Shared management: a review of service delivery options for the speech and language pathologist in the schools.

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SHARED MANAGEMENT:
A REVIEW OF SERVICE DELIVERY OPTIONS FOR THE
SPEECH AND LANGUAGE PATHOLOGIST
IN THE SCHOOLS

by

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<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgment</td>
<td>ii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>v</td>
</tr>
<tr>
<td>List of Figures</td>
<td>vi</td>
</tr>
<tr>
<td>I. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>1. Rationale</td>
<td>2</td>
</tr>
<tr>
<td>2. Shared Management</td>
<td>5</td>
</tr>
<tr>
<td>II. Direct Service Options</td>
<td>8</td>
</tr>
<tr>
<td>1. Individual Therapy</td>
<td>3</td>
</tr>
<tr>
<td>2. Group Therapy</td>
<td>9</td>
</tr>
<tr>
<td>III. Indirect Service Options</td>
<td>11</td>
</tr>
<tr>
<td>1. Consultation</td>
<td>12</td>
</tr>
<tr>
<td>2. Inservice Presentations</td>
<td>20</td>
</tr>
<tr>
<td>3. Integrated Approach to Classroom Programs</td>
<td>23</td>
</tr>
<tr>
<td>4. Parent Involvement</td>
<td>26</td>
</tr>
<tr>
<td>IV. Shared Management in Language Intervention: An Example</td>
<td>28</td>
</tr>
<tr>
<td>1. The Setting</td>
<td>28</td>
</tr>
<tr>
<td>2. The Subject</td>
<td>29</td>
</tr>
<tr>
<td>3. Designing a Program</td>
<td>30</td>
</tr>
<tr>
<td>4. Results and Conclusion of Demonstration Study</td>
<td>33</td>
</tr>
<tr>
<td>V. Discussion</td>
<td>37</td>
</tr>
<tr>
<td>VI. Reference Notes</td>
<td>41</td>
</tr>
<tr>
<td>VII. References</td>
<td>42</td>
</tr>
<tr>
<td>VIII. Appendices</td>
<td>43</td>
</tr>
<tr>
<td>1. Appendix A: CACA Data Sheet</td>
<td></td>
</tr>
</tbody>
</table>
TABLE OF CONTENTS (cont.)

2. Appendix B:  Program I  
3. Appendix C:  Program II  
4. Appendix D:  Pre-Treatment and Post-Treatment  
                 Subject Interaction Samples  
5. Appendix E:  Sample SLP Staff Meeting Agendas

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Program I</td>
<td>44</td>
</tr>
<tr>
<td>C</td>
<td>Program II</td>
<td>45</td>
</tr>
<tr>
<td>D</td>
<td>Pre-Treatment and Post-Treatment</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Subject Interaction Samples</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Sample SLP Staff Meeting Agendas</td>
<td>49</td>
</tr>
</tbody>
</table>

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List of Tables

Table 1: Mean Verbalizations in Baseline and Treatment Programs  

Page 36

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List of Figures

Figure 1: Effects of an Integrated Approach on 
Appropriate vs Inappropriate Verbalizations 
(AV=appropriate verbalizations; IV=inappropriate verbalizations; TV=total verbalizations) 35
INTRODUCTION

Reductions in school budgets and increases in caseloads have raised questions concerning delivery of quality and efficient speech and language services to children in the public schools. For example, how do we provide maximum service in a minimum period of time? or how do we facilitate carryover of speech and language skills from the therapy room to the classroom or home? By reviewing various service options available and by discussing the possibilities of new service ideas, such questions may be less overwhelming. Review and discussion of new ideas, however implies that changes may need to take place in terms of roles and service definitions; changes that established professionals may be reluctant to make.

This paper will address, first of all, the rationale for the above suggestions, and secondly, a definition of shared management and how it may be implemented through several direct and indirect service delivery options. Finally, a descriptive single-subject study will be included to demonstrate the process of a single indirect approach applied to communicative intervention.
RATIONALE

Traditionally, the role of professionals in support services has been direct intervention - removal from class for therapy (Bricker, 1976; Frassinelli, Superior & Meyers, 1983). "The traditional role of the itinerant speech and language pathologist in the schools is no longer the only, or perhaps even the most appropriate role for us in that particular work setting" (Butler, 1979, p. 3). According to Bricker (1976), individual therapy may be appropriate and possibly practical for an occasional student, however, maximum effect of intervention for a student cannot be achieved unless the objectives can be extended to daily use in the classroom and/or home. In 1980, special education professionals, Nietupski, Scheutz, and Ockwood (cited in Prizant, 1982) shared these opinions and stressed the need for interaction between speech and language pathologists (SLP) and other professionals so that children may receive "communication skills instruction all day, every day; not one-half hour weekly" (p. 531).

Constant assessment or re-evaluation of client goals is imperative to effectively provide speech and language services. Does effective communication in a therapy room really matter if it is not present in the classroom, home, or in social situations? SLPs cannot be satisfied with improvements in child behavior simply in the therapy room but must look for evidence of effective communication in other contexts (Prizant & Tiegerman, 1983; Muma, 1978). Natural learning occurs in natural contexts. Context, being a primary determinant of language use, may either enhance or constrain the learning situation (Prizant & Tiegerman,
SLPs as interventionists have the abilities to manipulate context. Granted, individual therapy requires less effort on the part of the SLP than a more coordinated and shared effort from several professionals. However, the ultimate goals of the children should be kept in mind. "Relative isolation is the path of least resistance and least complexity; but, with isolation comes limited communication among professionals who need to interact and share information" (Prizant & Tiegerman, 1983, p. 20). Territorialistic attitudes tend to hinder progress rather than increase it. Such attitudes may cause power struggles between professionals and confusion for parents as well as the children being served. All professionals feel a certain sense of accomplishment when a child that they have worked with individually fulfills goals and objectives. Questions, however, should be asked of professionals: Could the child have accomplished the same goals and objectives at a faster rate with the involvement of other professionals? And, will these skills be generalized to environments which are meaningful to the child? When considering professional gains (personal satisfaction, prestige in the eyes of colleagues) vs. child gains in this context, the obvious priority should be met.

Professional gains and territorialistic attitudes are not the only reasons that SLPs choose individual therapy over shared management. Time constraints caused by heavy caseloads encourage isolation. Frequently, clinicians serve several schools which requires considerable effort to establish rapport or even acquaint themselves with other
professionals in each school. Muma (1978), realizing the complexities of carrying-out clinical responsibilities, suggested that clinicians do two things:

1. Develop a critical but constructive attitude. This way, clinicians will have a check against blind acceptance of authoritarian positions and greater willingness to depart from fixed standards by placing individual needs first.

