

USING THE FIELD OF MUSIC THERAPY TO REINFORCE AND ELICIT COMMUNICATION DEVELOPMENT

By KENDRA BOOTH, MS, MT-BC

February 2016

Introduction by Suzanne Raschke

The DCDD Board members prepare briefs about topics of interest for our members. As a DCDD member, you are receiving this brief on the topic of resources for professionals who work with students who have communication disorders and/or who are deaf or hard of hearing. We appreciate your continued membership with DCDD! Please feel free to discuss this article on DCDD [Linkedin](#) or [Twitter](#).

Last month Lauri Nelson wrote, [Don't Forget to Sing!](#), about the benefits of teachers incorporating music into their curriculum as an effective strategy for academic, linguistic, social, and emotional growth. This month we've asked a music therapist, Kendra Booth, to explain her role and how such an intervention can assist our students with communication disorders and/or hearing loss. ~[Suzanne Raschke, DCDD President Elect](#)

What is [music therapy](#)?

Music therapy is the clinical and evidenced based use of music interventions to accomplish individualized goals by a credentialed professional. It is considered a related service under IDEA, and supported if the targeted student responds better to educational goals put to music interventions.

Why does music therapy work so well?

1. Music in itself is multi-modal; it stimulates many of the senses, including visual, auditory, kinesthetic and tactile. It is processed in both hemispheres of the brain, stimulating both cognitive and communication functions. To young children, music is a natural medium that is highly motivating, fun, and relaxing all at the same time. Interventions created by trained and certified music therapists are designed to be successful for each student, even without them realizing it, which makes it so motivating and enjoyable.
2. Music is time specific and music therapists can meet the child/student where they are at developmentally and help them grow to their maximum potential. Music being *time specific* means that live musical presentations can be changed and altered in tempo (speed), dynamics (volume) and other musical elements, based upon the students' immediate reaction. Music, when presented by a music therapist, can serve as a diagnostic tool to assess and evaluate a student's present level of performance and then when the music is altered, move the student toward their target skill levels. For example, the tempo (speed) of live music can be increased or slowed down based upon the child's reaction and attention to the given situation. Increased tempo will often make children laugh or engage at a higher rate and slowing down the tempo of music will calm a child. The sudden change in dynamics (volume) can gain immediate attention if music is suddenly played loud or used as an anticipatory point in a song.
3. Music also creates a sense of familiarity and comfort. Songs are typically very familiar and repetitive, with a verse and chorus that repeats, based upon the melodic patterns within phrases. Many children rely on the familiar structure of music, and thus can understand or anticipate the future within a song. The familiar nature of music, gives a sense of structure, comfort, and expectations within a music therapy session.

How does music therapy look regarding communication in special education?

One area of educational goals that music therapy supports so well is communication, both verbal and non-verbal. Communication not only consists of words and language, but it also encompasses nonverbal aspects including affect, body posture, and eye contact. For those students who have difficulty expressing with words, music assists and recreates, soothes and helps them express in other communicative ways.

Some example vignettes of how trained and certified music therapists might elicit communication includes:

- Goal: Spontaneous communication, Auditory memory, Auditory Closure

This lesson is appropriate for any age and ability level

During an intervention of singing live music, pause at the end of a familiar song phrase and wait for the student to fill in the next word. This method is used for targeting individual student verbal communication goals. An example for this might be "Twinkle, twinkle little _____".

- Goal: Independent choice making, Social leisure skills

This is typically used for nonverbal students of any age

Have the student visually choose between two instruments held up in front of them. The student will choose by either using a motor movement or their gaze toward the preferred instrument. An independent choice made will be rewarded by letting the student play the instrument during the thematic song. This helps to meet the goal of independent choice making.

- Goal: Effective use of personal communication system

This is appropriate for any age and for students using PECS

For this goal, the student would use the Picture Exchange System (PECS), made up of visuals to make requests for the preferred instruments presented to them. Once they make the choice and hand the picture to the therapist with the desired instrument, the student can play and interact for the duration of a turn or song. This gives the student more authentic opportunities to use their own personal communication system.

- Goal: Effective communication of personal wants and needs

This intervention is typically used with early on or early childhood students with limited attention and verbal communication

Play the guitar directly in front of a child, and allow them to strum when the music stops is a way for them to nonverbally communicate to the music therapist that they want more music. Music therapists are trained to watch student body language and motor movements that serve as cues for non-verbal communication.

- Goal: Auditory Discrimination/ Identifying spoken language vs. music, Active Listening

Active intervention used for students who have attending difficulties or who might have hearing loss

Model swaying side to side whenever music is played is a way to signal the presence of music and encourage active listening and engagement with peers within a social group.

How do I find a Music Therapist?

There are approximately 5,000 board-certified music therapists in the world. To find more information, check out the American Music Therapy Association webpage at <http://www.musictherapy.org/>.

In Summary

Music therapy is an established health profession, with music therapists working in schools, hospitals, nursing homes and hospice settings, psychiatric centers, forensic units and private practice. The focus of this article was to represent music therapy in the educational setting, giving support to communication goals and objectives. However, music therapy supports a variety and number of clients' goals and objectives in many different environments and populations.

March Message

Constituent Committee on Severe Disabilities

The DCDD Board members prepare briefs about topics of interest for our members. As a DCDD member, you are receiving this brief on the topic of resources for professionals who work with students who have communication disorders and/or who are deaf or hard of hearing. We appreciate your continued membership with DCDD! Please feel free to discuss this article on DCDD [Linkedin](#) or [Twitter](#).

This month we have a contribution from guest author, Dr. Billy Ogletree, discussing interprofessional collaboration. We thank Dr. Ogletree for his time in developing this contribution.

Interprofessional Collaborative Practice: A Common Sense Path to Recommended Services for Persons with Severe Disabilities

As a Speech-Language Pathologist with thirty-four years of experience serving persons with severe disabilities, I've had a recent epiphany – I work best when I work with the help of others. The complex needs of the individuals I have served over the years have convinced me of the importance of an integrated, caring, service delivery team. A contemporary term for “teaming” is Interprofessional Collaborative Practice (IPCP). The World Health Organization (WHO, 2010) defines IPCP as the integrated practice of multiple professionals with patients, families, caregivers, and communities in the delivery of high quality care. Practice principles associated with IPCP have included patient/family centeredness, community oriented care, and relationship-focused service delivery (WHO, 2010).

So, let's ask the million dollar question; how does being an IPCP professional differ from just being a team member? After all, we (SLPs, Educators, OTs, PTs, Early Interventionists...) have been serving on teams for years if not decades. In an upcoming Clinical Forum issue of the *American Journal of Speech-Language Pathology*, I pose this question and suggest that the answer can be found in an unprecedented commitment to integrated care. I refer to this as a “vitality effect.” Is there a helpful analogy here? Maybe you have had the experience of being on a very good athletic team or a member of a particularly effective committee or group. A vitality effect emerged from that oneness you enjoyed as everyone worked together, anticipating the moves and actions of each other. The IPCP provider is that vital professional who takes the time to know the child and family they serve, shares an openness with their fellow team members that allows for professional sharing and collaboration, and is concerned more about the promotion of quality care than the protection of his or her professional turf.

Let me end this brief article by making three suggestions that might make this IPCP vitality effect a reality for you as you work collaboratively with others. For simplicity's sake, I'll list these and keep them consistent with the "successful team/committee" analogy above.

1. Get to know everyone involved in a circle of care. In the athletic world, a player that knows her streaking teammate can only score if the ball is passed to her right side will be more success than one who does not have that knowledge. In the world of IPCP, know your stakeholders, their interests and aspirations; know your fellow team members their strengths and needs. This takes time.
2. Enter the service delivery process with an inclusive attitude. The successful committee is inclusive enough to let everyone share and to value all contributions. That particularly quiet team member might just have the most valuable insight. Make the team environment so inclusive that everyone is willing and welcome to participate.
3. Put the individual with disability first. They are the team's captain or the committee's chair... their needs and the needs of their family unit should both inform and drive services.

Good luck and keep on teaming!

Billy T. Ogletree, Ph.D., Professor and Chair, Communication Sciences and Disorders, Western Carolina University

WHO (2010). *Framework for action on interprofessional education and collaborative Practice*. World Health Organization. Available at http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf?ua=1.

May 2016 Message
Fostering Content Reading Skills
Michella Maiorana-Basas, Ph.D.

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What is content area reading?

Content area reading skills are those skills that help support reading comprehension and the understanding of content in areas such as mathematics, science, and social studies (Howell & Luckner, 2003; Shanahan, 2012). Content area reading is often associated with advanced literacy, which is an important component of success both in and out of the classroom setting (Biancarosa & Snow, 2006; Peterson, Caverly, Nicholson, O’Neal, & Cusenbary, 2000, Vacca & Vacca, 2010).

What are considered content area texts?

