SERVICE DELIVERY CHALLENGES, SOLUTIONS, OPTIONS

GEORGIA SPEECH-LANGUAGE-HEARING ASSOCIATION

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SERVICE DELIVERY IN SCHOOLS

WHAT ARE YOUR OBJECTIVES TODAY?

Are you challenged by your complex and diverse workload and caseload?

Have you heard about a range of service delivery models but are unsure of how or when to implement them in your program?

Do you have questions about dosage for services?

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LEARNER OUTCOMES

As a result of this course, participants will be able to…………………………..

1. Describe a range of service delivery options and important aspects to consider.

2. Match students with the most appropriate service delivery to meet their needs.

3. Explain service delivery options to parents and teachers for foster buy-in and engagement.

4. Achieve positive outcomes as a result of appropriate services.

AGENDA

I. Introduce the topic of service delivery in school-based settings and goals for the session

II. Discuss challenges SLPs experience with implementing a range of service delivery options

III. Describe a menu of service delivery options

IV. Provide tips for matching students with the appropriate dosage and service delivery model

V. Recommend strategies and tools for explaining models and options to parents and teachers and getting their buy-in and engagement

VI. Resources to support decisions about service delivery

VII. Summary comments and questions

ENSURING POSITIVE OUTCOMES

The rate at which we can effect real change depends on the consistent availability and relevancy of instructional content and methods and the ability to transfer the new information into functional skills.

Traditional systems focus on episodic delivery of services and often defaults to a one-size-fits-all style that fails to address:

- **The unique needs of each individual and the importance of support networks.**

- **The short shelf life of all learning that suffers significant loss if not revisited regularly.**

- **The power of active, ongoing mentoring to support understanding.**

- **The power of just-in-time interaction and reinforcement.**

OUR MEASURE OF SUCCESS

Clinical effectiveness is defined in terms of helping students reach measurable, functional outcomes so they can participate and succeed in school, family, play, and work activities.

FEDERAL & STATE MANDATES ARE CLEAR
Requirements for Service Delivery

- ▶ Determine eligibility
- ▶ Provide services based on individual characteristics and needs
- ▶ Incorporate parents into the planning process
- ▶ Collaborate with fellow educators
- ▶ Offer a broad range of service options (continuum) in the Least Restrictive Environment (LRE)
- ▶ Align intervention services with the curriculum & standards (educationally relevant)
- ▶ Determine service options with fellow team members
- ▶ Base recommendations on the impairment and resulting impact on performance

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INTEGRAL PART OF EDUCATION

SLP programs cannot be implemented in isolation from the rest of the educational system.

SLP services have to be an integral part of the total education program for children with disabilities.

One of our challenges is to help our education counterparts understand this by building their knowledge of our roles, responsibilities, and contributions to students' learning success.

WHAT ARE YOUR
SERVICE DELIVERY CHALLENGES?

