The Triple “Threat” In Mississippi: Speech-Language Pathologists, Parents and Teachers on the Same Page to Educate Children

Nola T. Radford

University of Tennessee Health Science Center, nradford@uthsc.edu

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The Triple “Threat” In Mississippi: 
Speech-Language Pathologists, Parents and Teachers on the Same Page to Educate Children
Purposes

• Provide an in-depth review of speech-language and hearing services in the state

• Promote understanding among parents, teachers, and SLPs
Preliminaries

• Note Cards for Questions
• Contact Information for Presenters:
  Darlene Gore, M.S., CCC-SLP
  President-Elect
  Mississippi Speech-Language-Hearing Association
  Nola Radford, Ph. D. CCC-SLP
  Speech-language Pathologist and Professor

Terminology

• “Clinician” - a term applied to individuals who provide speech and language services. Term applies to bachelor-level and masters-level providers.

• “Speech-Language Pathologist (SLP) - a term applied to individuals who hold the masters or doctorate in speech-language pathology and/or speech and hearing sciences.
• Special Educators—administrators, teachers and clinicians who serve children and adults with disabilities.
Disclaimer

• Caution has been taken to provide an accurate discussion of MDE and other entities.
• The presenters are not the final authority for these agencies.
• For specific information about policies, practices and other issues, contact The MS State Department of Education (MDE) and other entities as discussed throughout the presentation.
Photo of family and school age child served in Mississippi (2011), with Dr. Radford (Left). Photo artistically stylized to protect client and family identity.
Special Education Monitoring

Self Assessment by MDE, with reports to Office of Special Education, excerpts dating back to 1997.
Cooperatives of Three

• Given the challenges of serving, it is essential to form a strong team to address such.
• The overall conference theme brings to mind a cluster of three: silver linings, golden opportunities and pearls of wisdom.
• We add to this the notion of “triple threat”. These are strong words, but not with negative overtones. Refers to the weight of three strong talents or positives.
Our Threat to State Challenges

• Parents
• Educators
• Speech-language Pathologists

Do you need a degree for that?
A Little About Current Preparation

• The master’s degree, nationally, is considered the appropriate entry level for services, given the complexities of teaching diverse children.
Educational Requirements for Speech-Language Pathology

Radford & Gore Handout #2 (CEC Conference, 2012)

See: MS State Department of Education

http://www.mde.k12.ms.us/ed_licensure/type_licenses.htm

Current options for clinicians serving in public schools:

Special Five Year Educator Licenses

- Audiologist

- Speech/Language Clinician

<table>
<thead>
<tr>
<th>License</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>Class AA</td>
<td>1. Meet requirements for Five Year Class A</td>
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<td></td>
<td>2. Master's degree, OR</td>
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<td>Master of Education Degree</td>
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<td>(3) semester hours in content or job/skill related area</td>
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What are your thoughts?

• How would you describe the speech-language pathologist?
The History of The SLP

“elocutionists”
“speech correctionists”
“speech specialists”
“speech teachers”
“speech therapists
“Speech Language Pathologists”
The Speech-Language Pathologist

- Officially defined with an expansion of duties to include serving individuals with language problems in 1976.
- The policy modification is that “Speech-language pathologists are responsible for the diagnosis, prognosis, prescription, and remediation of language disorders (Asha, 1976).

Current Perspectives

• Working collaboratively with other professionals and parents is key to service in public schools.
• In Mississippi and a number of other states, slps adopt the role of supervising personnel who support their function.
• Need for competencies in technology and telepractice in assessment, planning and service delivery.
Sources for Describing SLPs and Changing Roles

Professional Organizations (ASHA-MSHA)

MS State Department of Education

IDEA (2004)
Speech-Language Pathologist

Based on IDEA (2004), the speech-language pathologist is responsible for:
Identifying children with speech or language impairments,
Diagnosing and appraising specific impairments,
Referring children to other professionals
Providing services for prevention and remediation of problems that could interfere with academic performance.
Speech-Language Pathologist

• Counseling and offering guidance to parents, teachers and students regarding communication disorders (Asha Leader (2011)).

• See Handout
So, what do slps do—again?


Critical Roles

- Working Across All Levels
- Serving a Range of Disorders
- Ensuring Educational Relevance
- Providing Unique Contributions to Curriculum
- Highlighting Language/Literacy
- Providing Culturally Competent Services
Range of Responsibilities

- Prevention
- Assessment
- Intervention
- Program Design
- Data Collection and Analysis
- Compliance
Leadership

• Returning again to the duties of SLPs, consider the responsibility for leadership—service to the profession, institutions (schools), colleagues (teachers and parents), and children.
Examples of Leadership
Collaboration

With Other School Professionals
With Universities
With the Community
With Families
With Students
The IDEA ‘04 definition includes . . .