Text books (e.g., mathematics, science, social studies, etc.)

Articles/Magazines (e.g., Weekly Reader; Ranger Rick; National Geographic Kids, etc.)

Why should you care about content area reading as a parent or educator of children who are deaf or hard of hearing?

Research has indicated that many students who are deaf or hard of hearing struggle with reading comprehension with only 5% of high school seniors demonstrating literacy achievement rates at or above those of their hearing counterparts (Kelly & Barac-Cikoja, 2007), and over half struggling to develop reading comprehension levels commensurate with those of a typical 4th grader (Easterbrooks & Beal-Alvarez, 2012; Traxler, 2000). Helping students develop advanced literacy skills, such as content area reading skills, may help in closing this achievement gap.

What can you do as a parent or educator of a child who is deaf or hard of hearing?

1. Before reading a content area text, help to **activate background knowledge** by asking a question such as, “Where have you seen this before?” or “Do you remember when ... ?”

DCDD Hot Topics

The DCDD Board prepares briefs for DCDD members about topics of interest for professionals who serve children and youth with communication disorders and their families. This brief focuses on the responsibilities of general and special education teachers, SLPs, and other related professionals to address curriculum, instruction, and assessment in designing and implementing standards-based intervention for students with language and literacy challenges. We appreciate your continued membership with DCDD. Please share this message with your colleagues and urge those colleagues to become a member of the DCDD community of learners.

Intervention for Students Struggling with Language and Literacy: A Focus Beyond Standards

**Prepared by
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Professor
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Member, DCDD Committee on Speech and Language Learning Disabilities in Children
September 2016

With the implementation of the Common Core State Standards (CCSS; National Governors Association Center for Best Practices & Council of Chief State School Officers. (2010a), a great deal of professional dialogue has taken place around the impact of these complex standards on students who struggle with language and literacy (e.g., Blosser, et al., 2012; Ehren, Blosser, Roth, Paul, & Nelson, 2012). The focus on students meeting high standards has been the lodestar for schools across the nation. Practitioners who work with or on behalf of children and adolescents who struggle with language and literacy for a variety of reasons, including language disabilities, have been exhorted to direct their intervention efforts toward students meeting rigorous standards. With that focus, general education teachers, special education teachers, speech-language pathologists (SLPs) and other support professionals may be engaged in a number of ongoing activities

involved in meeting standards, including data analysis of student performance on high stakes tests and professional learning around standards. The move in some states to depart from the CCSS has not altered this emphasis, because even when states have created their own standards, they have maintained the rigor of the CCSS with verbiage that parallels, or sometimes echoes them.

Isn't that a good thing? Shouldn't educators be concerned about students meeting standards that are anchored in college and career readiness to ensure positive educational outcomes? Of course, but that is too narrow a focus around which to develop and implement intervention plans for students who struggle. What is missing in that emphasis are other key areas that interventionists have to consider in meeting students' needs - namely, the curriculum that a school uses to implement the standards, the instructional techniques and activities employed by teachers to implement the curriculum, and the assessments used to measure achievement of the standards and the curriculum. Addressing curriculum, instruction, and assessment in designing and implementing intervention is key, because the stumbling blocks students encounter in achieving standards may not be the standards themselves but the other components stemming from them.

Consider the CCSS 5th grade writing example below.

Standard-- 5th Grade: CCSS.ELA-LITERACY.W.5.2

2. Write informative/explanatory texts to examine a topic and convey ideas and information clearly.

- a. Introduce a topic clearly, provide a general observation and focus, and group related information logically; include formatting (e.g., headings), illustrations, and multimedia when useful to aiding comprehension.*
- b. Develop the topic with facts, definitions, concrete details, quotations, or other information and examples related to the topic.*
- c. Link ideas within and across categories of information using words, phrases, and clauses (e.g., in contrast, especially).*
- d. Use precise language and domain-specific vocabulary to inform about or explain the topic.*
- e. Provide a concluding statement or section related to the information or explanation presented.*

(National Governors Association Center for Best Practices & Council of Chief State School Officer, 2010 b, p. 20).

Review of this standard reveals complex language requirements that could be problematic for a child or adolescent struggling with language:

- Introducing a topic clearly means using vocabulary and syntax to express a cogent thought. A student with a large vocabulary gap or restricted syntax will find this difficult.
- Developing the topic with related information entails formulating and organizing sentences to make logical or chronological sense. A student who does not know expository discourse structures (e.g., comparison/contrast, cause/effect, sequence/procedure) will not know how to structure text.
- Using precise language to explain the topic requires not only domain-specific vocabulary, but other vocabulary as well, all expressed using correct morpho-syntactic patterns to convey meaning. Again, deficit vocabulary, or

missing grammatical structures (like dependent clauses) will make this difficult for some students.

- Providing a conclusion requires the author to consider the information that precedes it and formulate one or more statements in a kind of wrap up that aligns with the type of text generated. Here, all the possible difficulties noted above will apply.

But that is not the whole story. As important as it is for an interventionist working with a 5th grader to understand the language requirements of this standard, she cannot develop an intervention plan solely around the standard. She would have to know much more about the curriculum, instruction, and assessment surrounding it.

For example, with regard to curriculum, a 5th grade classroom teacher might address this standard in part within the science curriculum by having students write lab reports of experiments conducted in science. It may be that this particular curriculum implementation is problematic for a student. Does he know the information well enough to write about it? Does he understand the meaning of the words encountered in the experiment to use them later in writing? Does he have the grammatical structures to recount a procedure?

Or the opposite might be true. Perhaps this kind of informative/explanatory text is easier for the student, given the procedural, step by step nature of a science experiment. He might have greater difficulty with writing tasks in the social studies curriculum when an explanation of the remote causes of the War Between the States would require a different text structure harder for the student to produce.

Other challenges for the student might occur with the instructional practices of the teacher. Suppose a teacher explains how to write the report and even shows the class an example of what a good one looks like, but never models how to write one (i.e., the teacher models the product but not the process). The student may not know how to begin the writing task nor how to complete it to emulate the model. Perhaps if the teacher provided explicit instruction on the way to go about writing the report, using a think aloud to explicate the process, the student would have no difficulty. Another instructional issue is whether the classroom teacher provides a template for completing a report (more of a fill in the blank format) or a blank paper with no structure. Clearly the format of the writing changes the complexity of the task and with it the cognitive and language load. In these examples the instruction, not the curriculum or standard can alter the student's success.

And then there is assessment. Looking at the big picture of high stakes testing, it is important to know how that standard is assessed by the jurisdiction (most likely a state assessment). Is a writing sample required? If so, what kind of sample in response to what kind of prompt? Does the assessment task align with the way the curriculum addresses the writing of *informative/explanatory texts to examine a topic and convey ideas and information clearly*? At the level of classroom assessment, returning to the lab report example, what facilitating or challenging factors might be applicable? If the 5th grade teacher grades the lab report with a rubric do the students have it up front to consider while constructing the report? The explicitness of the criteria that students are striving to meet might help them to construct it. Another factor is the degree to which the teacher instructs the students

how to use the rubric in completing the lab report. In all these examples, the nature of the assessment may affect the standards mastery picture.

In summary, general education teachers, special education teachers, SLPs, and other support professionals developing and implementing intervention plans for students who encounter problems with language and literacy would do well to consider the standards students have to meet but move beyond them. An additional focus on the curriculum, instruction, and assessment that accompanies the standards is an important perspective for interventionists.

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Severe and Multiple Disabilities Constituent Committee Monthly Message

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This monthly message is the fifth in a series about the *Communication Bill of Rights*. The list of 15 communication rights and guidelines for professional practice can be found in this article:

Brady, N. C., Bruce, S., Goldman, A., Erickson, K., Mineo, B., Ogletree, B. T., Paul, D., Rowski, M., Sevcik, R., Siegel, E., Schoonover, J., Snell, M., Sylvester, L., & Wilkinson, K. (2016). Communication services and supports for individuals with severe disabilities: Guidance for assessment and intervention. *American Journal on Intellectual and Developmental Disabilities, 121*(2), 121-138.

In this month's article, we will focus on the fifth communication right:

The right to make choices from meaningful alternatives

Related Vocabulary

- Options: What we offer as selections to choose (such as a ball or a line drawing of a sippy cup to represent a drink)
- Indicating response: How the individual will tell us what he/she selects (such as reaching toward, touching the selection, or looking at the selection)
- Array: How options are organized for presentation to the individual with a disability (such as horizontal, vertical, or other).
- Position bias: Selecting most often from one location in the array (such as almost always choosing what is presented on the right side of the array)
- Authentic choice: Selecting an option that is really what the individual wants at that time

How we might support individuals with severe disabilities to make authentic choices:

- Distinguish between participating in a choice-making routine and making authentic choices
- Offer rich array of experiences to ground choice-making
- Be sure the individual has the experiences to match the options we offer
- The individual must understand the meaning of the representation or symbol to be certain the selection is meaningful

- Teach a clear indicating response (how the individual communicates the selection)
- Array of options must be appropriate size for each individual
- Accessibility must be considered (including size of options presented) and the amount of time allowed for the individual to view each option.
- Offer each option in a manner that is suitable to the individual-one at a time, correct length of pause between each option offered, and correct spacing when multiple options are presented simultaneously
- Take data and watch for position bias
- Conduct preference assessments instead of relying on impressions about what the child likes best.
- Remember that individuals with severe disabilities may change some of their preferences frequently and they may have preferences that vary across contexts (liking different things in different settings or having preferences that vary depending on who they are with at the time)

I'm sure you have many additional ideas on this topic. Do you have a favorite resource on teaching choice-making?

