

# The Clinician's Turn: Speech Pathology

THE ROLE OF THE SPEECH/LANGUAGE PATHOLOGIST IN THE MANAGEMENT OF THE LEARNING DISABLED CHILD.

Learning Disabilities has become a high profile area with many specialists vying for exclusive rights in the diagnosis and remediation of children with learning problems. Our two contributors, Sybil Schwartz from Quebec, and Sandra McCaig from Manitoba recognize the problem as a complex one with the need for a team approach - a team which includes the Speech/Language Pathologist with his/her expertise in recognizing and treating language problems.

Questions about this topic should be directed to the authors. Suggestions for future articles would be welcome and should be sent to the coordinator.

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## The Role of the Speech/Language Pathologist in the Management of the Learning Disabled Child with Language Problems

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Not all children categorized as having a Learning Disability have oral language problems, but for those who do, the Speech/Language Pathologist has a crucial role to play.

Because of the linguistic underpinnings of most academic subjects, it is crucial that those of us who have been specifically trained and who devote the bulk of our clinical work to deviant language should be involved in helping children with learning problems - directly by assessing and doing remedial work and indirectly, by helping special education and classroom teachers expand their knowledge and understanding of language problems.

Teachers need to understand how language works and how various kinds of language deficits affect learning. The Speech/Language Pathologist needs to understand what is involved in learning problems and how underlying language deficits affect the child's academic performance.

The relationship between language disorders and learning problems is not a simple one. Language problems are not a unitary phenomenon with a unitary effect on academic learning, requiring a single method of treatment. Problems at different levels of language functioning have differential effects on the acquisition of most academic skills. For instance, in the acquisition of reading skills the severity and type of language problems, as well as the method of instruction are important variables in determining the amount and type of difficulty a child will have in learning to read.

Auditory processing problems can wreck havoc in academic learning.

Children who do not process information efficiently miss out on a lot of classroom explanation and teaching. Problems at the phonological level often interfere with the learning of phonics. The auditory competence necessary for understanding the alphabetic principle is considerably more involved than that required for language use. For reading and spelling an explicit knowledge of speech at the phonemic level is crucial.

Difficulties at the syntactic and semantic levels affect the ability to comprehend what is read. There is much greater need to decode each and every word if one can not predict constructions likely to occur and if one is unfamiliar with the vocabulary. The nature of academic problems associated with linguistic deficits varies with the educational level. With increasing grade the demands become less perceptual and more abstract. As the school curriculum deals more with content subjects, sophisticated cognitive and metalinguistic skills are required.

Language problems also interfere with the learning of mathematics. Children with poor rote memory have difficulty remembering number facts and multiplication tables. Other children find themselves unable to cope with problems because the language used has high conceptual density and limited redundancy.

It is often difficult for the Speech/Language Pathologist to lend his/her expertise to help children learn academic skills or to help teachers, because of lack of understanding of the skills to be taught or the various ways of teaching them. Very few clinicians have had courses in learning problems. Many clinicians are loathe to get involved in any of the academic subjects because they feel it is not in their domain. Teachers, in turn, often feel that they are not able to deal with language-based school difficulties. Few faculties of education offer more than an introductory course in language problems. As a result there are few professionals who are competent in both areas. Adequate programming or remediation for learning disabled children with language problems suffers as a result. In order to develop integrated remediation programs, it is important that professionals in both fields recognize the interdisciplinary nature of their problems.

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### Learning Disabilities

#### The Speech Pathologist's Role

*From: Sandra McCaig  
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In an ASHA position paper in November 1982, it was stated, "...because disorders of language comprise the majority of learning disabilities, qualified professionals, including speech-language pathologists must participate actively in the:

1. assessment of individuals suspected of having learning disabilities, to determine the presence or absence of a language disorder;
2. assessment, program planning and program development for individuals who have language disorders and language-based learning disabilities;
3. delivery of programs and services of language disordered individuals on a direct or indirect basis as appropriate." (ASHA, November 1982, p. 943).

Speech/language pathologists at the Winnipeg Child Guidance Clinic function as members of a multi-disciplinary diagnostic team and are heavily involved in the diagnosis, program planning and management of children with learning disabilities. Activities include:

1. Identification: Several divisions served by the Child Guidance Clinic have developed early identification programs for children who are 'at risk' for language learning. Speech clinicians sit on each school's early identification review team, provide teacher inservices and may be directly involved in screening procedures or in the development of appropriate screening procedures.

