Multiple Perspectives for Determining the Roles of Speech-Language Pathologists in Inclusionary Classrooms

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Collaborative, in-classroom intervention has received much attention in the last 10 years as speech-language pathologists attempt to redefine their roles as interventionists serving the needs of children with language learning impairment (LLI) in inclusionary settings (Christensen & Luckett, 1990; Elksnin & Capilouto, 1994; Farber & Klein, 1999; Friend & Cook, 1992; Hoskins, 1990; Marvin, 1987; Miller, 1989; Prelock, 1995; Prelock, Miller, & Reed, 1995; Sanger, Hux, & Griess, 1995). However, the recent focus on new models of service delivery has created role confusion and questions of accountability for many speech-language pathologists. The compilation of articles for this clinical forum requires readers to consider a number of perspectives on collaborative services provided by speech-language pathologists and the impact of these collaborative efforts on student performance. The authors offer different perspectives concerning who should be in the inclusion classroom, when intervention should take place, how that intervention should be implemented, and what determinations should be made concerning the effectiveness of intervention.

An important goal for readers of this forum is to recognize that single-discipline perspectives cannot drive service delivery decisions. Providers must view students with disabilities in the context of a larger social system, using multiple perspectives guided by a shared, mutually agreed-on focus; therefore, the six different perspectives presented in this forum are timely. Each article offers considerations for speech-language pathologists as they initiate service delivery in inclusionary settings. Although each article emphasizes a different perspective concerning the potential roles and responsibilities of school-based speech-language pathologists, some common themes emerge. For example, all contributors recognize the value of collaboration among school-based providers, whether the intervention focus is more narrow or broad based. They also identify a critical need for shared understanding of instructional purposes. Furthermore, each perspective recognizes the benefit of meaningful curriculum content and effective strategies for ensuring learning in the classroom. Most importantly, all contributors view their primary focus as meeting the needs of students with disabilities.

The key components for each of the six perspectives on collaborative, inclusionary practices are explored more fully next. Some similarities and differences among the authors’ perspectives are highlighted. Readers are asked to think about the questions posed throughout this discussion to formulate a practice model that combines multiple perspectives with a critical focus on individual students with LLI. Both components are necessary for maximizing academic and social success in inclusionary classroom settings.
A THERAPEUTIC PERSPECTIVE

Ehren raises three issues regarding the decision making that speech-language pathologists face in designing service delivery for students with LLI. First, because language plays a pervasive role in school learning, Ehren describes a language teaching continuum that profiles the difficulties that teachers and speech-language pathologists experience in differentiating their classroom roles and responsibilities. Second, seven specific aspects of “instruction” versus “intervention” are compared and contrasted. Ehren suggests that instruction is the activity that occurs in the normal course of the school day, whereas intervention is activated when typical instruction is insufficient for a particular student to achieve mastery. Third, Ehren builds a case for intervention as a therapeutic process when serving students with LLI in the classroom. She proposes that the specific expertise that speech-language pathologists possess concerning language development and language disorders sets their role apart from those educators who provide a less intensive and prescriptive teaching curriculum.

In Ehren’s analysis, this role division derives from the belief that speech-language pathologists are not adequately prepared for managing the curriculum content of subject areas, such as math, social studies, and science. As a result, Ehren does not believe that speech-language pathologists should “teach” a particular segment of math or science to the entire class. She does agree, however, that a need exists to share responsibility for student success—an outcome that requires collaborative planning and an implementation focus. To achieve this outcome, Ehren recommends that speech-language pathologists create a structure for their presence in the classroom, and that students with LLI be clustered in a single classroom.

Ehren’s perspective on therapeutic practice in inclusionary settings, which emphasizes shared teaching or direct curricular involvement, argues for a narrow focus of service delivery opportunities for speech-language pathologists. This perspective differs from that of others who see opportunities for role exchanges with teachers as one way to model language targets and strategies to facilitate desired responses throughout the instructional day (Creaghead, 1990; Landerholm, 1990; Prelock, 1995; Prelock, Miller, & Reed, 1993, 1995). Further, Ehren’s approach to analyzing the linguistic components of the curriculum may be insufficient for successful student achievement. Speech-language pathologists and other educational team members must also consider larger issues, such as the expectations for comprehension, that are implicitly communicated through oral and written instruction in the classroom and are likely to cause communication breakdown for students with language needs (Prelock, 1997). Speech-language pathologists must determine the best way to communicate about those expectations to classroom teachers so that students’ areas of potential breakdown can be identified and accommodations can be made (Bashir, 1989; Prelock, 1997; Prelock et al., 1993). The nature of the intervention structure created in the classroom has important implications for the success of students with LLI across curricular areas.