Please join us on Twitter or Linked In to share your ideas about this fourth communication right.

Susan M. Bruce
Constituent Chair, Severe and Multiple Disabilities Committee

November, 2016

Both sign and spoken language facilitate analogical reasoning abilities in deaf children
Jon Henner – University of North Carolina at Greensboro

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Analogical reasoning is a crucial skill for learning (Gentner, 2003). Through analogical reasoning, humans are able to use information they already know to understand something new. When young children try to manipulate objects on a computer screen as if the screen were a smart phone, they are using a form of analogical reasoning. Not all kinds of analogical reasoning are the same. Young children can apply analogical reasoning skills to understand colors, shapes, and sizes (Alexander, Willson, & White, 1989; Alexander, Willson, White, & Fuqua, 1987). However, analogical reasoning about language does not come until later in childhood (Sternberg & Nigro, 1980). In order to understand the relationship between words, children need a strong vocabulary foundation (Gentner, Simms, & Flusberg, 2009; Rattermann & Gentner, 1998).

In the 20th century, researchers were divided about whether or not deaf people could reason analogically. Researchers like Sharpe (1985) argued that *hearing* was a necessary condition for learning how to reason analogically through language. Zwiebel and Mertens (1985) felt that the cognitive structures in deaf children differ from hearing children, but only if the deaf children were not afforded access to resources and intervention. Even as late as 2004, Marschark and colleagues were making claims similar to Zweibel and Mertens. However, many other researchers, such as Braden (1987), have pointed out that deaf children's struggles on many different kinds of assessments have less to do with their being deaf, and more to do with *language deprivation*. Indeed, researchers like Bandurski and Galkowski (2004) and Edwards and colleagues (2011) have pointed to the need for consistent and rich language environments to facilitate the vocabulary skills necessary to develop analogical reasoning skills. Most importantly, work like that of Bandurski and Galkowski shows that sign language fluency can provide the same language foundations to develop analogical reasoning skills that spoken language can.

From the research, we can conclude that parents of deaf children can work to develop analogical reasoning skills by creating language rich environments in both sign language and spoken language.

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The Success of Social Stories in Preschool
By Caron Mellblom-Nishioka, Ed.D
Professor, Teacher Education/Special Education
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The holidays are upon us. They bring demands to create happy memories, and to maintain the safe comfortable environment that the children in our caseloads require. For most typical children the coming holidays command excitement and the differences in routines are something to forward to. As teachers of children with exceptionalities, we are aware that this is not always the case for the children with whom we work. Changes to daily routines may cause frustration and angst.

The challenge is to prepare the children in our classrooms for the changes in day to day activities in an inclusive way. Some suggestions are to practice and prepare before the events. This means “talk” about the winter concert and demonstrate what will occur. Take a fieldtrip to the auditorium. Practice lining up, filing in, sitting in the seats, listening, and clapping etc. Prepare the children in advance by reminding them of the change in daily schedule. Create social stories to demonstrate how to respond to the activity. Use visual schedules to depict the changes in routines. Provide reminders in the hours and minutes leading up to the event. Use various signals such as visual schedules, blinking lights, oral or signed messages.

These links provide additional suggestions and ideas for use by parents and teachers.

<http://www.autism.org.uk/about/strategies/social-stories-comic-strips/how-to-write.aspx>

<http://www.friendshipcircle.org/blog/2013/02/11/12-computer-programs-websites-and-apps-for-making-social-stories/>

<http://www.sheknows.com/parenting/articles/974941/dont-let-special-needs-diminish-halloween-fun>

December, 2016 Message
Math for Deaf Kids
Claudia M. Pagliaro, Ph.D.

The DCDD Board members prepare briefs about topics of interest for our members. As a DCDD member, you are receiving this brief on the topic of resources for professionals who work with students who have communication disorders and/or who are deaf or hard of hearing. We appreciate your continued membership with DCDD! Please feel free to discuss this article on DCDD [Linkedin](#) or [Twitter](#).

I'm often approached by parents and teachers with stories of their children/students not being able to count objects, not understanding how to add, not remembering their "facts," or struggling with fractions. This is usually followed by a question of whether I teach a course or workshop on "math for deaf/hard-of-hearing kids" or can recommend a tool that assesses "deaf children's math." My first thought is always, "There is no math for deaf/hard-of-hearing children. Math is math!" Outwardly, however, I respond by asking how they define mathematics, and ninety-nine times out of 100, they will say numbers and counting.

But mathematics is so much more than numbers and counting. It's shapes and orientation, patterns and analysis, comparisons and connections, organization and systematic investigation - all wrapped up in logic and sense-making. A wise mentor of mine once defined mathematics as "the explicit communication of implicit relationships" (C. Dietz, personal communication) indicating that all mathematics is simply the study of relationships. How the quantity of five relates to the quantity of six, as opposed to the quantity of four or ten, for example. Or how a triangle and rectangle compare by properties. Or how the symmetry and shapes in an Escher painting (<http://www.mcescher.com/gallery/symmetry/>) position to one another (as tessellations) to enthrall and entertain us, hanging on our walls as, dare I say, math art! Mathematics, almost literally, is what makes the world tick (<http://www.abc.net.au/science/photos/mathsignature/blank.htm>), and what we use to explain, predict, and make that "tick" work for us more efficiently (medicine, weather prediction, setting the alarm clock to get the most sleep without being late for work, etc.) Heck, in mathematics, even "chaos" is systematic (https://en.wikipedia.org/wiki/Chaos_theory)!

At this point, my conversation partners usually turn to me and laugh nervously, giving me a weary, I'm-not-certain-whether-you're-for-real-or-not look, and then say something like, "Yeah, but how do I get my child/students to learn that math?" Well, as my carpenter friends say, a good house starts with a strong foundation.

Early mathematics is not learned so much as developed. Just as a baby first sits, then crawls, then walks, foundational mathematics concepts follow a trajectory of development where knowledge and skills build upon and support one another. For example, a child – any child, hearing, hard of hearing, or deaf – must have an understanding of the counting string (sequence of numbers) up to 5 before s/he can count to 10, or even 6. And the child must be able to rote count to 10 before s/he can count 10 objects. This is because the counting string is a prerequisite

to being able to label objects with a name (i.e., the number). Logical, right? On the contrary, however, the ability to rote count to a specific number does not automatically mean that the child will be able to count objects to that number as another sub-concept – 1 to 1 correspondence – is also necessary to support object counting (i.e., putting a label to each item). Similarly, basic sub-concepts form the foundation of more sophisticated sub-concepts in other areas of mathematics. For example, a child must be able to match two similar shapes of the same size and same orientation before s/he is able to match two similar shapes of different sizes and/or different orientations.

In a 2013 article, Pagliaro and Kritzer provided readers with an early mathematics trajectory that included several concept areas (number, geometry, measurement, patterns, algebra and logic, and problem solving), with each area broken down into necessary sub-concepts. Knowledge of this trajectory can help a parent or teacher identify a child's current level of early mathematics understanding and know where that child should move cognitively next. The important part of this is "next." Remember, that developmental part??? We don't take a baby, stand him up and expect him to walk before he can crawl. Likewise, we wouldn't want a child to skip necessary mathematical sub-concepts in order to be where *we* think he should be. So how do we move that child to the next level of understanding? Through mediation.

Mediation occurs when a parent or teacher intentionally intervenes between the learner and the environment or intended concept, acting as a "cognitive guide" or "director" to assist the learner in the exploration of new ideas and experiences, expanding understanding and building on previously learned concepts. Reuven Feuerstein in his Theory of Mediated Learning Experiences (Rotterdam, 2000) outlined three categories of behavior universally necessary for mediation. These include behaviors that: 1) initiate, direct (i.e., focus), or continue an interaction with the learner; 2) explain, extend, and/or relate new information or an experience with prior experiences and concepts beyond the immediate or apparent goal; and 3) express the importance and meaning of the interaction reflective of an individual's culture (<http://www.thinkingconnections.org/theory/MLE.shtml>). A quality mediator will work *with* the child's interest and surroundings to naturally facilitate learning.