LET'S EXPLORE SOLUTIONS AND STRATEGIES TO HELP RESOLVE THE CHALLENGES YOU FACE EACH DAY!
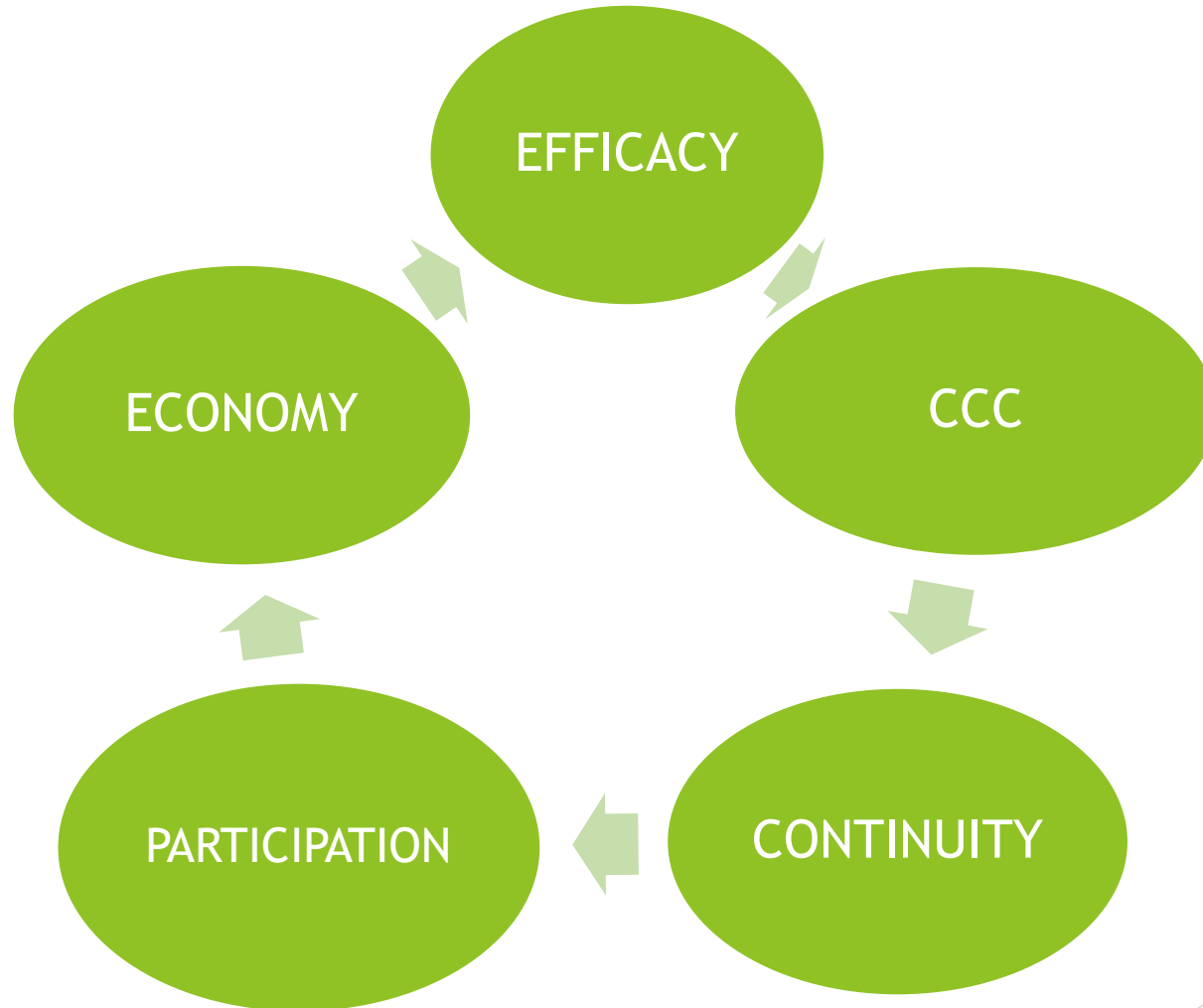
CHALLENGES CAN DRIVE CHANGE

Our most important challenge is the expectation that we achieve positive outcomes.

5 ESSENTIAL CHARACTERISTICS OF GOOD SERVICE DELIVERY

EFFICACY

CCC

CONTINUITY

PARTICIPATION

ECONOMY

RATE YOUR CURRENT SERVICE DELIVERY

Score your current service delivery on the 5 essential characteristics using the 3 point scale below.

| Essential Ingredients	1 Excellent	2 Average	3 Would like to improve
Efficacy			
CCC **C**ollaboration **C**ommunication **C**oordination			
Continuity			
Participation			
Economy			

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PICTURE THIS SCENARIO

A top level school administrator new to your district asks you about what you do and how you do it.

"Tell me about your program."
"What are your greatest joys?"
"What is your greatest challenge?"
"How can I help you resolve that challenge?"
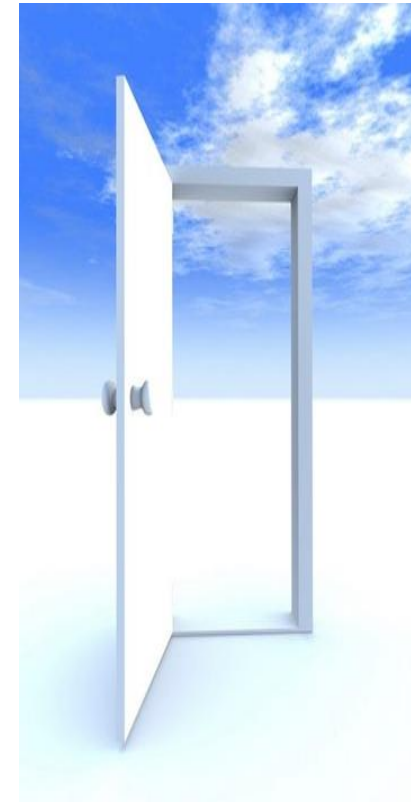
She's interested!
The door is open!
WOW! Now's your chance!!

