Improving educational services to students with speech-language disabilities through multidisciplinary collaborative clinical experiences in teacher preparation programs

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Abstract

Speech and language impairments account for approximately 3% of the 13% of all students with disabilities between the ages of 3 and 21 receiving special education and related services through federally supported programs in public schools (US Department of Education, NCES, 2012). Given the Individuals with Disabilities Education Act's (2004) mandate that children with disabilities be educated in the least restrictive and most inclusive environments to the maximum extent appropriate, interactions between special and general educators along with speech-language pathologists are important to ensure that students with speech and language disabilities (especially in underserved communities) will receive the most appropriate education and related services. This paper examines the role of teacher preparation programs in ensuring that multidisciplinary, collaborative, clinical experiences offer preservice teachers opportunities to engage in educating students with speech and language disabilities through a Multidisciplinary Collaborative Clinical Experience Model that includes Response to Intervention.

Key words: speech and language disabilities, teacher preparation programs, teacher education candidates/preservice teachers, multidisciplinary collaboration, clinical experiences, Response to Intervention (RTI), Individuals with Disabilities Education Act (IDEA).

Introduction

Pre-internships and clinical experiences are standard best practices to provide preservice teachers experiences in learning, applying, analyzing and synthesizing principles of teaching that are learned in the college classroom. The idea of bringing three disciplines (i.e., special education, elementary education and speech-language pathology) together in a clinical environment can prove beneficial in the training process of preservice teachers. As teacher preparation programs should be reflective of the educational settings in their respective communities, curriculum requirements and clinical experiences should also be reflective of the learners currently in authentic k-12 classrooms.

Teachers face multifaceted class populations by way of various student learning styles and, therefore, must be equipped to provide differentiated instruction. Many teacher preparation programs, however, do not require methods courses that strategically deal with learning disabilities such as speech-language disabilities. Some urban universities' teacher preparation programs address speech-language disabilities indirectly through early literacy courses and general special education courses. Required clinical and student teaching experiences generally do not entail preservice teachers' demonstration of competency in providing instruction for children with speech-language disabilities.

Speech and language disabilities are prevalent, especially in early learners. It has been noted that these disabilities occur most often in children between ages 2 and 5; it is estimated that 7% of kindergartners are specifically language impaired and 8 to 9% of young children have speech sound disorders (Hartlep & Ellis, 2011; NIDCD, 2011). When students are identified with speech-language barriers, referrals are made and interventions ensue. Though these students ultimately receive services from special educators or speech-language pathologists, they are mainstreamed in inclusive settings for a large majority of the school day. General educators, then, need to be trained to deliver differentiated instruction to them. Since students with disabilities are mainstreamed, alternative teaching strategies are employed that accommodate all learners. Accordingly, response to intervention (RTI) as proposed in special education legislation is meant to prevent and address the literacy and learning difficulties of students (Brozo, 2011). RTI is an evidence-based initiative from a prevention model that redefines how reading disabilities are identified and addressed in the public school system (Justice, 2006). RTI includes multiple tiers of support that are introduced to students in the earliest stages of reading development to determine if and how students respond to specific changes in instruction. This tiered model provides an improved process and structure for school teams in designing, implementing, and evaluating reading interventions (Klotz & Canter, 2007).

Speech-language pathologists (SLPs) can play a number of important roles in using RTI to identify children with disabilities and provide needed instruction to struggling students in both general education and special education settings (Justice, 2006). Historically, SLPs have worked independent of general and special education teachers with students who have speech and language-learning disabilities. However, with the update of IDEA (i.e., IDEA 2004), SLPs are now expected to be involved in more collaborative roles in schools with other educators – both general and special. These newly expected roles require some fundamental changes in the way that SLPs have historically engaged in assessment and intervention activities (ASHA, 2006). This shift in thinking, from the teacher preparation aspect, signals the need for multidisciplinary collaborative clinical experiences. The collaboration would emphasize the need for all disciplines (speech-language pathology, special education and elementary education) to be involved in instruction and progress monitoring prior to special education referrals. Multidisciplinary collaborations would also necessitate course development and curriculum changes for most teacher preparation programs.

Instructionally relevant procedures may be gained by preservice teachers' participation in multidisciplinary collaborative clinical experiences. These collaborative experiences allow preservice teachers opportunities to engage in clinical experiences that are relevant to the current classroom makeup of students with varying abilities. The collaborative experiences will introduce preservice teachers to instructional methods that may support impending referrals and offer assistance to students sooner.

