

Hot Topics: A Report From the Task Force on Fluency Services in the Schools

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Task Force on Fluency Services in the Schools

Current charge based upon:

- Reauthorization of the Individuals with Disabilities Education Act (IDEA)
- Changing role of the school-based speech-language pathologist
- Recognizing the impact of these issues on the diagnosis and treatment of children who stutter in the schools

Hot Topics:

Purpose of presentation : To provide guiding principles related to stuttering therapy in the school setting in the following areas:

- Entrance and exit criteria for fluency
- Developing fluency goals that are relevant to the general curriculum
- Caseload management and service delivery issues

Reauthorization of the IDEA regulations:

- Marked a renewed commitment to improving quality of services to children with disabilities
- Allowed students greater access to the general curriculum
- Created changes in who will qualify for speech and language services, how IEP's are developed, and the manner in which services will be delivered

IDEA regulations, cont.

- Qualified children for service based on educational impact. This impact, however, included activities beyond the academic classroom experience. (non-academic and extracurricular)
- Specified that clinicians may advocate for preferred practices
- Included parents as providing input into the evaluation

Aspects of stuttering to consider:

- Stuttering is a multidimensional, nonlinear, dynamic disorder. (Smith & Kelly, 1997)
- Stuttering is a heterogeneous disorder which includes affective, cognitive, and behavioral components. (Guitar, 1998)
- Teachers are more likely to form misperceptions about children who stutter in their classrooms. (Lass et. al, 1992; Crowe and Walton, 1991)

Additional aspects to consider:

- Clinicians have reported feeling less secure when treating individuals with stuttering disorders. (Kelly et al., 1997)
- Changes in academic and clinical preparation standards for fluency disorders may result in a masters level graduate treating children who stutter without ever having a course or clinical preparation

Entrance and exit criteria

- States vary dramatically in their eligibility criteria for speech-language services
- Entrance and exit criteria must now coincide with the impact that the disorder has on educational performance.

A Brief Review of IDEA: eligibility

- Eligibility decisions based on etiology, severity, prognosis, government regulations
- Discrepancies exist in definitions, assessment methods, and eligibility criteria (*Apel & Hodson, 1994; Nye & Montgomery, 1995*)
- Criteria are set at the state level
- Part B requires placement when there is an adverse educational impact (AEI)
- “Adverse impact” is not defined in legislation

Adverse Educational Impact (AEI)

- Cannot be limited to discrepancy in age/grade performance
- Must be determined on an individual basis
- Includes academic and nonacademic areas
 - ◆ General curriculum (e.g., reading, math)
 - ◆ Nonacademic curriculum (e.g., art, P.E., music)
 - ◆ Extracurricular activities (e.g., sports, clubs)

Determining educational relevance:

- Academic: ability to benefit from the curriculum
- Social: ability to interact with peers and adults
- Vocational: ability to participate in vocational activities

Academic impact:

(Lee County, Florida 1995)

- Areas impacted by:

Reading/math/language arts/other

- Impact documented by:

Academics below grade level

Difficulty with language based activities

Difficulty with auditory comprehension

Difficulty communicating information orally***

Social Impact

Areas impacted:

- Communication problem interferes with listeners' understanding***
- Difficulty maintaining or terminating verbal interactions***
- Student experiences teasing from peers***
- Student demonstrates fear/embarrassment***
- Other

Vocational impact

Impact on job related skills/competencies:

- Difficulty following directions
- Inappropriate comments
- Difficulty asking/answering questions***
- Other***

IDEA Assessment Requirements & Stuttering

- Use a variety of tools and strategies
 - ◆ More than just speech sampling & analysis
- Obtain relevant and functional information about the child
 - ◆ Not just where they're stuttering or how, but how it affects them

IDEA Assessment Req's (cont.)

- Information from parents & teachers
 - ◆ Participation, perceptions
- No single criterion should be used to determine eligibility
 - ◆ Motor behavior - separate criteria or one criterion?
- Must include cognitive and affective factors
 - ◆ Heavy emphasis on behavioral factors only

The Assessment Process

- **Stage I:** Establish that a disorder is present without respect to severity or impact
 - ◆ Concerned with presence/absence of disorder
 - ◆ *Guiding question:* Does the child stutter?

- **Stage II:** Determine whether the condition has an AEI
 - ◆ Concerned with child's ability to function in educational setting

Assessment process (cont.)

- ◆ Must include information from parents, teachers, observation across settings, analysis of samples
- ◆ Independent of severity
- ◆ ***Guiding question:*** Does the stuttering cause an AEI?

