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organization and management

Elizabeth A. Neidecker

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In memory of my family ... Fred, Alpha, John, Nancy

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preface

This book is about programs for speech, language, and hearing handicapped pupils in the educational environment. Written primarily for undergraduate and graduate students preparing for positions as speech-language pathologists in the schools, it could also serve as a source of information for school superintendents, school principals, directors of special education programs, as well as for individuals already working in schools as speech-language specialists.

The school speech-language pathologist is called upon to plan and implement programs and to make decisions in regard to the programs. This person must be able to work cooperatively and effectively with educators, medical personnel, rehabilitation specialists, and parents. I have attempted to present information which I hope will help the school clinician in planning and carrying out the programs, and will help that individual in making the many decisions necessary to the process.

In many situations there is no one "right" answer to a problem. There may be, however, a "best" answer, and this "best" answer would depend upon the school clinician's ability to assess the situation and then apply the most appropriate alternatives or options. This is a roundabout way of saying that this book is not a "cookbook" and does not contain "recipes." It contains information which the school clinician may be able to utilize in program organization and management.

The first three chapters provide a background of information including the early history and growth of school speech and hearing programs, the basis of professionalism, and the changes that have culuminated in a new direction for speech, language, and audiology programs in the schools.

Chapters Four, Five, Six, and Seven contain information on starting a program, establishing goals and applying management techniques, and planning and implementing the essential elements of a program. Case finding, case selection, and the individualized educational program, are the subjects of chapter Seven.

Scheduling pupils for therapy and implementing therapy programs for pupils, are the topics discussed in Chapter Eight.

Chapter Nine deals with working with school personnel; including principals, classroom teachers, special teachers, the school nurse, psychologists, guidance counselors, social workers, and reading specialists. The chapter also discusses the roles of the physical and occupational therapists, and physicians. The role and supervision of the communication aide are also treated. The importance of a good community information program is stressed.

Chapter Ten includes information on speech-language improvement programs, high school programs, vocational school programs, and summer programs. Examples of programs in Arizona, California, Delaware, and Ohio are included.

Program maintenance, record and report systems, accountability practices, and research by school clinicians are topics included in chapter Eleven, along with professional organizations, teachers organizations, continuing education, and publications and resources.

Student teaching is speech-language pathology and audiology is the subject of chapter Twelve. The roles and responsibilities of the student clinician, the cooperating clinician in the schools, and the university supervisor, are outlined.

The Appendixes contain a list of organizations of interest to the school speech-language and hearing specialist, a list of commercial materials and equipment with their estimated prices, and the publishers. Some sample record and report forms are also included. The Code of Ethics of the American Speech-Language-Hearing Association is given, as well as the requirements for the Certificate of Clinicial Competence of the American Speech-Language-Hearing Association.

The advent of Public Law 94-142 (The Education of All Handicapped Children Act) has brought about many changes in the education of handicapped children. The intent of the law is good. The implementation of it is sometimes difficult. Many school clinicians have been carrying out the intent of the law long before it was in effect. In implementing the law in speech, language, and hearing programs, it is good to keep in mind that the law was never meant to supplant common sense, and the criterion for making decisions subsequent to it must always be. "What is best for the child?"

That segment of the speech-language and audiology profession working in the schools is a dedicated, competent, conscientious, hard-working group. They are

xiv Preface

the front-line of the profession. The challenges they are facing, and will continue to face, are many. It is my sincere hope that this book will meet some of the needs of present and future school clinicians and will assist them in their day-to-day professional activities.

I am indebted to many persons in the preparation of this book: to my students at Bowling Green State University who gave me the opportunity to try out ideas; to friends and colleagues who offered advice, answered questions, and provided encouragement and moral support; and to the many individuals who so graciously allowed me to quote from their works.

I am especially grateful to the reviewers of this book whose comments and suggestions helped immeasurably in the preparation of the manuscript. They are: Jean L. Anderson, Speech and Hearing Center, Indiana University; Margaret C. Byrne, Division of Speech Pathology and Audiology, University of Kansas; Margaret Hatton, School of Speech, Kent State University; Elizabeth Lambert Johns, Institute for Educational Leadership, The Geroge Washington University; and Derek A. Sanders, Speech and Hearing Clinic, State University of New York at Buffalo.

My colleagues at Bowling Green State University, whose expertise I borrowed, helped me with particular sections of the book. They include Faith Jackson, Ruth and Glenn Varney, Marie Hodge, and Herbert and Bonita Greenberg.

Barbara DeWeese, William Freitag, Ruth Terry, and Polly Young, all school speech-language pathologists, provided me with valuable information about their various programs For their generosity and time I am very appreciative.

I would also like to acknowledge the contribution of the school clinicians with whom I have worked over the years in the student teaching programs at Bowling Green State University and Case-Western Reserve University. They have provided me with many of the ideas I have incorporated in this book.

