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Collaborative Therapy Isn't Pushy

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Moderated by:
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Collaborative Therapy Isn't Pushy!

Marva Mount, MA, CCC-SLP

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- Financial – I am being paid an honorarium by Speechpathology.com for this presentation
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Learning Outcomes

After this course, participants will be able to:

- Explain at least three collaborative therapy models.
- Describe at least three therapy ideas that can be utilized in a collaborative therapy model.
- Identify at least two data collection methods that are conducive to a collaborative therapy model.

Agenda

- 0-5 Introduction
- 5-30 Collaborative Models
- 30-45 Treatment Ideas
- 45-55 Data Collection Ideas
- 55-60 Summary, Q & A

What does the law tell us?

- IDEA 2004 requires that public schools (districts and charters) serve students with disabilities with their nondisabled peers, ***to the maximum extent appropriate***
- (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)).

continued

Individuals with Disability Act of 2008

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

continued

What does ASHA tell us?

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

ASHA 1999

Why Collaborative Therapy?

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

*While focusing on the **individual needs** of each student, IEP goals/objectives/benchmarks should ALWAYS allow for access to the general education curriculum as well as supporting active participation in grade level curriculum, whenever appropriate.*

When our services are integrated

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

Q4

Collaborative services

- Support cohesive IEP goal and objective writing
- Offer students the benefit of a variety of teaching methods, strategies, resources, and supports
- Provides instruction on grade level
- **Aligns goals with academic standards**
- Allows us to use **educational materials** that are familiar to the student
- Allows for more appropriate scaffolding and accommodations
- Facilitates professional growth and development of staff

Q6, 8, 10

Obstacles for students when we pull them out of class

- Work on student identified challenges in isolation
- Work on those challenges with materials not found within the educational setting (for the most part)
- 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 special ed!)

Pros of Collaborative Practice

(Campbell 1999)

- Allows for better generalization of student skills
- Allows for better carryover of student skills
- Allows for more consistent student progress over time
- Allows the SLP numerous opportunities to train staff on how to differentiate instruction (most learn by doing!)
- Allows SLP to use a variety of learning modalities
- Allows SLP to add to a teacher's resource library
- Allows for team building opportunities
- Allows the SLP to gain valuable knowledge of the curriculum
- Allows the SLP to gain understanding of the classroom expectations for students we serve within the educational environment
- Allows us to educate and demonstrate the value of what we do!

Cons of Collaborative Practice

(Campbell 1999)

- Traditional data collection methods may not work well
- SLP has to function outside of their comfort zone
- Difficult to engage and encourage teachers to participate in this type of service delivery
- Significant networking may be necessary to obtain “buy-in” from some teachers
- Parents may be initially skeptical
- SLP may feel uncomfortable with the role of “teaching teachers”

Collaborative Service Delivery Types

Supportive Teaching (ASHA)

- Combination of collaborative and direct teaching within the classroom
- SLP teaches information related to curriculum, while addressing specific IEP goals
- Pre-teach a specific targeted skill one-on-one or in a small group
- Also teach the targeted skill to the entire class with assistance from the teacher
- Cycle is repeated until the targeted skills are mastered
- SLP and teacher work together to determine skills to address
- SLP and teacher work jointly on lesson plans and materials
- SLP and teacher are both taking data on students

Complimentary Teaching (ASHA)

- SLP is utilized as a tutor and teacher as the primary instructor
- Teacher presents curriculum content while the SLP assists specific students with work completion
- SLP targets speech students and their goals primarily
- SLP can also assist other students that may be struggling within the classroom

Station Teaching (Capilouto & Elksnin 1994)

- SLP and teacher divide the instructional material into two parts
- SLP and teacher each take a group of students
- When the instruction is completed in one group, the groups then switch
- Allows instruction from both the SLP and the teacher during the lesson

Q2

Parallel Teaching (Capilouto & Elksnin 1994)

- Students are divided in half
- SLP and teacher instruct a designated group of students simultaneously
- SLP will take the group that needs more modification of content or slower pacing (ideally)
- Groups may change members based on student individual strengths and weaknesses that become identified during the teaching cycles