2. Assessment: Speech/language clinicians are part of multi-disciplinary teams which include reading clinicians, psychologists, social workers, psychiatrists and audiologists and participate in multi-modal assessments of students referred for learning difficulties. Referral to the Winnipeg School Division's Diagnostic Learning Centre or Language Disorders programs requires a speech/language assessment as does a referral to the audiologist for central auditory testing. A speech/language assessment to determine the presence or absence of a language disorder includes assessment of listening skills (ability to use and organize incoming auditory information), and of receptive and expressive language.

3. Delivery of programs and services: Clinicians are involved in a variety of ways in programming for children whose learning disorders are characterized by difficulties in the acquisition, comprehension and production of language.

a) Consultation and support for students and teachers in regular and special education programs.

Clinicians may be involved in demonstration teaching, classroom observation, curriculum consultation, provision of program materials, language monitoring, and development of classroom strategies.

b) Resource assistance to students in regular or special education.

Clinicians may be involved in direct clinical intervention either on a withdrawal resource room basis or work with students right in their classrooms. They also may be responsible for the development and monitoring of therapeutic programs which may be administered by volunteers, aides, parents or teachers.

c) Parent Programs.

Clinicians may be involved in the development and implementation of parent education programs re language development and facilitation or in training and monitoring parent treatment programs.

4. Program Planning and Development:

Clinicians are involved in the design and delivery of educational programs for children with language related learning disabilities in a variety of ways:

a) Administration

Speech/language clinicians serve as Area Service Directors whose primary responsibility is to coordinate multi-disciplinary teams. They participate in:

- 1) development of referral and assessment procedures
- 2) coordination of clinical professional development programs
- 3) consultation to Special Education programs for language disordered, including intake meetings for children with language/learning disorders.
- 4) development of clinical pilot projects for children with language

related learning difficulties.

Although clinicians' job descriptions provide for several roles related to language learning disabilities, the realities of life limit their functioning in these roles, and the delivery of service is fraught with inconsistencies. There are still many areas which require further expansion and development.

b) Quantity of Service:

Services received are not directly proportional to the individual needs of children, but are highly dependent upon caseload numbers, and availability of both clinical services and alternate resources. Most clinicians have heavy caseloads and the intensity of treatment required is often unavailable.

c) Quality of Service:

The quality of service is highly dependent upon individual clinician skill and interest. Time constraints and increasing responsibilities make it exceedingly difficult for clinicians to keep up with the explosion of information being published on a daily basis. Because ongoing professional development is crucial to the delivery of service for language learning disabled children, it is incumbent upon administrators to develop programs for information sharing and ongoing professional development. It is essential that clinicians be aware of the latest research, techniques and materials available and that children's progress not be limited because of a lack of clinical knowledge. This is particularly important in areas where upgrading and university programs are unavailable.

In addition to professional workshops, clinicians at the CGC participate in peer support groups for the purpose of sharing information, ideas, materials, and problem solving. A reference library is also updated on a regular basis with journal articles and resource books, and a staff newsletter is published weekly indicating new information available. The responsibility for updating and sharing information, planning inservices and coordinating peer groups are assigned administrative tasks with time allotted accordingly.

d) Continuity of Service:

Services for language learning disabled children are still primarily delivered to elementary children, with the greatest amount of time being spent in assessment rather than treatment. In keeping with recent research, there is a need to provide a comprehensive service for children throughout their educational experiences. With limited clinical resources, the development of alternate methods of service delivery and setting of priorities becomes paramount in providing for comprehensive assessment and treatment programs.

e) Teacher/Parent Education:

Delivery of service is highly related to the development of comprehensive teacher and parent education programs. There is a need to recognize the important role played by both teachers and parents in delivery of service. Teachers and parents not only benefit from information programs, but also need to be included in the assessment and treatment process. With the development and expansion of comprehensive parent/teacher educational programs, it is essential that clinicians

develop their skills in consultation and workshop techniques. Given the realities of time constraints, individual style and interests, it may be more efficient to assign specific clinicians responsibility for inservicing and education of parents and teachers.

f) Program Development and Evaluation:

Too frequently programs become permanent fixtures once they are in place without ever evaluating their effectiveness in meeting children's needs. Program evaluation should be an assigned administrative task in order to ensure regular monitoring of program objectives and goal attainment. Written educational plans should be developed for each individual child and should be monitored on an ongoing basis by teachers and clinicians.

Although we have made significant inroads in the delivery of services for language learning disabled children, it is essential that we not become complacent, for we still have many tasks ahead.

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