It would not be possible to write a book and not have errors creep in. For any errors that may occur I will assume responsibility.

Elizabeth A. Neidecker

Preface xv

Speech Class (for Joe)

We were outcasts—
you with your stutters,
me with my slurring—
and that was plenty for a friendship.

When we left class to go to the therapist we hoped they wouldn't laugh—
took turns reminding the teacher:
"Me and Joe have to go to shpeesh clash now,"
or "M-m-me and J-Jim ha-have to go to s-s-speech now."

Mrs. Clark, therapist, was also god, friend, mother. Once she took us to the zoo on a field trip: "Aw, ya gonna go look at the monkeys?" "Maybe they'll teach you how to talk." We clenched teeth and went and felt the sun and fed the animals and we were a family of broken words.

For years we both tried so hard and I finally learned where to put my tongue and how to make the sounds and graduated, but the first time you left class without me I felt that punch in the gut—I felt like a deserter and wanted you to have my voice.

Jim Daniels Bowling Green, Ohio

contents

preface xiii

1

the growth and development of the profession in the schools 1

Introduction 1
Early History 2
Early Growth 3
A Period of Expansion 4
Incidence of Communication Problems 6
Improvement in Quality 9
The Quiet Revolution 9
Federal Legislation 10
Conclusion 13

the school clinician as a professional person 14

Introduction 14
Terminology 15
The Changing Role of the School Pathologist 15
The Role of the School Pathologist Now 17
The Future Role of the School Pathologist 20
Organizations 21
Conclusion 25

3

new directions for school programs 27

Introduction 27
Definitions of Terms 28
Models in General 29
Continuum-of-Services Model 30
Public Law 94-142, Mandatory Legislation 36
The Educational Audiologist 40
Conclusion 43

4

the first steps in establishing programs 44

Introduction 44
Appraising the Local Situation 45
Physical Facilities 47
Administrative and Financial Structure 50
The Staff: Number, Training, and Quality 52
Accountability 53
Conclusion 54

5

applying management techniques to speech-language programs 5

Introduction 55

Management: Basic Principles 56

Establishing Goals for the Program 57

viii Contents

Writing Goals for the Program 59 Conclusion 61 Suggested Further Reading 62

6

essentials of the program 63

Introduction 63
The Program on the State Level 63
The Program on the Local Level 65
Adequate Room for the Clinician 65
Planning for Space on the Secondary Level 66
Materials and Equipment 70
The Management of Time 75
Conclusion 79

7

case finding, case selection, and the individualized educational program 8

Introduction 81 Case Finding 82 Referral 82 Screening 84 Identification Audiometry Hearing Testing Facilities Impedance Audiometry Pre-School Screening Importance of Screening Special Populations 96 Appraisal and Diagnosis The Placement Team The Individualized Educational Program (IEP) 101 Conclusion 107

8

scheduling and implementing therapy 108

Introduction 108
Priority System for Scheduling 109
Scheduling 110
The Therapy Program 115

A Philosophy: The Basis on which to Build 115 Theraputic Intervention 116 Coordination Time 118 Length and Frequency of Therapy Sessions 118 Lesson Planning 119 Criteria for Dismissal 121 Group Therapy 122 Other Facets of a Successful Program 124 Conclusion 126

9

working with others in the school 128

Introduction 128 The School Principal 129 The Classroom Teacher Special Teachers 134 The School Nurse 135 The Psychologist 136 The Guidance Counselor and the Vocational Rehabilitation Counselor 136 The Social Worker 136 The Reading Teacher Other Medical Personnel 140 Physicans 140 Supportive Personnel Community Information Programs 145 Conclusion 147

10

special categories of programs 148

Introduction 148
The Speech-Language Improvement Program 148
High School Programs 151
Vocational School Programs 156
Summer Programs 157
A Sampling of Programs 158
Conclusion 168

Contents

11

program maintenance and professional responsibilities 169

Introduction 169
Record and Report Systems and Accountability 170
Program Records 171
Research 175
The Future and Your Place In It 178
Conclusion 187

12

taking the first step-student teaching 188

Introduction 188
The Student Teaching Triad 190
The Student Teaching Program 194
Guidelines for the Cooperating Clinician 198
Conclusion 199

appendix 1	code of ethics of the american speech-language hearing	
	association 200	
appendix 2	requirements for the certificate of clinical competence 204	
appendix 3	organizations 213	
appendix 4	commercial materials, equipment, publishers, and prices 21:	9
appendix 5	record and report forms 225	

references 241

index 249

the growth and development of the profession in the schools

INTRODUCTION

This chapter provides an historical background of the profession of speech, language, and hearing, and the development of programs within the schools of the United States. The philosophy of education in the United States which invited speech, language, and hearing programs into the schools is described. Also discussed is the expansion of school programs, both professionally and geographically. The chapter points out the role of the school pathologists in the early days and the changes in that role, as well as the factors which influenced those changes. It also considers the prevailing philosophy and legislation mandating equal educational opportunities for all handicapped children, and the implications of this for both the programs of the future, and the roles and responsibilities of the school pathologist of the future.