So what does quality early mathematics mediation look like? Kritzer and Pagliaro (2012; Pagliaro & Kritzer, under revision) have designed a home intervention (Math Readiness: Parent as Partners) that gives some direction to parents, helping them to obtain the knowledge and skills necessary to naturally mediate their child's mathematics learning according to the developmental trajectory, and with good results thus far. In one study, parents who were fully involved with the program learned how to mediate, and saw their children grow in mathematical understanding by as much as two grade levels within one year. They learned to include mathematics in conversations, and to use it as a tool in daily activities surrounding such events as bedtime, meals, play, and even trips to Grandma's.

Similarly, teachers can mediate early mathematics concepts in the classroom. Look around, patterns, numbers, and shapes are everywhere in schools. If you have a dropdown ceiling in your classroom, the panels are most likely rectangles (squares are rectangles) and arranged in rows and columns (a pattern; an array; and depending on the age of your students, a natural way to teach number, shape, shape properties, patterns, multiplication, area, etc.). When lining up for

lunch, have *students arrange themselves* from shortest to tallest one day, in a particular pattern the next day [e.g., boy/girl (A/B)], and by some other attribute or property the day after that. Instead of simply having the schedule for the day up on the board, make it a lesson by discussing the day using terms such as first, next, then, and last (yes, these are really mathematics terms even if you use them in reading instruction) or with ordinal numbers like first, second, third, etc. Of course, the tasks by themselves are not mediation. The mediation is within the discussion that surrounds these activities, and more importantly within that discussion, the questions that you ask. Select questions that further students' thinking. Present questions where answers are not readily available or obvious, or where there is more than one right answer. Dig deeper into Bloom's Taxonomy for questions that encourage (ok, force) students to analyze, evaluate, and create, not just remember or apply (<https://www4.uwm.edu/Org/mmp/ACM201213-files/ACM-March15-BloomRevisedMath.pdf>).

Finally, be sure to ask students to explain their responses whether their answer was correct or incorrect. You may be surprised - and delighted - by the thinking that shows itself in these informal learning opportunities. Of course, through all of these conversations, rich with questions and explanations, you're relating old and new concepts and past, present, and future events, and making explicit those implicit relationships.

References

Note: I've intentionally provided direct links to references so that the reader can easily click and find more information. In addition are the following:

Kritzer, K. & Pagliaro, C. M. (2012). An intervention for early mathematics success: Building Math Readiness Parents as Partners project, phase 1 outcomes. *Journal of Deaf Studies and Deaf Education, 17*(4). 30-46. doi: 10.1093/deafed/ens033

Pagliaro, C. M. & Kritzer, K. L. (under revision). Bridging the Math Gap: Findings from the Building Math Readiness Parents as Partners Online Intervention.

Pagliaro, C. M. & Kritzer, K. (2013). The math gap: A description of the mathematics performance of preschool-aged deaf/hard-of-hearing children. *Journal of Deaf Studies and Deaf Education, 18*(2). 139-160. doi: 10.1093/deafed/ens070

Rotterdam, H. (2000). The taxonomy of cognitive objectives and the theory of structural cognitive modifiability. Bloom and Feuerstein: 1-13. Retrieved January 6, 2002 from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.75.4598&rep=rep1&type=pdf>.

For more information on numeracy and how the development, not the concepts, may be different for deaf/hard-of-hearing children, please see:

Pagliaro, C. M. (2015). Developing numeracy in individuals who are deaf/hard of hearing. In Knoors, H. & Marschark, M. (Eds.), *Educating Deaf Students: Creating a Global Evidence Base*. New York: Oxford University Press.

Severe and Multiple Disabilities Constituent Committee Monthly Message

The DCDD Board members prepare briefs about topics of interest for our members. As a DCDD member, you are receiving this brief on the topic of resources for professionals who work with students who have communication disorders and/or who are deaf or hard of hearing. We appreciate your continued membership with DCDD! Please feel free to discuss this article on DCDD [Linkedin](#) or [Twitter](#).

This monthly message is the sixth in a series about the *Communication Bill of Rights*. The list of 15 communication rights and guidelines for professional practice can be found in this article:

Brady, N. C., Bruce, S., Goldman, A., Erickson, K., Mineo, B., Ogletree, B. T., Paul, D., Ronski, M., Sevcik, R., Siegel, E., Schoonover, J., Snell, M., Sylvester, L., & Wilkinson, K. (2016). Communication services and supports for individuals with severe disabilities: Guidance for assessment and intervention. *American Journal on Intellectual and Developmental Disabilities, 121*(2), 121-138.

In this month's article, we will focus on the sixth communication right:

The right to make comments and share opinions

How we might support individuals with severe disabilities to make comments and share opinions:

- *Teach and provide vocabulary associated with making comments, including comments about the characteristics of objects, activities, people, and environments.*
 - It's soft.
 - This is messy.
 - I can't believe how cold it is today.
 - It's too noisy in here. I don't like it.
 - I just love this song!
- *Identify how the individual already expresses opinions and in what form(s) of communication.*
 - Expresses dislike by pushing unwanted items away

- Breaks into huge smile during water play

-Puts head down when bored with activity.

-Expresses enthusiasm for an activity by moving hand quickly up and down.

- *Create a likes/dislikes map to support sensitivity to opinions.*
- *Create opportunities for individuals to comment and to express opinion.*
- *Create a communication profile or dictionary that defines how the individual comments and expresses opinions to support the comprehension of communication partners.*
- *Be an advocate-everyone has the right to express opinions.*

I'm sure you have many additional ideas on this topic. Do you have a favorite resource on teaching choice-making?

Please join us on Twitter or Linked In to share your ideas about this fourth communication right.

Susan M. Bruce
Constituent Chair, Severe and Multiple Disabilities Committee

Evidence-Based Practices in Communication Intervention for

Students who are Deaf/Hard of Hearing with Intellectual Disabilities

The DCDD Board members prepare briefs about topics of interest for our members. As a DCDD member, you are receiving this brief on the topic of resources for professionals who work with students who have communication disorders and/or who are deaf or hard of hearing. We appreciate your continued membership with DCDD! Please feel free to discuss this article on DCDD [Linkedin](#) or [Twitter](#).

Christy Borders and I recently conducted a review of evidence-based practices and suggested practices in communication and language intervention for learners who are d/Deaf/Hard of Hearing with disabilities. This month's message will be used to share practices pertaining to learners who are d/Deaf/Hard of Hearing with intellectual disability (DHH-ID).

- Use of unaided (on the body) and aided forms (such as objects, pictures, speech generating devices)
- Application of behavioral approaches when supporting the use of speech generating devices
- Importance of communication partners in providing communication opportunities, responsiveness, appropriate pacing, and use of pause (so that the learner has ample time to process information and to respond)
- Comprehension of pictorial representations may be enhanced by: representing referents that are familiar to the learner, iconicity, featuring the entire referent in the picture, including features to enhance attention (such as color and/or size), and practice
- Use of the Picture Exchange Communication System (PECS) (described in an earlier monthly message)
- Functional Communication Training (FCT)
- Prelinguistic Milieu Teaching (PMT) & Milieu Teaching (MT)
- Receptive approaches: Aided Language Stimulation, System for Augmenting Language, and Aided Language Modeling
- Use of scripts-such as Joint Action Routines, scripted routines, and planned dialogues

For references and explanations about each of these practices, please see: Bruce, S. M. & Borders, C. (2015). Communication and language in learners who are deaf with disabilities: Theories, research, and practice. *American Annals of the Deaf*, 160, 368-384.

Severe and Multiple Disabilities Constituent Committee Monthly Message

The DCDD Board members prepare briefs about topics of interest for our members. As a DCDD member, you are receiving this brief on the topic of resources for professionals who work with students who have communication disorders and/or who are deaf or hard of hearing. We appreciate your continued membership with DCDD! Please feel free to discuss this article on DCDD [Linkedin](#) or [Twitter](#).

This monthly message is the eighth in a series about the *Communication Bill of Rights*. The list of 15 communication rights and guidelines for professional practice can be found in this article:

Brady, N. C., Bruce, S., Goldman, A., Erickson, K., Mineo, B., Ogletree, B. T., Paul, D., Ronski, M., Sevcik, R., Siegel, E., Schoonover, J., Snell, M., Sylvester, L., & Wilkinson, K. (2016). Communication services and supports for individuals with severe disabilities: Guidance for assessment and intervention. *American Journal on Intellectual and Developmental Disabilities, 121*(2), 121-138.

This month we will focus on the 8th communication right:

The right to be informed about people and events in one's life.

Important Practices

- Daily schedules that are completely accessible to the individual with disabilities (including representations that the student comprehends)
- Review the daily schedule - with each trip to the schedule viewed as a lesson. Schedules are far more than a transition tool.
- Inform the individual with disabilities of changes in the environment.
- Inform the individual with disabilities about people in the room.
- Avoid shielding a person with disabilities from experiencing sad or difficult situations (such as death). It is their right to know about these life experiences.
- Fully inform the individual with disabilities about changes in their own life (such as a possible change of residence, school, or caregiver).

