the INFORMED SLP

Push-in services—how to collaborate!

This guest post breaks down the evidence behind popular service delivery models in response to a member-submitted question.

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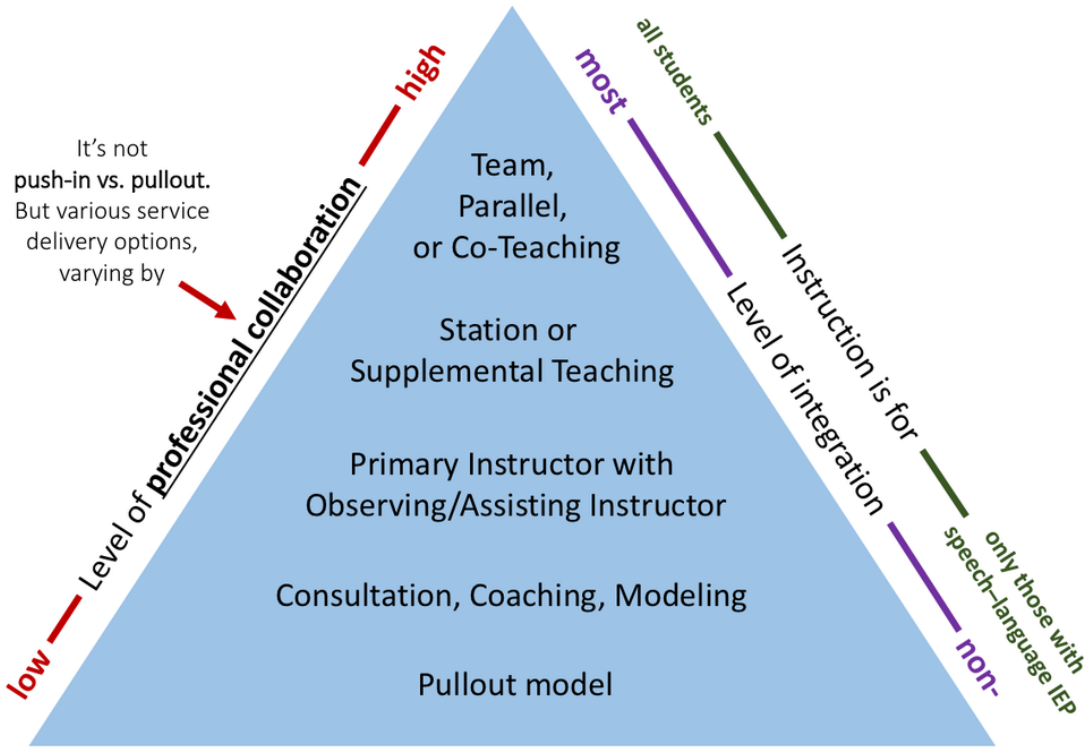
The first thing we need to do is to define what is meant by **"push-in" versus collaborative services**. Push-in, or integrated therapy, is the provision of therapeutic intervention in the context of the classroom setting (Cross, Traub, Hutter-Pishgahi, & Shelton, 2004). The term collaboration, however, is defined across a spectrum of integration. For example, according to Friend (2008) the most integrative service delivery is cooperative teaching (co-teaching), where the special educator, or in this case the SLP, and the classroom teacher plan together and carry out a lesson together. In contrast, the least integrative services include one-teach/one-float or assist, and one-teach/one-observe, where the classroom teacher teaches the lesson and the SLP "pushes in" to assist specific students, or observes specific students on their caseload, and there is no planning with the classroom teacher. This chart explains the **spectrum of collaboration** from most integrative to least integrative, and the

roles of the SLPs and classroom teachers:



(Blosser & Kratcoski, 1997; Elksnin & Capilouto, 1994; Friend, 2008; Hartas, 2004; Pershey & Rapking, 2003; Suleman et al., 2014)

Therefore, instead of talking about "push-in" services **we really need to be talking about collaboration**, and look at what type of collaborative services we need to provide. Regarding the evidence for providing collaborative services versus pullout speech therapy services, there is **some evidence for the efficacy of both**.

There is limited empirical evidence available regarding the efficacy of service delivery models used by SLPs on the outcomes of students with speech-language impairments in the schools (Brandel & Frome Loeb, 2011; Cirrin et al., 2010; Mullen & Schooling, 2010). One way to measure effectiveness of interventions is to report them by effect sizes. It is reported in the literature when teaching **curricular vocabulary**, that the effect sizes for children who received collaborative services in the classroom is significantly larger (d = 1.65) compared to children who receive classroom based "push-in" services by SLPs without collaboration (d = 0.3) with the teacher (SLP and teacher working independently of each other) (Cirrin et al., 2010; Throneburg, Calvert, Sturm, Paramboukas, & Paul, 2000).

Take-home point: If SLPs provide collaborative services in the classroom, even at lower integrated levels, it is important to **plan with the teacher** in order for it to be effective.

The evidence-based systematic review by Cirrin et al., (2010) provided effect sizes from the articles these authors reviewed. They reported that when teaching **curricular vocabulary**, the effect size of traditional pullout therapy model (*d* = .76) was larger than that of classroom-based intervention without collaboration with the classroom teacher, indicating that there were more positive gains made by students in the traditional pullout model (Cirrin et al., 2010; Throneburg et al., 2000). In another study it was reported that when a pullout service

delivery model was used, when treatment time was used efficiently, and when clinical time was spent therapeutically, there were improved outcomes for students in schools (Justice et al., 2017). Overall, the literature indicates that traditional pullout therapy has some efficacy, particularly when compared to in-class models **without** collaboration, and if use of treatment time is maximized (Cirrin et al., 2010; Elksnin & Capilouto, 1994; Justice et al., 2017; Throneburg et al., 2000). Further research is needed to determine the efficacy of traditional therapy model for a variety of speech and language skills (Cirrin et al., 2010; Throneburg et al., 2000).

Take-home point: There is evidence for use of **traditional therapy services** in a pullout model, as compared to a "push-in" model without planning with the teacher, at least for teaching curricular vocabulary.

Overall, SLPs should stop using the "push-in" ideation and move to a collaborative approach, working with the teachers, if we are providing services in the general education classrooms. The literature has shown that at least for curricular vocabulary our students learn better from a higher integrative approach or a pullout (traditional service delivery) approach. The question remains if these services are similarly effective for other speech and language skills, however more research is needed. Furthermore, if we are using a traditional pullout therapy approach SLPs need to maximize the use of our treatment time within the 20 or 30 minutes we have our students. Therefore, there is support for use of both types of services and both IDEA (2004) and ASHA (2010) support the use of a variety of service delivery models based on the individual needs of our students and the idea that one size does not fit all.

Portions of this content by Glastetter-Stone have been submitted for publication: Glastetter-Stone & Howell, D. (2017). *Speech Language Pathologists and Classroom Teachers: Understanding our Roles as Collaborative Partners in the Classroom*. Manuscript submitted for publication.

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