Assessment process (cont.)

- **Stage III:** Decide whether student needs services in order to participate appropriately in the general curriculum
 - ◆ Consider academic, nonacademic, and extracurricular areas
 - ◆ ***Guiding question:*** Does this child need stuttering therapy to increase participation in the curriculum?

Professional Judgment

- Can be used by team when student does not meet eligibility criteria but team believes there's an AEI
- Need to document both formal and informal measures used to make the decision

Our Review of Entrance/Exit Criteria

- Limited sample of criteria from California, Illinois, Kansas, Maine, Nevada, & New Mexico

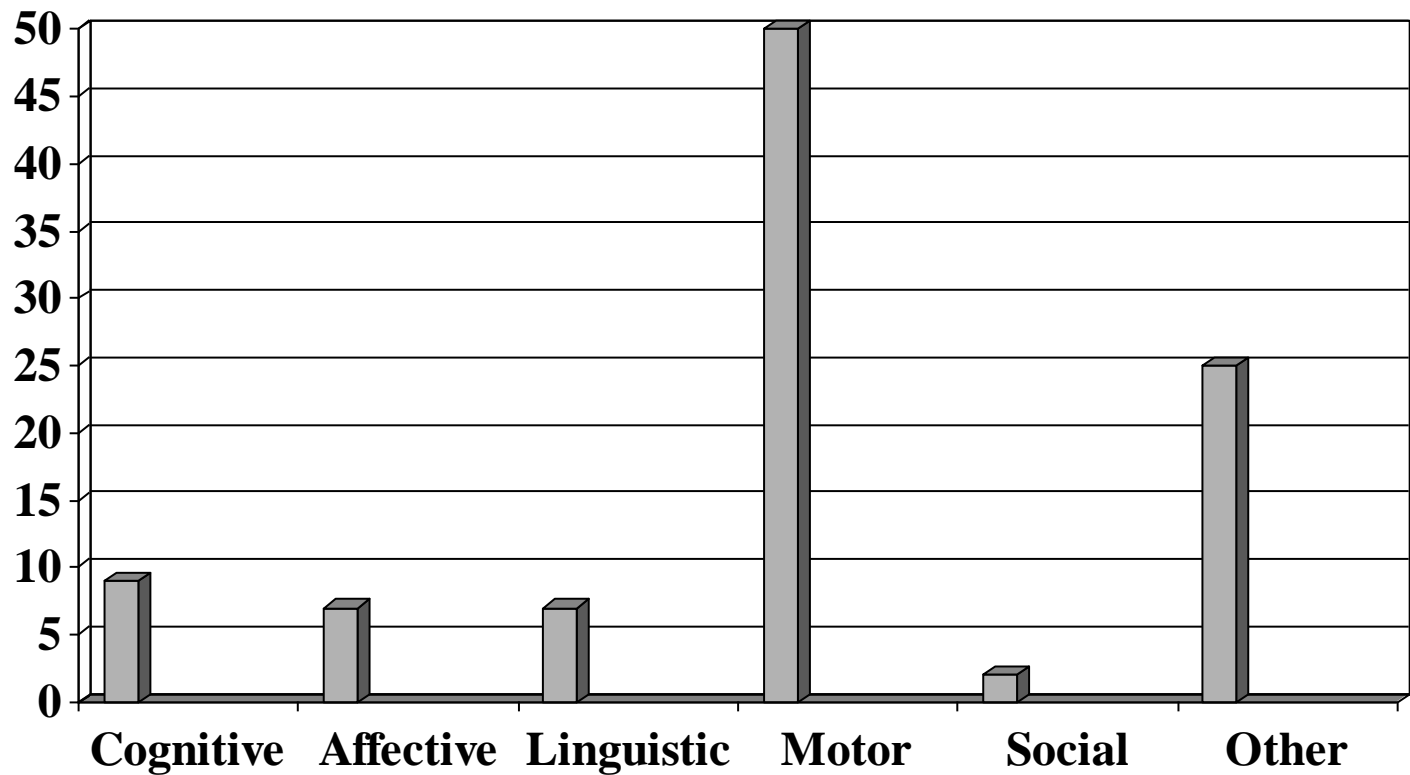
Findings:

- Guidelines/requirements for assessment were rarely defined
 - ◆ No suggestions/limited direction about what to document beyond speech sample
- Most districts had entrance criteria but few had exit criteria

Entrance criteria

- Identified 44 different criteria, falling into one of 6 categories:
 - ◆ Cognitive: beliefs/perceptions
 - ◆ Affective: Emotions
 - ◆ Linguistic: Linguistic units or behaviors
 - ◆ Motor: Form, frequency, duration, accessory behaviors
 - ◆ Social: AEI
 - ◆ Other: age, chronicity, history, etc.