2. Put knowledge into perspective and attempt to define what the clinician knows and needs to know in order to adequately assume her/his responsibilities.

The writer interprets these suggestions to mean that SLPs need to be creative in the ways that they serve client populations by reviewing the options and capabilities that are available to them. They should release the old medical notion that intervention is individual treatment. SLPs frequently fail to take advantage of the natural learning contexts available to them - classrooms, playgrounds, gymnasiums, etc. Children are constantly removed from these contexts to receive therapy. Clinicians should realize that the more an individual is removed from these highly communicative and natural functioning environments, the more generalization power is lost from intervention. "Language intervention should occur in natural contexts in natural ways about natural things" (Muma, 1978, p. 234). The likelihood of carryover or generalization to other natural events taking place under these circumstances is high. According to Muma (1978, p. 234), such intervention is "ecologically valid".
The rationale for shared management having been stated, the writer now wishes to address the what and how of shared management. Shared management is an ongoing multidisciplinary team approach to intervention. The majority of professionals in child-related fields have at least participated in child study team meetings in order to develop individualized education programs, thus, teaming is not a new concept. The differences between child study teams and shared management teams are the regular ongoing interaction between team members and the integrated effort between disciplines. Child study teams frequently meet one time per year to discuss annual goals and objectives and then split-up into their respective disciplines until another meeting or review is mandated by law.

Educational teams interested in shared management collaborate in order to identify areas of concern and devise problem solving strategies. The teams meet on a regular basis to discuss problems as well as share accomplishments that are taking place with "their" students. Each member of the team, SLP, teacher, physical therapist, occupational therapist, nurse, school administrator or parent, contributes his or her knowledge and point of view concerning each child or topic. By listening to each other and providing feedback, the members establish rapport and mutual respect, two ingredients that are imperative for a shared management team to function effectively. Frequently, the question as to how a child can be served best arises.
At this time the members of the team must evaluate their options. Is direct interdisciplinary intervention by related service professionals (i.e. those services traditionally provided outside of the classroom; SLP, physical therapist, etc.) the most effective strategy or could the child learn to use targeted skills best in the classroom or at home or both? If direct interdisciplinary intervention, i.e. individual or group therapy, is warranted, how might the goals or objectives be facilitated by other team members? If classroom programs are the chosen strategy, how are intervention responsibilities shared with other team members?

Team interaction fosters understanding and increased knowledge of various disciplines. Instead of battling for equal time with a child, hopefully members of the team come to realize that they all have a common goal - improvement of the quality of a child's life. Team members that feel confident and secure in their area of expertise seem to be more willing to share ideas and to cross traditional boundaries. For instance, the SLP may be concerned about a child's understanding of locatives and the physical therapist may be concerned about the same child's ability to maintain balance. Through discussion, they may find that during freeplay activities in the classroom, the teacher has observed that the child enjoys playing on a small slide. Could it be possible for the classroom teacher to elicit up, down, on, under and beside, and facilitate gross motor activities while the child walks up the ladder, slides down the slide, sits on the slide, stoops to walk under the slide and stands beside another child in line? The
possibilities are endless. The child could be given opportunities to practice skills in both areas but remain in a natural, social context. In a shared management atmosphere, "although each team member may see the child or his problems from a different frame of reference, their approaches are complementary and contribute to a well-coordinated, goal-directed program which enhances all aspects of a child's development" (O'Conor, Note 1, p. 1).

Frequently, SLPs are overwhelmed by the size of their caseloads. According to the committee on Language Speech and Hearing Services in the schools (ASHA, 1983), there is extreme pressure from local and state education agencies to increase SLP caseload maximums even further. As mentioned earlier, large caseloads may reduce the quality and scope of services available to students with communication disorders. As a member of a shared management team, the SLP may broaden her/his options for service delivery considerably. "Because the SLP is responsible for serving all communicatively handicapped persons, the efficient use of time and help from other staff members is imperative" (Nilson & Schneiderman, 1983, p. 125). By becoming an integral part of the total school program, SLPs will no longer be segregated from other educators or special educators. Under such circumstances, hopefully, the SLP will no longer find "segregating" her/his students necessary either.

The above statements have not meant to discourage or criticize what SLPs have been doing in the schools but aim to stimulate thought toward different and possibly more efficient means to deliver speech, language and communication services. Breaking out of the traditional mold may
require a redefinition of SLP roles and/or broadening and extending their education. In addition, fellow professionals may need to be informed about what SLPs do and are capable of doing in terms of service delivery.

Next, the writer will specifically address several direct and indirect service delivery options available to SLPs in the schools.

DIRECT SERVICE OPTIONS

Individual Therapy. The first and most frequently employed service option for SLPs is that of individual therapy in a therapy room. This gives the therapist full control of the child and the environment. The therapist may focus all of his/her attention on helping the child establish new behaviors or sets of rules. However, once the child demonstrates that s/he is able to use the new skill some of the time, all s/he needs is continued practice until the skill is mastered. At this point, individual therapy may be limiting in terms of carryover into more natural situations such as classroom and home. The time required to recreate real-life situations in the therapy room may not be worthwhile when measured against the actual child gains. If this is the case, the SLP may wish to consider different service options or redefine her/his role in intervention.

Depending upon the flexibility of the setting, individual therapy could also take place in the classroom which could provide a more familiar and motivating environment that is rich in contextual cues.
For example, the SLP may arrange to take a child aside to a more secluded area of the classroom for short "bursts" of exposure to target items (Rieke, Note 4). This approach would be most appropriate for children with short attention spans who could benefit from several brief opportunities during the day to practice communication skills.

A less formal approach to individual therapy is that of shadowing a child during classroom group activities. Additional language stimulation, articulatory cues, or social interaction opportunities provided by the SLP in the classroom may increase carryover of such skills. Classroom involvement also supplies feedback for the SLP for adjustment of speech and language goals or objectives if needed. In addition, this approach provides teachers with opportunities to observe what SLPs do. Prior arrangement with the classroom staff is required for SLP-child involvement in the classroom thus encouraging establishment of rapport with the staff as well as a team atmosphere. As mentioned earlier, the team approach to child intervention increases service options for SLPs.

**Group Therapy.** Group therapy is another means for SLPs to directly intervene with children and has the advantage of peer interaction that individual therapy excludes. Like individual therapy, group therapy may take place in a private therapy room or in the classroom. A therapy room provides a less distracting environment for children with speech and language needs to practice emerging skills. Therapy in a classroom environment, however, may increase the chance that the children will begin to practice new skills in that same environment during other daily
activities. Both types of groups may be used as the primary intervention strategy or as a means for carryover.

