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Service Delivery: Thinking Outside the Box

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Disclosures

- Financial: Marva is being paid by SpeechPathology.com for this presentation.
- Non-financial: Marva has no non-financial disclosures to make regarding this presentation.

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Agenda for Today

- o Intro
- o Service Delivery Models: Take a Look
- o Different Service Delivery Models and Benefits for Students
- o Summary, Q & A

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Learner Objectives

- o Describe 2-3 service delivery models and scheduling options for the school-based SLP.
- o Explain the pros and cons of each type of service delivery model available for the speech-language pathologist.
- o Describe how certain service delivery models provide added benefits for students served

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School-based clinicians must
be mindful of a few items
when looking at service
delivery for students.....

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What does the law say?

- o IDEA 2004 requires that public schools (districts and charters) serve students with disabilities with their nondisabled peers, *to the maximum extent appropriate*
- o (34 CFR §300.114 (a)(2)(i)). This requirement specifically includes students in public or private institutions or other care facilities. Additionally, schools must ensure that a student with a disability is removed from the general educational environment (including removal to separate schools or special classes) *only when the nature or severity of the student's disability is such that he/she cannot be educated in general education classes*, even with the use of supplementary aids and services (34 CFR §300.114 (a)(2)).

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Individuals With Disability Act of 2008

- o Provides greater emphasis on Least Restrictive Environment (LRE)
- o Encourages the *adoption of new approaches* that promise better student outcomes

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What guidance does ASHA provide for us?

- o Treatment of speech disorders is a *DYNAMIC* process
- o Services should change over time as the needs of the student change

ASHA 1999

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Continuum of Service Delivery

- o Traditional pull-out (individual, paired, or small group)
 - o Intervention should still be built around the curriculum - both materials and activities
- o Push-in or classroom-based (individual, small group or large group)
- o Non-academic setting (e.g. lunch room, playground, specials, special interest club)
- o Combined settings
- o Community-based
 - o Direct or indirect services in the community (e.g. transition services, home-based services)
- o Self-contained classroom
 - o Highly individualized, closely supervised specialized instruction
- o Consultative
 - o Examples: consultation about student needs and/or progress, programming and use of AAC devices in the classroom, strategies to enhance communication/participation in class

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Pull-Out Services

- o SLP works independently to provide small group or individual services in a setting other than the classroom
 - o Pros:
 - o Intensive
 - o Private
 - o Great for initiating the nuts and bolts/basics of goals and objectives
 - o Great for introducing isolated skills

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Pull-out services continued

- o Cons:
 - o Separate and apart from educational setting
 - o Apart from teacher, curriculum and non-disabled peers
 - o Disconnected from student daily activities
 - o Pull out treatment alone does not promote skill carryover and generalization (Bellini, Peters, Benner & Hopf, 2007; Elksnin & Capilouto, 1994; Finn, 2003; Miller, 1989).
 - o Cannot effectively replicate interactions and activities commonly found in the classroom.
 - o Can adversely affect carryover and generalization
 - o Students struggle to make successful connections

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Our Biggest Obstacles with Pull-Out Therapy

- o Work on student identified challenges in isolation
- o Work on those challenges with materials not found within the educational setting (for the most part)
- o Hope the skills we teach will be generalized to the educational setting (if students could make this type of generalization, they would probably NOT be our students)

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Integrated Services

- o Known as *push-in*, collaborative, classroom-based, et al
- o Pros:
 - o See carryover and generalization of skills
 - o Student progress across academic areas
 - o More consistent progress over time (Campbell, 1999)
 - o Train classroom teachers on differentiated instruction, learning modalities, accommodations
 - o Increase teacher resource library
 - o Greater collaborative partnerships
 - o Increase team building possibilities
 - o Gain valuable knowledge about curriculum and expectations for students
 - o Research has found this to be the most effective way to teach curriculum relevant vocabulary (Throneburg, et al., 2000)

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Integrated Services continued

- o Cons:
 - o Data more difficult to collect
 - o Functioning outside our “comfort zone”
 - o Networking required to obtain “buy-in”
 - o Parents may be skeptical
 - o Uncomfortable “teaching” teachers
 - o No time allotted for planning
 - o “I feel like a glorified paraprofessional”
 - o Not supported by administration
 - o Not supported by department (SPED and/or Speech)
 - o Teachers do not want someone in their classroom
 - o “I don’t know anything about curriculum”
 - o Scheduling issues (one child in a class, caseload too large, etc.)

