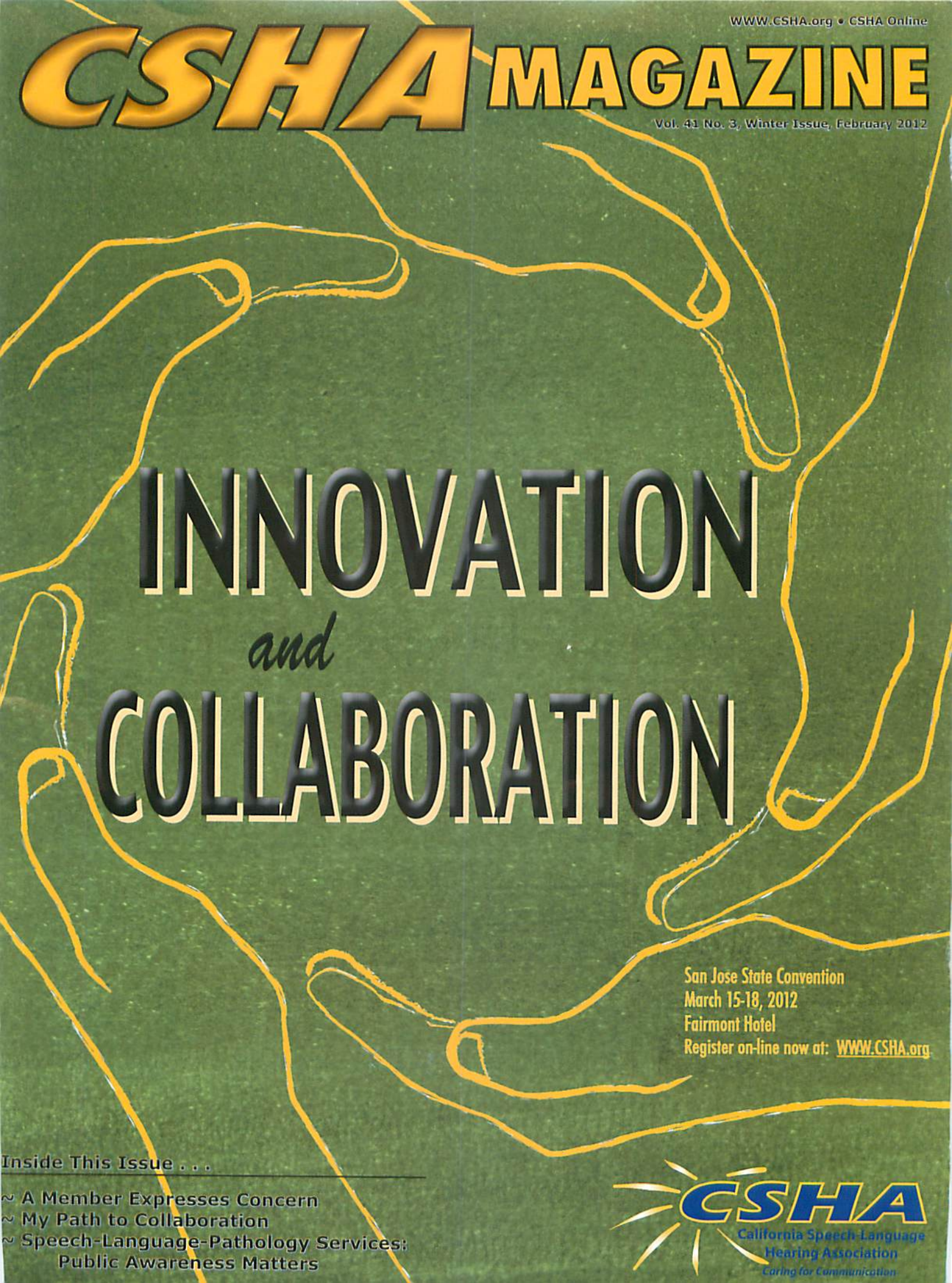
WWW.CSHA.org • CSHA Online

CSHA MAGAZINE

Vol. 41 No. 3, Winter Issue, February 2012



INNOVATION *and* COLLABORATION

San Jose State Convention
March 15-18, 2012
Fairmont Hotel
Register on-line now at: WWW.CSHA.org

Inside This Issue . . .