Decisions about group interactions certainly depend upon the needs of individual children. Some children may require a gradual progression between individual and group therapy in a therapy room and then into the classroom. Others, however, may never need individual therapy and may develop their skills through group interaction only.

Speech and language pathologists can be creative in their grouping of children. Groups may combine children with similar or different communicative deficits and who are in various phases of therapy. For example, a child in carryover phases of fluency therapy might benefit by practicing conversational speech in a group setting with language disordered children. Peer interaction and social reinforcement can be a powerful motivator in achieving communication goals. The utilization of groups by SLPs allows for efficient as well as quality speech and language service.

Prizant and Tiegerman (1983) have mentioned two types of groups. They emphasized the difference between multiple one-to-one therapy and the actual group model. The essential difference is the increased complexity of group interaction over the "dyadic interaction" when the SLP pays attention to one child at a time. Group therapy should be a time for peer interaction including monitoring of peer behaviors and taking and yielding turns. Such an interaction demands greater attentional and cognitive skills from the child than the one-to-one
approach.

Depending upon the structure of classrooms and the willingness of teachers to allow SLP involvement in class, an SLP may be able to conduct small and/or large group activities in the classroom on a regular basis. Snack, language, and story groups for example, could provide excellent opportunities for SLPs to elicit target behaviors from children receiving speech/language aid in addition to stimulation of social interaction and expressive and receptive language exploration for all of the children. The availability of children as appropriate communicative models in the classroom is an added advantage of this type of group (Prizant & Tiegerman, 1983). In addition, such group opportunities allow the SLP to provide extended services to children who do not qualify for individual speech/language aid (Nilson & Schneiderman, 1983). Also, classroom staff members may observe successful interaction strategies modeled by the SLP with the children and may begin to utilize the ideas themselves or may ask the SLP for suggestions. Such occurrences provide opportunities for SLPs to exercise more indirect means of intervention.

**INDIRECT SERVICE OPTIONS**

Indirect speech and language services can be provided in numerous ways. Frequently SLPs provide service without actually acknowledging the fact that they are indeed, delivering service to a particular child. For instance, data keeping, telephone contacts, personal meetings with parents or other professionals, and classroom observations are all means
to improve children's speech and language skills and should be considered as such. If SLPs did not carry-out these duties, they could not provide optimal services. Seemingly, SLPs are trained to believe that only direct contact time with an individual may be counted as service. This being the case, SLPs may tend to neglect opportunities for indirect service because of time constraints or tend to be tremendously overworked. Indirect service delivery such as consultation or inservice presentations may be the most efficient and/or beneficial way for an SLP to expend energy for certain types of cases, composition of caseloads and/or environments. The following discussion will include suggestions for several indirect means to deliver SLP services: consultation, inservice presentations, integrated classroom programs, and parent involvement.

Consultation. The word consultation conjures up various ideas in terms of speech/language service delivery. The most frequent connotation is that of an expert (SLP) telling another person what to do and how to do it. As was noted by Frassinelli, et al. (1983), "most SLPs who discuss the consultation role emphasize the content of consultation, the information which serves as the basis for problem solving" (p. 25). They go on to say that most SLPs assume full responsibility for diagnosis, data collection, treatment plans and materials. The emphasis in this discussion will be on the process of consulting, rather than the content of consulting with educational team members in a way that is mutually acceptable and effective.
The process involved in presenting oneself as a consultant and presenting one's ideas for intervention is as important as the actual information that the consultant wishes to share. Prizant and Tiegerman (1983) have referred to "style" as being the SLPs mode of interaction with special educators and other professionals. They commented that "SLPs who attempt to interact with other professionals, who seek out their expertise and knowledge of a child, and who offer their own expertise are regarded most often very highly by other professionals" (p. 20).

In a field such as speech and language pathology, where emphasis is on communication, interaction skills would seem to be second nature to trained SLPs. However, interaction with clients differs from interaction with fellow professionals. Information on the latter seems to be overlooked in training programs (Prizant & Tiegerman et al., 1983; Frassinelli et al., 1983). Unfortunately, an SLP may be extremely skilled and knowledgeable when involved in therapeutic interactions, but may be without peer interaction skills, and may be limited in terms of service options and in his/her ability to facilitate growth and carryover of client skills.

Frassinelli et al.'s (1983) definition of consultation will be used throughout this paper. They describe consultation as a "three-person chain of service in which a consultant (SLP) interacts with a caregiver (consultee) to benefit an individual (client) for whom the caregiver is responsible" (p. 25).
Consultation used as a speech language service approach may provide increased capabilities for the SLP with a large caseload and may have advantages for the children in that caseload. When the SLP opts for a consultant role, s/he is able to serve a larger client population than would be possible through direct service delivery methods.

"The consultation model is not to be considered an alternative to be used when direct intervention by the SLP is not possible, but rather an option available to meet the communicative needs and environment of the student. It should be the model of choice and not desperation" (ASHA Committee for Speech Language and Hearing Services in the schools, 1983, p. 67).

Three types of speech/language consultation in the schools have been discussed in recent literature (Frassinelli et al., 1983). The first type includes ongoing and direct contact with the client by the SLP while consulting with the teacher about carryover/generalization activities in the classroom. The teacher implements and monitors the activities. The second type of consultation consists of one-time or periodic contact with the client for diagnostic evaluation or assessment by the SLP. Thereafter, the teacher and SLP devise a treatment program for the client which is implemented by the teacher. The third type of consultation requires no direct contact between the SLP and client. Data collection and observations are done by the teacher who then presents the information to the SLP. The SLP and teacher discuss the problem and joint decisions and recommendations are implemented by the teacher. All three types of consultation could be applied to individual children or groups of children.
Like direct service or therapy, consultative methods need to be designed to meet the needs of the client(s) and the consultee. Variations of the above three consultative methods will most likely be required depending upon past experience with the consultee, the consultee's skills and willingness to participate and the specific needs of the client. The SLP may wish to make her/himself available to demonstrate techniques, help the teacher establish data collection systems for the classroom, collect data in the classroom, and/or to monitor/evaluate the effectiveness of the intervention approach as well as the efficiency of the data collection system.

The ASHA Committee for Speech Language and Hearing Services in the schools (1983) discussed the consultation model and declared that,

"when using this model, the SLP is responsible for developing, managing, coordinating, and evaluating the program of clinical management e.g., all testing/assessments, intervention strategies, methods, materials, rules for the environment, observation, demonstration, teacher/parent training and evaluation of overall effectiveness of the program" (p. 67).

