

# Speech Therapy in a School Setting



Contributors/Contacts

Vanessa Thatcher, CCC-SLP



**williamssyndrome**  
ASSOCIATION

*“Speech and language pathology is the study of speech and language development, etiology of speech or language disorders, diagnosis of a deficit, and intervention that is specific to the diagnosis.”*

*Speech-language pathologists (SLPs), often informally known as speech therapists, assess speech, language, cognitive-communication, and oral/feeding/swallowing skills to identify types of communication problems (articulation; fluency; voice; receptive and expressive language disorders, etc.) and the best way to treat them.*

## Speech Therapy (ST) & IDEA

The Individuals with Disabilities Education Act (IDEA) is a federal law, with state education agency oversight, that supports the provision of public education for all children—regardless of the nature or severity of their disability. Part B of IDEA mandates the education of children, 3-21 years old, who have a disability that interferes with their educational performance and their ability to benefit from their educational program. The law guarantees the provision of special education and “related services” as necessary, to meet the students goals.

- related services, such as ST are provided to support a child’s participation in the general education curriculum and in their role as a student.

Speech therapists should work collaboratively with a student’s IEP team, and family (especially to gain input on challenges the child is having in daily living skills/doing homework etc.) throughout the screening, evaluation, program planning, and intervention process.

Speech therapists work with a child one-on-one, in a small group, or directly in a classroom to overcome difficulties

## Areas of Concern for Students with WS

Speech therapy addresses many areas of concern for those with WS. Individuals with WS have feeding problems as infants, develop communication skills slower than normal, and may continue to have language-based difficulties for many years. Although they often develop an excellent expressive vocabulary and are able to learn new and unusual words quickly, comprehension often lags behind. Additionally, social pragmatics, nuance and conversation skills continue to require intervention for many years.

## Obtaining Services

The Individualized Education Program (IEP) process involves planning and decision making by the IEP team including parents/caregivers, students, and therapists (if indicated). The components of the process are:

Problem Identification → Referral → Evaluation → Eligibility → Individual Plan (goals) → Services (when/where) .

1. Problem identification - identify the areas in which the student is not able to meet the environmental demands or the demands of the curriculum.
2. Referral - The team identifies the resources needed to meet the need including related service frequency and duration, location, and specific criteria.
  - Speech therapy is indicated as a related service in school, only when necessary to help the student access and participate in education and the educational environment.\*
3. Evaluation/Eligibility/Individual Plan - the SLP will complete an evaluation and, if appropriate, will write goals for areas in need of specific skill development.
4. Services - will be provided to support the development or achievement of a skill area as needed. Services can vary by type (direct or consultative), frequency (# of minutes per time period), and environment (private or group; pull-out or in the classroom).

*\*Hospital-based and private therapeutic sessions (out side of school) can address areas of concern not covered in the school-based sessions.*

# Speech Therapy (ST)

## ST for Very Young Children

ST can be used for:

Improving language development in the child as it relates to the production of sound and vocalizations or language.

Feeding difficulties due to muscle laxity, texture sensitivities and/or swallowing issues.

Non-verbal cues like eye contact and joint attention.

### *Sample Goal and Objective areas*

Child will improve ability to self-feed:

- increase oral motor skills (tongue & jaw movement, swallowing)
- maintain appropriate positioning
- increased tolerance of oral sensitivities

Child will improve articulation & word production:

- increased production of sounds
- increase length of utterances



## ST for Pre-school children

ST can be used for:

Improving language development in the child as it relates to the production of sound and vocalizations or language.

Improving expressive and receptive language, quality of spoken output, social interactions with peers, sentence length, item identification, ordering items, following directions etc.

### *Sample Goal and Objective areas*

Child will improve expressive language & pre-reading skills:

- increase verbal labeling
- increase categorization skills
- increase ability to name beginning and ending sounds
- Increase length of utterances

Child will improve social interactions:

- role play with toys (dolls etc.) to increase understanding of specific classroom based activities
- increase understanding and ability of turn-taking
- increase willingness to share



## ST for School Age Children

ST can be used for:

Improving auditory comprehension and processing, expressive output with regard to grammar, mean length of utterance, syntax, semantics, and pragmatics.

Increasing ability to answer more abstract questions, reason, and problem-solve.