Team Teaching (ASHA)

- SLP and teacher teach the academic content together, allowing each to demonstrate his/her level of expertise on subject matter
- Teacher may focus more on the specific curriculum content
- SLP may focus more intently on a more precise area, such as vocabulary development or written expression

Q3

Consultation (ASHA)

- SLP will analyze, adapt, modify, create more appropriate instructional materials with specific struggling students in mind
- SLP and teacher will work collaboratively with planning
- SLP and teacher will work collaboratively on monitoring student progress

Keys to Successful Collaboration

(Mount 2014)

Commitment

- Committed to working together FOR the STUDENT
- Let go of having to be “in charge”
- Share the leadership role
- One focus – THE STUDENT
- Embrace the attitude that EACH professional brings a unique dimension to helping the student in need
- Take advantage of learning NEW things from NEW people

Team Focus

- Communicate and cooperate
- Say what you mean and mean what you say
- KEEP your commitments
- Be open-minded
- Team relationships must be one of good humor, good will, positivity, common sense, common courtesy
- Talk through challenges
- Be understanding
- Demonstrate kindness and patience
- Praise successes

Q5

Personalize

- Interpersonal savvy
- Be pragmatic
- Establish rules and routines within the classroom structure so all are on the same page from the START
- Share research, resources and materials
- Adopt a “WE” mindset

continued

Efficiency

- Build in adequate time for developing instruction
- Build in adequate time for lesson planning
- Build in adequate time for developing and organizing materials needed
- Build in adequate time for planning the use of shared space and equipment

continued

Information Sharing

- Meet regularly!
- Come prepared for the meetings
- Follow through on duties that are assigned
- Participate in joint decision making
- Put the STUDENT FIRST!

Parent Education

- Prepare parents for collaboration by communicating what the service delivery will look like
- Explain the WHY of the service delivery
- Explain the goals of the service delivery
- Explain what LRE is to the parent and why it is so important (and that it is a part of IDEA guidelines)
- EVERY team member should be able to explain the service delivery model and why it is being used
- Present a UNITED FRONT at all times

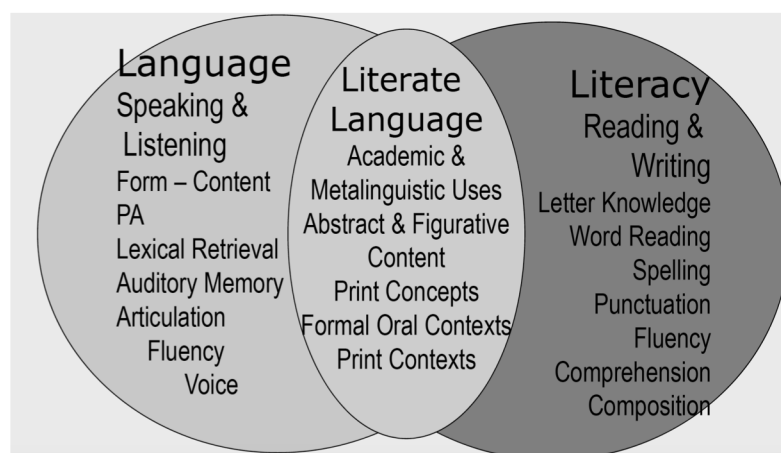
Administrative Support

- Provide resources
- Capitalize on “teachable moments”
- Communicate how this service delivery model interfaces with the school’s improvement plan
- Explain how YOUR expertise will assist with student mastery of the curriculum
- Demonstrate how YOUR expertise will lead to increased performance on district and state-wide assessment
- TOOT YOUR HORN every chance you get by sharing successes, both BIG and SMALL

Goal Setting

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

Curriculum: What *Isn't* Language?



