Supporting high school-aged students with a communication impairment

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Difficulty vs Disability

"Communication difficulties..." 
...arise from a wide range of extrinsic factors, such as limited opportunity to communicate, or a mismatch between the language, dialect, and/or communication styles used at home and at school."

"Communication disabilities..." 
...may result from speech, language, physical, intellectual, hearing, vision or multiple impairments [ie intrinsic factors]...

Communication disabilities can be transient or permanent and range from mild to severe."

(Source: Clinical Guideline: Speech Pathology Services in Schools, The Speech Pathology Association of Australia, 2011)
Prevalence of communication impairment

- 1 in 7 people have a communication impairment ([McLeod, Harrison, McAllister and McCormack, 2007]).
- 1 in 500 people in Australia have complex communication needs (little or no speech) ([Iacono, 2004]).
- 12 -13% of students had communication disorders in a study of primary and secondary students in a Sydney Catholic Diocese and
- The ratio of boys to girls in this study averaged 1.88:1 ([McLeod and McKinnon, 2007]).
- 70% of indigenous children in remote communities have middle ear disease
- 84% of the indigenous population in remote areas do not speak Australian English at home ([Speech Pathology Australia, 2016]).
Students with communication impairment frequently struggle in all aspects of the curriculum. Their difficulties with receptive and expressive language in the classroom frequently translate to the playground. In late primary (for girls) and middle secondary (for boys), social communication becomes more subtle and peer groups have more rigid rules for acceptance.

Cantwell and Baker (1987): Longitudinal study of 202 children with communication impairment. 57% presented with comorbid psychiatric disorders at follow up;

Cohen and Lipsett (1991): 38% children referred for psychiatric services had previously undiagnosed language impairments;

Speech Pathology Australia (2013): 46% of young Australian offenders have a language impairment.
Academic implications of communication impairment

Overwhelmingly, research has found that communication impairment is likely to impact on:

- **Literacy** (including spelling, phonological awareness and writing)
- **Numeracy** (storage and retrieval of rote material, calculations)
- **Approach to learning** (attention, information processing)

(In Harrison, McLeod, Berthelsen and Walker, 2009)
Longitudinal followup of 71 adolescents with preschool speech-language impairment

At age 15–16:
• Those with resolved speech and language impairment (SLI) had good vocabulary and language comprehension skills, but significantly poor performance for phonological processing and reading.

• Those with persisting SLI had significant impairments in all aspects of spoken and written language.

• These children fell further and further behind their peer group in vocabulary growth over time.

Speech impairment alone may affect “learning to read... (and) write... focusing attention... calculating, communication, mobility, self-care, relating to persons in authority, informal relationships with friends/peers, parent-child relationships, sibling relationships, school education and acquiring, keeping and terminating a job.”

(McCormack, McLeod, McAllister and Harrison, 2009)
Functioning, disability and health

The World Health Organisation’s International Classification of Functioning, Disability and Health (ICF)

- is the conceptual basis for the definition, measurement and policy formulations for health and disability;
- stresses health and functioning rather than disability;
- mainstreams disability by recognising it as a universal human experience: Everyone at some point experiences health issues and therefore some disability;
- shifts the focus from cause to impact.

“Previously, disability began where health ended; once you were disabled, you were in a separate category. We want to get away from this kind of thinking. We want to make ICF a tool for measuring functioning in society, no matter what the reason for one’s impairments. So it becomes a much more versatile tool with a much broader area of use than a traditional classification of health and disability”.

Focus shift of assessment and intervention: Case Example

SAM:

- 13 year old male, Year 8
- Long term learning difficulties, mild hearing loss recently diagnosed, psychometric testing indicated borderline IQ and severe language scores
- Case management recently transferred to Veritas House
- Out of home care, new foster placement with younger sibling
- History of domestic violence and neglect
- Suspension in Term 4, Year 7, following physical aggression with another student
- Challenging behaviours in mainstream classes (eg disruptive) and unstructured settings eg playground, verbally and physically aggressive, appears reactive ie triggered by another student
- Speech and language assessment allocated as a result of recommendations by clinical psychologist
Focus shift of assessment and intervention: Case example

