Beyond the Speech Room: Increasing Collaboration to Support Generalization
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Welcome and Intro

"Clinical success is defined in terms of helping clients reach measurable, functional outcomes so they can participate in community, family, work, and learning activities."

ASHA recommends that no single service delivery model should be used within a school setting (ASHA, 2000).

Let’s look at some data…

- Group intervention outside of the classroom was reported for 91% of the students participating in speech and language intervention.

Lack of variation?

- Overall, SLPs reported that students with moderate and less severe disabilities took part in intervention in a group outside of the classroom regardless of their diagnosis.

- The data from the same SLPs’ caseloads indicated little variability across disabilities and severity level with respect to program intensity and service delivery model.

Program Intensity

- Primary program intensity in elementary schools was 1 or 2 times a week for 20–30 min.
- The primary difference between disability severity and program intensity was that the students with the least severe disability were seen 1 time a week and the students with moderate and severe disabilities were seen 2 times a week.


Not much better in high school

- Regardless of severity, all high school students received intervention 1 time a week for 20–30 min.

Who was being seen in class?

- Students with
  - reading/writing disabilities
  - pragmatic/social difficulties
  - Autism
  - AAC devices
- were seen more frequently in their classrooms for intervention compared to students with other disabilities

ASHA 2014 SLP Schools Survey

<table>
<thead>
<tr>
<th></th>
<th>Pullout</th>
<th>Classroom-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
<td>19.8 hrs</td>
<td>3.2 hrs</td>
</tr>
<tr>
<td>Secondary</td>
<td>16.2 hrs</td>
<td>6.7 hrs</td>
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*Average number of hours spent per week on the service delivery model


Benefits of Collaborative Service Delivery/Inclusion

Collaborative service delivery maximizes the effectiveness of services provided for students with:

• developmental articulation/phonology and language impairments
• cultural and linguistic differences
• language learning impairments
• hearing impairments
• autism, intellectual disabilities, and other developmental disabilities

Benefits of Collaborative Service Delivery/Inclusion

• Focused on real communicative strategies in actual interactive contexts

• There is some evidence that suggests that classroom-based direct services are at least as effective as pullout intervention for some intervention goals

Inclusion: Is It Worth It?

- Inclusion has numerous strengths, including natural opportunities for peer interaction.
- Available research suggests cautious optimism regarding its effectiveness in promoting communication abilities and skills in related developmental domains.
- ASHA believes that the shift toward inclusion will not be optimal when implemented in absolute terms.
- Rather, the unique and specific needs of each child and family must always be considered.

It Can Be Confusing

Classroom-based model could mean...
- Working with classroom-based materials in therapy room
- SLP collaborating with teacher or co-teaching
- SLP working with a small group within the classroom
- SLP presenting a lesson to entire class

Is one better than the other?

- Some interpret the hierarchy of service delivery models as an implication that one service delivery option is better than another.
- Others view the models as more applicable to particular settings (such as schools) than others.
- This concept of unique and discreet options has in effect limited instead of expanded clinicians’ thinking about how to develop appropriate treatment programs (p101).
Clear as Mud?

Key word: **augment**, rather than replace pull out

The purpose is to maximize functional potential despite challenges and barriers


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Yes, There are Challenges

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Yes, There are Challenges

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Using Our “Box” Better Together