### *Sample Goal and Objective areas*

Child will improve auditory comprehension & language skills:

- increase ability to rhyme
- increase ability to recognize associations
- increase ability to recognize syllables
- increase understanding of similarities & differences
- increase ability to sequence
- increase ability to answer who & what questions

Student will improve pragmatics & life skills:

- increase ability to introduce himself and others
- increase ability to use appropriate turn taking skills
- increase ability to observe body language and label the feeling or emotion

# Speech Therapy (ST)

## ST for Teenagers

ST can be used for:

Improving verbal comprehension and language use, grammar skills, homonyms, antonyms, synonyms, idioms, metaphors, figurative language, etc.

Improving social communication skills.

### *Sample Goal and Objective areas*

Student will improve receptive & expressive language

- increase understanding of multiple meanings
- increase understanding of sentence structure
- increase understanding of idioms

Student will improve pragmatics & life skills

- increase ability to begin conversations
- increase ability to respond appropriately within a conversation
- increase ability to terminate a conversation
- increase ability to maintain eye contact



## ST for Adults

ST can be used for:

Improving executive functioning skills - the ability to answer open-ended questions, receptive language skills and quality of spoken output, and pragmatic language use

Increasing receptive language abilities, quality of expressive output.

Exploring alternative forms of communication, promoting a strong support system at home, and improving the quality of communication during social interactions.

### *Sample Goal and Objective areas*

Student will improve pragmatics & life skills

- role play various situations to be convincing/persuading
- increase ability to use telephone to request information/make appointments
- increase ability to explain meaning of figurative language & idioms



## Resources

American Speech Language Hearing Association  
“[www.asha.org](http://www.asha.org)”

Cognitive Connections Therapy  
[www.cognitiveconnectionstherapy.com](http://www.cognitiveconnectionstherapy.com)

Language and Communicative Development in Williams syndrome  
[http://ruccs.rutgers.edu/~karin/550.READINGS/Mervis\\_Williams.pdf](http://ruccs.rutgers.edu/~karin/550.READINGS/Mervis_Williams.pdf)

Williams Syndrome  
<http://louisville.edu/psychology/mervis/research/WS.html>

Language Abilities in WS  
[http://grammar.ucsd.edu/courses/lign171/Brock\\_2007.pdf](http://grammar.ucsd.edu/courses/lign171/Brock_2007.pdf)

Add'l Web resources:  
[www.socialthinking.com](http://www.socialthinking.com)  
[www.children.webmd.com](http://www.children.webmd.com)

### **Common Evaluation Tools**

There are numerous assessment tools for speech and language.  
CELF: Clinical Evaluation of Language Fundamentals  
CASL: Clinical Assessment of Spoken Language  
TOPL: Test of Pragmatic Language

For a complete list of testing instruments go to:  
<http://www.asha.org/assessments.aspx>

## *A word about “objectives”*

Most children with Williams syndrome will benefit from therapeutic interventions as young children, and some will continue to benefit from some therapies throughout most of their education.

Just as it is important for therapists to learn about Williams syndrome in order to establish the most valuable goals and realistic objectives, it is important for parents to understand the elements of a good objective so that they can be sure their children will get the most benefit from therapeutic intervention.

Regardless of which therapy a child is receiving, a good objective will follow the same format. Each objective must address 4 key elements:

**Audience:** who the objective is for

**Behavior:** what behavior is the objective addressing

**Condition:** Under what circumstances will the result come about? What will contribute to the change? By when should the results be evident?

**Degree:** what measure determines successful completion of the goal - 8/10 times, 4/5 days etc.

The best objectives are related to the classroom curriculum, or the child's role as a student, and ALL objectives must be measurable. For instance, a good objective within the goal area of Written Expression is: “Student will demonstrate the ability to compose a paragraph with a topic sentence and 3 supporting facts, with initial instructions only, 4/5 opportunities”.

Objectives such as “the child will listen to the speaker 80% of the time”, or “the child will attend to a specified task for “X” minutes” are not good goals.

- It is impossible to know for sure when/if a child is listening, or attending. Many children with WS can appear to be unfocused or looking at something other than what they are supposed to be attending to, but when asked about the topic will know the answer. Therefore a much better goal to gauge a child's ability to attend is a goal directed at answering questions following the exercise.

Goals and objectives are not the child's curriculum. They are areas that the team has decided will support the child's progress in the curriculum if they are given focused attention.

For more information on IEPs and Goals and Objectives go to: [www.wrightslaw.com/advoc/articles/plan\\_iep\\_goals.pf.html](http://www.wrightslaw.com/advoc/articles/plan_iep_goals.pf.html)