

TREATMENT COMPANION

A Speech-Language Pathologist's
Intervention Guide for Students With
Developmental Delays and Disorders

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We've all been there—that clinical place where you just don't know where to go next. Perhaps you have a goal for your student, but you're not sure how to get them to achieve that goal, or you're reluctant to choose a goal until you have some idea of how you are going to target it during therapy sessions. That's where this *Treatment Companion* comes into play. Filled with treatment suggestions and strategies, it is your best friend, something you can turn to when you're not sure where to start, you've started but aren't seeing any progress, or are completely stumped, in a rut, or just need another perspective.

As speech-language pathologists, we are constantly drilled to provide evidence-based practice. The American Speech-Language-Hearing Association (ASHA, n.d.) defines evidence-based practice as a combination of three areas: clinical expertise, which is personal knowledge developed over time by working within the field; evidence, including external evidence from research articles as well as internal evidence from observations and data taken during intervention; and client and caregiver perspectives, which include the expectations and experiences shared by your student and their family. Within this *Treatment Companion*, we bring you a collection of ideas, strategies, and information taken from our personal experiences; our students' reactions, behaviors, and comments; their parents' feedback; our progress monitoring; and numerous data-driven research articles from experts within their field of study.

Reference

American Speech-Language-Hearing Association. (n.d.). *Evidence-based practice (EBP)*. <https://www.asha.org/research/ebp/>

INTRODUCTION: HOW TO USE THE *TREATMENT COMPANION*

Before You Begin

Before jumping to the goal your student is working on, here are some general points to keep in mind:

1. First and foremost, remember that the student you are working with is someone's child. Think about how you would want your child to be treated and how *you* expect to be treated. Whatever the student's age and current ability, they deserve to be addressed with respect.
2. Guide your therapy with the understanding that **communication is a basic human right**. Every person has a right to communicate their needs, their thoughts, and their desires with others. Every person has a right to interact socially with those around them. As communication experts, it is our job to ensure this basic right is realized in every individual. The American Speech-Language-Hearing Association's (ASHA) Communication Bill of Rights (Brady et al., 2016) enumerates specific elements within this right. They include the right to make choices, the right to have communication attempts acknowledged, and the right to have access to augmentative and alternative communication (AAC) and assistive technology (AT).
3. Begin with the assumption that your student is capable (Donnellan, 1984)—our students often surprise us with just how much they are capable of when we give them the chance. Keep trying to bring out the best in them and they will not disappoint. (If you've tried something for a while, though, and are not seeing success, don't persist. Try something different [O'Neill & McCarthy, 2018]).
4. Always tell your student what you are *planning* to do—removing the unknown factor takes away anxiety. Anxiety is an internal response or reaction to a stressful task, situation, or environment. Anxiety may negatively affect a variety of speaking situations, possibly impacting an individual's ability to communicate effectively. Therefore, providing a brief introduction or explanation regarding a specific task or routine helps alleviate some of the stress associated with completing that activity. Even better, whenever appropriate, give them choices. The more your student controls what is happening, the more invested and engaged they will be.

Where to Begin/Choosing Goals

This *Treatment Companion* is intended to be used as a reference book whenever you need it, as opposed to being read from cover to cover in one sitting. While it should not be looked to as a goal bank, the information is organized by goal for ease of use. Following formal and/or informal assessment, you may skim through this book to get ideas for goals or find the goal that is most similar to the one you have already assigned for your student. The goals are organized according to a developmental hierarchy evident in typically developing children, from birth to 5 years of age (Lahey, 1988). Even though children with developmental delays acquire skills at a slower pace, they tend to follow the same pattern of development as their typically developing peers (Coggins, 1979; Rice et al., 2006). Nevertheless, you may choose goals out of order based on your student's needs (Tippett, 2012). Choose the goal that is most relevant at the moment to increase your student's functional communication.

Some of the goals target one simple skill. Other goals may target a combination of skills that together help the student achieve an ultimate goal. Decide if you want to keep the goal as is and focus on only one of the skills targeted or combine several skills (i.e., each skill being a short-term objective) to create one annual goal (i.e., the long-term objective) for your student. You may also choose to modify the goals we have suggested so they are more individualized to your student, such as changing the criteria or accuracy. Perhaps you may write a completely different goal. Whatever you choose to do, make sure the goal is clearly written and easily measured. Another speech-language pathologist (SLP) should be able to read the goal and jump into providing treatment, and you should be able to track your student's progress. Once you have determined which goal(s) to target, find them within this *Treatment Companion* and implement the suggestions that follow. If you have combined a number of goals listed to make one annual goal for your student, refer to each one separately for intervention strategies and techniques.

The way you write goals will also likely be influenced by the setting where you work. While the goals in this *Treatment Companion* are tailored to align with the school setting, your setting may be much different. Make adjustments as needed to fit your student and follow the guidance provided by your work setting.