PICTURE THIS SCENARIO

And………………

- You only have two minutes to provide your answer.

- You can only answer using phrases, not paragraphs.

SOLUTION

Matching *each* student

with the *right* service delivery model

and the *right* interventions

the *right* providers

DO THESE CHALLENGES SOUND FAMILIAR?

Complex and diverse workload and caseload?

Competing priorities?

Logistics? Complex scheduling demands?

Burgeoning requests for your services?

Personnel shortages?

Expectations others have or your role or contributions?

Unsure of how to implement a variety of models in your program?

Aligning intervention with the core curriculum?

Questions about dosage for treatment of various disabilities?

Litigation?

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CHALLENGES CAN DRIVE CHANGE

Perhaps our most important challenges are the expectations we and others hold that we achieve positive outcomes.

THERE'S NO TIME LIKE THE PRESENT!

WHAT DOES THE RESEARCH RECOMMEND?

Over the past several years, there have been many discussions of models for delivering speech-language services.

A systematic, evidence-based review of the effects of different service delivery models on communication outcomes for school age children was completed by an ASHA committee (Cirrin e al, 2010).

Results: The current evidence base does not support any particular service delivery model as preferable for meeting the communication needs of elementary children.

Conclusion: Further research is needed!

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OBSERVATIONS

Surveys reveal that the most prevalent approach is pull-out.

"Range of services" and "continuum of services" seem to be trumped by scheduling issues and other complications.

"Collaboration" is often listed as a unique model. That creates a subtle implication that collaboration is a separate model, unique and different from other models.

SLPs struggle to figure out how to integrate their services into the classroom. Some refer to this as "Push-in"

THE FINDINGS LEAD TO MORE QUESTIONS!

How is it possible that the majority of students who receive speech-language services are "pulled" from their classroom twice per week (Monday or Wednesday, Tuesday or Thursday) for one half hour each day?

This "scheduling pattern", continues to be used by approximately 85% of school-based SLPs. The practice defies the notion that the intervention model should match the student's needs.

Wouldn't it make more sense to consider alternative approaches that are suited to each child's individual needs?

WHY OFFER OPTIONS FOR SERVICE DELIVERY?

▶ Assessment and intervention services must be delivered in a way that most effectively and efficiently meets the student's needs and enables the student to reach his or her highest potential.

▶ There are a number of variables that should be considered in developing the most appropriate service delivery plan for each student.

▶ It is my philosophy that collaboration is not considered a unique model of service delivery. Collaboration should be an integral part of all therapy. In other words, collaboration is essential!

LET'S TAKE THE TIME TO REVIEW YOUR SERVICE DELIVERY APPROACH NOW!

CASELOAD & WORKLOAD
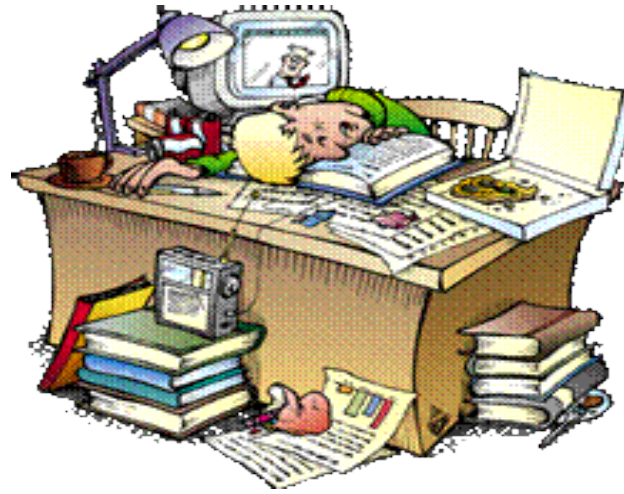
PROFILE OF YOUR CURRENT CASELOAD

- Type of school district

- Number of buildings or sites you serve

- Total number of students across all of those buildings or sites

- Number of students on your active caseload

- Percent of the total number of students this represents

- Types of special education categories represented

- Types of communication impairments represented

- Distribution – mild, moderate severe

YOUR TOP 2
SERVICE DELIVERY METHODS

LIST 2 SERVICE DELIVERY OPTIONS YOU CURRENTLY PROVIDE
WHAT IS YOUR RATIONALE FOR USING THOSE TWO APPROACHES?
WOULD SOME STUDENTS BE BETTER SERVED BY A DIFFERENT APPROACH?