CSHA
California Speech-Language Hearing Association
Caring for Communication

A MEMBER EXPRESSES CONCERN . . .

On Oct 2, 2011, at 10:20 PM, Rebecca wrote:

To Whom It May Concern,

In an IEP meeting last week, I sat with a mother of a high profile student with the diagnosis of Autism, an SDC classroom teacher, a school psychologist, the principal, and the district Intensive Behavioral Intervention (IBI) supervisor. After completing my section on speech and language goals, the IBI supervisor offered to "help and add on" to 2 of the 3 goals I had mentioned. I thanked her and we all agreed this could be helpful as her IBI aides have the most contact with the student during the week. After the meeting, I approached the SDC teacher asking how the IBI aides would be "helping" when "added on" to my goals. It was her understanding that they would attend some of his speech and language sessions probably to monitor his behaviors during the mentioned goals since that is what they do – "work with behaviors". The next day the student's one-on-one aide stopped by while I was in a session with this student to ask for the vocabulary words he was working on (since her supervisor told her she was going to be helping keep data on the speech goals now too). I asked what type of data she would be keeping and how exactly does that would work since they were added to my goals now. She told me she would be "basically doing the same thing I do". I shared that I was concerned about both speech and IBI keeping data on the same goals as this may confuse the mother as to who is working on what, with who, and where. I appreciate her offer to help since she sees him many more hours and in different situations than I do, but I needed to talk to her supervisor again to figure out how we were going to each work together on the goals and how data would be collected. Communication is very close to behavior and behaviors can occur due to communication deficits, however, as a SLP working closely with IBI aides, where do we draw the line? Who is responsible for what? This is a large concern for myself and other SLPs in the same situation.

Thank you,
Rebecca

Member Expresses Concern continued on page 7

MY PATH TO COLLABORATION

Email Response from Kathy M. Murphy, Ph. D., CCC-SLP

Kathy Murphy, Ph.D., CCC-SLP
ASHA Advisory Council- SLP

Hi, Rebecca,

Thanks for posing this question to CSHA; it is one shared by many. The following response is based on my personal experience. I work in a public school district and more than 80% of my caseload is young children significantly impacted with autism.

For me, the collaboration process begins with the special education teacher. With other members of the IEP team, we identify key skills that a student may need to regulate behavior, improve socialization, and access core curriculum. Although it is my responsibility to draft the speech/language and some of the social/emotional goals, we work together in facilitating these targeted goals. Please know that each of my special education teachers is also "added" or responsible for these goals. In some cases and specific goals, the OT and behaviorists in the after school programs are also included as responsible for goals. However, it is my responsibility to regularly review any data collected on speech/ language goals and report levels in IEPs, progress notes or to parents.

For most students with autism, generalization of skills is typically slow and arduous. The outcome of a collaborative approach has truly been a "win-win." Not only does a student make gains more efficiently through this approach, but my contributions to the team are valued. In addition, the data collected by other team members provide me insight related to the following: (a) where a student's skills are generalizing, (b) whether there is a need for developing additional strategies, or (c) identifying a team member who may need more training.

Make sure you create some criteria for others who collect data, too. Because I am ultimately responsible for these goals, I first review new goals with the others responsible so that we have a common understanding in the data collection method, prompting and facilitative strategies, and details about the specific behavior(s) expected in a given context. If the data aren't accurate, it is not as meaningful information. Some team members have strong backgrounds in targeting communication skills, but all have welcomed additional training and modeling.