The therapeutic focus Ehren proposes as a guideline for role definition as a school-based speech-language pathologist is viewed as critical for effective services. However, a potential trade-off may result. Narrowly defined classroom-based services can reduce the power of collaborative partnerships with teachers. Thus, at least five important questions emerge from the therapeutic perspective.

1. How is a therapeutic focus maintained for students with LLI when the speech-language pathologist is not in the classroom?
2. What shared responsibility does the speech-language pathologist have to ensure that therapeutic targets, strategies for facilitating those targets, and consistent language models are provided throughout the instructional day and week?
3. Is there any value in the teacher observing whole-classroom instruction presented with a therapeutic focus?
4. What role can, and should, teachers have in the determination of successful language responses and the scaffolding of those responses?
5. Should speech-language pathologists be thinking more broadly about their roles and responsibilities or should a narrow focus of service delivery be maintained?

A CHILD- AND FAMILY-CENTERED PERSPECTIVE

Giangreco, a special educator, offers a different perspective for making service delivery decisions for students with special needs. He reviews nine research studies that have examined the use of the Vermont Interdependent Services Team Approach (VISTA) to improve service delivery for students with special needs. VISTA is one of the only decision-making models for school-based services that has been formally assessed across the related services disciplines (Giangreco, Edelman, Luiselli, & MacFarland, 1998; Giangreco, Edelman, Nelson, Young, & Kiefer-O’Donnell, 1999). The model provides a process for decision making about the specific services needed, where services should occur, the frequency of services, what the mode of services might be, the educational relevance and necessity of those services, and their function.

Giangreco’s perspective is not concerned with what speech-language pathologists can do, should do, want to do, or have done before. Instead, effective service delivery is concerned with the needs of children and their family. For example, several components of VISTA build on a transdisciplinary framework to service delivery (Landerholm, 1990; Linder, 1993; McGonigel, Woodruff, & Rossmann-Millican, 1994; Woodruff & McGonigel, 1988). These include developing a single set of shared goals, ensuring that families and individuals with disabilities are an integral part of the team, and determining the level of role release agreed to by both the consultant and the consultee.

Thus, Giangreco asks readers to consider two important concepts: a broader focus on student needs and implications
of the team approach for making service decisions for individual students. Among these implications are (a) recognizing professionals as ongoing learners, (b) developing a shared framework, (c) having a research-based process for building consensus, (d) clarifying roles, and (e) increasing the involvement of families and general education teachers (Giangreco, 1994; Giangreco, Edelman, & Dennis, 1991; Giangreco, Edelman, Luiselli, & MacFarland, 1996).

An important question to ask concerns how the VISTA framework translates to a service delivery model for speech-language pathologists. Giangreco discusses what it means to be a learner and the ways in which speech-language pathologists can support a student’s learning in inclusionary settings by building on natural supports. He suggests that speech-language pathologists collaborate with their general education colleagues to embed strategically placed communication opportunities that capitalize on students’ strengths within the structure of the school day. Most importantly, the speech-language pathologist and teacher must develop a learning context (if one does not already exist) to facilitate interactions among children with LLI and their classmates (Giangreco, Prelock, Reid, Dennis, & Edelman, 2000).

Giangreco asks readers to question their traditional service delivery roles, trust in the skill and knowledge of the teacher, and provide the level of support that is relevant and necessary for the achievement of valued life outcomes. This perspective does not eliminate a direct service role for the speech-language pathologist. Rather, in order for services to maintain relevance, Giangreco indicates that a therapeutic focus is insufficient. Instead, the focus must be the individual child’s quality of life in the context of his or her community. To be accountable, speech-language pathologists should be providing services that lead to meaningful outcomes as defined by the collaborative team, which includes students and their family.

In considering this child- and family-centered perspective, readers are encouraged to reflect on three critical questions that Giangreco poses.

1. What disciplines are necessary to support students’ needs?
2. Who should do what?
3. When is the expertise of speech-language pathologists needed beyond more generic support?

A GUIDED INQUIRY PERSPECTIVE

In the third article, Palincsar, Collins, Marano, and Magnusson define a guided inquiry perspective for working in inclusionary classrooms. These authors represent the disciplines of educational psychology and special education. Their perspective fosters the natural supports that Giangreco suggests are critical. Guided inquiry instruction is grounded to a problem-solving orientation to learning. In this type of instruction, specific questions are used to develop students’ conceptual understanding around a particular topic within small groups (Lemke, 1990; Palincsar, Magnusson, Marano, Ford, & Brown, 1998; White & Frederiksen, 1998).