The writer strongly disagrees with these comments. No wonder educational and other professionals often resent SLPs. The above statements promote the elitist attitudes for which SLPs are frequently criticized. Such impositions of clinical management on a classroom teacher, for example, would most likely discourage any enthusiastic interest in implementing the SLP's programs or ideas. SLPs need to learn to share information or ideas in a more positive and less offending manner, as well as accept information from professionals in
other disciplines. Maintaining full control over communication programs may not be the most facilitating intervention style.

The actual process of creating an effective consultative interaction is much more difficult than simply deciding which type of consultation fits best into an SLP's schedule. Some teachers may not be willing to devote time to speech and language and may think that collaboration with SLPs is not a part of their job. The SLP may choose to play a more traditional role with such teachers and to use consultative techniques with more receptive teachers.

Attitudes of teachers may be determined during initial rapport-building stages. The way in which the SLP approaches the classroom teacher and presents her/himself is most important in establishing rapport and a cooperative team atmosphere. As mentioned earlier, the SLP frequently is perceived as the expert who has arrived to handle communication problems. This perception tends to place the teacher on the defensive. The SLP must keep in mind that the teacher is also a professional who spends more time with the children than the SLP does. Treated as such, the teacher is more likely to share information as well as be receptive to the information offered by the SLP. This "get acquainted" time should be used to establish mutually acceptable roles. Decisions about frequency of meetings, meeting times and intervention expectations should be made. The SLP and teacher should agree on their relative responsibilities. This may vary from situation to situation depending on the abilities, training and interests of the SLP and the teacher, and state and/or agency laws, rules and
regulations. "Each of the specialists has something of value to offer in terms of knowledge in their field. Cooperative endeavor can lead to excellent results" (Van Hattum, 1979, p. 35). Intervention strategies would vary widely of course depending upon the chosen type of consultation and role definitions.

Once a consultative relationship between SLP and teacher(s) has been decided upon, there are several suggestions to build upon that relationship. The first and foremost is for the SLP to be an active listener. The teacher will most likely begin to feel more involved and interested in becoming a part of the intervention process if the SLP listens to what the teacher views as an individual's or group's communicative problem and reflects an understanding for his/her point of view. "Excluding the teacher from the problem-solving process denies the importance of her observations and implies that the consultant (SLP) knows all the answers" (Frassinelli, et al., 1983, p. 27). Important to remember is the fact that teachers as professionals have valuable information and insights about their students that should be respected. Each teacher is different, thus a flexible interaction style is needed. For example, a more directive approach may be more effective with the less talkative teacher, whereas a more nondirective approach could facilitate a relationship with a willing participant. Ask questions that genuinely make the teacher feel that his/her opinions are useful such as, "I've noticed that you really seem to get along well with Bobby. How do you think his speech problem effects his performance in the classroom?" or "Of his communicative deficits, which seems to be
hindering his academic progress the most?" For those who are reluctant or unwilling to collaborate about speech and language concerns, the SLP may want to allow more time to build rapport or for the teacher to accept the less traditional SLP role.

The designing of programs for the children in a consultative relationship should be done jointly by all professionals involved. Even though speech and language is the area of expertise for the SLP, the classroom teacher most likely will have a better feel for her/his own skills in implementing programs or ideas and for what can be reasonably accomplished in the classroom. In most instances, teachers do not have time to sit down with a child individually to run a program. Rieke (Note 3) has suggested that SLPs and teachers discuss facilitating strategies for communicative interaction in classrooms. Together, the SLP and teacher discuss what should be expected of the child(ren) and how to facilitate the expectations through antecedent and consequent events. This way, the teacher may seize opportunities during the day to allow a child or children to practice various communicative skills. Such a program may be carried out all day or the teacher may prefer to concentrate on providing opportunities during particular times of the day such as recess or reading times. Rieke (Note 3) has discouraged set time blocks for "communicative interaction":

"One doesn't put communicative interaction in a fifteen minute section for Monday, Wednesday and Friday, and teach the subject. Rather, first one develops the facilitating style that helps it happen. Then the communication emphasis can be threaded throughout the day in nearly any activity where the teaching of specific subject material is not the main focus" (p. 2).
Because teachers are busy individuals, the ease of the program and data collection procedure is of great importance. Most likely, a complicated program would be implemented less often or quickly abandoned. For example, a program requiring a child "to ask" could easily be implemented at any time of the day by using facilitating strategies decided upon by the SLP and teacher. Data collection could simply be a daily or weekly tally by the SLP, teacher, classroom aid, etc.

Using classroom teachers as communication facilitators helps the SLP be more responsible in providing a method of serving children with milder problems who are not high priority in the clinician’s caseload, or who have not been identified as communicatively handicapped (Nilson & Schneiderman, 1983). In 1978, Pollack and Gruenewald estimated that typically the bottom on-third of a regular education class experiences difficulties related to language (cited in Frassinelli, et al., 1983).

"Under carefully monitored full-time programs which are implemented in regular classes and which provide a spectrum of learning alternatives, supports, and related services, students can be expected to show early and continuing academic, personal, and social success" (Wang & Birch, 1984, p. 393).

In a shared management team situation, the SLP should not always have to be the initiator of such programs. Bricker (1976) emphasized that teachers need to make it clear that what is wanted (from related services) is information to be utilized in developing classroom programs. He also wrote that teachers of the handicapped must be "educational synthesizers" by drawing relevant information from a
variety of sources and then incorporating it into daily intervention procedures for the children.

The consultative role for the SLP is obviously not appropriate in dealing with all children at all times, or with all educational staffs. Consultation does, however, provide a viable option for working with children who may benefit most from intervention in natural contexts. Although the SLP has little direct contact in the traditional sense with the children in this model, the children are still considered as receiving SLP services and may be included in the annual child count (ASHA Committee for Speech Language and Hearing Services in the schools, 1983).

Inservice Presentations. Another indirect option for speech and language service delivery is inservice presentations to educational team members, administrative personnel, parents and related agency personnel. This is a time-efficient method for disseminating information to groups of people involved with communicatively handicapped individuals or groups of children. Like consulting, the emphasis of inservice presentations is frequently on the informational content rather than on the process of the presentation. This is not to say that the content is not important, but that without an effective means to present, the message is less likely to be well received or understood by the audience. Naturally, the role of inservice presenter places the SLP in the position of the "expert". Presumably, the SLP as the presenter, is the most knowledgeable person present, in terms of the chosen topic for discussion. However, without damaging credibility, this role may be
played down in order to reduce defensiveness and increase reception from the audience. By regarding each person in the audience as an expert on some particular topic or area (even if the topic is only his/her own child), the speaker will realize that s/he just happens to be the one in the limelight at that time. Few people enjoy listening to a person who portrays a pompous attitude. Some suggestions that may be helpful in avoiding such a portrayal are described in the next few paragraphs.