LABELS – WHAT'S IN A NAME?

Direct

Indirect

Diagnostic

Inclusion

Pull out

Push in

Integrated

Collaboration

Response-to-Intervention

Consult, coach

Monitor progress

Self-contained

Classroom-based

Center-based

Resource room

Community-based

3:1

SLPAs

Telepractice

Professional development

LABELS CAN BE CONFUSING

Quite a mix of labels.

Are they really "models"?

Are they defined by specific, unique characteristics? Do they meet the needs of a specific population?

Is there consistent understanding among providers, educators, parents?

Are we describing "models" of service delivery or location of services, scheduling practices, primary providers, type of service?

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HOW DID WE GET HERE?

IMAGINE IF YOU COULD……..

- ✓ Systematically implement best practices.

- ✓ Improve your team's understanding of what you do.

- ✓ Get agreement on which kids to enroll in therapy and the type of services they should receive.

- ✓ Coach teachers to try strategies before referring to you.

- ✓ Better link your therapy to the curriculum.

- ✓ Get teachers and parents to take an active role in the intervention process.

IMAGINE IF YOU COULD.......

- ✓ Take control of your workload and caseload.

- ✓ Integrate services and provide support through collaboration.

- ✓ Clearly communicate your role so teammates would see you as their education partner.

- ✓ Convince parents that therapy services are not forever.

- ✓ Manage your time and support students who aren't on your caseload as well as those who are.

- ✓ Feel comfortable presenting your recommendations to advocates.

TIME TO TRY A NEW STRATEGY

BE A MATCHMAKER!

Match *each* student

    with the *right* service delivery approach,

      the *right* intervention,

        and the *right* providers.

4 CORE CRITERIA TO DETERMINE SERVICES

1. THERE IS A DIAGNOSED DISAB**ILITY**	Student records Results of evaluations Observations Parent / teacher information Other relevant data
2. **THE DISABILITY CREATES AN ADVERSE EFFECT ON EDUCATION**	Oral expression Written expression Basic reading skills Reading expression Listening comprehension Mathematics reasoning Motor skills

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4 CORE CRITERIA TO DETERMINE SERVICES

3. **REQUIRES SPECIALLY DESIGNED INTERVENTIONS OR INSTRUCTIONAL METHODS AND SUPPORTS TO ENABLE THE STUDENT TO ACCESS AND MAKE PROGRESS IN THE GENERAL EDUCATION CURRICULUM**	Clearly defined, evidence-based protocols and procedures are required. Refer to Brookes Publishing Communication & Language Intervention Series (McLeod, Fey, McCauley et.al)
4. **REQUIRES THE EXPERTISE OF A SPECIALIST, SUCH AS AN SLP, TO PROVIDE THE SPECIALLY DESIGNED INTERVENTION OR INSTRUCTION APPROACH.**	Does it have to be you??????

LET'S TALK ABOUT EACH COMPONENT

1. ELIGIBILITY FOR SPEECH-LANGUAGE SERVICES

Purpose of assessment and diagnostics is to determine if students are eligible for programs and services offered by the school.

SLPs must be prepared to guide the education team's discussion so they make the right recommendations and decisions about providing services to students with communication disabilities.

HELP TEAMMATES UNDERSTAND YOUR ROLE

▶ Assess and recommend the most appropriate service option and intervention assistance needed.

▶ Support student's classroom success.

▶ Align intervention with the school curriculum.

▶ Promote independent practice and generalization.

▶ Collaborate with teachers and parents.

▶ Coach others to use strategies during classroom activities and instruction.

REINFORCE KEY CONCEPTS

▶ Diagnostic and eligibility factors determine the type of service that should be provided.

▶ Leads to recommendations regarding who will provide the services.

▶ Guides in planning the type and dosage for services (frequency, amount, duration of the services).

SYSTEMATIC AND STANDARDIZED PROCESSES

Use of systematic, standardized processes for decision-making and delivery.

Foster accountability.

Enable us to document effectiveness of intervention.

Support discussion of program design and resource needs.

Increase others' understanding of our challenges and successes.

GET YOUR TEAM ON THE SAME PAGE

Use standard, consistent terminology when discussing communication disorders and service provision.

1. Define the wide variety of communication impairments, disorders, disabilities. (World Health Organization, WHO; ASHA NOMS, state/district guidelines for services, ASHA Practice Portal, Scope of Practice).

