

TREATMENT COMPANION

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

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WHAT YOU NEED TO KNOW

General Guidelines

There are some fundamental concepts that every speech-language pathologist (SLP) should be aware of since we all need to apply it in our therapy.

Meeting a Student for the First Time

The first time you meet a student can be daunting. You don't know what to expect, how the student will react to you, or if you'll connect. Tread lightly. Begin by observing the student in class. You will notice the student's characteristics, quirks, idiosyncrasies, and speech and language skills in a natural setting. This will give you ideas for planning the most functional intervention for them. Seeing you around will also help your student become more comfortable with you so you won't be a stranger in your first individual session. Give yourself, and the student, time. It may take a few interactions before you feel productive in your sessions.

Developmental Hierarchy

As you provide treatment, consider the speech and language developmental hierarchy. Use it as a framework upon which to base your next steps. Students sometimes present with splintered skills; that is, they may exhibit some higher-level skills while missing the preceding milestones. Ginsburg (2019) illustrates this idea by comparing a child's skills to a staircase. Each skill is a step. If they are missing foundational skills, then their higher skills are not grounded, making it much more difficult to further develop those skills. Reinforce the foundation to facilitate continued progress. Don't be fearful of taking that step back; it'll only spring you forward.

Assessment

Before beginning to work on any goal, baseline data should be collected. This is the information you initially gather about your student. This data helps with planning intervention and gives you a premise to compare later results and measure progress (Klein & Moses, 1999).

Determine how you want to collect this baseline data. You may decide to use a formal, criterion-referenced test such as the *Clinical Evaluation of Language Fundamentals, Fifth Edition* (CELF-5; Wiig et al., 2013). This is a comprehensive assessment of language abilities (e.g., morphology, syntax, semantics, pragmatics, and receptive language skills) for students 5 to 21 years of age. You may also use the *Comprehensive Assessment of Spoken Language, Second Edition* (CASL-2; Carrow-Woolfolk, 2017). For younger students, consider using the *Preschool Language Scales, Fifth Edition*

(PLS-5; Zimmerman et al., 2011) to assess prelinguistic skills, emerging language, and literacy, or even the *Rossetti Infant-Toddler Language Scale* (Rossetti, 2006).

If you are interested in assessing the narrative skills and receptive and expressive language abilities of older students, the *Test of Narrative Language, Second Edition* (TNL-2; Gillam & Pearson, 2017) is a good resource. Remember that these tests are normed on typically developing children, so it may not be appropriate to report scores for children who have a disability. Still, you may use these tools informally to gather useful information. For students who do not yet speak or speak very little, consider using measurements such as the *Communication Matrix* (Rowland, 2022), the *Functional Communication Profile-Revised* (FCP-R; Kleiman, 2003), or *Evaluating Acquired Skills in Communication, Third Edition* (EASIC-3; Marcott, 2009). These tools assess preschool students who have significant delays or disorders in the areas of receptive language, expressive language, and prelinguistic language. Whichever test you use, remember to record your student's responses but never provide them with the correct answer. You may provide general praise such as "You're doing great!" but don't give specific feedback, such as "That's right" or "Actually, it's a . . ." You're not providing therapy here, you are just observing skills. Providing the correct answer may impact scores at a later date if you use it again as a measure of progress.

All the above assessments are just a sample of what's available. There are many others for you to choose from. You may also refer to lists of important milestones to determine where your student is at.

Informally observing your student during typical daily and structured activities can also provide a wealth of information. You may speak to teachers, support staff such as paraprofessionals, and guardians. Consider sending home a parent survey (see sample questions in Figure II-1). This may be extremely helpful to pinpoint skills that you may not immediately observe. Don't forget to ask about allergies in case you decide to use food in your sessions.

Perhaps you will analyze a language sample or use a worksheet with a list of questions. Make sure to do your research and engage the student in a topic that is interesting or dear to them, as you risk not obtaining a good sample if the topic is unfamiliar. Some familiar or safe topics include parties or celebrations, sports or outdoor activities, and trips (e.g., zoo, farm, amusement park). If using worksheets, change the questions periodically so they are not identical each time. This will prevent problems occurring from inflated accurate responses due to familiarity with the task.

Most importantly, however, establish rapport with your student prior to testing. Some students may be shy and not very forthcoming to offer information or to readily interact. Imagine testing a student and introducing assistive technology only to find out several months later that your student is entirely verbal but was shy and not ready to communicate with you until they got to know you better. Similarly, do not make assumptions about students who are disabled or who already utilize assistive devices. They may be capable of much more than you think. Perhaps home videos, journals, or communication books with which you send messages back and forth with the family can help you get to know your student's abilities and the extent of what they can do outside of the therapy room.

Furthermore, assessment should be continuous and ongoing. It should not be limited to annual or quarterly reassessment. Dynamic assessment (Bain & Olswang, 1995) should occur throughout every session. This is the process of constantly analyzing your student's performance and comparing it with the target. To do this effectively, you need to record data. The way you document data may look different depending on the goal you are assessing, the setting you are working in, or the task you are engaged in for the session. Figures II-2a and II-2b offer ideas for templates for recording data. See Figures II-2c and II-2d for samples of how you may fill these templates.

Parent Survey

Child's Name: _____ Prefers to be called: _____

Date of Birth: _____ Allergies: _____

Parent/s name: _____ Best way to contact you: _____

1. Who are the people in your child's household?

2. What language/s is your child exposed to?

3. How does your child communicate with you? You may include specific words/phrases.

 - a. How does your child show you that they're happy?

 - b. How does your child show you that they're sad?

 - c. How does your child show you that they're frustrated?

 - d. What helps your child calm down?

4. What is your child's favorite activity or toy?

5. What is your child's **least** favorite activity or toy?

6. What is your child's favorite food or snack?

7. What is your child's **least** favorite food or snack?

8. Does your child seek out or avoid certain sensations (e.g., touch, tastes, smells, movement)?
Please explain: _____
9. What do you think I should know about your child?

FIGURE II–1. Sample of parent survey.

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FIGURE II-2. a. Session note template, by student, following a SOAP (i.e., subjective, objective, assessment, plan) format. *continues*