A note regarding receptive versus expressive language goals: You will notice that a majority of our goals are written as expressive language goals. Over the years, we have realized that the best way to measure a receptive language skill is by the way it is expressed. Meaning, we can more accurately determine whether a student understands the vocabulary, syntax, morphology, or narrative by observing them use it in their verbal output. Looking at the research (Law et al., 2003), we have also found that working on receptive language skills in isolation is not effective, although there have been coincidental gains in receptive language while working on expressive language skills (Camarata et al., 2009). Additionally, using strategies to improve receptive language, while targeting expressive language, such as mental visualization to help with narrative skills, is helpful (Boyle et al., 2010). Within the *Treatment Companion*, we focus on expressive language skills and offer strategies and suggestions for strengthening the receptive language skills necessary for that expressive language.

Aligning to the Common Core State Standards

In the spirit of achieving the highest educational standards for our students, we have aligned each of our goals to the Common Core State Standards (CCSS; National Governors Association Center for Best Practices and Council of Chief State School Officers, 2010).

Many states have adopted the CCSS, also known as “the Standards,” to guarantee that students who graduate from high school have obtained the necessary knowledge in preparation for college and a career. According to ASHA (ASHA, n.d., Key Issues Common Core State Standards), SLPs play a crucial role in adapting the CCSS for students with communication difficulties. SLPs may work closely with classroom teachers and other professionals to make the classroom curriculum accessible to the student and to ensure students with special needs receive differentiated instruction (Ehren et al., 2012). It is important to read and familiarize yourself with the standards for your individual state so that you can align your goals to them.

In an effort to accommodate all students impacted by the *Treatment Companion*, we do not list standards by grade. Instead, we point you to the overall College and Career Readiness (CCR) standards from which all the grade-specific standards are derived. Below each goal you will find the specific standard (e.g., reading, writing, speaking and listening, language) and the relevant CCR standard. For example, SL.CCR.1 refers to Speaking and Listening, College and Career Readiness Standard 1 (Figure I–1): “Prepare for and participate effectively in a range of conversations and collaborations with diverse partners, building on others’ ideas and expressing their own clearly and persuasively” (National Governors Association Center for Best Practices, Council of Chief State School Officers, 2010). You may then go into the CCSS and search for your student’s grade-specific standards, looking under Speaking and Listening Standard 1 to locate the standard that more specifically correlates to your student’s grade level.

If applicable, please refer to the Dynamic Learning Maps Essential Elements (DLM EE), which were created as a bridge to the CCSS for students with severe cognitive disabilities (Dynamic Learning Maps Consortium, 2013). You may use the CCR standard listed under each goal as a starting point to find the corresponding Essential Element.

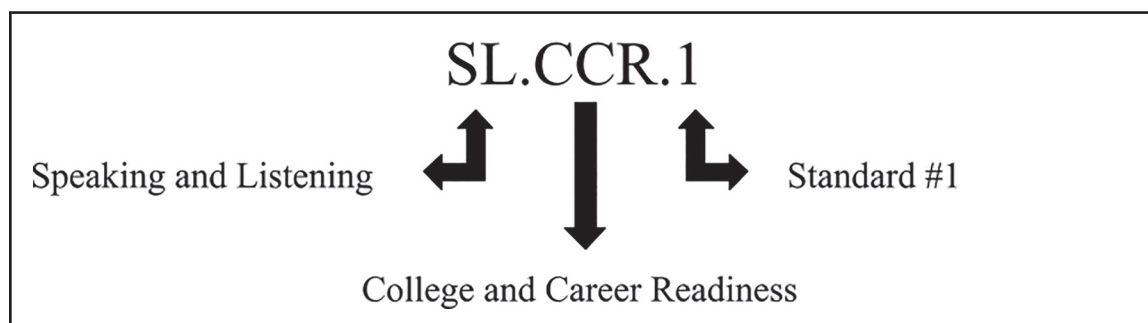


FIGURE I–1. Breakdown of College and Career Readiness standards.

Targeting Goals

Now, let us take a close look at how each goal may be targeted.

Below each goal, you will find headings with suggestions for how to target clearly defined categories within each goal. Under *Steps Toward Mastery*, you will find the steps you need to follow to bring your student to mastery of a skill. It begins with *planning* for intervention, then continues to *introducing the skill*, followed by prompting levels for the purpose of *achieving independence*, and finishes with *generalizing the skill*, which demonstrates mastery. Under *Activities in Treatment*, you will find subsections of specific activities in which goals may be targeted. You may choose to

introduce the skill, achieve independence, and/or generalize the skill through any of these activities. You may choose to implement all suggestions, using one to build on another; or you may pick and choose the activities that best fit your student's temperament and needs. The headings make it easy to sift through the activities and strategies to choose the most appropriate one. Goals in Levels 1 through 3 have all the subheadings while Level 4 only has the main two (i.e., *Steps Toward Mastery* and *Activities in Treatment*). Here is a breakdown of each heading.