Before preparing an inservice presentation, the SLP must consider who her/his audience is and what its particular needs are. Information provided should be applicable to the majority of the listeners. For example, few classroom teachers would be interested in detailed research data and history of a particular intervention method. However, a more appropriate approach may be to provide a simple and brief explanation of the method and ways in which it could be applied in their classrooms. Also, the SLP should keep in mind the population that she is ultimately serving by emphasizing material that will affect the most children. For example, when presenting to a large group of teachers, information about interaction styles that may be used to facilitate verbal initiations in classroom group situations would serve more children than information about a specific non-verbal communication system used by a single child. More elaborate information on the latter topic would, however, be appropriate for an educational team or family directly involved with the child using the system. The use of jargon, unless presenting to a group of speech and language therapists, can be particularly frustrating for an audience and should be avoided.
Most audiences are more attentive and appreciative of a presentation that is useful to their particular situation. Frequently, an SLP will be acquainted with his/her audience or the children with whom he/she is involved. Examples which include children familiar to several listeners will facilitate understanding and/or illustrate application of the information being provided. Members of the audience may have questions or personal examples that could supplement the information being presented. By encouraging such participation, the SLP is able to acknowledge the audience's concerns and opinions which may facilitate a relationship of mutual respect between her and the listeners.

Inservice presentations can be an effective method to provide communication services to a large number of children. Such presentations provide an option to SLPs attempting to serve overwhelming caseloads. Inservice presentations may or may not be the optimal approach to speech and language intervention. Presentations provide alternatives for SLPs to provide services for children on waiting lists, or to provide service for groups who could benefit from the SLP's knowledge and experience. Nilson and Schneiderman (1983) studied the effects of a series of four inservice presentations provided for second and fourth grade classrooms and their teachers on vocal abuse and hoarseness. Results indicated a decrease in child vocal abuse and an increase in teacher awareness of voice problems. The teacher participants were positive about the program, supported carryover activities, and were receptive to having the program presented to their
classrooms in the future. The information dissemination to teachers may be as important as the educational procedures presented to the children. Perhaps encouragement and support in the form of such programs as this are needed to initiate teachers interest and concern, and extend their knowledge about communicative disorders.

Inservice presentations may also be used in conjunction with other direct and indirect intervention techniques to increase carryover of child skills in the home or classroom environments. For example, in a consultative relationship between SLP and teacher, after collaborating and jointly devising a plan for an individual child or group of children, the teacher may request demonstrations or training (an inservice presentation) for herself and the educational team in order to carry-out the programs.

Frequently, parents and professionals misunderstand the roles and capabilities of SLPs. The inservice presentation is a method by which to educate fellow professionals and parents about what SLPs do as well as a way to provide information about how they as professionals and parents, can take part in the identification, management and prevention of communicative disorders (Freeman, 1978 as cited in Nilson and Schneiderman, 1983).

**Integrated Approach to Classroom Programs.** The integrated approach to speech and language service delivery differs from consultation in the degree to which the SLP is involved in intervention plans. The SLP and teacher (or other professional) work closely, and combine their efforts
to facilitate communication goals in the classroom environment. As with a consulting relationship, the SLP and teacher must develop a working rapport and define their roles in intervention. These roles depend upon the individual skills of the two professionals as well as the needs of the children.

"Language learning is a creative act of children, and is not just a result of formal teaching. The teacher's task is to create an environment in which a child will take an active role in building his own language skills. The informed, sensitive teacher sets a language environment in which the child can most efficiently develop his natural tendency to learn to communicate" (Lee, 1973).

The SLP may help teachers create the above suggested environments through the integrated approach. If necessary, the SLP can provide useful information for the teacher about normal language development. Through discussion, the SLP and teacher may be able to determine the various levels of language development demonstrated by students in the classroom and pinpoint areas of concern. By jointly identifying areas of concern, the teacher will most likely demonstrate a more active interest in intervention than if the SLP tells the teacher what she/he views as a concern and what should be done about intervention. The concerns should then be narrowed down to programs that can easily be implemented in the classroom and that pertain to child problems that the teacher is invested in making changes. For example, the teacher may be concerned that several children in her class rarely verbally initiate during group activities. Through discussion and observation, the teacher and SLP realize that the SLP is able to stimulate more child initiations and peer interaction during group activities than the
teacher. The teacher may benefit from observation and discussion of various facilitative techniques modeled by the SLP two or three times per week in the classroom. On alternate days, the teacher may wish to run the same group while the SLP takes data to demonstrate the effectiveness of the techniques. The SLP and teacher would most likely benefit from discussing the data and sharing concerns, suggestions and progress.

SLPs need to be sensitive to the fact that different professionals have different interaction styles. A teacher, for example, may be uncomfortable imitating the SLP's modeled style. If so, the SLP may be able to help the teacher implement the facilitating techniques in a manner closer to the teacher's own style. The SLP should not imply that her/his style is always the only and most effective style. SLPs may learn from teachers by viewing how different teachers interpret and activate suggestions about facilitating techniques when interacting with children.

According to Nietupski, et al. (as cited in Prizant & Tiegerman, 1983), SLPs should "demonstrate their suggestions...until teachers become proficient in teaching the (targeted) skills" (p. 17). As this comment suggests, an integrated SLP-teacher relationship does not necessarily continue indefinitely. Once the teacher becomes proficient in implementing the intervention strategy(s)/communication programs found to be useful in the classroom, the SLP's direct involvement may no longer be appropriate. At this point, the respective roles may need to be redefined, for instance to accommodate a consulting relationship.
Parent Involvement. The writer has not meant to neglect parent involvement as an essential part of any child's communicative intervention program. Parents may be the most valuable members of a shared management or intervention team. They, as primary caretakers, spend the most time with their child and know their child better than other members of the team. Because parents see how their child functions as a member of the family, in the grocery store, with neighborhood children and in uncountable other natural situations, they probably have a firmer conceptualization of how the child functions as a person, not as a communicatively, physically or mentally handicapped student. Thus, parents may be able to provide insight for members of the team about what type of intervention approach may be most successful and accepted by their child. In addition, parents may serve as reminders for professionals to question long-term impact that chosen goals and objectives may have on a child. Whereas professionals may want a child to produce fricative sounds with 80% accuracy or increase trunk strength by 20%, the parent may want his/her child to be able to talk to grandma on the phone and be understood or be able to push himself around the house on a scooter board. Both parents and professionals essentially want the same things, however parents contribute a real-life perspective when making program decisions. The degree to which parents are involved in intervention varies depending on their willingness or ability, in terms of time constraints, to play both a therapeutic and parental role with their child. Although structured home programs are frequently constructed for parents to run at home, the writer usually encourages parents to be parents, not therapists. This
is not to say that parents should not take an active role in intervention, but that parents, like teachers can incorporate opportunities for skill practice into everyday natural happenings. For example, a mother may find that driving her son to and from school each day provides a good opportunity for conversation between her and her son. By discussing such opportunities, the SLP may be able to provide some ideas for ways that the parent can further stimulate her child's communication and the parent may provide ideas for the SLP concerning her/his child's particular interests, progress at home and/or communicative times. This type of parent-professional relationship fosters mutual respect by acknowledging the fact that both people have important information to contribute concerning the child's handicap, intervention plan and progress.