- **Identification** of children with speech and/or language impairments.
- **Appraisal** and **diagnosis** of specific speech and/or language impairments.
- **Referral** for medical or other professional attention necessary for the habilitation of children with speech or language impairments.
- Provisions of speech and/or language services for the **prevention** of communication impairments or the **habilitation** of children with such impairments.
- **Counseling** and **guidance** for parents, children and teachers regarding speech and/or language impairments.
NO CHILD LEFT BEHIND

• Testing and Achievement
  – State Standards
  – Performance Goals
  – Adequate Yearly Progress
  – Schools in Need of Improvement
• Teacher and Paraprofessional Quality
• School Improvement

Elementary and Secondary Education Act (ESEA)

Three major factors must improve to create successful classroom based support (Jackson, 2003)

• Attitudes and Beliefs
  – Collaborative practice
  – Availability of services (Continuum)

• School Support
  – The school instructional leader supports the needs of all students

• Collaboration
  – Variety of teaming approaches are used
  – Cross discipline practice occurs frequently
History Fuels Attitudes and Beliefs

A brief clip from a video that recounts current educational paradigms that may support attitudes and beliefs that hamper our effective collaboration.
Realigning Ourselves

Evidence-based practice to support choices of curriculum and therapeutic intervention

Changes in training to provide preservice opportunities for joint practica and group service

Increased effort for collaborative teaching-remediation
Realigning Ourselves

• Continued advocacy at the state-level via the Mississippi Speech-Language Hearing Association

• Continued advocacy at the national level via the American Speech-Language Hearing Association

• Continued collaboration at the state-level via the Council for Exceptional Children
Realigning Ourselves

• Increased collaboration via parent organizations and support groups
• Increased inclusion of workshops in professional continuing education conferences for inclusion of parents and teachers
Hindrances to Realignment: Examples of SLP Concerns

• Reflected in 2012 topics of the Mississippi Speech-Language-Hearing Association:
• Quality of services in school (Task Force 216 Issues—which is the Bachelor level license)
• Standards-aligned Communication Curriculum Assessment
• Compliance with legal and procedural requirements
Hindrances to Realignment: Parent and Educator Concerns

• CEC Conference (2012) and this session are reflective of the need for dialogue

• Major hindrance is the economy, resulting in:
  – Changes in funding for schools
  – Parental loss of jobs and/or reductions in income
  – Threats to the integrity of current federal and state guidelines for special education and support services.
SLP Concerns

• Reflected in MSHA’s engagement in supporting research regarding evidence-based practice

• The need remains to return again to the basic tenets of IDEA (2004) and how we address collaboration and classroom based services.

• Examples are available from the neighboring state of Arkansas.
What Are the Benefits of Classroom Based Services?

- 251: Increased carry-over / generalization of targets
- 180: More functional / curriculum-based
- 117: Natural communication environment
- 89: Other children benefit
- 64: More efficient
- 40: Students don't miss class
- 38: Team approach
- 37: Peer involvement
- 29: Better awareness of student needs
- 62: Less stigma / increased self-esteem
- 20: Expands SLP's experience
- 21: Expands teacher's experience

Wier (2001) n=369
Classroom Based Services in Mississippi

- Top concerns include who will provide speech and language services and funding.
- Inclusion services and collaboration, although a concern, have not had the central focus recently among SLPs in the state.
- August, 2010, Rachel Powell, School Issues VP for MSHA provided a report on Code 216 regarding five year renewable license for bachelor-level clinicians.
October 22, 2010, the Mississippi Department of Education (MDE) Board approved the new 216 Speech/Language Teacher License with a vote of 7 to 1.

The license was approved with a delayed implementation date of July 1, 2013, at which time the license will go into effect.
Input from Parents, Children and Teachers

• MDE (Mississippi Department of Education) promotes a person-centered approach to assessment, planning, services and transition.

• See the current parent brief, located at http://www.ncset.org/publications/printresource.asp?id=1431
Glimpse of MDE Link to Article

National Center on Secondary Education and Transition

Parent Brief

Promoting Effective Parent Involvement in Secondary Education and Transition

February 2004

Person-Centered Planning: A Tool for Transition

The expression, "It takes a village to raise a child," is never more true than when talking about a child with a disability. Young people with disabilities need a support system that recognizes their individual strengths, interests, fears, and dreams and allows them to take charge of their future. Parents, teachers, family members, and friends in the community who offer informal guidance, support, and love can create the "village" for every child.