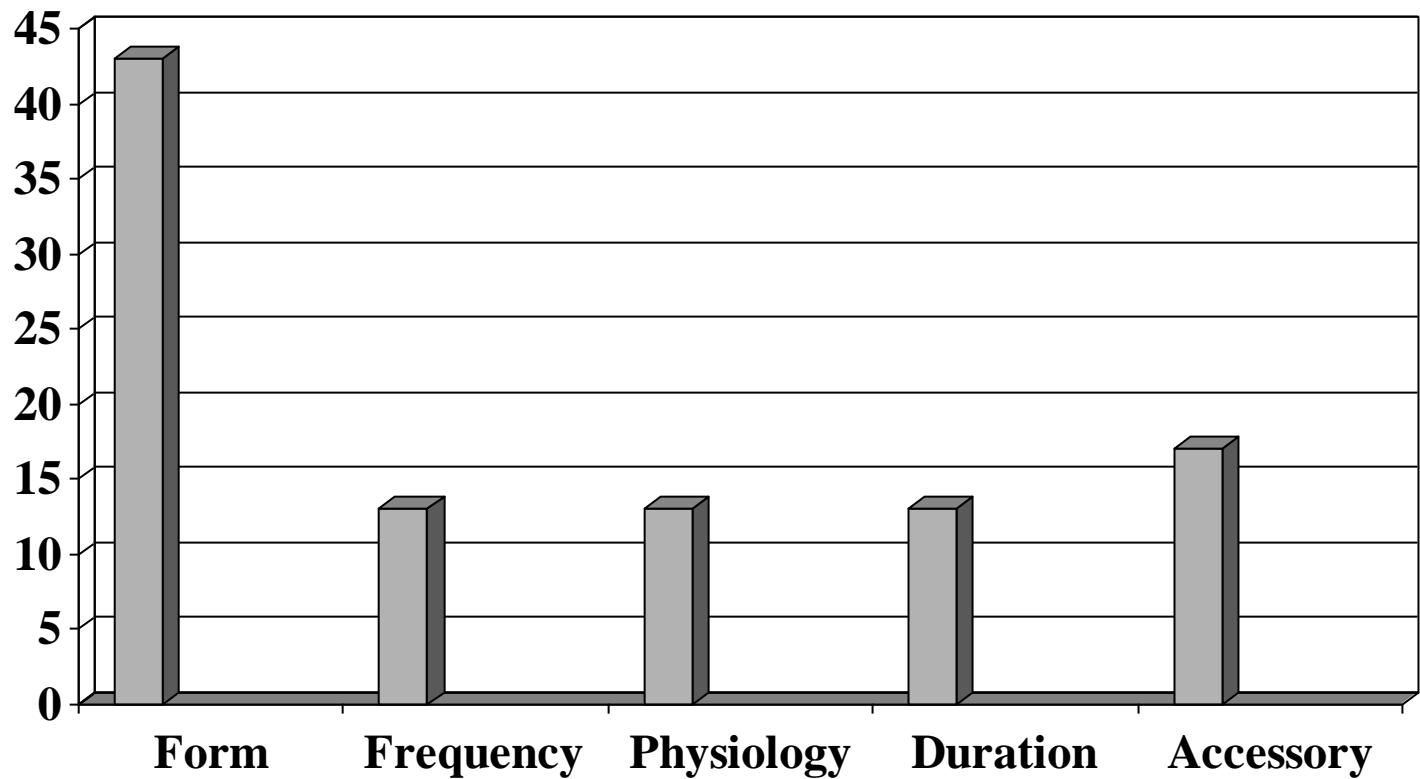
Percentage of criteria across possible categories of Cognitive, Affective, Linguistic, Motor, Social, and Other Factors



