

Current Canadian Clinical Concepts

Language therapy for students in mainstream classrooms is usually designed to positively affect their success in the classroom. To maximize transfer of learning from clinic to classroom, curriculum requirements must be considered in developing language therapy goals.

The disparity between speech pathology methodology and that of curriculum areas is identified by comparing publications in each area. The most marked difference is the emphasis on process in curriculum texts which is comparatively absent in texts on speech pathology. Assuming that curriculum emphases have implications for language treatment programs, hypotheses are suggested for further study.

Comments regarding this article, as well as suggestions and contributed articles, should be sent to the Coordinator:

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Language Therapy for Elementary School Children - Hypotheses from Curriculum

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Curriculum:

Frequently a school-age child is referred to a speech pathologist after the child has experienced poor academic achievement. If subsequent treatment includes language intervention, related academic gain is often an explicit or implicit treatment goal. However, Snyder (1980) states that empirical evidence is lacking to indicate language therapy improves academic achievement.

If transfer of learning from the clinic to the classroom is a goal, consideration of the language demands of curriculum areas becomes critical. A study of the methodology delineated in curriculum texts yields an emphasis that is markedly different from that in

speech pathology publications. This disparity between curriculum demands and language therapy programs merits study.

Curriculum Texts Emphasize Process:

Due to a range of social and psychological factors such as research in child development and awareness of the "information explosion", teachers are being trained to emphasize the development of learning processes such as analysing, synthesizing and hypothesizing. This emphasis is reflected in a range of curriculum areas, e.g. mathematics, reading and language arts. The table below details some important processes from curriculum texts by Malicky (1982), Smith (1973), and Kennedy (1980).

READING (Malicky)	LANGUAGE ARTS (Smith)	MATHEMATICS (Kennedy)
attending		using instructions "thinking aloud" through a process
analyzing	evaluate & describe relationships	analyzing errors in sequence
associating	obtain meaning from context	identify information - loaded terms
synthesizing	summarize	simplify statement
inferring predictions	hypothesize	produce variety of consequences, develop potential strategies for solution
		extend sequential process
	revise	reverse thinking formulate similar examples
	create	use mental imagery
	develop absurdities	
	recall over time and distance	
monitoring		recognize information is lacking

Speech Pathology Texts Give Little
Emphasis to Curriculum Processes:

If curriculum material is used as a criterion against which to judge speech pathology methodology, publications in language therapy address related but peripheral issues. The following are somewhat related views representative of general speech pathology literature:

1. Emphasis on form and content: Speech pathologists relying on tests such as the Boehm Test of Basic Concepts, the Test of Auditory Comprehension of Language etc. usually develop treatment programs stressing language forms and content.

2. Functional language based on

curriculum content: Texts stressing the development of functional language in the school setting focus on the content of the curriculum areas rather than the curriculum processes. (Wiig and Semel 1976).

3. Much functional language research involves pre-schoolers: The hallmark article on process by Prutting (1979) and the environmental elicitation of language described by Hart and Rogers-Warren (1978) focus on functional language in the pre-school population.

4. The atypical language of the classroom has been recognized but not accepted: Berlin, Blank and Rose (1980) describe the difference between the language of the classroom and general language use.

However, they suggest that the classroom language be altered as opposed to recommending that language programs adapt to the unique patterns of classroom language.

5. Language therapy programs employ processes somewhat randomly: Viewing speech pathology materials from the perspective of curriculum processes, it is evident that although many of these processes occur during intervention, their occurrence is unsystematic and may be incomplete (Simon 1981).

Hypotheses Need to be Developed and Tested:

If it is assumed that academic improvement is often one goal of language therapy and that teaching for transfer of learning must consider the language environment into which the skill is to be transferred, then further investigation of this therapy/curriculum link becomes critical. Viewing curriculum processes as an area of language development, questions like the following can be hypothesized:

1. Can there be more realistic academic gains by systematic inclusion of curriculum related processes in language intervention therapy?
2. Can curriculum processes be approached as a special sub-type of functional language?
3. Can these processes be included in a comprehensive, systematic way just as functional language is currently included in language therapy programs?

Conclusion:

It appears that for language intervention to impact positively on the child's success in the classroom, then programs must be designed which select appropriate content, suitable linguistic contexts, and appropriate educational processes.

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Ruminations

The development of the CSHA over the past 12 years has been remarkable; the struggles of a small group of professionals to establish a truly Canadian presence in Audiology and Speech Language Pathology have made many of us critically aware of the narrow "tax" base from which our federal organization operates. As I have indicated before in this column, without funds we are almost powerless. In a recent edition of the OSHA Newsletter, Margo Clinker addressed this problem in the context of OSHA; her perception of the difficulties we face was so neatly written that I asked if she would allow us to reprint it (with various small changes) in Hear Here; Margo graciously agreed. Frances Margar-Bacal, Editor of the OSHA Newsletter has also very kindly given us permission to reprint. Please, do send in your reactions. Comments, and/or suggestions should be sent to the co-ordinator:

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RAISE CSHA DUES TO \$350 !!

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Being relatively isolated from other speech pathologists, I look forward to the newsletter from CSHA but I never really thought how those items get all the way to Kapuskasing. In fact, I never really considered CSHA or how it functioned until a physiotherapist colleague in the north jolted me into reality by pointing out that we speech pathologists (and audiologists) should be financing our association to be strong enough to have political and public clout.