Mount 2014

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“Collaborative” Services

“a collaborative service delivery model is to allow the speech-language pathologist to assess and treat communication impairments within natural settings (i.e., classroom) and, on a more global level, to *enhance the learning experiences* of children with and without handicaps”

ASHA

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Why Collaborate?

- o Provides opportunities to develop more *coordinated* approaches to service
- o *Collaborate* and learn from our professional colleagues as they learn from us
- o IDEA, 2008 provides *greater emphasis* on least restrictive environment (LRE) and *better generalization* of treatment results
- o *Improve intervention outcomes for students (BINGO!)*

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When Our Services are Collaborative:

- o Children's social relationships are fostered (allows for appropriate social interaction with same-age peers)
- o We observe whether our suggested strategies we develop are feasible
- o We focus on skills that will be immediately useful to the student

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Types of Collaborative Services

- o Supportive Teaching
 - o This model involves a combination of pull-out services and direct teaching within the educational environment (classroom). The SLP will teach information related to curriculum, while addressing specific IEP goals, by pre-teaching the specific targeted skill one-on-one or in a small group. In addition, the SLP will also teach the specific targeted skill to an entire classroom with the assistance of the classroom teacher. The cycle is repeated until targeted objectives are mastered. In this type of model, both the teacher and the SLP will be working together to determine objectives to address, working jointly on lesson planning and development of materials, and taking data on specific students (ASHA)

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Types Continued

- o Complementary Teaching
 - o This model utilizes the SLP in the role of tutor while utilizing the classroom teacher as primary instructor. The classroom teacher presents the curriculum content while the SLP assists specific students with work completion. The focus of the SLP is, obviously, the students for which objectives have been targeted. However, the SLP will assist all students who are struggling with the concepts being taught (ASHA)

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Types Continued

- o Station Teaching
 - o This model suggests that instructional material be divided into two parts, with the SLP and the classroom teacher each taking a group of students. When the instruction is completed, the groups switch, thereby allowing instruction from both the teacher and the SLP (Capilouto & Elksnin, 1994)

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Types Continued

- o Parallel Teaching
 - o This model divides the classroom in half and the classroom teacher and the SLP each instruct a designated group of students simultaneously. Ideally, the SLP will take the group of students that need more modification of content or slower pacing in order to master the educational content. The classroom teacher would take the group of students who respond well to a more standard format of teaching. The groups may change members, realistically, based on individual strengths and weaknesses that may be identified (Capilouto & Elksnin, 1994)

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Types Continued

- o Team Teaching
 - o In this model, the SLP and the classroom teacher will teach the academic content together, with each professional able to address his or her level of expertise. An example of this model may be a classroom teacher providing instruction in a specific content area while the SLP focuses on a more precise area, such as content area vocabulary development (ASHA)

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Keys to Successful Collaboration (Mount, 2014)

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Goal Setting

- o Before beginning, develop goals for the collaborative effort WITH your partners
- o Be definitive and concise in goal making
- o Define what you want to achieve by working collaboratively with your colleagues
- o Determine strategies and tactics to reach your goals
- o Liken this to a business proposal with no focus on turf, personalities, personal preferences
- o Focus on facilitating both quantity and quality of appropriate education for the student to reach their full academic potential

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Make the case for Integrated/Collaborative Services

- o Least restrictive environment
- o Natural learning environment
- o Impact on learning performance and success
- o Educational relevance
- o Joint goals, challenges, modifications, progress
- o Opportunities for observation and modeling
- o Access to classroom materials
- o Incorporate assessment and intervention
- o Reinforce targeted skills
- o More class time (students need not miss class time!!)
- o Practice time

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3:1 Model

- o The 3:1 Model is a flexible scheduling option, utilizing a workload approach to speech and language services in which three weeks out of each month (may not be an actual calendar month) are primarily designated for direct intervention with students, and one week is set aside for indirect services (the indirect week does not have to be the 4th week, although that may be the logical option in most cases)

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Primary Objective of 3:1 Model