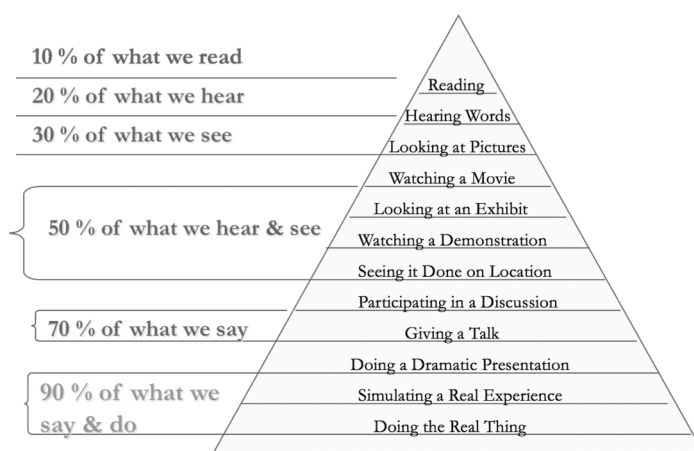
Collaborative Lesson Ideas with a Focus on Vocabulary

Interesting Facts

- Average student needs to see a word between 25 – 45 times prior to independent recognition (Hargis, 1988)
- Poor readers need to see a word 76 times before there is recognition in isolation (Hargis, 1988)
- Strongest action a teacher can take to ensure students have academic background is direct instruction of terms (Marzano, 2005)
- Vocabulary of entering first graders predicts not only word reading ability at the end of first grade (Senechal & Cornell, 1991) but also their eleventh grade reading comprehension (Cunningham & Stanovich, 1997)

Learning Pyramid

- What We Remember Most



Three Tiers of Vocabulary and Education (Judith Montgomery)

- Tier One: Basic vocabulary, rarely requiring direct instruction. Sight words, nouns, verbs, adjectives and early reading words occur at this level. There are about 8000 word families in English that appear in tier one.
- Sample of tier one words:
 - Book
 - Girl
 - Sad
 - Run
 - Dog
 - Orange

Three Tiers of Vocabulary cont.

- Tier Two: High frequency words that occur across a variety of domains. Occur often in mature language situations and strongly influence speaking and reading. There are about 7000 word families in English (or 700 per year) in tier two. ***Most important words for direct instruction because they are good indicators of a student's progress through school.***
- Sample of tier two words: coincidence, absurd, fortunate, radiant, etc.
- Important for reading comprehension
- Contain multiple meanings
- **Used across a variety of environments**
- Characteristic of mature language users
- Increased descriptive vocabulary (allow students to describe concepts in a detailed manner)

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Three Tiers of Vocabulary cont.

Tier Three: Consists of low-frequency words that occur in specific domains, which include subjects in school, hobbies, occupations, geographic regions, technology, weather and etc. Typically learned when a specific need arises. The remaining 400,000 words in English fall in this category.

Sample of tier three words: isotope, peninsula, photosynthesis, etc.

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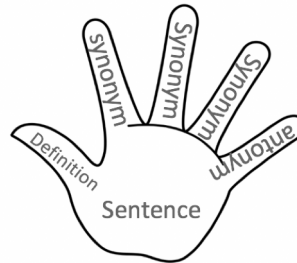
So How Do We Teach Academic Vocabulary?

Teaching Academic Vocabulary Tips

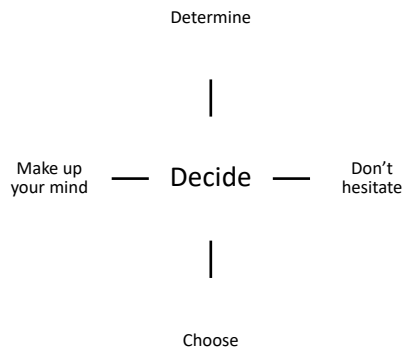
- Define new words – language impaired students require deliberate teaching of new material, as they have difficulty picking up new things indirectly
- Discuss new words – ask questions, engage in discussions that assist students with generalization of words in a meaningful way (also a great way for us to target all of our other goals)
- Reread – research shows that rereading books/information gives students additional exposure to words in meaningful contexts
- Retell – supports vocabulary learning because it increases a student's exposure to and use of new words and concepts within a story (does not have to be a verbal recount of story – can be acting out a story, using visuals, etc.)
- Integrate new words into familiar contexts/activities – If we are teaching vocabulary already used within the educational environment, then we have a huge advantage.

