

Background

• Speech language pathologists (SLP) in school settings are challenged to support carryover of speech and language goals within the classroom as part of comprehensive interventions in school settings.

 According to ASHA (2010) responsibilities of SLPs in school settings include the provision of direct services to children on caseloads as well as indirect services including classroom consultation and carryover. Time and resource limitations are barriers for SLPs to provide classroombased services.

 According to ASHA's (2016) survey of school providers, SLPs spend a majority of their time providing traditional pull out therapy 19 hours per week, and far less time providing classroom-based services, 5 hours per week.

• There is ample research supporting the efficacy of language-based therapeutic interventions provided within the classroom (e.g., Calvert et al. 2003; Farber & Klein, 1999; Gillam et al. 2014; Roberts et al. 1995; Smith-Lock et al. 2013; Swanson et al. 2005; Throneburg et al. 2000; Valdez & Montgomery, 1997; Wilcox et al. 1991).

Program Objectives

• This presentation is a program evaluation for the first year of a project termed, The SHU Collaborative, whereby three graduate students in SLP completed a two-semester placement (spring, summer) working with one SLP who had a caseload of over 50 children. SLP students worked directly with the SLP and also provided carry-over of skills within the classroom under the supervision of an adjunct clinical faculty member from the university. The purposes of the program were:

- 1) To augment speech-language therapy services being provided to students in one elementary school.
- 2) To train graduate students in SLP to provide high quality speech and language intervention to children in school settings.

An **overarching goal** of this project was to develop a community collaboration with a nearby high-needs school district while piquing SLP graduate students' interest in working in a high-needs urban school settings.

Evaluation of a Program to Increase Classroom-Based Speech & Language Intervention in an Elementary School Anthony D. Koutsoftas¹, Vikram Dayalu¹, Nazninbib Abdul-Rahim², Patricia Dowd², Dawn Maffucci¹ ¹Seton Hall University; ²Partner School District

Timeline over 18 months



Outcome Data

<u>Table 1.</u> Survey results from teachers who had an SLP student clinician provide services within their classroom (n = 12)	1 Strongly Disagree	2 Somewhat Disagree	3 Neither Agree or Disagree	4 Somewhat Agree	5 Strongly Agree	Mean (SD)	<u>Table 2.</u> Descriptive information for student clinician participation in school-based SLP related activities during placement (n = 3)		
How many times per week, on average, was a SLP student clinician present in your classroom?		3	1	0	4	2.75 (1.76)	<u>Activity</u>	Mean days or opportunities	
I was satisfied with the way the program was explained to me prior to start.	0	1	2	3	5	4.09 (1.04)	Classroom observation	5.33 days (SD = 0.58; Range = 5 to 6)	
I found that the program SLP student clinicians did not disrupt my classroom.	0	0	0	1	10	4.91 (0.30)	Evaluation observation (CST, Preschool,	2.33 opportunities (SD = 1.15; Range = 1 to 3)	
I found that the program faculty did not disrupt my classroom.	0	0	3	0	8	4.45	Speech/Language)		
I found the SLP student clinicians to be helpful with the students they were working.	0	0	0	3	8	(0.93) 4.73 (0.47)	Annual review meetings	2.0 opportunities (SD = 1; Range = 1 to 3)	
I saw improvements in the speech and language ability of the students in my class that worked with SLP student clinicians.	0	0	4	2	5	4.09 (0.94)	Conduct assessments	0.67 opportunities (SD = 1.15; Range = 0 to 2)	
I found the program did not interfere with the learning of students in my classroom who do NOT receive speech language services.	0	0	0	1	10	4.91 (0.30)	Classroom-based intervention "push-in"	25.0 days (SD = 5.57; Range = 19 to 30)	
I was able to learn how to better support my students' speech and language needs as a result of the program.	0	1	6	0	4	3.64 (1.12)	Speech-room based intervention "pull-out"	18.33 days (SD = 5.77; Range = 15 to 25)	
I found the program to be beneficial to my students.	0	0	3	2	6	4.27 (0.90)	In-service presentations	2.0 opportunities (SD = 0; Range = 2)	
I would welcome the program and the SLP student clinicians into my classroom again.	0	0	0	1	10	4.91 (0.30)		(30 - 0, Nalige - 2)	

<u>Table 3.</u> Descriptive information for SLP Caseload (n = 52)					
Gender	Girls = 12; Boys = 35				
Grade Level	Preschool = 8; Kindergarten = 23; First = 2; Second = 10; Third = 2; Fourth = 6; Fifth = 1				
Qualifying Category	Autism = 37; Communication Impaired = 1; Specific Learning Disability = 4; Other Health Impaired = 2; Preschool Disability = 8				
Classroom Mandate	Self-Contained = 31; General Education with Services = 14; Preschool Self-Contained = 5; Inclusion Classroom = 2				
Related Services	OT = 42; PT = 13				
Speech-Language Intervention;					
Average hours/10-weeks					
Speech Room		19.42 (SD = 3.66)			
Classroom Based		17.67 (SD = 8.73)			