Teacher Preparation Programs

Teacher preparation programs are the main conduit for preparing a teacher candidate for in-service teaching. Clinical experience is one of the main components of a teacher preparation program. Clinical experience gives teacher education candidates a chance to practice teaching skills in all subject areas including reading. However, there is support in the literature that teacher preparation programs are not adequately addressing the concept of reading development from a scientifically-based research perspective; thus, some preservice teachers feel unprepared to effectively address all elements of the reading process (Washburn, Joshi, & Cantrell, 2011). Moreover, asserts Moats (2009), teachers often have minimal understanding of how students

learn to read and write or why many of their students experience difficulty with this most fundamental task of schooling.

Teacher preparation programs have long been scrutinized for needed changes in curriculum. Surveys of teacher knowledge, reviews of the literature on teacher education, and policy statements indicate that many teachers are underprepared to teach language content and processes to children whose reading and learning problems are language-based (Binks, 2008; Zaslow, Tout, Halle, Vick Whittaker, & Lavelle, 2010). In consideration of the varying language abilities of students, several recommendations for the preparation of teachers are visible in the literature. Among them is that teachers should be provided with (a) a solid understanding of the theoretical and scientific underpinnings of literacy development; (b) instruction in the content of teaching, including the linguistic units of both speech and print; and (c) more attention focused on acquiring the complex skills of teaching, including experience with diverse learners (Daniel & Friedman, 2005; Restrepo, & Towle-Harmon, 2008).

In-service teachers must achieve an in-depth understanding of language and reading instruction before they can successfully transfer knowledge to their respective students. To that end, college faculty who teach reading courses need support and incentives to maintain current, relevant, and substantive course content that is aligned with current research (Joshi et al., 2009). Courses provided in teacher licensing programs are often insufficient in content and design to enable students to learn the subject matter and apply it to the teaching of reading (Walsh, Glaser, & Dunne-Wilcox, 2006). These skills are best acquired through hands-on, authentic clinical experiences designed to blend special education, speech-language pathology, and elementary education.

Collaboration of Speech- Language Pathologists (SLPs), General Education and Special Education Teachers within RTI

The collaboration of the general education teacher, the SLP, and the special education teacher yields a myriad of educational benefits. The obvious benefit of collaboration is professionals from different disciplines being able to use their expertise to best serve students who struggle to read. To a collaborative model, general education teachers bring expertise of reading instruction, SLPs bring expertise of the speech and language skills that support reading and are the cornerstone of the learning process, and special educators bring expertise of individualizing instruction to meet students' individual needs. The result is students who are better equipped to read and progress through the academic curriculum.

Given RTI's focus on school teams, this model is an ideal context for collaboration between general and special educators, including SLPs. SLPs play critical roles in RTI efforts. For example, SLPs provide service in areas to include assisting the general education teacher with universal screening, participating in the development and implementation of progress monitoring systems and the analysis of student outcomes; utilizing expertise in language and treatment as they serve on intervention assessment teams; and helping families understand the language basis of literacy and learning as well as specific language issues relevant to a particular child (Ehren, Montgomery, Rudebusch, & Whitmire, 2006). The roles of general education teachers, who have vast knowledge of reading instruction and the general education curriculum, and special educators, who know how to modify the general education curriculum by providing individualized learning supports and accommodations, are equally important.

The collaborative approach of general and special educators, including SLPs eliminates a "wait to fail" situation because students get help promptly within the general education setting (Klotz & Canter, 2007, p. 2). Consequently, the number of students referred for special education services is reduced while the number of students who are successful within regular education increases. These benefits, along with RTI techniques, being thought to reduce the likelihood that students from diverse racial, cultural or linguistic backgrounds are incorrectly identified as having a disability makes the collaborative model of general and special educators even more educationally beneficial.

However, for these benefits to be fully realized, in-service general and special education teachers and SLPs who are in training have to be exposed to the vast knowledge bases and expertise of the various professions and taught how to collaborate in a school setting and specifically, within a RTI model (through clinical experiences in their respective teacher preparation programs). To our knowledge, very few teacher preparation and SLP training programs provide hands-on, authentic, clinical experiences designed to blend special education, speech-language pathology, and elementary education. Further, some resistance from SLPs about providing inclusive collaborative services has been documented. According to Ehren (2000), some SLPs have expressed concerns that they are becoming like classroom teachers and are "watering down" the therapy they should be providing to students on their caseloads. Given the historical unilateral approach to working with students in the schools, these concerns are understandable. Nevertheless, evidence-based practices and current special education regulations indicate that students are best served when general and special educators including SLPs collaborate.

Recommended Model

Considering the lack of collaboration with speech-language professionals in the redesign of teacher preparation programs, it would be beneficial to consider a collaborative approach for designing, implementing, and monitoring field experiences of teacher education candidates or preservice teachers. The Multidisciplinary Collaborative Clinical Experience Model will explore deficits in teacher preparation as it relates to preservice teachers' capacity to instruct students with speech and language disabilities. The theoretical framework of the model is based on the concept of community of practice coined by Wenger and Lave in 1991 in reference to "the community that acts as a living curriculum for the apprentice" (Wegner, 2006, p. 4) and expanded by Wenger (1998) where it began to be applied in teacher training. According to Wegner, three criteria are used to identify a community of practice as noted in the following description:

> It has an identity defined by a shared domain of interest. Membership therefore implies a commitment to the domain, and therefore a shared competence that distinguishes members from other people. . . . members engage in joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other. . . .Members of a community of practice are practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems – in short a shared practice. (Wegner, 2006, pp. 1-2).