Vocabulary Glove Example – The word is Demonstrate (Marilee Sprenger)

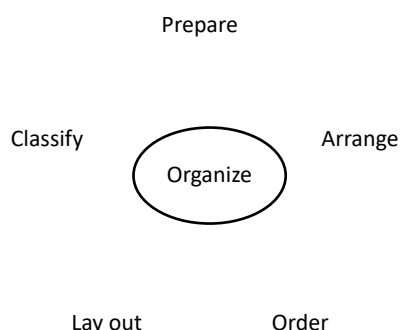
- Palm: Sentence
 - I can show my understanding of the word in a sentence
- Thumb: Definition
 - Describe by examples
- Index Finger: Synonym
 - describe
- Middle Finger: Synonym
 - show
- Ring Finger: Synonym
 - reveal
- Pinky Finger: Antonym
 - hide



Concept Map Example – Determine (Marilee Sprenger)

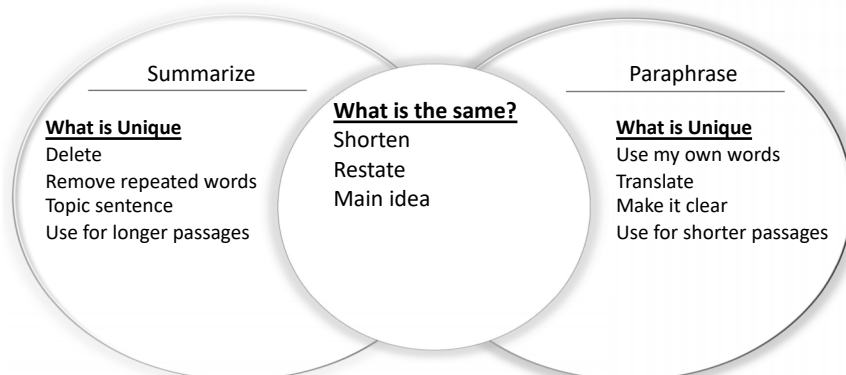


Synonym wheel example (Marilee Sprenger)



Summarize and Paraphrase Venn Diagram (Marilee Sprenger)

Venn Diagram



Frayer Model Example - Support

Definition in your own words

Got your back

Facts/Characteristics

Back up

Help

Proof

SUPPORT

Examples

According to the article, the internet is valuable. It allows communication all over the world through real-time video, through internet phone conversations and through written communication such as email

Non-examples

General answers with no details.
Opposing an idea with no research to back up your opinion

Primary Grade Idea

- Work on a jointly selected list of curriculum vocabulary by:
 - Using thematic units
 - Pair vocabulary with literature
 - Whole class (large group) lesson for presentation of vocabulary to the entire class
 - Circle time, snack, center time, individual seat time (small group) for additional practice/exposure to new words, specifically designed for students with a speech impairment

Teach the Vocabulary of Questions

- Students often fail tests, not because they do not have the information, rather because they do not understand the vocabulary of questions
- Choose this vocabulary to target, as you will be assisting a student ACROSS curriculum
- Choose words in that tier two vocabulary hierarchy
- Do not just focus on subject specific vocabulary words

Essential Academic Words (Jim Burke 2014)

Word	Synonym	Synonym	Synonym
Analyze	Breakdown	Deconstruct	Examine
Argue	Claim	Persuade	Propose
Compare/Contrast	Delineate	Differentiate	Distinguish
Describe	Illustrate	Report	Represent
Determine	Establish	Identify	Resolve
Develop	Formulate	Generate	Elaborate
Evaluate	Assess	Figure out	Gauge
Explain	Clarify	Demonstrate	Discuss
Imagine	Anticipate	Hypothesize	Predict
Integrate	Combine	Incorporate	Synthesize
Interpret	Conclude	Infer	Translate
Organize	Analyze	Classify	Form
Summarize	Outline	Paraphrase	Report
Support	Cite	Justify	Maintain
Transform	Alter	Change	Convert

Sample IEP goals

Vocabulary
Multiple Meaning Words,
synonyms, antonyms

- Given ____ words, student will name a multiple meaning word with ____% accuracy in ____ trials.
- Given ____ words, student will provide a synonym (word with same meaning) with ____% accuracy in ____ trials.