Steps Toward Mastery

Planning

This section provides insight into how you may prepare for sessions related to a specific goal. When picking through the suggested activities, remember to choose something that is not too easy or too difficult. Keep in mind your student's tolerance threshold—if they are too challenged, they may become overly frustrated or simply shut down. Extremely simplified tasks could also quickly cause them to lose interest and prevent them from moving forward (Klein & Moses, 1999). Try to find the perfect medium. You may have to do homework regarding your student to establish rapport. If the student is new to you, speak to the teacher and, especially, the paraprofessional, who knows the student better than most other people. Ask about the student's interests, what motivates them, and what they particularly avoid to prevent meltdowns. Review their file and send home a parent/guardian survey. It will likely take you a few sessions to become comfortable with your student so your sessions progress smoothly. It's okay for your first couple of sessions to consist of you observing them during their daily routine.

Plan for the upcoming session. Planning ahead keeps you from scrambling around and wasting time while trying to keep your student engaged and cooperative. It allows you to use your direct contact time in the most optimal way. In fact, plan alternate activities as well just in case one does not work out. It is wise to select various toys or materials in advance and outline specific strategies you want to use. Following the student's lead and being flexible while also being prepared allows you multiple ways to target the goal based upon what the student prefers to do or play with at the time. The ideas we provide in this section are great for when you begin working on a goal, but each child is different and the exact activities and strategies you plan will be somewhat different for each student.

Introducing the Skill

This section provides guidance on how to initiate therapy on the specific objective. In it you will encounter step-by-step instructions on getting the student comfortable with the new goal so they are not immediately overwhelmed by expectations that are too high. Telling your student what you are working on lets them know the "why" of speech and language therapy so they are invested in building their own skills. This applies to students of all skill levels.

Achieving Independence

This section provides specific examples of the types of prompts that fall within the prompting hierarchy and how you might implement them within the specific goal. Your job as a clinician is to determine the least intrusive prompts or cues that assist your student in their production

of the most sophisticated language. Intrusive prompting will make the student dependent upon constant support and will not lead to independence and generalization of target skills. Therefore, we include examples of how to move in a continuum to decrease the level of prompting and cueing while targeting specific skills (Bain & Olswang, 1995).

Make sure to provide your student ample opportunities to practice the target skill and produce the target utterances (Eisenberg, 2014). Children with language impairment benefit from dose therapy, the number of opportunities provided during a designated therapy session to practice the target skills. Providing extensive opportunities to practice designated skills across multiple sessions should lead to improvement in the target objective.

Generalizing the Skill

This section proposes ideas for internalizing the goal, making it part of the student. The skills can only be solidified if they are used across different environments (e.g., art, gym, recess, bathroom, lunch, music, English/language arts [ELA], math, home, community) with different people (e.g., peers, other adults, caregivers, siblings) and in different ways (e.g., to request, reject, comment). The student needs to have experience using the skill in real-life situations, and exposure needs to happen with peers and other adults, not just you, the clinician! You may build up to it with structured sessions in the speech room or during structured activities, but ultimately, you need to model and provide your student with opportunities to practice the skill in natural settings (Cafiero et al., 2007).

Activities in Treatment

Environment-Based Activities

These are suggestions for implementing therapeutic interventions and best practices within the student's natural environment throughout the day (e.g., during sessions in the classroom, class trips, suggestions to send home). This type of activity is most conducive to generalization because it occurs within the student's everyday life (Cafiero et al., 2007). It is exactly the place in which the student will need to communicate independently when you are not around.

Play Activities

These activities focus on fun and highly desirable items that are versatile and capture the child's focus and attention. Play can target various objectives that are more memorable than drills and picture cards (Harold, 2013). Play activities facilitate language development as well as problem solving, social interaction, and understanding others' perspectives, just to name a few (Duca, 2013).

Literacy Activities

These activities focus on the use of books and related materials to help facilitate the student's comprehension and production of targeted responses and objectives. Shared reading activities are often a good way to facilitate and promote early linguistic abilities (Kaderavek & Justice, 2002). They are important for developing better literacy skills down the line, which, in turn,

are important for continued independent learning. Furthermore, shared reading activities help promote healthy adult and peer interactions (Erickson, 2017).

Personalized Activities

These activities are specifically tailored for the student and their specific school and home environments. They may include clinician-made stories or videos that feature the student, their routine, their family, or their community. Since these activities are personal to the student, they will likely be more interested and motivated, leading to progress in achieving their skills.

Use the *Treatment Companion* as a generic manual with ideas that can be personalized with your own creativity. In fact, you may have no choice in the matter. You may have planned your lesson to a “T,” following the hierarchy provided within, but may have to abandon your plan. Our students, after all, do not follow a manual. If they surprise you and catch you unaware, don’t worry. Just follow your student’s lead and look for opportunities to work on the goals along the way. Then, use what you learned about your student and their interests to inform your planning for the next session.

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