Yet when young adults with disabilities are preparing to make the transition from high school to work or postsecondary school, their "village" may be forgotten in the rush to secure new services from programs and systems that provide support for adults with disabilities. These crucial supports may include vocational rehabilitation, day training programs, Social Security, Medicaid waivers, housing, and transportation support. In contrast to a young person's informal support network, systems tend to use relatively impersonal and formal methods of assessment. Case managers, vocational rehabilitation counselors, and county social workers often have large caseloads as well as a limited amount of time to know the individual needs and abilities of each student on their caseload.

Responsibility for maintaining the "village" is usually left to the family or parents of the student who is graduating. However, parents have little time to become experts on the range of supports available to their child after high school. It is not surprising that the invaluable, informal supports available from a young person's "village" often remain untapped or underdeveloped while families focus on accessing adult services.

This does not need to be the case. Use of a person-centered planning process with young adults with disabilities as they go through transition can unite formal and informal systems of support. By combining resources and working intentionally toward a common goal, families and professionals can achieve more positive outcomes for youth with disabilities, while at the same time putting long-term community supports in place.

Person-Centered Planning

The Individuals with Disabilities Education Act (IDEA '97) requires that a student's Individualized Education Program include transition planning by age 14 or earlier, if appropriate. This plan should reflect a student's interests and preferences, current accomplishments and skills, what they still need to learn, as well as what they want to do in life. This can include a range of goals—everything from the type of career the student would like to pursue to the kind of living situation he or she hopes to have. Person-centered planning is a way to identify a student's individual goals and to help students, families, and professionals craft plans that will support students as they strive to achieve their dreams.
Back to Basics

- FAPE
- LRE
- Service Delivery
- Collaboration
• The trend since the 80s and 90s is toward emphasis on scope and intensity of service rather than simply a site or setting (Case, 1997 in Weir, 2003).
Models of Service Delivery

- Monitor
- Collaborative Consultation
- Classroom-based
- Pull-out
- Self-Contained
- Community Based
- Combination
Predominant Methods

• Pull-out is the more frequently used method
• Exact figures for Mississippi were not available for this presentation.
• Some major resource website were down!
Disadvantages to Pull-Out

- Lose time locating children and bringing to a location outside the classroom
- Less flexibility when varied disabilities served in groups. Fewer opportunities for just in time learning
- Limits potentiality of transfer learning or generalization.
- Reduces overall potential for progress.
Benefits to Full Continuum

• Deep quality for children and families
• Improved outcomes

• Responsibility is with school and its stakeholders!
“Service delivery is a dynamic concept and changes as the needs of students change”…

“All models require collaboration and consultation.”

Asha (1999)
Do you Feel You are Stuck?

- Surveys of slps throughout the state are not available; however, work by Wier (2001) indicates that SLPs felt they were “stuck”. Co-activity (in shared space with similar activities), but without exchange of ideas, planning, support and feedback.
THINGS THE SLP SHOULD DO!

• What follows are a series of suggestions as proposed by Wier in 2003 and that are still essential for a consideration of service delivery in Mississippi.
“Language is the foundation for learning within all academic subjects.”

“School-based SLPs help students maximize their communication skills to support learning.”

“Educational success leads to productive citizens.”

ASHA (1999)
Signs That a Collaborative Model Will Be Successful

• Principal . . .
  – knows the entire curriculum and is actively involved in measuring its impact on children
  – is committed to equal access for all children even those with learning and behavior problems
  – believes in staff training and retraining
  – is a life-long learner himself or herself
  – recognizes the value of timely intervention and prevention
  – empowers the staff to make decisions
Directors of Special Education

• Need to provide in-services, opportunities for site visits, and materials to the SLP.
• Must orient principals to the new model and outline the advantages of collaborative intervention versus pullout services.
• Are in the best position to show the close link between the collaborative model and equal access to the core curriculum.
• Can point out the value of serving children in the at-risk category as well as children with identified disabilities.
Things the SPEDS Should Do

- Start small! One or two teachers only
- Alert well in advance of changes
- Provide a one-page summary to administrators
- Ask to cluster some students in the same class

- Communicate often
- Provide a written schedule
- Make information available but don’t copy unless asked
- Emphasize the increase in your productivity and visibility
Things the SLP Should Do

- Speak regularly w/ other SLPs, Parents and Educators using a collaborative model to get new ideas, share experiences, and expand your expertise
- Keep track of # of IEPs, dismissal rates, consultations
- Attend general ed. staff meetings and in-services
- Write an article for the school paper and/or speak at a PTA meeting about the enhanced role you play in their school
“TOP-DOWN”

“BOTTOM-UP”
Discussion-Concluding Work

• Small Group Work To Devise A Monitoring Checklist.
THANK YOU!

• To Conclude:
  – Wishing you Silver Linings
  – Golden Opportunities
  – Opportunity to apply Pearls of Wisdom
  – In the Context of cooperative clusters
    • SLPS, Teachers, and Parents!

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