Vocabulary
Affixes, root words

- Given ____ words, student will determine the word meaning using affixes with ____% accuracy in ____ trials.

Vocabulary
Context clues

- When presented with ____ sentences, student will determine a meaning of an unknown word using context clues with ____% accuracy in ____ trials.

Data! Data! Data!
What Do I Need?

Data collection demonstrates that our profession and the work we do is beneficial, effective, and necessary to guide our decision making and treatment delivery from eligibility to dismissal (Olswang & Bain 1991)

Data! What and How?

- From the start, you need good information to present to parents and teachers that is easily understandable
 - Any data that has been collected through the RTI process and the results of the intervention
 - Comprehensive report with understandable vocabulary and examples
 - Speak **specifically** to how the impairment will interfere with academic and functional performance
 - Provide strategies and methods that speak specifically to the student challenges that can be utilized by parents and teachers to support the student
 - Use visuals whenever possible

Why do we collect data?

- In order to make sound, ongoing clinical decisions concerning student progress in therapy
 - Is student responding to treatment?
 - Is our treatment reasonable?
 - Is there efficacy in our treatment?
 - Is significant improvement and behavior change occurring?
 - Rate?
 - Magnitude?
 - Extent?
 - Broad enough to encompass various demonstrations of progress?
 - Is treatment responsible for that change?
 - "Threats to Validity"?
 - How long should the treatment targets be addressed in treatment?
 - Did it trigger/induce or facilitate emergence of the target behavior?
 - Did it master the behavior?
 - Or did it maintain a behavior at its most sophisticated, complex level?

Guidelines for Collecting Therapy Data

- Only most relevant data collected
 - Most necessary
- Determine frequency of data collection
 - How often do you need to take data given intervals needed to observe change in behavior?
- Consider different ways of collecting data
 - Natural environment
 - Structured environment
 - Rubric versus correct/incorrect

Implementing Data Collection

- **What to measure?**
 - Quantitative
 - Qualitative
- **How to measure?**
 - Naturalistic
 - Structured
 - Different settings
 - Combination
- **When to measure?**
 - Frequency
 - How often needed to determine change
 - Multiple measures (you, student, teacher, family)
 - Manner

Data Collection Factors:

- **Internal Factors:**
 - Measure Progress
 - Drive Therapy
 - Determine Goals
- **External Factors:**
 - Student benefit
 - Benefit of teachers and families
 - Progress Monitoring/Progress Reports
 - Legal Protection
 - Funding Sources

Data Collection Outside “Our” Boxes – “Live a little”



- **Let your students take their data** – research indicates this establishes ownership, they know their goals, they self monitor more effectively, they function more independently, they show more motivation
- **Make it explicit** – your feedback to your students should be direct and easily understood – it should not be a secret from the student
- **Take GOOD data less often** – when it has a definite purpose and when it will yield evidence of change in target behavior
- **Talk and Share** – make your student a PART of the process
- **Think ahead** – use your data to drive your PLAAFP and goal writing
- **Make a system** – organize therapy in such a way that you actually KNOW what data you are taking and on WHAT

What type data do we collect?

- **Quantitative:**
 - Predetermined targets
 - Objective data
 - Behavior can be operationally defined for observation and measurement
 - More than one person can collect and interpret data on targets in same manner with same results
 - Targets are predetermined and followed
- **Qualitative:**
 - Subjective data
 - Observation
 - Interview
 - Obtained from a variety of sources
 - Preserves what the observer sees
 - Open mind about targets

Therapy Data

- Know what you are measuring and with what types of cues, etc.
- Understand ways that you can measure information in a variety of ways (rubrics, correct/incorrect, etc.)
- Various types of therapy data
- Student taken data
- Teacher data/grades/portfolios/work samples (just as your therapy needs to be academically based, so does your data collection!)

Student Directed Data Collection

- Can do graphs that are easy and very visually motivating to students (and great at IEP meetings)
- Can use a variety of data collection for even the very young
- Data should be shared with students often in order for them to know their own goals and progress – best motivation is success!
- Students need to see their progress
- Competition is sometimes motivating

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