Traditional speech pathology assessment and intervention: 12 hour allocation

- Standardised speech and language assessment (1.5 hours)
- Reporting on standardised assessment only, without reference to variations to speech and language ability in different environments or with different audiences. (2 hours)
- Impairment-focused goals: eg “Sam will use irregular past tense in spoken and written sentences during structured activities to 80% accuracy; Sam will achieve 90% accuracy with /l/ and /r/ sounds at sentence level”. (1.5 hours)
- 6 x weekly clinic-based intervention working on goals identified in standardised assessment. Home program supplied. (6 hours)
- Review and discharge. (1 hour)
Focus shift of assessment and intervention: Case example

ICF-based speech pathology assessment and intervention: 12 hour allocation

Initial meeting with teacher, case manager, school counsellor, itinerant support teacher - hearing and carer to identify holistic priorities and location for intervention.

Qualitative data collected (questionnaires) at home and school; classroom and playground observation completed. Screening of speech and language skills. Self-assessment of social communication skills completed – demonstrated insight into strengths and weaknesses. Discussion about issues in mainstream – identified embarrassment about literacy difficulties, becomes highly anxious. Literacy support software options demonstrated in assessment context.

Liaison with team re results and recommendations. Discussion re strengths – enjoys woodwork. Support worker to accompany him to “The Woodies” hobby woodworking group on Wednesday afternoons. Anxiety flagged with team for monitoring. Verbal aggression and repetitive behaviours noted to occur during transitions eg moving from support unit to mainstream subjects. Referral to OT identified for self-regulation during transitions. Trial of literacy support software recommended. /L/ sound targeted at request of student. Assertiveness and conversational skills targeted.

Collaborative plan compiled, speech pathologist (SP) to provide training to SLSO to work on /L/ sound for 10 minutes daily in withdrawal. SP to monitor progress fortnightly. Sam to be included in assertiveness and conversational skills group conducted by staff member and supported by SP in Term 2. Literacy support trial – monitored by key worker in school context, checked by SP.

SP to review Sam’s progress with self-assessment of social skills prior to IEP review in meeting in Term 3; to be available for troubleshooting as required by team. If goals met, Sam closed and re-referred as required.
Service delivery: Classroom-based service vs withdrawal

- The responsibility of a student’s school is education, not therapy.

- Withdrawal removes a child from his or her learning environment.

- Research evidence suggests that isolated activities do not promote generalisation of skill, particularly with respect to communication disability.

- Collaboratively designed therapy goals that are embedded in daily routine are promoted as best practice by Speech Pathology Australia.
Remediation vs Compensation: Christine’s Soapbox

- Communication disability and learning disability are likely to exist in some form post-treatment. Beyond approximately seven years of age complete remediation is unlikely.

- Students who require vision, hearing or walking aids are provided with equipment early on in order for them to keep up with their peers. Should we deny children with communication and/or literacy impairment access to compensatory aids and classroom modifications and therefore prevent them from doing the same? And can anyone convince the Board of Studies that their Disability Provisions are unfair and inconsistent?

- A frequent response to augmentative communication (eg the use of pictures, sign or speech generating devices to communicate) is that it will stop a student talking. Similarly, there is a widespread belief that provision of assistive technology to support literacy will stop a student learning to read and “make them lazy”. In both instances, the reverse has been consistently proven in research.
Take home messages...

- Communication difficulty/disability can have a significant negative affect on a student’s ability to participate and achieve in the classroom, and a life-long impact on participation in social relationships.

- Around 15 – 20% of students have a communication difficulty/disability. Of these students, boys are nearly twice as likely to be affected.

- Children with communication disability are less likely to respond to treatment and more than half are likely to develop psychiatric disorders.

- Collaboration between teachers, speech pathologists and families to identify goals, and design curriculum and classroom modification for a student is an effective means of programming for communication difficulty/disability at school.

- Multisensory methods of teaching and communication (auditory, visual, tactile/kinesthetic/ technological) have been proven highly effective, particularly for students with reading and writing difficulties.
Fabulous Fact Sheets


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