The work of communities of practice is interactive involving problem-solving and knowledge-sharing in a dynamic process that requires collaboration. The concept is grounded in social learning theory and is visible in professional development practices in various organizations and associations. One study conducted in a large urban school district in the Midwest investigated the extent to which elementary teachers worked collectively to influence decisions related to school improvement, curriculum and instruction, and professional development.

For schools where collaboration was high, a positive relationship was found between teacher collaboration and differences among schools in mathematics and reading achievement (Goddard, Goddard, & Tschannen-Moran, 2007). Similar to the intent of our proposed model, another study evaluated practices intended to narrow the gap between theory and practice for first-year students in health and social care. Cooper and Spencer-Dawe (2006) found that practices that involved service users in an interprofessional education format enhanced the abilities of first-year students to connect theory to real-life experiences and to apply principles of team work.

The community of practice seen in the proposed model incorporates knowledge-sharing and collaboration among multidisciplinary professionals to guide the clinical experiences of preservice teachers. Practices focused on collaboration and interprofessional education have been identified in the literature for training teachers (Anderson, 2013; Hernandez, 2013; Summers, Childs, & Corney, 2005). The practice for the proposed model begins with input from program graduates to provide guidance for initial discussions and planning; thus, the initial problem- solving feature of the theory. Elements of the model include the following:

1. Survey recent graduates (currently teaching) in an effort to glean perceptions of the teacher preparation program's strengths and/or weaknesses related to being prepared to teach students with speech and language disabilities.
2. Multidisciplinary faculty from general education, special education and speech pathology areas should discuss commonalities and benchmarks significant to the development of well-informed teachers of students with varying speech-language disabilities; for example, developing and implementing an individual education plan (IEP) to include Response to Intervention (RTI).
3. Clinical experiences should be designed to guide, inform, enhance, and cause reflection of how instruction is provided for students with speech-language disabilities. Special education, general education, and speech-language majors will collectively and simultaneously conduct clinical experiences (in groups of 3); spending 20 hours per semester of observing, designing and implementing lesson plans, and assessing diverse students.   Two focus groups will be planned to discuss clinical experiences with multidisciplinary faculty. These clinical experiences will be required in a major reading course taken by all teacher education candidates.
4. Support from k-12 schools (administrators and cooperating teachers) should be sought in order to provide an authentic and engaging training ground for teacher education candidates or preservice teachers.
5. Reading course objectives and activities should be redesigned with influence from special education and speech-language professionals.
6. Upon participants' graduation and first 2 years of placement, administer survey to determine if the revised field experiences successfully prepared teacher candidates to teach students with speech and language disabilities.

Conclusion

To teach k-12 students to read and successfully matriculate through the academic curriculum, general and special educators including SLPs need to collaborate more often and more meaningfully. SLPs have worked collaboratively with families, teachers, administrators, and other special service providers for a long period (Ehren et al., 2006). SLPs can play an integral role in fostering collaborations with general and special education teachers to contribute to the school community through both direct and indirect services to support struggling students, children with disabilities, other educators who work with them, and their families (ASHA,

2006). The RTI model is a perfect context to facilitate the collaborative process between elementary education teachers, special education teachers and SLPs.

According to Moats (2009), there are far too few cross-disciplinary programs in language and literacy. Substantive study of language structure and language learning is often unavailable to those being credentialed in reading and special education, although there should be substantial common ground in the training of school-based speech and language pathologists, reading specialists, and special educators. This type of training and specialized clinical experience to accompany it is needed in contemporary teacher preparation programs. Few cross-disciplinary programs exist but Moats (2009) noted examples at the Massachusetts General Hospital in Boston, at Simmons College in Boston, at California State University, Monterey Bay, and at the University of Kansas.

In recent years, the Texas Higher Education Collaborative, supported with state funds, has sponsored a consortium for university faculty members to meet, share syllabi and resources, and learn from researchers and from each other. Student teachers prepared by faculty members who have participated in the collaborative have been shown to obtain better student outcomes than student teachers of instructors from nonparticipating programs (Binks, 2008). Elements of the Texas model, as well as the authors' recommended Multidisciplinary Collaborative Clinical Experience Model, could be valuable if simulated statewide and nationwide for creating a substantial common ground in the training of school-based speech and language pathologists, general educators, and special educators.

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