2. Describe the characteristics associated with the primary and secondary special education categories.

GET YOUR TEAM ON THE SAME PAGE

3. Explain universally applicable activities directed toward providing services (ASHA Preferred Practice Patterns)

    - requisites of practice

    - processes to be carried out

    - expected outcomes

4. Describe instruction and intervention strategies. Provide a framework for understanding the goals, methods, materials, assessments that will optimize learning. (Universal Design for Learning – UDL).

    - The "what" of learning

    - The "how" of learning

    - The "why" of learning

FACILITATE DISCUSSIONS & REINFORCE TEAM DECISIONS

IMPLEMENT A CONSISTENT APPROACH FOR PLANNING SERVICES

Student's Functional Level

+

Expertise Intervention Support Needed

=

Service Option & Dosage
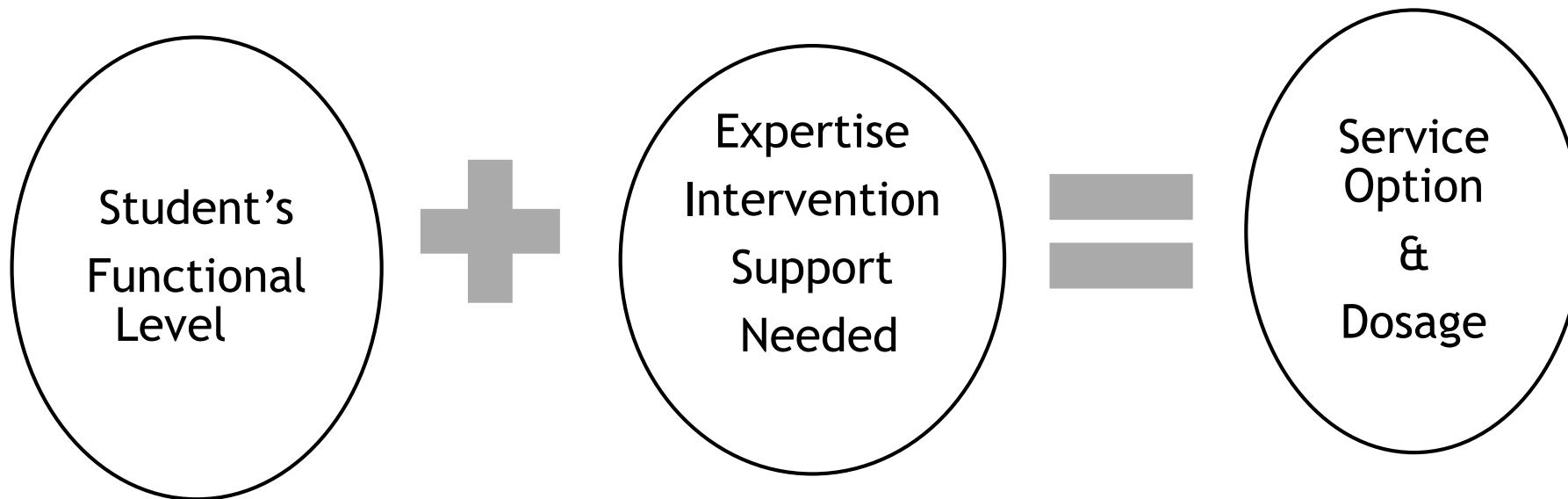
2. FUNCTIONAL SKILLS & ADVERSE EFFECT

INDEPENDENT	No help required beyond that given to most same age/grade peers.
MINIMAL ASSISTANCE	Requires help with a few difficult tasks / activities.
MODERATE ASSISTANCE	Requires help on about half of tasks / activities.
EXTENSIVE ASSISTANCE	Requires help on most or all tasks / activities.

ELIGIBLE YES – BUT FOR WHAT??
MAKE THE RIGHT MATCHES

- No service
- RTI
- Multiple services
- Consult / Monitor
- Varied elements – type, frequency, location, provider, schedule
- Flexible schedule
- Integrated into classroom

- Class supports
- Intense services
- Modifying the intensity
- Service blocks
- Short, intense bursts

3. EVIDENCE-BASED INTERVENTIONS

4. EXPERTISE
IDENTIFY THE RIGHT PROVIDERS

Providers can include teachers, parents, peers, other related service providers.

Children with greater complexity or severity need specialized support and assistance to succeed. Generally they require longer periods of intervention.