Professionals need to be sensitive to the feelings of parents when discussing assessment results, intervention programs, etc. Professionals in child-related fields frequently deal with children who demonstrate a wide range of deficits on a daily basis and tend to categorize children as mild, moderate, severe and profound. What may seem to be a mild problem to a professional, can be devastating to parents - "There is something wrong with our child". One the other hand, parents of a child with multiple handicaps may feel totally overwhelmed by the professional's suggestion that there is "something else wrong" with their child. At this point, professionals need to be supportive and realize that the parents may experience family stress, financial burdens and exhaustion from dealing with other handicapping
conditions that a child may have. In addition parents may experience great emotional stress consisting of feelings such as anger, depression and/or guilt (Prizant & Tiegerman, 1983).

Parent involvement in child intervention is a valuable asset for a shared management team. Although the topic of parent involvement encompasses a multitude of intervention possibilities in addition to the numerous other factors that parents of handicapped children frequently need to deal with, further discussion of these possibilities and factors is beyond the scope of this paper.

**SHARED MANAGEMENT IN LANGUAGE INTERVENTION: AN EXAMPLE**

The following few pages will include a description of a single case study in which shared management using the integrated approach with a classroom teacher was utilized. The reader should keep in mind that this was not a controlled study, but has been included only to demonstrate the process of an indirect approach to language intervention in a single setting.

**The setting.** The Experimental Education Unit (EEU) in the Child Development and Mental Retardation Center at the University of Washington was the setting for this single subject study. The EEU is a unique setting in that it is a school for handicapped children who have a wide range of deficits including mild to profound mental retardation, learning disabilities, communicative handicaps, mild to profound
physical handicaps and behavior disorders. The school houses 14 classrooms served by administrators, special education teachers, communication disorders specialists (SLPs), physical therapists (PT) and a nurse. Interdisciplinary teaming is an integral part of the Unit's approach to intervention.

The Subject. The subject of this demonstration study was a three year, eleven month old female who attended an Early Developmental preschool classroom at the EEU. Her language skills were assessed using the Sequenced Inventory of Communicative Development (SICD) expressive and receptive scales. The subject demonstrated expressive language skills between the 36 to 48+ month level and receptive language skills between the 40 to 48+ month level. Although the subject was solid only at the three year level or slightly above, the splinter skills up to the 48 month level indicated that the child had acquired numerous skills close to her age level.

Data was collected by the SLP in the classroom using the Child-Adult-Child-Adult (see Appendix A) data sheet on four occasions. This enabled the SLP to obtain baseline information on the child's communicative strengths and weaknesses. The data indicated that even though the subject used appropriate syntax and initiated some interactions, primarily with adults, she was an ineffective communicator. The child frequently verbalized phrases inappropriate to given situations. She repeatedly used phrases such as "Where's Mr. Chicken" (she had learned a song the previous year about Mr. Chicken, Mr. Turkey, etc.), "Isn't that cute?", and frequently asked questions.
of which she knew the answers. For example, "Is that a blue truck?" (This could have been a result of educational programming). In addition, the subject used what might be called, "canned interactions". Frequently repeated, were interactions that had been successful for her in different contexts, however not appropriate to the present situations. She used words of which she did not know the meaning further increasing her inappropriateness. The subject was also observed calling teachers' names as if to request, and then having nothing to say when the teacher answered. Arrangements were made to have the subject's mother observe in the classroom. The mother confirmed that her child behaved similarly at home. She was also interested in implementing an approach that the team found to be successful in decreasing her child's inappropriate behavior.

The subject's communication skills rather than language skills were of greatest concern. Seeing that individual therapy was not the optimal approach to use with the subject, the SLP approached the classroom teacher to discuss the possibilities for intervention.

Designing a Program. The SLP had already established a working rapport with the classroom teacher during previous months. An appointment was set to jointly identify the subject's communication problems in the classroom. The SLP opened the discussion by asking the teacher what bothered her the most when considering the subject's communication skills. The teacher immediately began talking about the child's "bizarre expressions". She then explained that she had been
trying to ignore the expressions and had been "trying to think of ways to reduce the child's weird phrases". The teacher had also observed the child using words of which, she judged, the child did not know the meaning. According to the teacher, the classroom staff was feeling frustrated when interacting with the child. The SLP indicated that the data that had been collected, confirmed the teacher's observations and that a classroom program might be an effective way to approach the subject's deficits. Had the teacher not expressed that she had already been aware of the same problem indicated by the data and had not attempted to decrease the inappropriate interactions, the SLP may have suggested that another few data points be collected. This would have allowed the SLP to examine the effects of identification on the teacher's interactions with the child.

The teacher was interested in designing a classroom program with the SLP to increase the subject's appropriate interactions and wished to have the entire classroom staff (1 assistant teacher and 2 aids) involved in the intervention. Through discussion, the SLP and teacher devised a program that defined adult responses to the subject's appropriate and inappropriate interactions. If the subject's verbalizations were appropriate, she would be acknowledged and receive a natural social response. If inappropriate, the subject would be redirected to the present topic. Continued inappropriateness was to be ignored and the adult was to turn away.
The program was presented to the team at the next meeting. Responses and questions generated by the team members indicated that the program was slightly complicated when considering all of the other children the classroom staff needed to attend to. Through further discussion, the team decided to simply frown and turn away from the subject when she was verbally inappropriate and smile and respond enthusiastically to appropriate verbalizations (See Appendix B). All members agreed to implement the program immediately. The SLP's responsibility was to model the program while taking part in group activities in the classroom in addition to devising a data system and taking data twice weekly for ten minutes. A poster board listing the steps of the program was placed in the classroom as a reminder for the staff to interact with the subject as discussed.