To work with the goal of aligning speech therapy goals and objectives with the curriculum for better generalization of skills INTO the educational setting in which the student currently resides

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3:1 Model Pros

- Maximizes student success in the educational environment by utilizing flexible methods and integrating collaborative solutions, working toward student success within all environments throughout the school day
- Supports IDEA regulations requiring that special education efforts be integrated with general education outcomes
- Supports Federal, State and Local mandates
- Preserves the integrity of a student's federally mandated service minutes

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3:1 Model Pros

- Research indicates that the 3:1 model provides more consistent services to students and increases collaboration time with teachers and parents (critical for ESSA (formerly NCLB) and IDEA)
- Provides a higher quality of service to students and teaching staff as it allows for direct small group intervention and the generalization of skills in the classroom and general education settings without increasing cost of service
- It is a week in which activities directly related to case management duties of the SLP are completed without taking time from direct services minutes

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Positive (Pros) Outcomes

- | | |
|--|---|
| o Supports Carryover | o Increases time in the classroom |
| o Skills used can be observed in a meaningful context in a variety of educational settings | o Opportunities to observe and discuss progress in real life settings and situations |
| o Maintain compliance | o Shortens duration of therapy needed |
| o Supports classroom teacher | o Faster generalization of skills in a wider variety of sessions |
| o Increases student classroom participation | o More time to problem solve and collaborate with colleagues for a more effective outcome |
| o Increases student performance | o Time to develop innovative treatment strategies and materials |
| o Chance to observe modeling of prompts/cues in class | o Data collection in every day situations |
| o Have time to for completion of all components of the SLP assignment | o Higher level of support for students |

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Cons to 3:1 Model

- o Parents may resist
- o Teachers want an exact schedule that does not change
- o Lack of understanding of the value of such a model
- o May have some students that require more intense services on a weekly schedule with no break
- o Therapist may resist
- o Change is hard!!!!

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Consultation

- o SLP works to analyze, adapt, modify, or create more appropriate instructional materials or room environment
- o Regular ongoing observations of student and meetings with teachers must take place so as to assist the teacher with planning and monitoring of student progress

ASHA

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Consultation Pros

- o SLP may guide, coach, and mentor facilitation of best practices
- o Share research, resources and evidence-based practices
- o Work as a TEAM to achieve goals (*Teamwork makes the dream work*)
- o Student benefits when everyone is aware of goals and jointly responsible for progress monitoring
- o Teach new skills to staff
- o Observe student in the natural learning environment
- o Opportunity to see how modifications are working
- o Ability to better problem solve when student experiences difficulty
- o Ability to have more meaningful conversations with teachers and parents

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Consultation Cons

- o May be difficult to schedule dedicated consultation time with teachers
- o Teachers may not be willing to share information
- o May be difficult to go into classrooms
- o Parents may resist
- o Developing a consultative service may be difficult to define
- o Confusion of staff regarding the benefit of consultation

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A variety of service delivery models.....

- o Supports the creation of cohesive IEPs that are *individualized* for each student (think “I” in IEP)
- o Supports both federal and state legal requirements (IDEA, ESSA)
- o Will facilitate professional growth and development for the speech-language pathologist (think growth and advancement)

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Think “I”EP

- o *INDIVIDUALIZED* and based on:
 - o Severity of the communication impairment
 - o Student strengths and weaknesses
 - o Effect of communication impairment on the student’s classroom performance and social integration
 - o Current level of support available to the student
 - o Progress on stated therapy goals and objectives
- o NOT based on:
 - o Teacher preference or request
 - o Therapist preference
 - o Tradition
 - o Administrative mandate

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Universal Barriers

- o Service delivery choice may be restricted due to:
 - o Limited access to the classroom
 - o Misperception regarding treatment intensity
 - o Lack of planning and collaborative time
 - o Enormous caseload sizes
 - o Lack of involvement
 - o Lack of understanding/poor communication regarding service delivery options available to students and why they are available

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CHANGE YOUR NARRATIVE

CHANGE YOUR MIND

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ASK the RIGHT QUESTIONS

- o How can I better help my students?
- o How can I guarantee educational/academic success?
- o How can I be a bigger influence?
- o How can I be more active in the educational process?
- o How can I feel good again about my job and what I am doing with students?

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THINK OUTSIDE THE BOX

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