How to meet both needs………………..

- Broaden your definition of "providers".

- Expand services into multiple settings. Incorporate more people as providers.

MENU OF SERVICE DELIVERY OPTIONS

FACILITATE A SHARED UNDERSTANDING OF SERVICE DELIVERY OPTIONS

Treatment is a dynamic process.

Service delivery may change over time as the client's needs change.

INTRODUCE YOUR TEAM TO KEY SERVICE DELIVERY VARIABLES

- Type and severity of the student's communication disability, including **amount of assistance needed** and **impact on performance**

- The **frequency, intensity, amount**, and **duration** of the services (dosage)

- The **roles played by the clinician** (direct or indirect, generalist or specialist)

- The **roles others play** and ways they can support communication development and improvement

PRESENT THE ALTERNATIVES: KEY SERVICE DELIVERY VARIABLES

- The location of the services (therapy room, classroom, resource room, other school contexts, the community)

- The purpose of the services (screening, assessment, intervention, generalization)

- The presence of peers and the number of peers who participate (individual, small or large group, peers within the classroom

- The scheduling format (block, 3:1, intensive, periodically, episodically)

CLARIFYING THE TERMS

Service Delivery	Encompasses factors such as treatment format, providers, dosage, timing, and setting.
Dosage	Amount, frequency, intensity, duration of treatment.
Format	Structure of the treatment session (e.g., group and/or individual).
Provider	Person/s providing the treatment (e.g., SLP, teacher, caregiver, SLPA).
Timing	Timing of intervention relative to the diagnosis.
Setting	Location of treatment (e.g., classroom, home, community, school environment, workplace).

DOSAGE
WHAT'S THE RHYME OR REASON?

➤ School teams struggle with how to determine the amount, frequency, or duration for services.

➤ Wide variation from SLP to SLP, District to District, SLPs within a District.

➤ Parents want more – more – more.

➤ Not much research to guide us.

DOSAGE
FACTORS TO CONSIDER

Several factors to consider when determining the dosage.

- Child's age
- Type of disability or disorder
- Severity
- Amount of support needed
- Communication competence
- Cultural background
- Academic performance / education concerns
- Social skills
- Attitude

MODIFY SERVICES TO MEET STUDENT'S NEEDS

▶ Services can begin with more intensity and frequency, but then become less frequent and generalized to the classroom setting

▶ Services may completed in 3/6/9 months rather than an entire IEP year.

▶ Services may be in short, intense bursts for 15 minutes 3 times per week, rather than 30 or 60 minutes

▶ Services integrated fully in the classroom.

▶ Services delivered within 9 weeks.

▶ Academic /Vocational class for high school credits

FUNCTIONAL LEVEL INTERVENTION & SUPPORT NEEDED	SERVICES RECOMMENDED	AMOUNT & FREQUENCY
1 Functional / Independent Coaching/Guidance	Provide Strategies to Teachers Coach teachers. Provide strategies for modifying their own communication style during classroom instruction.	SLP Periodic
2 Requires Minimal Assistance/Support	Delivered in the Classroom via the Curriculum Clinician-Teacher Collaboration Integrate strategies into instruction Professional development	SLP 2 hrs / month
3 Requires Regular Assistance	Combination of service delivery Small group/individual/classroom Modification of materials	1 hr / week + teacher implemtation
4 Dependent Requires Extensive Assistance	Greater intensity and frequency Accommodations and modification of materials used in therapy and classroom	SLP 2+ hr/week + In class + Teacher implement

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MAKE A CASE FOR CLASSROOM-BASED SERVICES

Least restrictive environment

Natural learning environment

Impact on learning performance and success

Educational relevance

Jointly determine goals, challenges, modifications, progress

MAKE A CASE
FOR CLASSROOM-BASED SERVICES

Opportunities for observations and modeling

Classroom materials are available

Incorporate assessment and intervention

Reinforce targeted skills

More class time

Practice time

ENGAGE PARENTS IN MEANINGFUL WAYS

▶ Participate in decision-making

▶ Provide key information

▶ Observation

▶ Report challenges

▶ Provide insights about strengths and challenges

▶ Practice skills in natural settings

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PLAN FOR DISCHARGE FROM THE BEGINNING

Help parents, teachers, and students understand that discharge from services is the goal.

▶ Mastery of speech-language goals

▶ Inadequate progress

▶ Goals can be embedded into other academic areas (e.g., Written Expression, etc...)