Whether the goal is learning vocabulary as you mentioned or communicating "I need a break" across settings, I would recommend taking the step to work together in data collection. You mentioned how behavior and communication skills are linked. As an SLP, you play a very valuable role. As children learn to communicate, they gain power in their environment which is critical in managing behaviors. You are the expert trained in identifying key communication opportunities for developing and practicing skills. This might be a great opportunity to teach the staff where to look for additional language learning opportunities across a school day in daily routines, what to expect as speech language skills emerge, and how key foundational communication skills play a critical role in a child's overall development. You may also learn some great tips for managing students' behaviors that will be important throughout your practice.

As our caseloads grow with the proportion of students who meet eligibility for autism, so do our professional challenges in how to do our jobs more effectively and efficiently. I have learned so much from my team members! For you, I would recommend planning a meeting with the supervisor and classroom teacher so everyone understands the different team members' expectations and responsibilities. Clearly defining an expected behavior is always a great place to begin whether writing a student's goal or building a team.

Best of luck and please feel free to contact me directly for more specifics.
Many thanks for asking the question,

Kathy M. Murphy, PhD., CCC-SLP
ASHA Advisory Council- SLP

My Path to Collaboration continued on page 9

My Path to Collaboration continued from page 7

My response to Rebecca's question was based on my personal experience. For 20 years, I have worked almost exclusively in a collaborative service delivery model. I provide services in students' classrooms and playgrounds. My services are also woven throughout school day routines and activities. For me, it has been the most effective model to meet the needs of young children with autism and many other disabilities. Although our profession is aware of federal mandates to provide services in naturalistic settings and the least restrictive environment, why don't more of us implement this model? After being asked to expand my response, a quick search on the ASHA website generated many articles providing support for the use of alternative service delivery models (see http://www.asha.org/slp/schools/prof-consult/service.htm) including the pivotal and very informative paper by ASHA (1991) *A Model for Collaborative Service Delivery for Students with Language-Learning Disorders in the Public Schools.* However, the question remains: How did I get to this place?

As a graduate student in an early intervention training grant in the 1990's, my first clinical experiences were in Head Start preschool classrooms. This was not an easy place to be inexperienced, but it was a very rich training environment that taught me many lessons. From my first day, it was truly "sink or swim." To demonstrate that I was willing to earn my position on the classroom team, I assisted kids to the bathroom. I quickly learned that even this task could be turned into an amazing and functional setting to teach "I need help," new verbs, and sequenced directions in addition to learning toileting and hand- washing skills. I offered to set-up and clean-up the snack tables (another job low on the teacher preference list). I discovered that snack time might be the single most motivating environment for facilitating intentional communication and early word combinations, specifically requesting, protesting, and making choices. Give me a bag of Goldfish crackers and some juice, and I am a happy camper.

Donna Brandel (1992) described the bumpy road in transitioning from a traditional pull-out service delivery model to a collaborative model in a public elementary school. Brandel was not only new to the elementary school, but she had no experience or training prior to hearing her school principal's directive to integrate services into the classroom just days before the school year began. Two character traits seemed to be essential to her success that year: flexibility and perseverance. I agree. I experienced the same territorial issues, learned how essential it was to build trust, and was judged on whether I understood life in the preschool world. Although more educated than the average teacher in Head Start, I was the outsider and certainly did not know the true constraints and challenges working in this environment. To this day, I am still humbled by what I learn from my teachers and classroom staff.

Results from a recent online survey of 2000 practicing speech-language pathologists in school settings by Brandel & Loeb (2011) suggested that the traditional pull-out model (where treatment occurs in a separate room outside the context of everyday routines and does not typically include the child's peers, teachers, and others) accounts for more than 74% of services across age groups, severity levels, and diagnoses. In their analyses, Brandel and Loeb discussed several factors that influence why more clinicians may not recommend or implement alternative treatment models. Two of these factors were administrative lack of support for alternative models and a clinician's practicum experiences obtained during their graduate training program. Among the survey participants, less than 25% received any direct experience working in classroom-based models during their clinical training programs. Brandel and Loeb comment:

> *It seems logical that if we expect our graduates to use different service models within the schools, then we should provide them with a variety of experiences during their clinical training. This suggestion is further supported by our finding of the increased likelihood of intervention in the resource room with those SLPs who had shared teaching experiences during their graduate clinical practica. When we send our graduate students to field study sites and they conduct group intervention outside of the classroom as their primary type of service delivery model, should we be surprised that this is the model that continues to be perpetuated? (p. 475).*

Fortunately for me, almost every student in my graduate program participated in at least one rotation providing direct services in a preschool early intervention program. As my experience grew, so did my love of facilitating language during play in the natural environment. I also became more aware of language learning opportunities. There were rich opportunities in nearly every activity in a young child's school day; one just had to be wearing the right set of glasses to see them. Waiting outside the bathroom against the wall? Down time for you and the kids? This was an extra chance for more language practice in a small group with favorite finger-plays such as "Wheels on the Bus," "Itsy Bitsy Spider," and "Five Little Monkeys Swinging on a Tree." Be creative. Have fun.

Some of my fondest, "warm-the-heart" moments as an SLP are from my time spent on the playground. Don't be afraid to get down and dirty. Positioned with my knees in the woodchips in front of little ones "captured" on their swings, I have trained eye-gaze and facilitated joint attention in dozens. Swings are also a naturally motivating setting to target early combinations, such as "push me" or "more push." Slides? For little ones who are not yet successful in socio-communicative play, nothing beats the anticipation of the Tickle Monster at the bottom of a slide. Create a different language opportunity by playfully including the cloze response "Ready- set- go!" to begin races down slides and end with cheering. Bikes? One of the best places to teach turn -taking is when there is a limited supply of this favorite toy. From modeling the very powerful words, "Stop-- my turn!" to adding a simple element of pretend play such as a gas station and the communicative routine, "Hi- need gas?" The playground is a rich and motivating learning environment. I have worked with many incredible classroom teachers and aides who do not view this as "watch and talk" time, but rather as valuable time to extend learning. Although these examples are primarily for younger children, there are just as many examples for older students. If you do not come inside with sand or wood chips in your shoes, you missed an opportunity.

Although I bring expertise in language learning and much experience to collaboration, it is a time to learn from one's partners. I knew almost nothing about autism when I began my current position, and preschoolers with autism dominated my caseload. It was the first time in my professional career that I worked in a setting that implemented behavioral teaching methodology. From my developmental theoretical perspective, I entered this world skeptically. My expectation was that preschoolers would be sitting across the desk from an adult much of the day participating in structured learning trials with flash cards and manipulatives. Although my prior exposure to behavioral methodology in graduate school was limited, I already thought this was too restrictive of a perspective for me.

I was wrong. The teachers knew how to manage and shape new behaviors better than I had ever observed. However, I also found my unique and very valuable niche in this world addressing a core deficit. I knew speech and language development and how to embed rich, recurring language learning opportunities through simple manipulations in the naturalistic environment. I was an expert in training intentional communication, facilitating eye gaze, teaching play, developing social awareness, and identifying incidental teaching opportunities for communication and language. These were need areas in which the classroom staff was skilled but not as knowledgeable due to my background and training.

Through modeling and lots of sharing, the staff taught me how to better manage a preschooler's behavior so I could provide services

My Path to Collaboration continued on page 19

My Path to Collaboration continued from page 9

more effectively. My strategies for facilitating language were implemented more consistently across school routines and activities when I was not in the classroom. Speech/ language/ communication skills seem to be at the top of every parent's list of concerns. In IEP meetings, we were a team. Both the classroom staff and I could respond to requests for more direct services. As I have shared with parents during IEPs, "It is great that your child may learn to use words with me, but what about using words outside of our sessions? Can he make a choice at snack? Tell a peer to stop? Greet a familiar face? Use words when it matters?"