The guided inquiry framework that Palincsar et al. propose for inclusion classrooms is designed to facilitate both student and teacher participation for two types of science learning. The first type involves giving students practical experiences related to the understanding of certain scientific concepts. The second type requires students to consult written material so they might learn about others’ interpretation of similar experiences. Ultimately, a guided inquiry perspective should empower students to apply scientific literacy tools, such as language understanding and reasoning, through experiential learning.

Palincsar and her colleagues suggest, however, that students with language learning problems often doubt their performance in this type of classroom-based instruction. To illustrate this point, the authors present a case study. The focus is Don, a fourth-grade student with language learning problems, as he struggles to explain his understanding of science concepts, particularly through writing. Despite limitations in oral and written expression, Don is able to demonstrate what he knows about the concepts being learned. The implicit task for the speech-language pathologist is to determine how these learning activities can be made more accessible for students like Don who have language learning problems.

It seems apparent that the success of guided inquiry rests on a shared understanding between the teacher and speech-language pathologist of instructional content. For example, the speech-language pathologist has knowledge concerning the language content of the curriculum and the level of conceptual development necessary for guided inquiry to make sense to the student with LLI. The teacher possesses specific content knowledge concerning the subject area. Together, the teacher and speech-language pathologist support the context for instruction, which includes access to peers and the benefit of others’ interpretation of the learning experience.

The work of Palinscar et al. raises four important questions for the disciplinary and individual roles of speech-language pathologists in meeting the needs of students with language learning problems.

1. If the speech-language pathologist only maintains a therapeutic focus for Don and other students like him, is the value of a guided inquiry perspective lost?
2. Should speech-language pathologists expand their child-centered perspective, as Giangreco suggests, and capitalize on the guided inquiry framework to determine what can be learned from the students themselves about ways they might be supported to engage in various aspects of the school curriculum?
3. Is it important for speech-language pathologists to preserve learning opportunities through peer engagement?
4. What can speech-language pathologists share with teachers concerning language learning that will facilitate a student’s success in group learning tasks?

A SOCIAL INTERACTION PERSPECTIVE

Brinton, Fujiki, Montague, and Hanton extend the work of Palinscar et al. by addressing the challenge inherent to
cooperative group work for students with LLI in inclusionary settings. Research suggests that children with LLI often have compromised social skills, which puts them at risk for classroom success (Brinton, Fujiki, & McKee, 1998; Brinton, Fujiki, Spencer, & Robinson, 1997), particularly when the curriculum requires cooperative group work. Completing assignments or projects through cooperative groups is a frequent expectation in the regular education classroom.

Brinton and her colleagues offer a social interaction perspective on the support students with LLI might need to be successful in the regular education classroom. They report on a pilot study that examined the ways in which the social behavior profiles of children with LLI influenced their ability to work effectively within cooperative groups. Six children with LLI were partnered with two different typically developing peers in each of four contexts. The contexts represented activities that might typically occur in a classroom setting, such as working on a project together.

Similar to Palincsar and her collaborators, Brinton et al. see a critical role for speech-language pathologists in supporting students with LLI in their work with classmates on cooperative group tasks. However, the social profiles of children with LLI can be predictive of their ability to work with peers in reaching an assigned goal. It would be important, then, for speech-language pathologists to assess carefully the social behavior of the children they serve and collaborate with the classroom teacher regarding the type of peer partnerships that may or may not be successful. This group context might also provide a more natural opportunity for the speech-language pathologist to model the development of pragmatic skills that are often identified as individualized educational program (IEP) goals for children with LLI (e.g., assuming listener and speaker roles).

Moreover, Brinton and her colleagues caution speech-language pathologists against treating children only in terms of their LLI because such an approach ignores the reciprocity between language and social interaction.

The social interaction perspective requires speech-language pathologists to consider three additional questions concerning their roles in assessment and intervention when supporting students with LLI in regular education classrooms. 

1. What is the role of group work in students’ instructional day?
2. How can the social profiles of students with LLI be appropriately assessed?
3. What social and language skills are needed for students to work well together in classroom groups?

A SCAFFOLDING PERSPECTIVE

To build multilevel classroom instruction where both skill- and strategy-based approaches to learning in small groups can be developed, Silliman, Bahr, Beasman, and Wilkinson propose a scaffolding perspective for speech-language pathologists and teachers to consider in the inclusion classroom. Discourse scaffolds seem to be one mechanism that speech-language pathologists and teachers can employ to assist students with LLI in achieving increased levels of conceptual and communicative competence (Roehler & Cantlon, 1997). Using an instructional conversation model based on Vygotsky’s (1981) work, Silliman and her colleagues provide a theoretical framework for describing the kind of collaboration that should occur between adults and students to facilitate students’ ability to “learn how to learn.” Within this framework, adults can provide explicit models (e.g., verbally demonstrating the thinking process through dialogue), direct explanations, invitations to explain reasons for certain statements, and feedback and clarification to ensure understanding and repair misunderstandings.

