The Clinician's Turn: Speech Pathology

"How do you most effectively use your clinical skills in a school setting? What are some of the problems encountered and how do you deal with them?"

Our contributors for this topic are at the two extremes of our broad country, British Columbia and Newfoundland but they share a common problem - how to ration out speech/language pathology services to the large numbers of children in our school systems who require help with their communication problems.

The British Columbia article represents the ideas and thoughts of sixteen Speech and Language Pathologists working for the Vancouver School Board. It is hoped that Stephenville, Newfoundland is now serviced by two Speech-Language Pathologists.

Questions about specific issues should be addressed to the authors. Comments on this or previous topics, or suggestions for future topics should be sent to the coordinator:

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Speech/Language Pathologists were not employed by the Department of Education in Newfoundland until 1980. Previous to that time all services were delivered through the Department of Health; primarily through hospitals located in major centers. This move into the educational field by Speech/Language Pathologists provides access for the previously underserviced rural population. However, there are still only four Speech/Language Pathologists employed by the province's school boards which means that the job is quite challenging, filled with many rewards and frustrations.

The initial problem we faced as School-Speech/Language Pathologists was that the Department of Education had not constructed any guidelines or objectives for the delivery of services. That was our first major task and following completion of that I set out to identify, through screening and assessment, the population in need of remedial services throughout K-6 in Southwestern Newfoundland. That task was completed at the end of the 1981-82 school year in preparation for initiation of therapy services this school year. As a result, my clinical skills have been utilized only in the area of assessment and diagnosis for the last one and one-half years and I am quite anxious to resume therapy again.

As I went in search of referrals in each of the elementary schools another problem became immediately apparent. There was a lack of awareness on the part of educators of the scope of communication difficulties that a Speech/Language Pathologist is trained to deal with. The majority of referrals were articulation and dysfluency but children exhibiting language and voice difficulties were only referred when the problem was extreme. To alleviate this problem, I organized workshops for all K-6 teachers in the district; introduced them to a screening tool and spent some time on normal and

abnormal patterns of language development. Then I found it necessary to demonstrate the importance of adequate oral/verbal language development prior to acquisition of higher level language functions i.e. reading and writing. It was only when the problem could be stated from an academic viewpoint that it seemed to have meaning for the teachers.

I feel that this measure achieved a degree of success especially amongst those teachers who had a strong interest in Language Arts/Reading. There were still those who resisted the notion of language therapy, indicating that perhaps these children come under the jurisdiction of the Special Education teachers or the Reading Specialist. Education of other professionals, parents and the general public has a high priority in this job. Increasing awareness is prerequisite to increasing and improving services.

Another area in which I have encountered difficulty is the "medical referral" arena. Having previously been employed by the Department of Health, I have referred to various medical officials from both positions and I seem to have lost something in the move to Education. Could it be credibility? My tactics now are to request the Public Health Nurse to refer for me. I have to explain what I perceive the problem as being; state what it is I would like the physician to do and engage the support of the nurses in getting a particular child seen. Although this sounds time consuming, I have found it to be more expedient than a direct referral.

The other problems encountered as a school-based Speech/Language Pathologist have been discussed in previous editions of "The Clinician's Turn". I especially identified with the articles in the January-February 1982 issue which spoke of the advantages and disadvantages of being the only Speech Pathologist in a large geographical area. In an attempt to deal with the large decentralized population, I have restricted availability of therapy services to grades K-3 and I have established therapy sites; i.e. one school in an area that serves as a therapy center and children are transported to that center when necessary. Another attempted solution to this problem is hiring another Speech/Language Pathologist to share the workload. After a great deal of persuasion, the School Board Superintendents accepted my recommendation to increase staff. However, another problem looms ... no one has applied for the job. It is very difficult to recruit personnel to work outside of Canada's major centers. At the present, my efforts in this area are focused on trying to persuade the Department of Education to become involved in providing a training program for Newfoundland students.

Although there are many frustrations in a job like this there are also many rewarding experiences. Ploughing new territory is demanding work but enthusiasm is running high. I look forward to the 1982-83 year.

September 9, 1982.

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The City of Vancouver, located in the lower mainland of British Columbia, has a cosmopolitan atmosphere. In fact, people from all over the globe settle here and bring with them all the complexities of their traditional cultural, emotional, and ethnic backgrounds. Vancouver also has a very transient population composed of people from diverse Socio-economic backgrounds.

According to the June, 1982, statistics, 52,863 students were enrolled

in the Vancouver School System. Of that number, 44.7% of elementary students and 32.2% of secondary students were E.S.L. (English as a Second Language). The languages most prevalently spoken are Cantonese, Mandarin, Punjabi, Hindi and Italian.

This unusual School population necessitates the implementation of a variety of education programs, curriculum modifications and unique demands for service by the Vancouver School Board Speech-Language Pathologists.

To meet the needs of this rather diverse and transient population, the 16 Speech and Language Pathologists must use a broad range of clinical skills. Each Clinician is responsible for 8-10 schools in a designated part of the city. He/she serves as an integral part of the education program. In providing services to students and teachers the Clinician serves on School-Based Teams, works with other professionals to discuss referrals, plans appropriate intervention and monitors the results. The identified primary role of the Clinician is to participate in the district program concerned with the ** "prevention, identification, diagnosis and program-management activities related to the areas of speech, language, and hearing".

Primarily, we see ourselves as an integral part of the total educational process which we view essentially as a communication process.

In the present setting our clinical skills are used most effectively through three channels that are closely interrelated:

Assessment-Consultation-Intervention

After an initial assessment is completed, there is discussion of our findings and recommendations with the teacher and parents. This may include:

- description of current weaknesses and strengths of the child's language skills and how they affect academic functioning in the classroom;
- suggestions regarding modifications of the educational program and teaching strategies; and
- relation of first language acquisition to current level of functioning in the second language in conjunction with the multicultural worker.

Our consultative role includes discussion with the School-Based Team, referral to Central Screening Committee when special placement is required, and, when appropriate, to other community agencies. Consultation and intervention processes are so closely intertwined that it is difficult to say where one ends and the other begins. A full range of intervention procedures is utilized depending upon the nature of the communication difficulty and the available resources.

An increased awareness of the fundamental role of language in the educational process has led us to seek more innovative approaches to intervention. We see ourselves as facilitators in the communicative process through development, implementation, and monitoring of individualized programmes. These programmes may be carried out by any designated member of the educational team and/or family member. This sharing of the responsibility for intervention has resulted in a greater willingness to accept modification of the learning environment, and changes in attitudes and expectations. There is a greater recognition of the importance of integration of language in the academic process.

We believe that this approach has resulted in a recognition in our schools of the importance of our role as facilitators and consultants to the educational process.

January 18, 1983.

**Revised job description, April 16, 1982, for VESTA.