After two weeks, the program had demonstrated slight positive effects on the subject's behavior. She was responding appropriately more often, however, the team had hoped that she would begin to take part in more interaction opportunities. A program revision was in order. How could the team provide further opportunities for the subject to interact appropriately? The SLP suggested to the team that the subject may benefit from verbal information provided about the context by the staff, in order to respond appropriately. The team realized through discussion that the child needed to be redirected and that the program initially presented by the teacher and SLP could be successful (Program II). The members decided that redirection by providing contextual information would be worth trying and would be less
frustrating for both the classroom staff and the child (see Appendix C). Again, the SLP modeled and collected data.

**Results and Conclusion of Demonstration Study.** The data shown in Figure 1, indicates some significant changes in the subject's verbalizations which appeared to be a result of the redirection intervention. During baseline, the mean amount of appropriate and inappropriate verbalizations in a ten minute period was equal ($\bar{x} = 4.7$); the mean total number of verbalizations in ten minutes, 9.25. The results of the ignoring program (Program I) indicate an increase in appropriate responses to a mean of 6.5 as compared to a mean of 2.7 inappropriate responses. The mean total of interactions in the ten minute periods was consistent with the baseline mean of 9.25. The data collected during the redirecting program (Program II) indicated a sharp increase in total interactions ($\bar{x} = 16.5$) in addition to an increase in appropriate verbalizations ($\bar{x} = 13.2$). Although the mean number of inappropriate verbalizations increased slightly to 3.2 in ten minutes, the percentage of inappropriate verbalizations decreased from 29% to 19% as compared to the total number of interactions in Program I.

The approach used to accomplish these improvements is almost as important as the actual improvements. The shared management team generated an atmosphere of mutual concern and cooperation. Even though communication was the concern, the SLP was not the only person willing to act. Had the SLP treated the child in individual therapy, the desirable results would most likely have been less rapid or not
accomplished at all. During the described intervention sequence, only three formal meetings were arranged — the identification meeting with the classroom teacher, and portions of two team meetings. Several informal conversations took place due to the fact that the SLP was frequently involved in the classroom and that the classroom staff was interested in discussing the child’s progress.

The next step in intervention with this child was to involve the mother in an attempt to generalize the appropriate interactions to the home situation. A different SLP conferred with the team during this step, thus discussion of parental involvement will not be included.
Figure 1: Effects of an Integrated Approach on Appropriate vs Inappropriate Verbalizations (AV=appropriate verbalizations; IV=inappropriate verbalizations; TV=total verbalizations)
Table 1

Mean Verbalizations in Baseline and Treatment Programs

<table>
<thead>
<tr>
<th></th>
<th>BASELINE</th>
<th>PROGRAM I</th>
<th>PROGRAM II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Verbalizations</td>
<td>4.7</td>
<td>6.5</td>
<td>13.2</td>
</tr>
<tr>
<td>Inappropriate Verbalizations</td>
<td>4.7</td>
<td>2.7</td>
<td>3.2</td>
</tr>
<tr>
<td>Total Verbalizations</td>
<td>9.25</td>
<td>9.25</td>
<td>16.5</td>
</tr>
</tbody>
</table>
DISCUSSION

Integration of professional services for children through shared management teaming is not a new concept. According the Van Hattum (1979), "team work is probably the most overworked term and underworked concept in education" (p. 33). In other words, teaming is easier said than done. Although most professionals seem to have a general idea about what team work is, considerably less seem to know how to actually work as a team. This paper has aimed at stimulating not only interest in shared management but active participation in shared management approaches by professionals; SLPs in particular.

"University curricula in speech-language pathology are strikingly devoid of formal preparation in areas such as service delivery models, involvement with families and professional organizations, the effects of a language-impaired child on a family, and societal issues related to handicapped people" (Prizant & Tiegerman, 1983, p. 19).

Several others who have written about changing SLP roles in educational settings have expressed these same concerns (Frassinelli, et al, 1983; Butler, 1979; Garrard, 1975). Heightened awareness of service delivery options and sensitivity to the people SLPs serve and work with can only increase successful practice in speech and language pathology. Even though these may be sensitive topics for discussion, they should become integral parts of university curricula. Prizant and Tiegerman (1983) discussed four specific advantages that the integrated approach to speech language intervention provides. The writer thinks, however, that these advantages apply to shared management approaches in
"1. Communication between professionals is an essential part of the approach, promoting consistency and coordination of procedures and goals.

2. SLPs and other professionals have much to learn from each other regarding their specialized training.

3. Parents of communicatively impaired children receive more consistent information and suggestions, minimizing the confusion of conflicting opinions and "informational overload" that they are exposed to frequently.

4. Professional interaction provides the medium for a support network that may prevent burnout, which sometimes occurs in those who work with handicapped children" (p. 24).

The initiation of changes in roles and approaches in an educational setting may not always be greatly accepted or appreciated. The traditional role of the SLP may have become part of the educational routine or policy. Support from the administration is imperative. The SLP may wish to obtain approval from her/his administrators to try some different approaches with one or two receptive teachers or other professionals. This would allow the SLP to collect data to support her/his ideas and to develop skills in using various service options prior to trying them on a larger scale. With administrative approval, the SLP must then judge how to adjust her/his total caseload when using more than one model (ASHA Committee on Speech Language Hearing Services in the schools, 1983).
Shared management can be implemented in several ways in a school setting. For example, the related services staff at the EEU at University of Washington decided to divide classrooms between SLPs. Through consideration of classroom need for communication services, the staff assigned each class a percentage of SLP time per week. The SLPs then exercised their options for optimum service delivery with each classroom and/or individual child (see Appendix E). SLPs can use direct and indirect service delivery options in a variety of combinations that are realistic for particular environments. Admittedly, EEU is a unique setting in that it provides SLPs with free reign to try new ideas and approaches and that educational teaming is expected for all employed professionals involved with the children. SLPs in less flexible environments should not be discouraged. Rieke (Note 2) and several SLPs in public schools studied the effects of simply including classroom teachers in the process of identifying childrens' communicative deficits. The SLPs found that teachers became involved in trying to solve the problems through classroom programs and began seeking the SLPs out to share information and progress. In a two month period the average time spent with the individual teachers was 56 minutes and carryover of child skills was being observed.

The use of shared management approaches requires a certain degree of creativity on the part of the SLP. Certainly, all possible options for speech, language and communication service delivery have not been covered in this paper. The innovative SLP will discover new options and possibilities for service delivery that will be appropriate and
effective in her/his individual situation. Awareness and enthusiasm breed success, and the potential gains in the lives of handicapped children that can be expected with improved communication should provide a significant reason for enthusiasm (Van Hattum, 1979).