In applying the instructional conversation framework, a paramount issue is how to transfer instruction to students so that they can become responsible for their own learning and actively select appropriate strategies to apply in particular situations. Ideally, the adult mediates instructional dialogue through supportive scaffolding, frequently adjusting the level of assistance needed by the student. Students, then, must understand and share the adult’s perspective on the purpose and use of these scaffolds. In this way, students can infer the meaning of a particular activity in a specific setting and determine the best strategies for regulating their learning.

Silliman et al. examined the scaffolding sequences that a general education and special education teacher used for 8 weeks leading their emergent reading groups in a primary-level inclusion classroom. Interestingly, Silliman and her colleagues found that, during reading lessons, teachers did not differ in the type of scaffolding they provided to children with and without LLI. The lack of differences in the quality of scaffolds used creates concern. The effective use of scaffolding sequences could reduce the linguistic limitation students with LLI experience in the context of higher order language learning. However, effective scaffolding implies that a child has the inferencing capacities to participate. An issue raised is that the inferencing capabilities of students with LLI—and their overall comprehension skills—are often reduced, particularly in academic content where new concepts are introduced.

Careful scaffolding of instruction to increase accessibility of the curriculum seems critical for students with LLI. Most of the contributors to the forum would concur with this need. For example, Ehren suggests that it is not enough for the speech-language pathologist to “go with the flow” in the classroom. Careful planning and determination of strategies most likely to facilitate a student’s learning are essential aspects of supporting accessibility to the curriculum. Palincsar and her colleagues would also agree. Students with LLI often lack confidence in their ability to engage in guided inquiry because of the emphasis on complex language content and complex conceptual knowledge of subject areas, such as science. Brinton et al. might add that the social interaction component should not be forgotten in scaffolded instruction when working in small groups because students’ social behavior profiles may predict their responsiveness to this medium of learning.

The work of Silliman et al. raises at least three questions concerning the intervention focus for speech-language pathologists in inclusionary settings.
A RESEARCH-TO-PRACTICE PARTNERSHIP PERSPECTIVE

The clinical forum ends with a study that extends the role of the speech-language pathologist to prevention. This new role raises the question of whether a purely therapeutic perspective concerning service delivery can ever be sufficient. Prevention was a focus in this study because of district-wide concerns regarding the limited conversational and language skills of inner-city children from a variety of non-English-speaking families. Hadley, Simmerman, Long, and Luna report on research that compared the effectiveness of a collaborative model for teaching vocabulary and phonological awareness in four classrooms. Two of the classrooms had a speech-language pathologist involved in instruction 2 1/2 days per week, and two classrooms did not incorporate a speech-language pathologist. Through weekly team meetings, the teachers and speech-language pathologists embedded vocabulary and phonological awareness instruction into the classroom activities, with an additional 25 minutes of explicit instruction in phonological awareness in the collaborative classrooms. After 6 months, students in the collaborative classrooms demonstrated increased receptive and expressive vocabulary, as well as increases in their beginning sound awareness and knowledge of letter-sound correspondences.

Hadley and her colleagues, employing a research-to-practice partnership model, determined that the dual goals of increasing language opportunities in the curriculum and modifying English language input justified the involvement of the speech-language pathologist in the classroom. As part of a prevention effort, these researchers/clinicians and teachers found a way to collaborate in order to support children with language delay from disadvantaged homes, as well as children with special education needs and children with second language learning needs. Their results suggest that one role the speech-language pathologist might consider in developing an in-classroom model of service delivery is to enhance the language abilities of children who are at risk for academic failure.

The research-to-practice partnership perspective leads to three questions concerning innovation in service delivery.

1. Should prevention be a priority goal for speech-language pathologists?
2. What education and support do teachers require to facilitate the learning and communicative competence of students with LLI?
3. What role do speech-language pathologists play in modeling supportive scaffolds during instructional discourse?

REFERENCES


SUMMARY

Most likely, readers will be left with more questions than answers in reflecting on the six perspectives presented in the clinical forum. Despite the different points of view and approaches of the contributors, their message is clear. One aspect of this message is that a theoretical and empirical foundation has been laid for the use, and potential misuse, of collaborative, inclusionary models of service delivery and their related practices.

The second aspect of the contributors’ message is equally important. Regardless of variations in conceptual frameworks, we all share a common goal—to meet more effectively the needs of students with LLI who are being educated in inclusion programs.
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