educational Leadership, 53(5), 56-59.
- Giangreco, M. F. (1998). Quick guides to inclusion 2: Ideas for educating students with disabilities. ERIC Document Reproduction Service No. ED418569.
- Giangreco, M. F. (2000). Related services research for students with low-incidence disabilities: Implications for speech-language pathologists in inclusive classrooms. Language, Speech, and Hearing Services in Schools, 31(3), 230-239.
- Individuals with Disabilities Education Act Amendments of 1997. Pub. L. No. 1015-17, 20 U.S.C. 1400 et seq.
- McCartney, E. (1999). Speech/language therapists and teachers working together. Florence, KY: Whurr Publishers.
- Mead, J. F. (1999). The reauthorization process of the Individuals with Disabilities Education Act: Expressions of equity. Journal for a Just and Caring Education, 5(4), 476-492.
- Norris, J. (1997). Functional language intervention in the classroom: Avoiding the tutoring trap. Topics in Language Disorders, 17, 49-68.
- Ohio Department of Education. (2000). Available at http://www.ode.oh.gov.
- Pershey, M. G. (1998). Collaboration Models and Projected Outcomes for School-based Language Therapy: Sampling the Buffet. Hearsay, Journal of the Ohio Speech and Hearing Association, 12(1), 32-38.
- Throneburg, R. N., Calvert, L. K., Sturm, J. J., Paramboukas, A. A., & Paul, P. J. (2000). A comparison of service delivery models: Effects on curricular vocabulary skills in the school setting. American Journal of Speech-Language Pathology, 9, 10-20.