- Help the individual to understand what is happening to important people (such as siblings) in his/her life. For example, if a sibling goes off to college-how can we best help the individual with severe disabilities to understand this important change?
- Prepare the individual for holidays and occasional events that may differ greatly from day-to-day experiences and that may feature characteristics that may be upsetting (such as crowds, noise, the unexpected).
- Consider the self-determination curriculum and provide opportunities to maximum/amplify the voice of the individual with severe disabilities.

I'm sure you have many additional ideas. Please share your thoughts.

Please join us on Twitter or Linked In to share your ideas about this 7th communication right.

Susan M. Bruce
Constituent Chair, Severe and Multiple Disabilities Committee

Severe and Multiple Disabilities Constituent Committee Monthly Message

The DCDD Board members prepare briefs about topics of interest for our members. As a DCDD member, you are receiving this brief on the topic of resources for professionals who work with students who have communication disorders and/or who are deaf or hard of hearing. We appreciate your continued membership with DCDD! Please feel free to discuss this article on DCDD [Linkedin](#) or [Twitter](#).

This monthly message is the seventh in a series about the *Communication Bill of Rights*. The list of 15 communication rights and guidelines for professional practice can be found in this article:

Brady, N. C., Bruce, S., Goldman, A., Erickson, K., Mineo, B., Ogletree, B. T., Paul, D., Ronski, M., Sevcik, R., Siegel, E., Schoonover, J., Snell, M., Sylvester, L., & Wilkinson, K. (2016). Communication services and supports for individuals with severe disabilities: Guidance for assessment and intervention. *American Journal on Intellectual and Developmental Disabilities, 121*(2), 121-138.

This month we will focus on the 7th communication right:

The right to ask for and give information, including information about changes in routine and environment.

Important Practices

- Consider implications for the vocabulary we teach (including vocabulary loaded into speech generating devices). Are we teaching vocabulary that supports students to ask for and give information?
- Establish and teach within and between activity routines. These routines support students to feel emotionally safe and also create opportunities to anticipate and communicate.
- Make sure each student has a daily schedule and that it is taught. This is far more complex than using the daily schedule as a transition tool. Each trip to the daily schedule is a literacy lesson. Ample time should be allowed for a brief conversation to occur. The daily schedule should be previewed with the student at the beginning of the day and

the “finished” or “all done” box can be reviewed at the end of the day. Be sure to go to the daily schedule to point out any changes in the schedule (such as cancellation of a related service session due to a therapist’s absence).

- Make sure all students with severe visual impairments are oriented to each new environment. Request consultation about how to do this from the student’s Certified Orientation and Mobility Specialist (COMS).

I’m sure you have many additional ideas. A few resources on this topic follow:

A Few Resources

Welch, T. R. (2016). Communication skills. In S. Z. Sacks & M. C. Zatta Eds.). Keys to educational success: Teaching students with visual impairments and multiple disabilities, pp. 229-259. New York: AFB Press. (See pages 249-250 on calendar systems).

J. E. Downing, A. Hanreddy, & K. D. Peckham-Hardin (Editors). (2015). Teaching communication skills to students with severe disabilities. Third edition.

Baltimore: Brookes

On topic of informing: Pages. 173-175 (chapter by Downing, Peckham-Hardin, & Hanreddy)

On topic of calendar systems/schedules: Pages 150-152 (chapter by Mirenda)

On topic of building literacy into routines: Pages 206-208 (chapter by Hanreddy)

Please join us on Twitter or Linked In to share your ideas about this 7th communication right.

Susan M. Bruce

Constituent Chair, Severe and Multiple Disabilities Committee

The DCDD Board members prepare briefs about topics of interest for our members. As a DCDD member, you are receiving this brief on the topic of resources for professionals who work with students who have communication disorders and/or who are deaf or hard of hearing. We appreciate your continued membership with DCDD! Please feel free to discuss this article on DCDD [Linkedin](#) or [Twitter](#).

Several months ago I wrote about the revision of the *Communication Bill of Rights* by the National Joint Committee for the Communication Needs of Persons with Severe Disabilities (NJC). The list of 15 communication rights and guidelines for professional practice can be found in this article:

Brady, N. C., Bruce, S., Goldman, A., Erickson, K., Mineo, B., Ogletree, B. T., Paul, D., Rowski, M., Sevcik, R., Siegel, E., Schoonover, J., Snell, M., Sylvester, L., & Wilkinson, K. (2016). Communication services and supports for individuals with severe disabilities: Guidance for assessment and intervention. *American Journal on Intellectual and Developmental Disabilities, 121*(2), 121-138.

I thought we might start a series on each of the rights. As you review the list of rights, please consider if you might want to volunteer to do a monthly message on one that is near and dear to your thinking and work.

The first communication right is:

“The right to interact socially, maintain social closeness, and build relationships” (Brady et al., 2016).

What ideas come to mind as you think about this right? Which professional practices do you associate with this right? ‘

I think that the articulation of this right reminds us that all people need varied types of interactions that are grounded in closeness to others. We can be mindful of the types of interactions we support on behalf of individuals with severe disabilities. Are we focusing more on meeting their needs to the exclusion of other types of interactions? Have we identified their interests and set up situations where those interests drive interactions? Are we providing enough interesting and varied experiences to expand interests and topics for conversation? Have we supported their peers to know their interests and to allow mutual interests to drive friendships and interactions? How many people are stable and consistent interaction partners are in their lives? Are we teaching others the skills they need to independently interact with individuals with severe and multiple disabilities? Are we slowing down enough to listen and to be responsible to the subtle ways that some learners communicate? Are we identifying the barriers that might impeded social closeness with others and working to eliminate those barriers?

Please join us on Twitter or Linked In to share your ideas about this first communication right.

Susan M. Bruce, Ph.D, Constituent Chair, Severe Disabilities Committee

DCDD Hot Topics

The DCDD Board prepares briefs for DCDD members about topics of interest for professionals who serve children and youth with communication disorders and their families. This brief provides tips for enhancing cooperative relationships among speech-language pathologists, parents, and advocates.

We appreciate your continued membership with DCDD. Please share this message with your colleagues and urge those colleagues to become a member of the DCDD community of learners.

TIPS FOR SPEECH-LANGUAGE PATHOLOGISTS: ESTABLISHING COOPERATIVE RELATIONSHIPS WITH PARENTS AND ADVOCATES

Prepared by Jean Blosser, CCC-SLP, EdD, ASHA Fellow

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Member of the DCDD Committee on Speech and Language Learning Disabilities in Children

THE CHALLENGE

Have you ever walked into an IEP meeting with the best of intentions for mutual understanding only to find that some parents and advocates disagree with your recommendations? *You're not alone.* Disagreements are bound to occur due to complex special education rules and regulations, variations in quality of education and intervention, and social media. Proactive preparation, an open mind, confidence, and a calm attitude can help you through challenging situations.

Some parents may require more time and energy than others. They are highly informed, ask tough questions, request frequent feedback, and need more of your attention. They may be eager to do whatever is necessary to help their child succeed. Or, consider this: they may be grieving about their child's disability or in denial of the disability altogether. These parents may be angry at a previous clinician, teacher, or doctor. They could even feel guilty and mad, somehow blaming themselves for their child's disability. All of these feelings can lead to stressful interactions with parents during meetings and IEP conferences. *Put yourself in the parents' place. How would you feel if this was your child? Remember that feeling before, during, and after your meeting.*

TIPS FOR ESTABLISHING GREAT RELATIONSHIPS WITH ALL PARENTS AND ADVOCATES

- Understand your state's guidelines for evaluation and eligibility for education and intervention services. Know IEP meeting procedures and follow them.

- Prepare well in advance so you have time to gather and organize pertinent information. Bring data, information, and resources to support your comments and recommendations. Create a plan, including agenda and timeframe, for how the meeting will be organized.
- Remain open minded and calm throughout all encounters and in your preparation for meetings and interactions. Be confident in your knowledge as a professional, yet be willing to seek help when additional professional support or a second opinion is warranted.
- Share summaries of interventions and reports. Provide recommendations and suggestions of ways parents can contribute and engage in their child's program.
- Remember, just because a lawyer or advocate is present, it doesn't mean you did anything "wrong" or that you need to be defensive.
- Assure parents of your professional and personal devotion to providing high quality instruction and intervention for their child. Always state positive aspects about the child early and frequently in the meeting. Provide anecdotal and portfolio examples of the child's good work performance.
- Know school district's supervisors and resources that are available to help you if you don't know an answer. Do not speak for other professionals who are not present.
- Remember you have the right to discontinue a meeting and reconvene at a later date with your supervisor present.
- Don't take events or comments personally.
- Leave the meeting on a positive note!