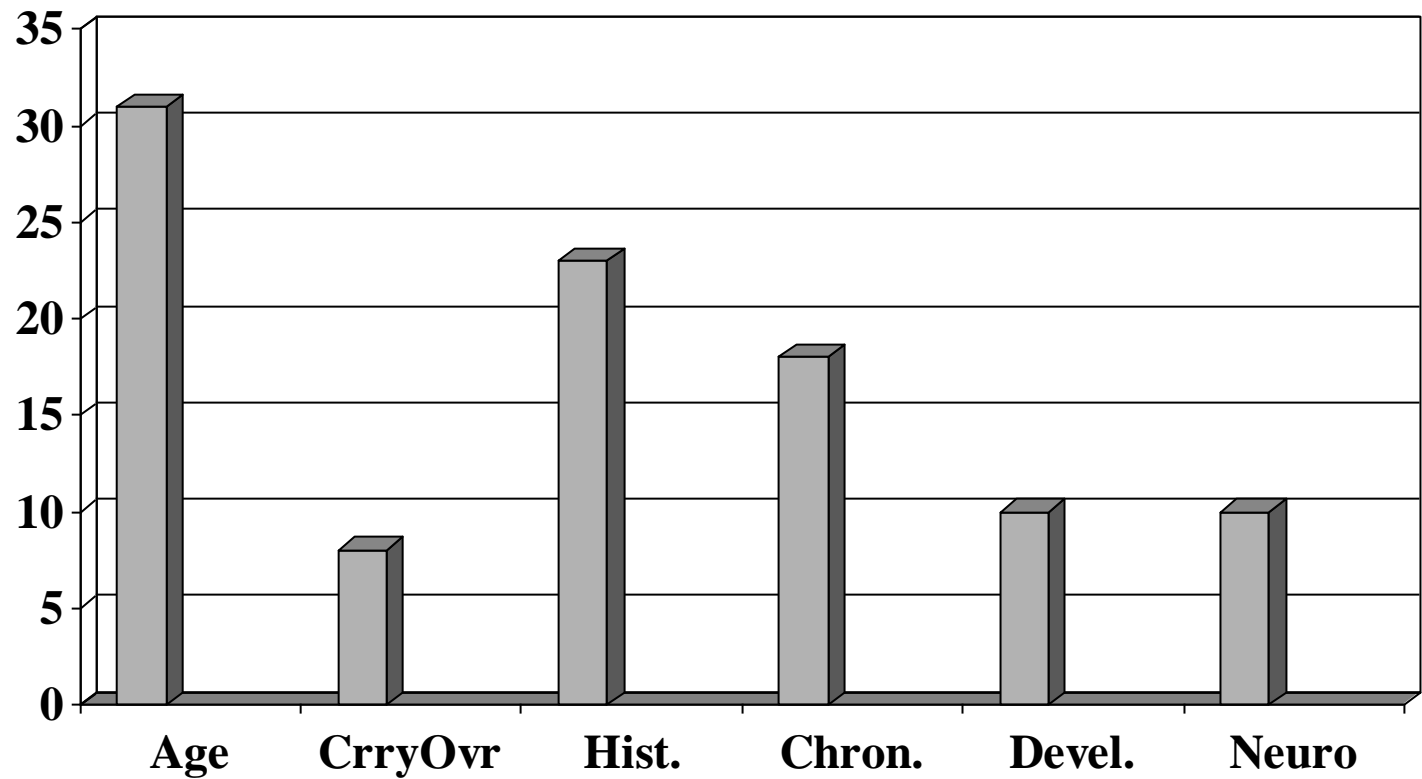
Entrance criteria (cont.)

- Cognitive, affective, and linguistic components were a small percentage of those documented for eligibility (approx. 7%)
- AEI was specifically defined in less than half of criteria reviewed
- Motor (50%) and Other (25%) were heavily emphasized
- Less than 10% stated that Professional Judgment was an option

Specific Motor Criteria by percentage



Specific “Other” Criteria by percentage



Entrance criteria (cont.)

- IDEA states that decisions regarding eligibility should not be predetermined by severity cut-off scores or disability category
 - ◆ Not an individualized decision
- Can be interpreted to mean that heavy emphasis on motor behavior is not individualized
 - ◆ Any criteria that includes a frequency or severity guideline may be questionable

Task Force Guidelines: Entrance Criteria

1. Less emphasis on motor behaviors
2. Increase emphasis on affective and cognitive components of the disorder
3. Consider affective and cognitive components as aspects of severity

Guidelines for Entrance Criteria, cont.

4. Specifically require other measures beyond speech sampling/observation of speech behavior across multiple environments
5. Document AEI beyond classroom participation

IDEA & Exit Criteria

- Students should be dismissed when:
 - ◆ All objectives have been met and no additional intervention is warranted
 - ◆ Parent requests exit
 - ◆ Intervention no longer results in measurable benefits
 - ◆ Child is unwilling/unmotivated and efforts to address motivation have been unsuccessful
 - ◆ Extenuating circumstances warrant discontinuation

Exit criteria (cont.)