		Articulation	Phonology	Morphology	Syntax	Semantics	Pragmatics	Literacy	Cognition
Q2	NI	0	0	0	2	1	2	0	0
	I	0	1	1	8	3	7	0	1
	Р	0	0	1	10	14	15	0	6
	Mn	0	0	2	11	3	5	0	7
	Ms	0	1	0	7	1	8	1	0
Q4	NI	0	0	0	1	0	3	6	1
	I	0	0	0	12	10	4	0	3
	Р	0	0	2	16	7	11	0	12
	Mn	1	3	4	5	8	10	2	1
	Ms	0	1	0	4	1	1	1	2





• This program evaluation examined the first year pilot of a University-Community partnership to improve outcomes for school children receiving speech and language services, while providing an innovative clinical practicum for SLP graduate student clinicians.

 Teacher survey demonstrated that for the pilot year of this project, the presence of additional instructors (SLP students) was viewed positively.

• All stakeholders saw value in the program primarily for the students on the SLP caseload as well as other unforeseen impact within the classrooms where the project took place. Additionally, the partnership between the district and university was strengthened through this pilot allowing for expansion of the program in the district.

• Graduate SLP student clinicians had a unique opportunity to engage in classroom carryover in addition to traditional pull-out therapy. Also, they had opportunities to participate in a range of school activities.

 Shift from a staggered schedule to a caseload based model to ensure consistency with students and teachers at the school sites.

• Explore processes to track progress made by students in the district as a result of this project.

 χ_z – Second Quarter; χ_4 = Fourth Quarter; M = Not introduced; T = introduced; P = Progressing; M = Maintaining; M = Mastered





Program Evaluation

Future Directions

• Expand the program to another school in the district.

• Increase the amount of time spent by the adjunct clinical instructor on site at the schools.

> Increase SLP graduate student opportunities to: conduct assessments; participate in an SLP, special education, or school faculty meeting; and, participate/observe Intervention & Referral Services (I&RS) activities.

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- ROW-Lab: http://blogs.shu.edu/row-lab/
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References

American Speech-Language-Hearing Association. (2016). 2016 Schools Survey report: SLP caseload characteristics. Available from www.asha.org/research/memberdata/SchoolsSurvey.htm

American Speech-Language-Hearing Association. (2010). *Roles and Responsibilities of Speech-Language Pathologists in Schools* [Professional Issues Statement]. Available from www.asha.org/policy

Calvert, L., Throneburg, R., Kocher, C., Davidson, P., & Paul, P. (2003). Collaborative or pull-out intervention: Practice and progress at one elementary school. *Perspectives on School-Based Issues, 4*(1), 8. doi:10.1044/sbi4.1.8

Farber, J. G., & Klein, E. R. (1999). Classroom-based assessment of a collaborative intervention program with kindergarten and first-grade students. *Language Speech and Hearing Services in Schools, 30*(1), 83-91. doi:10.1044/0161-1461.3001.83

Gillam, S. L., Olszewski, A., Fargo, J., Gillam, R. B., Nippold, M., & Hoffman, L. (2014). Classroom-based narrative and vocabulary instruction: Results of an early-stage, nonrandomized comparison study. *Language, Speech & Hearing Services In Schools, 45*(3), 204-219. doi:10.1044/2014_LSHSS-13-0008

Roberts, J., Prizant, B., & McWilliam, R. (1995). Out-of-class versus in-class service delivery in language intervention: Effects on communication interactions with young children. *American Journal of Speech-Language Pathology*, *4*,87–94.

Smith-Lock, K. M., Leitao, S., Lambert, L., & Nickels, L. (2013). Effective intervention for expressive grammar in children with specific language impairment. *International Journal of Language & Communication Disorders*, *48*(3), 265-282. doi:10.1111/1460-6984.12003

Swanson, L., Fey, M., Mills, C., & Hood, L. (2005). Use of narrative-based language intervention with children who have specific language impairment. *American Journal Of Speech-Language Pathology*, *14*(2), 131-143.

Throneburg, R. N., Calvert, L. K., Sturm, J. J., Paramboukas, A. A., & Paul, P. J. (2000). A comparison of service delivery models: Effects of curricular vocabulary skills in the school setting. *American Journal of Speech-Language Pathology*, *9*, 10-20.

Valdez, F. M., & Montgomery, J. K. (1997). Outcomes from two treatment approaches for children with communication disorders in head start. *Communication Disorders Quarterly, 18*(2), 65-71. doi:10.1177/152574019701800207

Wilcox, M., Kouri, T., & Caswell, S. (1991). Early language intervention: A comparison of classroom and individual treatment. *American Journal of Speech-Language Pathology*, 1(1), 49–62.