▶ Lack of motivation or participation in service

▶ Student/parent requests to be dismissed

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USE DATA TO SUPPORT DISCHARGE

▶ Review Progress notes from related service provider

▶ Classroom teachers' observations of student's performance and functioning within instructional situations

▶ Classroom observation, including review of samples of the student's work and portfolio

▶ Feedback from parent on the student's performance and functioning at home (carry over, generalization)

▶ Performance on classroom-based, district-wide, or statewide assessments

▶ Report cards

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SUMMARY

4 KEY QUESTIONS TO GUIDE YOUR RECOMMENDATIONS FOR SERVICES

1. Based on the diagnosis, does the student present a disability?

2. Does the disability adversely affect the student's educational performance or participation in class and social activities?

3. Are specially designed interventions or instructions and/or related services and supports required to enable the student to access and make progress in the general education curriculum?

4. Is the expertise of a speech-language pathologist required to provide the specially designed intervention or instruction?

IMPLEMENT A CONSISTENT APPROACH FOR PLANNING SERVICES

Student's Functional Level

+

Expertise
Intervention
Support
Needed

=

Service Option & Dosage
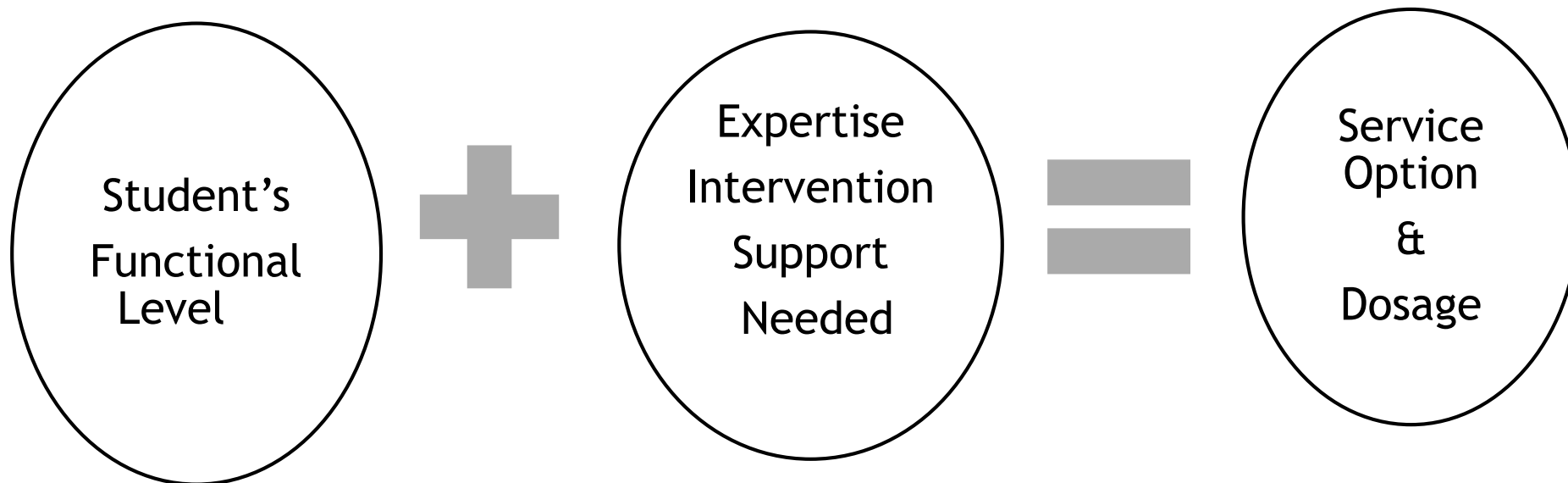
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RESOURCES YOU MIGHT FIND HELPFUL

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Some publications that focus on providing services……………………………

- School Programs in Speech-Language Pathology: Organization and Service Delivery (Plural Publishing)
- Outcomes Matter in School Service Delivery (In Golper, Outcomes in Speech-Language Pathology, Theime)
- Let's Talk and Listen Today: Calendars of Daily Activities for Teaching Talking and Listening Skills (JBlosser23@gmail.com)
- Pediatric Brain Injury: Proactive Assessment and Intervention (Cengage)
- McCauley, R. & Fey, M. (Eds.) 2006. *Treatment of language disorders in children.* Baltimore, MD: Paul H. Brookes.