A child gains power over his or her environment most effectively through improved communication. More direct services from an SLP, particularly in an individual setting outside a child's functional environment, does not mean more rapid learning or more widespread skill development. The collaborative model provides an opportunity to share strategies and facilitate language skills across individuals, activities, and settings. These are times when language and communication skills truly matter. This model has also been an incredible tool to help me balance a large caseload. My whole team shares in goal development, strategies, data collection, and in the responsibility of facilitating a child's overall development.

What was the result of the move to collaboration in my present setting? By the end of the first school year of working together, everyone was over the bumps described by Brandel (1992) and there was no turning back. It had been a "win-win." Not only because of the efficient generalization of many targeted skills observed by all of us, but also the new partnerships and friendships formed among the staff. There was a deep respect for each other's skills and knowledge. To this day I continue to learn from my school colleagues in other disciplines: special education teachers, classroom aides, occupational therapists, school psychologists, adapted PE teachers, nurses, autism specialists, and general education teachers.

More than 90% of my current caseload is composed of preschoolers and young elementary students with Autism Spectrum Disorder. Most are enrolled in Special Day Classes, but several are fully included in the general education population. A significant number of the students on my caseload exhibit aggressive or self- injurious behaviors. As I have developed more expertise in managing significant behaviors and have become more knowledgeable about behavioral principles, I have been able to play a critical role in identifying key communication opportunities for targeting replacement behaviors in our most impacted students. I have designed and implemented effective tools that have been adopted by others in my district. It is incredibly rewarding to see a child finally communicate simple personal needs, instead of escalating, biting themselves, or hitting others. What a wonderful and meaningful change in the child's quality of life as well as their family's life.

So why do some of us recommend a collaborative model and others not? Why do some decide to provide services within the classroom? Change is difficult for all of us. It has its own fear element and poses questions when life seems predictable and balanced. With growing caseloads and more responsibilities, we need to consider different solutions for becoming more efficient—using resources better and being smarter with our time. Before our profession can expect a significant shift from 74% of SLPs providing traditional pull-out services (Brandel & Loeb, 2011) to alternative models, changes are needed. I propose that we examine: (a) how we prepare our graduate students, (b) how we inform the public about what we do and about best practices, (c) how we sell ourselves to administration and the staff with whom we work, and (d) how we trust and believe in ourselves. ◆

REFERENCES

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.

Brandel, D. (1992). Clinical forum: Implementing collaborative consultation collaboration full steam ahead with no prior experience. *Language, Speech, and Hearing Services in Schools*, 23, 369-370.

Brandel, J., & Loeb, D.F, (2011). Program intensity and service delivery models in the schools: SLP survey results. *Language, Speech, and Hearing Services in Schools*, 42, 461-490.

Kathy Murphy is employed in a public school district in Orange County. She completed her Ph.D. at Arizona State University (1997) with a focus in early intervention and remained at ASU on research faculty through May 2004. She serves as the California representative to the ASHA Advisory Council and as a member of the CSHA Marketing Task Force. She is scheduled to complete her BCBA certification in the fall 2012.

Email: kathymurphy17@gmail.com
Twitter: @123itzMe

CSHA State Convention 2012 San Jose Fairmont Hotel

March 15-18

Program and Operations Committee

Program Co-Chair
Jan Pryor

Program Co-Chair
Wendy Burton

Program Committee
Jean Jackson, Henriette Langdon, Ann England, Patti Solomon-Rice, and Janna Smith Lang

Operations Chair
Diane Blevins

Social Chair
Darlene Hopkins

Social Assistant
Gina Nimmo & Debra Harms

A/V Chair
Kathy Little

Registration Co-Chair
Carol Rossi

Registration Co-Chair
Christine Maul

Graphics Chair
Robin Ottesen

Exhibits/Job Fair Co-Chairs
Gary Montooth

Page/Internet Cafe Chair
Dan Phillips

Marketing Co-Chairs
Tina Safi

Hospitality Chair
Sharen Valles

Photographers
Mary Larsson & Angela Mandas