Legally, it is important to always be prepared. Document, document, document! In addition to your daily notes, review communications from the parents so you are aware of questions and concerns previously raised. Maintain a communication log, document all communications and attempted interactions, such as leaving a voicemail for the parents.

QUESTIONS TO ASK YOURSELF PRIOR TO CONFERENCES AND MEETINGS

1. What will I say if the parent asks for more intervention services? How do I justify my answer?
2. What will I do if I am continually interrupted or challenged by the parent or advocate?

3. Does my principal and/or special education teacher understand my role and the goals of my program?
4. Who can I call if I need to take a break from the meeting or I do not know an answer?
5. Are my goals sufficient to meet the child's needs?

RESOURCES

American Speech-Language-Hearing Association. www.asha.org

Blosser, J. (2012). *Speech-language pathology in schools: Organization and service delivery*. Plural.

Blosser, J. (2015). *Collaboration is essential: Engage parents*. Plural Publishing Community Newsletter. Plural.

Council for Exceptional Children. www.cec.org

Families and Advocates Partnership for Education. www.fape.org

IDEA. <http://idea.ed.gov>

Martin, N. (2005). *A guide to collaboration for IEP teams*. Baltimore, MD: Brookes.

Martin, N. (2010). Bridges across impasse: When all else fails. *Autism-Asperger's Digest Magazine*.

Martin, N. (2010, July-August). Collaboration and the exploration of interests. *Autism-Asperger's Digest Magazine*.

Martin, N. (2010). *Supporting the IEP process: A facilitator's guide*. Baltimore, MD: Brookes.

National Association of Special Education Teachers. www.nasat.org

DCDD Hot Topics

The DCDD Board prepares briefs for DCDD members about topics of interest for professionals who serve children and youth with communication disorders and their families. This brief focuses on a workload approach to caseload management.

We appreciate your continued membership with DCDD. Please share this message with your colleagues and urge those colleagues to become a member of the DCDD community of learners.

Using Student Outcome Data to Evaluate Your Workload Determination

Prepared by Charles H. Carlin, Ph.D., CCC-SLP

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The University of Akron, Ohio

Member of the DCDD Committee on Speech and Language Learning Disabilities in Children

Now that we are well into the new school year, it might be time for speech-language pathologists (SLPs) to reevaluate their workload and determine if their job assignments were calculated correctly. The first step in the workload reevaluation process would be to conduct a time study. A time study provides SLPs with data related to how many hours per week they are working, how much time is needed to complete various workload duties, and whether certain activities are completed (e.g., planning time).

There are other data that can be collected too, and these can be used to understand the appropriateness of the SLPs workload determination. Consider reviewing these pieces of data:

- **The provision of Free Appropriate Public Education (FAPE):** Determine if the students are receiving FAPE by reviewing the missed therapy logs. If SLPs are forced to cancel speech-language services in order to complete other workload (e.g., attend meetings, evaluate children), then students on the caseload may not be receiving the services, accommodations, and modifications that are indicated on individualized education programs (IEPs).
- **Student Progress:** If services are cancelled, then student progress may be compromised. Review student data to determine if students are on track to master goals and objectives within the expected timeframe. The students might not be making adequate progress due to the SLP's excessive workload.
- **Least Restrictive Environment:** Not only does excessive workload affect the delivery of FAPE and student progress, but it may also impact the locations of services. If services are solely provided in pullout settings, then an unreasonable workload may be to blame. SLPs' may not have the time in the day to collaborate with educators and deliver inclusive services.

These are just a few pieces of data that can be used to reevaluate an SLP's workload determination. SLPs are encouraged to look beyond the number of hours a week they work and consider student outcome data. Please feel free to contact me with any questions: carlin@uakron.edu.

The DCDD Board prepares briefs for DCDD members about topics of interest for professionals who serve children and youth with communication disorders and their families. This brief focuses on teaching social skills in the academic arena.

We appreciate your continued membership with DCDD. Please share this message with your colleagues and urge those colleagues to become a member of the DCDD community of learners.

Teaching Social Skills to Support Content Learning

Prepared by Barbara J. Ehren, EdD, CCC-SLP

Professor

University of Central Florida

***Member of the DCDD Committee on Speech and Language
Learning Disabilities in Children***

When educators think about teaching social skills to students with disabilities, it is often with the view of helping such students negotiate non-academic situations at school, at home, and in the community. It also may be to develop friendships with peers that contribute to their overall well-being.

While these goals are laudable, teaching social skills has taken on added import in the academic arena with more recent iterations of curriculum standards calling for peer interaction around content learning. Whether or not states are using the Common Core State Standards (CCSS), most states include standards requirements that mirror the CCSS with regard to students working together to discuss issues, solve problems, and generate products. For example, a CCSS 8th grade listening and speaking standard is that students will “engage effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on *grade 8 topics, texts, and issues*, building on others’ ideas and expressing their own clearly.” Standards like this highlight peer communication and collaboration to support content learning. These social skills are essential to workforce readiness in the current era when employment success depends on people working together.

However, the focus on social interaction around academics may be unfamiliar to some teachers. Although it may be a common practice to put students in groups to work, teaching them the high level language and social interaction skills required in current curriculum standards may not have been part of their instructional repertoire in the past. This focus is even more important for teachers working with students with disabilities who may have more difficulty with fundamental language and social skills upon which standards acquisition must be built. Therefore, the development of social skills for content learning is an important area around which educators can rally in their collaborative efforts. General education teachers, special education teachers, and speech-language pathologists can work together to provide a continuum of instruction/intervention to meet the needs of diverse learners, with and without disabilities, to facilitate their meeting standards requiring social interaction.

DCDD Hot Topics

The DCDD Board prepares briefs for DCDD members about topics of interest for professionals who serve children and youth with communication disorders and their families. This brief focuses on the assessment of oral and written language using a new test, the Test of Integrated Language and Literacy Skills™ (TILLS) for two of its three validated purposes—identifying disorder and interpreting patterns of strengths and weaknesses (the third purpose is to track change over 6 mos or more). The author of this piece discloses that she is an author of TILLS and has a financial interest in the test. We appreciate your continued membership with DCDD. Please share this message with your colleagues and urge those colleagues to become a member of the DCDD community of learners.

Tale of Two Students: Same Identification Core Score but Different Patterns of Strengths and Weaknesses

**Prepared by Nickola W. Nelson, Ph.D., CCC-SLP, BC-CLS
Professor and Program Director,
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Member of the DCDD Committee on Speech and Language Learning Disabilities in Children

INTRODUCING TWO STUDENTS

Consider the following scenarios. A speech-language pathologist (SLP) has been working with Student 1, a 9-year-old girl who previously had an IEP for speech-language impairment in the areas of articulation and oral language (vocabulary and syntax). It is now near the end of the student's second grade year. Although the student's articulation problems are no longer evident and she sounds okay when she talks, she is still struggling in the classroom. However, this student consistently passes the reading fluency measures her school uses to screen for reading problems. When the SLP retests Student 1 using the oral language measure that was used to qualify her for services in the past, the score does not meet the district's criteria for language disorder. Yet, this student's parent, teacher, and SLP all worry that the student has continuing language difficulties. She often seems confused and unsure of what is expected of her when given oral or written instructions in the classroom; she cannot answer questions about content area subjects; and she has trouble expressing herself orally and in writing.

Student 2 is the same age (also 9 years), but in third grade. Student 2 does not have a history of oral speech-language impairment, but she does have a history of difficulty learning to read and write. Student 2's teacher has tried to give her extra attention for reading decoding and spelling and notices that she does better in math when someone reads her math story problems to her. Student 2 has been receiving multiple tiers of reading support services; yet she is still struggling with reading decoding particularly, and she hates to write. The school's Student Support Team suspects a learning disability and refers Student 2 for special education testing, but she does not qualify.

ADMINISTERING AND INTERPRETING A NEW TEST

The SLP concerned about these two students then obtains a copy of the *Test of Integrated Language and Literacy Skills* (TILLS; Nelson, Plante, Helm-Estabrooks, and Hotz, 2016). She notes that the TILLS is designed to test both oral and written language, and that an identification core

score based on four selected subtests has good sensitivity (88% true positives) for identifying language impairment and learning disability for 8 to 11 year olds, and it has good specificity (85% true negatives) for avoiding mis-identifying students who do not have disorders. Furthermore, she knows that decisions must be based on scores that have been validated for a particular purpose and not on arbitrary cut-offs (Spaulding, Plante, & Farinella, 2006), making it a violation of federal law to uniformly apply a cut score of 1.5 or 2 SDs below the mean, regardless of which test is used (IDEA Part [300 / D / 300.304 / c / 1 / iii](#)).