EARLY HISTORY

Although speech, language, and hearing problems have been with us since the early history of mankind, rehabilitative services for children with communication handicaps were not realized until the early part of the twentieth century. The growth of the profession and the establishment of the American Academy of Speech in 1925 reflect the realization of the needs and special problems of the speech and hearing handicapped population.

According to Paul Moore and Dorothy Kester (1953), the educational philosophy which invited speech correction into the schools was expressed in the preface to a teacher's manual published in 1897 which contained John Dewey's "My Pedagogic Creed." The preface, written by Samuel T. Dutton, superintendent of schools, Brookline, Massachusetts, stated:

The isolation of the teacher is a thing of the past. The processes of education have come to be recognized as fundamental and vital in any attempt to improve human conditions and elevate society.

The missionary and the social reformer have long been looking to education for counsel and aid in their most difficult undertakings. They have viewed with interest and pleasure the broadening of pedagogy so as to make it include not only experimental physiology and child study, but the problems of motor training, physical culture, hygiene, and the treatment of defectives and delinquents of every class.

The schoolmaster, always conservative, has not found it easy to enter this large field; for he has often failed to realize how rich and fruitful the result of such researches are; but remarkable progress has been made, and a changed attitude on the part of the educators is the result.

Moore and Kester (1953) have suggested that child labor laws influenced the growth of speech programs in the schools. Barring children from work forced both the atypical and the normal child to remain in school, and teachers soon asked for help with the exceptional children. A few got help, including assistance with children having speech defects.

According to Moore and Kester, it was in 1910 that the Chicago public schools started a program of speech correction. Ella Flagg Young, the superintendent of schools, in her annual report in 1910 said:

Immediately after my entrance upon the duties of superintendent, letters began to arrive filled with complaints and petitions by parents of stammering children—complaints that the schools did nothing to help children handicapped by stammering to overcome their speech difficulty, but left them to lag behind and finally drop out of the schools; and petitions that something be done for those children. It was somewhat peculiar and also suggestive that these letters were followed by others from people who had given much attention to the study of stammering and wished to undertake the correction of that defect in stammerers attending the public schools. Soon after the schools were opened in the fall, I sent out a note, requesting each principal to report

the number of stammerers in the school. It was surprising to find upon receiving the replies that there were recognized as stammerers 1,287 children. A recommendation was made to the committee on school management to the effect that the head of the department of oral expression in the Chicago Teachers' College be authorized to select ten of the members of the graduating class who showed special ability in the training given at the college in that particular subject and should be further empowered to give additional training of these students preparatory to their undertaking, under the direction of the department, the correction of the speech defects of these 1,287 children. The Board appropriated \$3,000.00 toward the payment of these students who should begin their work after graduation at the rate of \$65 a month during a period extending from February 1 to June 30.

Instead of gathering the children into one building or into classes to be treated for their troubles, a plan was adopted of assigning to the young teacher a circuit and having her travel from school to school during the day. The object of this plan was to protect the young teacher from the depression of spirit and low physical condition that often ensue from continued confinement in one room for several successive hours at work upon abnormal conditions. It was soon found that the term "stammering" had been assumed to be very general in its application and many children who had been reported as stammerers had not the particular defect reported but some other form of speech defect. (1953, pp. 49.)

The superintendent of schools in New York City in 1909 requested an investigation of the need for speech training in the schools, and two years later the following recommendations were presented to the board of education: First, the number of speech handicapped children was to be ascertained and case histories were to be obtained on them; second, speech centers were to be established providing daily lessons of from 30 to 60 minutes; third, English teachers were to be given further training and utilized as instructors; and fourth, a department for training teachers was to be established. It was not until four years later, however, that a Director of Speech Improvement was appointed to carry out the recommendations (Moore and Kester, 1953).

EARLY GROWTH

During this same decade there was an increasing number of public school systems employing speech clinicians. Among them were Detroit, Grand Rapids, Cleveland, Boston, Cincinnati, and San Francisco (Paden, 1970). In 1918, Dr. Walter B. Swift of Cleveland wrote an article entitled, "How to Begin Speech Correction in the Public Schools." (The article was reprinted in Language, Speech and Hearing Services in Schools, April 1972.)

To the state of Wisconsin goes the credit for establishing at the University of Wisconsin the first training program for prospective specialists in the field, and for granting the first Doctor of Philosophy degree in the area of speech disorders to Sara M. Stinchfield in 1921. Wisconsin was also the first state to enact enabling