The speech-language pathologist – child relationship in primary schools: reflective approach to improve the overall quality of life and methods of therapy speechlanguage pathologists Kelley Tai

Introduction

The theme for this research is inspired by my volunteer placement at St. Mike's Hospital for pediatrics (child language screenings). The topic of this paper is the support and care for speech-language pathologists (SLP) in primary schools. This project will highlight the best way for the SLP to feel meaning in their work, and in turn, help primary school children make the most out of their therapy session. It's important to start asking some of the basic questions in which we can address these issues. What is the power relationship between teachers and speech-language pathologists? What kind of methods do the SLPs employ on their child to know that the child is benefiting most from these types of procedures? How well trained are these SLPs that they motivated to do their best? Do the speech-language pathologists feel that they are making a difference for the child? When we have the answers to these questions, then we are able to strive for a better clinical practice in speech-language pathology.

Literature Review

What is currently known does not say much about the relationship between the speech-language pathologist and the child. There are pages of literature pertaining to teacher-children relationship, but this does not apply to speech-language pathologists. SLPs are not teachers. The literature implies this clear distinction. Teachers and speech pathologists are two different entities that need to "work to plan and execute a complete program that empowers students" (Santos, 2000). They even view their students in different lights. One speech-language pathologist noted "teachers frequently used an assortment of labels to describe the language difficulties that they observed in their classrooms so that their reports to me about these students were rarely helpful in my

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determining the appropriate approaches to use with these students." (Falk-Ross, 2000). This statement raises more questions. Does this mean that there is something out of balance between the dynamic of teachers and speech-language pathologists? Or maybe the way the children are assessed for language impairment is not done correctly? Are they being assessed through the EpiSLI system? (Tomblin, 1996).

How does the graduated speech-language pathologist even fit in with the school system? One paper says that "a one-size-fits-all role for speech-language pathologists" is said to be "unrealistic" (Schuele, 2004). It seems that new speech-language pathologists might not truly understand their part in the relationship with the child. "What exactly is my professional role?" 'With teachers, special educators... I wonder what my contribution to school team should be?"" (Schule, 2004). If most SLPs feel like they do not truly belong, then would this affect their work? The current literature provides little details of the speech-language pathologist and his or her role to the overall environment of primary schools, and provides even less details about the relationship between them and the child.

In primary schools, there are two different evidence-based methods that SLPs practice: "speech-language intervention within the child's classroom (classroom-based) or outside of the classroom (pull-out)" (McGinty, 2006). However, there is "an advantage for classroom-based inclusive models in which the SLP and classroom teacher teamtaught language lessons" (McGinty, 2006). The "introduction of language and literacy strategies should be primarily implemented in the classroom rather than the pull-out resource context," Falk-Ross says. (Falk-Ross, 2000) In this study, Falk-Ross followed one child called Henry. Her study showed that the "classroom-based language support

helped Henry learn from other students and make the most of his classroom experiences as the year progress, rather than shun important learning opportunities" (Falk-Ross, 2000) She realized over the course of her research that Henry's "peer relationships changed" and he "seemed happier, or more confident now that he finally fit in better" (Falk-Ross). However, there could be no better method than classroom-intervention. "Noted disadvantages of classroom-based intervention included: coordinating planning time for intervention and difficulty targeting children's specific speech-language goals" (Calvert 2003). Is there a way to combine both classroom-based intervention and pull-out methods?

What is at stake?

The relationship between the child and the SLP is quite straining and powerful. When it comes to any relationship between two people, it is important to understand the power dynamic between the two. How do these two agents reflect off each other and how do they make the most out of it? It is not just the child is being effected, but also the speech-language pathologist. The child needs a therapy, and the speech-language pathologist is the only one with the power to give therapy to the child. By looking at these questions mentioned above, it is very possible to improve the quality of life of the speech-language pathologist. Our goal here is to understand the speech-language pathologist - child relationship so we can recognize what has been done, what needs to be done, and what is missing from the practice so we can create a better way execute this kind of therapy. In an idealistic world, both parties would benefit the most out of this relationship: the child with their language and communication improved and the SLP with the proudness and improvement of his or her quality of work.

The main question I will be addressing is how do speech-language pathologists feel about their clinical sessions? How can the SLP find meaning in their work to help the child and him or herself?

Methodology

My proposed research is a qualitative study using an ethnography. I want to understand the social setting and the different social processes that are at play. As mentioned earlier, social, political, cultural and perhaps even economic powers shape up the SLP's role. This approach will allow me to see everything in a bigger picture. As an ethnographer, I would be able to go into the classrooms and observe how SLPs interact with their children and their colleagues. This methodology is crucial for me to take into account all perspectives and powers that come in and out of the classroom. As an external party, I would be able to take note of all the discrepancies and interesting works at play. To make sure the observer's effect doesn't hinder my research, I would slowly integrate myself into the classroom so everyone in the classroom can be comfortable with my presence. By acknowledge these social interactions and settings, maybe we'll realize that speech-language pathologists do want to change the way the pull-out system works, but cannot because of the powers above and below them.

Methods

Recruitment

I will recruit 2 - 3 speech-language pathologists from different schools, preferably around distinct neighbors in Toronto. It would be interesting to see if the different socio-economic background of schools would affect the quality of the SLP's

therapy sessions. I will find these speech-language pathologists by visiting schools and asking for permission and posting on forums. I would most likely start asking the University of Toronto's linguistic professors to see if they have any contacts with neighboring schools.

Data Collection and Analysis

The three methods that I will be conducting are observations, text analysis, and interviews. I will observe once a week in these three different schools. I will be observing SLPs in their workplace and how they communicate with their colleagues. However, I will not observe the SLPs during therapy sessions due to ethical reasons. Also, it does not matter the nature of the therapy session, but how the SLPs feel about their therapy sessions. I will give a diary study to the speech-language pathologists to record how they feel about their sessions too. The diary studies will also allow me to understand how the speech-language pathologists feel about their work. Lastly, I will interview the speech-language pathologists based on the diary studies and the observations at the end of each month. These interviews will be conducted in an informal manner. It is more important for me to have a discussion with them than have a formal interview. I personally believe that the more laid-back a situation is, the more genuine they can be with me.

Most of the data I receive are from observations and these observations will be synthesized and descriptive. I will compare the diary studies between the different speech-language pathologists and find positives and negatives of their experience. The interviews will provide the most insight in the children and the speech-language pathologists. These diary studies and interviews will be transcribed and coded for the different themes.

Ethical Considerations

No ethical harm will be done to any of the participants. I will personally not be in the therapy sessions and all names would be anonymous. All children, if we observed them, would have our permission with their assent. I will also be granted approval by each of these primary schools.

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