Student 1 is being tested because of concerns about oral language, and Student 2 is being tested because of concerns about written language, but both need testing that crosses oral and written modalities. Because both girls are age 9, the TILLS identification core subtests for 8 to 11 year old students apply for both. The results for these four subtests are summarized in Table 1.

Table 1. Two students’ TILLS Identification Cores, showing how different sets of composite subtest scores can yield similar results relative to the cut score of 34, which is best for identifying language/literacy disorders for 8-11 year-olds

Core Subtest	Student 1	Student 2
Vocab Aware	6*	5
NW Spell	6	4
NW Read	7	2
WE-Discourse	4	11
Identification Core	23	22

*Note: Subtest standard scores are scaled with a mean of 10 and standard deviation (SD) of 3.

Interestingly, the composite identification scores for the two students differ by only one point, with both well below the cut score of 34 for students of this age, identifying language/literacy disorder in both cases; however, these similar totals are reached in notably different ways. Student 1 demonstrates relatively even scores, except for a particularly low score in Written Expression-Discourse (percentage of content units included in the rewritten story). Student 2 demonstrates more extreme highs and lows, with particularly low scores in Nonword Reading and Nonword Spelling and a high score on Written Expression-Discourse. The team notices even more striking differences when comparing the two language levels’ composite standard scores (Table 2) and the students’ distinctly different profiles (Figures 1 and 2). As Table 2 shows, Student 1 has a Sentence/Discourse composite that is more than one SD lower than her Sound/Word Composite; whereas Student 2 shows just the opposite relationship. Figures 1 and 2 show the detailed subtest profiles on which these composite scores were based.

Table 2. Two students’ TILLS composite scores*

	Sound/Word Composite	Sentence/Discourse Composite
Student 1	85	58
Student 2	50	75

*Note. Composite scores are scaled with a mean of 100 and SD of 15.

Figure 1. TILLS profile for Student 1, showing lower scores on the Sentence/Discourse than the Sound/Word level, with Listening Comprehension and Reading Comprehension both low.

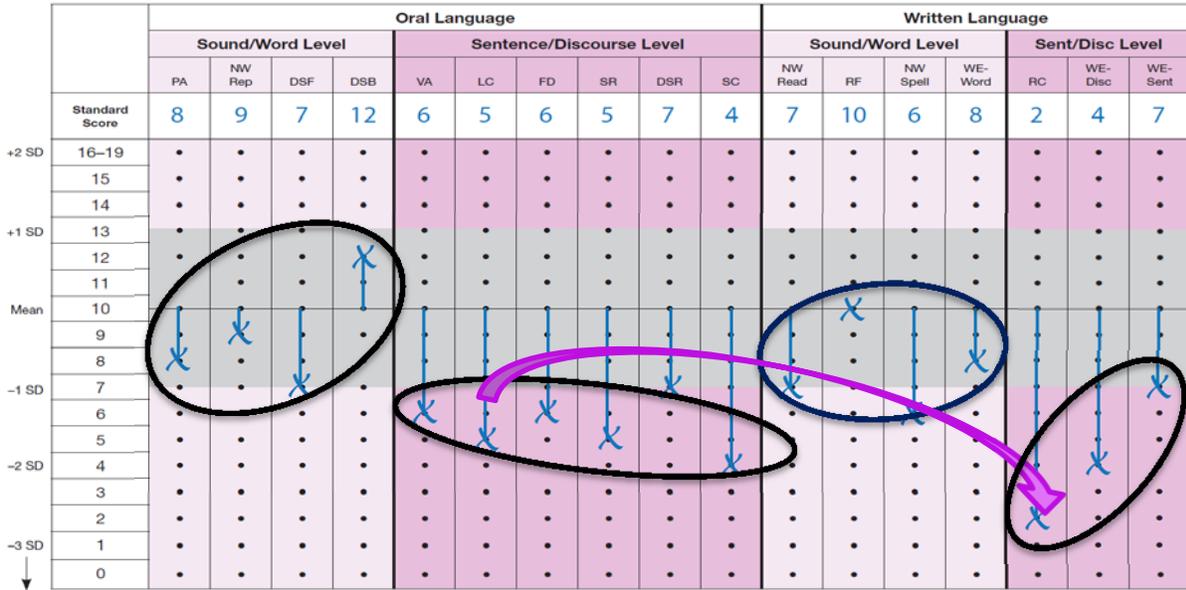
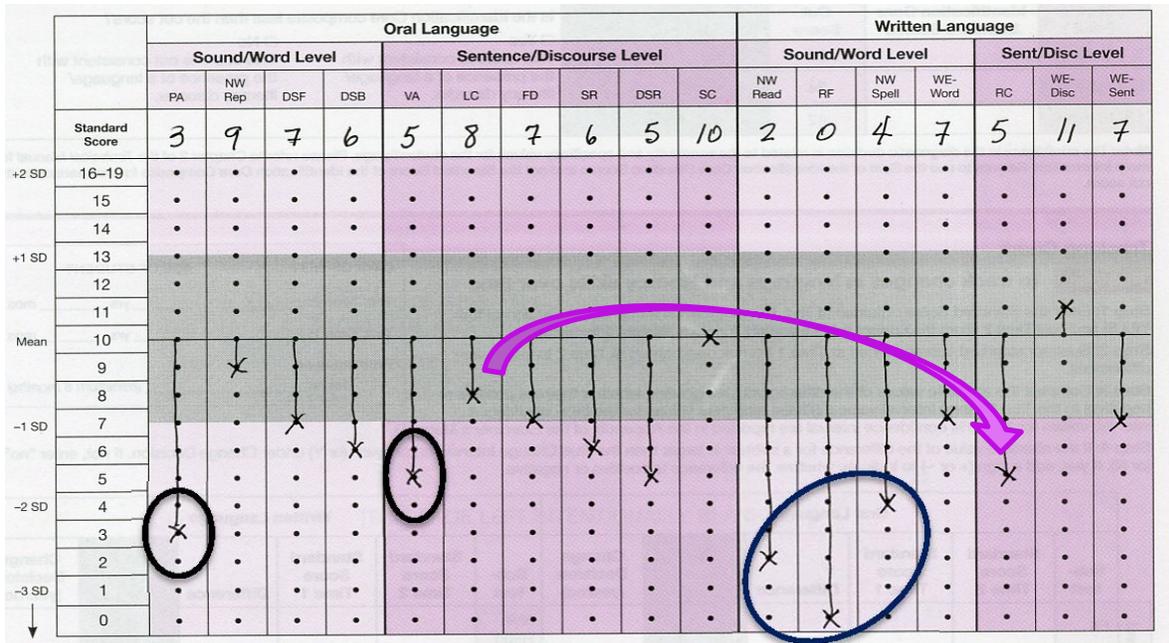


Figure 2. TILLS profile for Student 2, showing lower scores on Sound/Word than Sentence/Discourse level, with Listening Comprehension within normal limits and better than Reading Comprehension, suggesting that reading decoding problems may be at the root of reading comprehension difficulties and need attention first.



Key: PA=Phonemic Awareness; NWRep=Nonword Repetition; DSF=Digit Span Forward; DSB=Digit Span Backward; VA=Vocabulary Awareness; LC=Listening Comprehension; FD=Following Directions; SR=Story Retelling; DSR=Delayed Story Retelling; SC=Social Communication; NWRead=Nonword Reading; RF=Reading Fluency; NWSpell=Nonword Spelling; WE-Word=Written Expression–Word; RC=Reading Comprehension; WE-Disc=Written Expression–Discourse; WE-Sent=Written Expression–Sentence. From the Test of Integrated Language and Literacy Skills™ © 2016 Brookes Publishing Co.; used with permission.

CONCLUSIONS

This is an example of a situation where almost the same Identification core standard score was reached in two very different ways. Both students are eligible for special services as having a disability but their different profiles indicate that they need different things. These are summarized in Table 3.

Table 3. Two students' needs based on the relationships of their TILLS composite scores

	Sound/Word Composite	Sent/Disc Composite	Student Needs
Student 1	85	58	Needs help on vocabulary and the meaning of language at the level of sentences and discourse. With parent input, the IEP team decides that the student qualifies on the basis of speech-language impairment (S/LI). They write IEP goals to target language comprehension and formulation in all modalities (listening, speaking, reading, and writing) related to the state's Grade 2 curricular standards. The SLP plans to use curricular materials and assignments to target these objectives.
Student 2	50	75	Needs help on word structure knowledge, reading decoding, and spelling. She also needs help at the sentence/discourse level. With parent input, the IEP team decides that the student qualifies on the basis of learning disability (LD) and language impairment (S/LI). The SLP and LD teacher plan to collaborate on providing explicit instruction on phonology and other aspects of word structure knowledge, consistent with basic literacy skills at the second grade level, and moving to third grade standards for basic reading and spelling by the end of the year. They also plan to collaborate with the classroom teacher, using curricular materials and assignment to improve comprehension and formulation of complex syntax, emphasizing application of student 2's growing word-level skills as they improve.