If we want to increase our stability as a profession, we must take a hard look at the professions who are "making it" and those who are not. We must become aware of the factor that makes the difference.

Doctors, Dentists, Lawyers, Optometrists and Chiropractors are professionals who are immediately respected upon introduction and whose professional roles in the community are understood and well known. Physiotherapists, Occupational Therapists, Audiologists and Speech-Language Pathologists are also professionals who have had rigorous train-

ing but whose roles in the community are not understood; nor is the training behind these professions known. Except within the rehabilitation profession itself, there is little respect for these professions. I am sure many of you have experienced that question - "Oh, so you're a speech pathologist - uh, what is it you do?" or "Oh, so you're an audiologist - we have one, I think she's a nurse that comes to our school."

Why are we undervalued? Let us take a look at a comparison of those "making it" and "not making it" professions. Chiropractors started out with a disadvantage over physiotherapists. They were not respected nor accepted by the medical community - how then did they become so strong? Do you know what a chiropractor does? I do. I have seen their advertisements on T.V. and in magazines; I have seen their stamp of approval on specific mattresses. In short, they have done a very good job of marketing what they do and how important they are to you and me. They have marketed themselves so well that the public sector is willing to pay out of pocket to have chiropractic treatment. How many ads have you seen informing the public of what physiotherapists do and why their work is so vital to the rehabilitation of patients. Does the general public know what a physiotherapist does? Would the general public be willing to pay out of pocket for treatment by a physiotherapist?

Another profession that has done an excellent job of marketing their services is dentistry. The Ontario Dental Association monthly journal frequently has articles educating their members on marketing techniques to improve the public profile of the dentist. We frequently see ads on television for dental products "certified" by the Canadian Dental Association and ads appear in women's magazines educating the public as to the dangers of not having your child's orthodontic problem treated. Perhaps their greatest success has been to market the concept of dental insurance as an employment benefit. If you have ever tried to claim for an electronic communication device, a wheelchair, or an electro-larynx from a private health insurance carrier, you know that being a poorly respected/recognized profession not only affects your wages, it affects your ability to do your job.

Looking at speech pathology/audiology, even our well-established American counterparts do not have T.V. advertisements or glossy bulletins in the magazines.

We all put forth a great effort during May is Speech and Hearing Month, but few of our regional groups can put together a program of public education that can compensate for the other eleven months of the year - we just do not have the time nor the money. Our journals focus on how we can do our job better not how to better inform the public of what we do and why they should demand to have our services.

The issues of marketing and business administration in the professions of speech pathology and audiology are receiving more attention from the ASHA journal. American speech pathologists and audiologists are generally paid more poorly than their Canadian counterparts and so there is a greater economic crisis pushing the awareness that as a profession, we need to develop our business sense.

It appears that MARKETING of what a particular service can offer to the public is one of the most effective ways of making the profession, which offers that service, stable in terms of economics (both personal incomes and budget allotments). Marketing also allows for the profession's ability to improve services (it is always easier to get additional staff

or equipment if you have a group of angry parents behind you pounding on the administrator's door!). HOWEVER, marketing of any service takes a tremendous amount of time and money.

If we can look to the future, and if we truly believe that our profession has extremely important services to offer, then it is clear that we must put our enthusiastic support behind CSHA. We must consider ourselves as the people buying a house on the new section of the street; our neighbours have sidewalks and streetlights, we have ditches and gravel road - but we have to pay double taxes if we want to improve our road in the future.

As a member of the profession of speech pathology (and audiology), I am in a position to see the effects of not having our services to offer to the population of a region. Our services are needed, they are valuable. Because of this, I would like to recommend a change that I feel would allow our association to fight so that in the future we will be better able to serve our patients. As a member of CSHA, I would like to recommend that the membership dues for CSHA be raised to \$350. No new journal would appear with this increase. In fact, no very visible or immediate rewards would be seen by the members. However, with this size of membership payment, CSHA would be able to hire a staff of full-time speech pathologists/audiologists whose job would be to investigate the needs of our profession and attempt to meet those needs. This increase in dues would also allow for the staff to market our services effectively through radio, television and magazine articles (if, following research, those means appeared most effective).

We would still need our elected council and committees; however, the "leg-work" could be done by the people who can put their energy and time into that job. We are too large a profession to continue relying on a small group of dedicated members to carry out this immense task. After all, these people who sit on our committees have put in the same kind of week at work as you and I.

To alleviate your panic over the large sum of \$350, may I say that it is 100% tax deductible. Furthermore, \$350 every year for ten years is only \$3500 - this is in fact small payment for a strong association who, more importantly than just guaranteeing increases in wages with better professional working conditions, may save your job and your profession.

In summary, my investigation has indicated that if we are to become one of the successful professions - that is, if we are going to be allowed in the future to carry out our professional responsibilities in a manner that is in accordance with our code of ethics, we must follow the plan that the now successful professions held. We must financially support our association so that it can become a politically strong and publicly respected and recognized organization which can speak out for the rights of our professional members and THE PATIENTS they serve.

Editor's Note: The purpose of "Ruminations" is to give members a philosophical forum in which to discuss fundamental issues in speech, language and learning. Such issues might be related to theory, clinical practice or to the growth and development of the profession. The ideas represented do not necessarily reflect the official position of CSHA, the members of the National Council, or of the Editorial Staff.

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