Although support for shared management approaches in educational settings has been plentiful, research in the area has not. There is a need for researchers to ask several questions: What approaches are most effective in particular settings or with particular populations?; At what rate do children learn using direct intervention approaches to speech, language and communication as compared to indirect approaches?; and Are combinations of direct and indirect approaches the most effective approach? Further research in the area of shared management as applied to SLP service options can only benefit the children being served.
Reference Notes


References


## APPENDIX B

### Program I

<table>
<thead>
<tr>
<th>Child</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appropriate verbalization</strong>&lt;br&gt;- on topic; pertains to context&lt;br&gt;- relevant comment based on past experience</td>
<td>1. acknowledge&lt;br&gt;2. be pleased; smile&lt;br&gt;3. respond with natural comment related to context</td>
</tr>
<tr>
<td><strong>Inappropriate verbalization</strong>&lt;br&gt;- off topic; does not pertain to context&lt;br&gt;- repetitive phrases with no communicative intent&lt;br&gt;- nonsense questions</td>
<td>1. frown&lt;br&gt;2. turn away</td>
</tr>
</tbody>
</table>
## APPENDIX C

### Program II

<table>
<thead>
<tr>
<th>Child</th>
<th>Adult</th>
</tr>
</thead>
</table>
| **Appropriate verbalization**  
- on topic; pertains to context  
- relevant comment based on past experience  
- ex. "The boat is sailing." | Acknowledge verbalization and respond naturally.  
- ex. "You're right (name), the boat is sailing." |

| **Inappropriate Verbalization**  
- off topic; does not pertain to context  
- repetitive phrases with no communicative intent  
- nonsense questions | Redirect to present activity.  
- ex. "I want you to tell me about..." or "I have some food here and I'm going to feed the baby." |

If the subject repeats the inappropriate verbalization:  
Ignore, turn away, and give attention to another child.
APPENDIX D

Pre-Treatment and Post-Treatment
Subject Interaction Examples
<table>
<thead>
<tr>
<th>Child</th>
<th>Adult</th>
<th>Child</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura?</td>
<td>What <em>(subject's name)</em>.</td>
<td>Laura?</td>
<td>What do you want?</td>
</tr>
<tr>
<td>Where's Mr. Chicken?</td>
<td>I don't know.</td>
<td>I like Mr. Chicken.</td>
<td>Julie is playing with him now.</td>
</tr>
<tr>
<td></td>
<td>There's a doll over here.</td>
<td>Julie doesn't want to play with Mr. Chicken.</td>
<td></td>
</tr>
<tr>
<td><em>(subject's name)</em> come and play with us.</td>
<td></td>
<td><em>(no response - wanders around)</em></td>
<td></td>
</tr>
<tr>
<td>I wanna play with Mr. Camel.</td>
<td>Who's Mr. Camel?</td>
<td>OK. <em>(pause)</em> Isn't that cute?</td>
<td><em>(no response)</em></td>
</tr>
<tr>
<td>Child</td>
<td>Adult</td>
<td>Child</td>
<td>Adult</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Look at that pan.</td>
<td>I see that, what do you do with it?</td>
<td>Make mud pies in it.</td>
<td>(no response)</td>
</tr>
<tr>
<td>Is this popcorn?</td>
<td>Yes, but you don't eat this popcorn.</td>
<td>I shook it out again.</td>
<td>(no response)</td>
</tr>
<tr>
<td>See this frying pan?</td>
<td>I'm not sure what kind of pan that is.</td>
<td>That's a frying pan.</td>
<td>You mean the one with the holes in it.</td>
</tr>
<tr>
<td>This is the frying pan.</td>
<td>(ignored)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You know what I did?</td>
<td>No, what?</td>
<td>Buried my hands.</td>
<td>They're all gone aren't they?</td>
</tr>
<tr>
<td>It looks like snow flakes.</td>
<td>Yes, popcorn snow.</td>
<td>Can I walk around and pick-up snow?</td>
<td>Yes, we made a mess.</td>
</tr>
</tbody>
</table>

**Activity:** Popcorn texture box  
**Time:** Portion of 10 minute sample
APPENDIX E

Sample SLP Staff Meeting Agendas

Experimental Education Unit
SLP Staff Meeting
August 17, 1983

3 questions:  What constitutes service to children?
In how many ways can we deliver service?
What do we want to relay to classroom teachers this fall?

SERVICE TO CHILDREN INCLUDES:

individual work
group work
classroom programs
information shared at team meetings
parent conferences
parent calls
record keeping
contacts with other professionals
consulting
assessments - pre-test/post-test
observations
data analysis, preparation, charting, reports

SERVICE OPTIONS

individual therapy - outside class
    inside the classroom
individual work for short "bursts" - frequently
group work - in groups with all remedial children
    in groups with other children
classroom programs - for staff to manage
    occasional management by SLP
consultative
developing communication skills - observe and develop program
language use - explore opportunities for use and practice of new skills
service through parents
For consideration of SLP assignments - Fall of 1983

Full day classes:

<table>
<thead>
<tr>
<th>Designation</th>
<th># children</th>
<th>% time - 82/83</th>
<th>83/84</th>
</tr>
</thead>
<tbody>
<tr>
<td>severe/profound</td>
<td>7</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>behavior disorders 1</td>
<td>7</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>behavior disorders 2</td>
<td>7</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>learning disabled</td>
<td>13</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>kindergarten</td>
<td>12</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>kindergarten</td>
<td>12</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

Half day classes:

<table>
<thead>
<tr>
<th>Time</th>
<th># children</th>
<th>% time</th>
</tr>
</thead>
<tbody>
<tr>
<td>129 am</td>
<td>12</td>
<td>30%</td>
</tr>
<tr>
<td>129 pm</td>
<td>12</td>
<td>30%</td>
</tr>
<tr>
<td>105 am</td>
<td>12</td>
<td>30%</td>
</tr>
<tr>
<td>144 am</td>
<td>12</td>
<td>30%</td>
</tr>
<tr>
<td>144 pm</td>
<td>12</td>
<td>35%</td>
</tr>
<tr>
<td>105 pm</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>Early Developmental Toddler</td>
<td>10</td>
<td>10%</td>
</tr>
<tr>
<td>Toddlers</td>
<td>11</td>
<td>10%</td>
</tr>
</tbody>
</table>

151

3.9 FTE

Consider all handicapped children next year
Consider impact of half day classes
Think about level of service per classroom
Think about impact of research on service
Think service on remedial basis only or service to all children
How much SLP staff do we need to cover all bases?