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What I gain from my CEC membership and Conference Participation
By Nicole Tapie
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The DCDD Board members prepare briefs about topics of interest for our members. As a DCDD member, you are receiving this brief on the topic of resources for professionals who work with students who have communication disorders and/or who are deaf or hard of hearing. We appreciate your continued membership with DCDD! Please feel free to discuss this article on DCDD LinkedIn or Twitter.

The field of education offers many avenues for learning about specialties and research that informs high leverage practice. During my first year of teaching, I have become fascinated by the wide variety of opportunities available in special education specifically, though my membership in the Council for Exceptional Children.

I first became involved and interested in (CEC) when I volunteered to help a student and his family who won the “Yes I Can” award for his graphic artwork at the 2015 CEC convention in San Diego. The CEC annual convention is a worldwide forum for professionals and expert educators who gather annually to present their research findings.

The particular student with whom I was working, has spinal muscular atrophy and has limited mobility. He uses his index finger on a tracking device to operate his computers. He is an acclaimed artist and graphic designer who has received many awards for his work. His team of family and teachers drove to San Diego. We helped make sure the family had what they needed and most importantly, helped them ensure the student had a memorable experience. It was very moving and motivating to see him and all of the winners who had worked hard to accomplish great things.

Fall during a course, Language Disorders and Communication, my professor, Dr. Caron Mellblom-Nishioka announced there was a need for a student member to serve in the Division for Communication Disorders and Deafness (DCDD), particularly in the infants and toddlers subcommittee. Immediately I jumped on board, as the young population of birth to five years old is fascinating to me.

This year, the CEC convention was held in St. Louis, with Dr. Temple Grandin as the opening keynote speaker. Her words on the importance of teaching children vocational and trade skills as well as the personal experiences that she shared were both moving and thought provoking. I attended many informative breakout sessions but I found the

posters sessions to be most useful for me as first year educator. When viewing the posters there is the opportunity to speak with the researchers about their work and to ask questions. I benefited from all the sessions but was most engaged by the posters effective collaboration between schools and physicians; and how to implement effective strategies in students with severe disabilities.

Being a member of the CEC and the DCDD has enabled me access to many enriching opportunities. I receive the Communication Disorders Quarterly journal, to which I am plan to submit research articles for review someday. At CEC I have begun to network with experts from all over the nation. I knew that the need for special education teachers is eminent, yet I learned that the need for educators for the deaf and hard of hearing is even more imperative. Although I am new to my career as a teacher, I am thankful for what I have learned and will continue to learn to best educate children with exceptionalities but from the experiences with CEC I have decided to increase my efforts to encourage my teacher colleagues to join CEC with me!

Supervision without Superimposing
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Have you ever wished you could be a fly on the wall when observing students, student teachers or mentees? After all, your mere presence alters the classroom or therapy room climate. There you are – the supervisor, clipboard or laptop in hand, jotting down notes and suggestions while your student teacher breaks out in a sweat. Inevitably, if a child is going to misbehave, now seems like the perfect time to do so. You try to be unobtrusive; you try to blend in and act casual. No good. These kids know this is their big chance to make the student teacher look bad. The child who is always the most talkative, clams up. The shy ones aren't going to dare to speak; so much for your unobtrusive presence.

Most of us have responsibilities in our jobs to mentor others in the field. Sometimes we need to observe children in a mainstream classroom, other times it's a student teacher, classroom teacher or therapist we need to observe. Whatever the reasons are for observing others, we're lucky that we live in a time when we actually **can** become that fly on the wall. At Utah State University, we're taking advantage of an application called Zoom (Zoom.us). Zoom is a free video conferencing application, where the parties are on an internet or Wi-Fi connection and have a camera on their laptop, tablet or phone. Zoom allows for multiple parties to participate simultaneously. We've used Zoom for a meeting with only two people and up to 15 people.

In the interest of full disclosure, I have never been a whiz with technology. My own kids have to teach me new things on my smart phone. And I'm certainly not in sales or promotions for Zoom! My job is to supervise student teachers who are getting their masters degrees in deaf education using listening and spoken language. I have students completing their practicum in schools a good distance from where I work in Salt Lake City. Beyond the obvious "fly" benefits, I'm also seeing an improvement in the outcome of my observations. That was motivating enough for me to want to learn more.

Take, for example, one of my students, Kelly, who did her student teaching at a school for deaf children in Philadelphia. After setting up a mutually agreed upon time, Kelly would set up her iPad on a shelf near the area where she would be teaching her lesson. On my end, I would turn off the camera and microphone on my laptop so that I could see and hear Kelly and the children,

but they could not see nor hear me. To them, I looked like a sleeping iPad on the shelf. (I think an **actual** fly on the wall would be more noticeable.) Kelly taught a great lesson without any distractions from me. The children were engaged and focused. It was a typical day without the interruptions that often come when a visitor is in the room. I was able to take notes on my laptop while watching Kelly and send her immediate feedback. After school, we met again via Zoom to talk about the lesson.

We have another student, Anika, who is from India but works in the U.S. with children who are deaf and hard of hearing. A family in India sought help with their two-year-old daughter recently diagnosed with hearing loss. Anika used Zoom to meet with the parents and watch them interact with their daughter. Early in the morning in California, it was bedtime for this little girl in India. Anika became part of the bedtime routine. They sang songs together, told stories and later Anika coached the parents with some tips on how best to elicit more language from their daughter. While Anika was on her laptop, using Zoom to meet with the parents in India, she had her iPad set up with me observing her while I was in Utah. (The parents were aware of my presence.) I had to marvel at the fact that I was at my home in Salt Lake City watching Anika who was in her home in California, coaching parents who were in their home in India.

Another benefit of using this technology is the ability to record the session so the student can self-evaluate after the lesson. Students are harder on themselves than we supervisors could ever be. They're quick to see all of the missed opportunities or things they wish they had done differently, but they struggle to recognize all of the good things they're doing. By self-evaluating their recording, they can complete the same forms that you might use causing them to see all of the positive things they're doing as well as the things they might try next time.

I don't think personal visits can ever be replaced. I love meeting people face-to-face and working with them in the moment and in the classroom. Sometimes, however, I have felt the time spent driving from school to school, could've been used more productively. Now, I've found a healthy balance between in-person visits or meetings and using the technology that has become available to me. It is rewarding to watch a student teacher succeed in their environment without the distractions inherent with my physical presence. Watching that student teacher gain confidence over time is one reason I love my work!

How can you make observations using technology instead of physically visiting the sites in which your mentees work? In a tight therapy room, wouldn't you rather be that sleeping iPad on the shelf than trying to squeeze in and sit in those little chairs? What could you do with the time you saved driving, parking and walking from place to place? There is definitely a time for face-to-face visits and meetings, let's get creative and think of other options that will work as well.

The Success of Social Stories in Preschool

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“I want a turn!... That’s mine!... I can do it!... Me! Me! Me!” While it may sound like a very self-centered individual, these words are often heard in the Preschool classrooms from young children asserting their wants and needs. Now, while it may not be in the kindest way, many typically developing children aged 3-5 are learning to take care of their self. Oh, how they like their emerging independence! It is a difficult world for any young child to navigate. It helps to have a voice and an audience to listen.

For many children with autism and neurodevelopmental delays, communicating their wants and needs does not come as easily. Some children may use sign language or assistive communication, some seek adult guidance, while others hit and cry and may as a means of getting what they want. A key strategy for a wide variety of children, is a magical concept that many of us have deep in our toolbox, Social Stories.

Carol Gray coined the term “Social Stories”, although the idea has been in the world of special education since the 1980’s. The stories help individuals navigate new social situations, handle unexpected events, cope with trauma, and learn rules and routines, to name a few. Using a story-based format, and following Gray’s criteria, professionals and families can come up with a personalized story. According to Gray, there are four elements that are essential to include:

Descriptive statements relate to the most important aspect of the story and guide the telling of the story.

Perspective sentences refer to other people’s feelings or opinions in the story.

Directive sentences provide literal behavioral choices for the reader.

Affirmative statements highlight a “commonly shared value with a culture” (Gray, 1994).

After writing many different social stories for students and their families, I came up with this example at a training, about why professionals and families should continue to use social stories (from my perspective as a special needs preschool teacher, and why I use social stories):

Social stories are a very useful tool to use with students. Teachers, therapists, and families collaborate to write a script, which supports safe and meaningful learning. Often, pictures can be taken pictures of the students so they can see themselves in the story. Most children like seeing pictures of themselves and their families. The short picture stories depict the child engaging in appropriate classroom behaviors, such as turn taking, center time interactions, play ground safety. The possibilities are endless and are based on the learning goals for the child.

When children learn facts about what they should or should not do in certain situations, or learn about rules and routines, it can help them in the school, home and community.

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