- ◆ Disorder no longer impacts educational performance
- ◆ Child no longer needs services to participate in general curriculum

Our Review of Exit Criteria

- Only 25% of districts with entrance criteria had exit criteria for stuttering
- “No longer presents AEI” was major factor for exit
- Parent/teacher perceptions were also included

Our review (cont.)

- Some of the exit criteria were inconsistent with entrance
 - ◆ E.g., Students considers self a normal speaker -
- student's perception was not part of entry criteria for this same district
- None of the exit criteria recognized chronicity/relapse
 - ◆ E.g., Disfluencies have been remediated
 - ◆ This needs to be considered when determining “lack of progress” and “low motivation”

Task Force Guidelines: Exit Criteria

1. Mirror those used for entrance
2. Document that no intervention is warranted for all aspects of stuttering problem, not just motor
3. Exit criteria consider chronicity/relapse
4. Provide for a continuum of support services
 - ◆ Not just direct intervention

Developing Relevant IEP Goals

POINTS:

- Goals typically have been therapeutically focused and profession specific
- Teachers did not participate in the development of IEP treatment goals
- Speech-language pathologists now need to “retool” their knowledge base to identify the communicative demands of the curriculum and to assess what extent the curricular access is impaired. (Shulman & Apel, 2000).

IEP requirements

Must:

- Consider the child's individual needs
- Change as the child's needs change
- Discuss present levels of performance
- Include Annual goals
- Include benchmarks or objectives
- Consider other factors

IEP requirements:

“Some children have educational needs resulting from their disability that are not directly related to what is thought of as “general curriculum.” (ASHA 2000)

On an *individual basis* the team determines:

1. How the child will be involved in the general curriculum

IEP requirements, cont.

2. What needs resulting from the disability must be met to facilitate such participation
3. Whether there are other needs resulting from the disability that must be met
4. What services must be included in the IEP to address these needs

Considering the student's communication needs

- What are the communicative demands, needs, and opportunities of the child?
- Does the child have the needed skills and strategies to meet the demands across relevant contexts?
- Does the student communicate appropriately and effectively given the opportunity?

(Council for Exceptional Children)

Task Force Guidelines: Developing IEP Goals

1. Begins with teacher & administrator *education* about the nature of stuttering problems in children (see references)
2. Communicative competencies must be explored with *individual* teachers

Guidelines, cont.

3. Recognize the nature of treatment the child currently needs
4. Relate stuttering treatment to the curriculum:

Guidelines, cont.

- Academic material can be the stimuli in which skills are taught
- Strategies to teach skills in treatment can parallel classroom learning strategies
- Oral communication skills utilized across the curriculum in the classroom and other school environments

Guidelines, cont.

5. Consultation from a fluency specialist may be deemed appropriate
6. Aspects of stuttering therapy can be integrated into the classroom and benefit all students.

Service Delivery Issues related to the IDEA reauthorization:

- Service delivery is a dynamic concept
- No one service delivery model should be used exclusively during intervention
- All service delivery models should include collaborative consultation with others
- IDEA regulations should result in more integrated service delivery models

National Study: School Based Services *(Peters-Johnson, 1998)*

- Mean session type per week:

14 individual

22 group

7 classroom

- Average # of group participants:

4 children

National Study, cont.

■ Stuttering service delivery:

86% Pull-out

6% Collaborative-consultative

5% Classroom based

1% Resource room

2% Self-contained

“The days are over for speech-language pathologists to provide their services solely using a “pull-out” model of service delivery.”

(Shulman & Apel, 2000)

NOMS Data Report

- Obtained “dismissal” data on 547 students
- Most students received intervention in pull-out groups, regardless of disorder
- Caseload size ranged from 25-104
- Service delivery models related to number of students on a clinician’s caseload

NOMS Data Report, cont.

- Increased caseload size =
 1. Shift from individual to group treatment
 2. Increase in size of treatment groups
- Individual treatment “was unheard of”
- Students on smaller caseloads were more likely to make measurable progress

Changes enacted by the IDEA 97 related to service delivery:

- If the pull-out model is deemed appropriate, it should be an integrated, content-based approach focused on the classroom in terms of curriculum, learning processes, and concepts.

Types of Service Delivery

- Monitor
- Collaborative consultation
- Classroom based
- Pull-out

Task Force Guidelines: Service Delivery

Scheduling and grouping considerations:

- Should take into account the non-linearity, dynamic nature of the problem
- Should take into account the ability to incorporate other professionals

Service Delivery Guidelines, cont.

- Should consider grouping children based on curricular relevance of the stated IEP goals
- Should take into account the adverse educational impact

Building Advocacy:

Do we make stuttering fit the system
or do we change the system to fit
the problem of stuttering?