SCHOOL-BASED SPEECH-LANGUAGE PATHOLOGISTS: PERSPECTIVE OF

LITERACY AND COLLABORATION WITH CLASSROOM TEACHERS

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by

Mary D. A. Shelton

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DEDICATION

Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;

I believe life is a journey with many roads. Some are rocky and hard, whereas others are smooth and easy. Some are even filled with twists and turns while a gentle breeze slides across the grass. The road I have taken has been filled with twists and turns: adventure around every corner. Therefore, I wanted to dedicate this dissertation to the people - family, friends, and acquaintances - who have traveled with me. In 1984, while traveling the road in Staten Island, New York, I met a group of kids who have forever impacted my journey. To Lamar, Crystal, John, Leon, Selinda, LaShawn, Kevin, Reggie, Tyrone, K.K., and Kizzy – thank you! Because of you all, I took the road less traveled.

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.
                                        Robert Frost

ABSTRACT

Shelton, Mary D. A. *School-based speech-language pathologist: Perception of literacy and collaboration with classroom teachers.* Doctor of Education, December, 2018, Sam Houston State University, Huntsville, Texas.

The current study sought to examine school-based speech-language pathologists' (SLPs) perception of literacy and collaboration with classroom teachers. Fourteen school-based SLPs participated in an online focus group for this study, with nine also completing an online survey. The researcher used a phenomenological inquiry; there were five different open-ended questions about experience, caseload size, service delivery models, feelings regarding literacy, frequency of reading journal articles related to language and literacy, and pre-service training in language and literacy that were posted over five consecutive days to the focus group. The findings revealed that most participants were not actively involved in collaborating with classroom teachers, citing the lack of time and collaboration as the primary reasons. The SLPs felt competent about their knowledge of language and literacy and the importance of addressing it in speech-language therapy; however, some participants had difficulty incorporating literacy strategies into therapy sessions. The main setting in which the school-based SLPs addressed literacy skills was in "pull-out." Additionally, the majority indicated reading language and/or literacy journals only occasionally and agreed that more pre-service training is needed. The implications of this study indicate that more training and collaboration is needed in language and literacy to meet the academic needs of students. Moreover, new ways of disseminating information about best practices must be found.

KEY WORDS: School-based speech-language pathologists, Language and literacy, Collaboration, Service delivery models, Pre-service training.

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I realize that it would take pages upon pages to acknowledge the many people who played a role in my educational journey, but I am going to try. First, I would like to begin with my family, who first introduced me to books and their love of reading. I remember seeing my grandfather read Louie Lamour western novels, my grandmother and mother reading mysteries, and my uncle's stack of comic books. I will be honest-comic books were my first choice of reading for a long time. Also, I want to salute my father who never wanted anything but the best for his children and my family who taught me that all goals are achievable with hard work and perseverance. Without their support, none of this would have come to fruition.

Next, I would like to acknowledge all of my elementary school teachers who took the time to read books to the class each day after lunch. I will never forget listening to the exploits of Beezus and Ramona. I will never forget Mrs. Hurt, my sixth-grade teacher, who made the stories come alive. For a few moments each day, I was running through the snow with Buck or feeling the gentle breeze as I rafted down the Mississippi River. What wonderful memories of reading these teachers provided me. I would like to thank my eighth grade English teacher, Coach Villers, who introduced me to Shakespeare's *Merchant of Venice* and my high school teacher, Mr. Springer, who taught the honors literature class. It was there I was introduced to classics such as *The Yearling, Little Women, A Tree Grows in Brooklyn, The Good Earth, Old Yeller,* and *Tarzan*. I would like to acknowledge one of my college professors, Dee Kirby, who long ago threw down the gauntlet and challenged me to be the best speech-language pathologist I could be.

Furthermore, the Language, Literacy and Special Population department at Sam Houston State University was so welcoming when I initially arrived on campus. One of the first professors I met, Dr. Breen, introduced himself and asked if he could help me. I want to thank him for his kind and considerate spirit. I truly miss all our discussions about the books we were currently reading.

The Sam Houston Writing Project was the beginning of my educational experience at Sam Houston. Dr. Votteler inspired me during that class to go back and share everything I had learned that summer. The following fall, I immediately went back to one of my school campuses and began collaborating with a fourth-grade teacher during language arts. Thank you, Mr. Sauder, for welcoming me into your classroom. Dr. Votteler, thank you for your inspiration and encouragement.

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Introduction

Research has been conducted and articles written that demonstrate the relationship between oral language and reading (Apel, 2009; Catts, 1993; Catts & Kamhi, 1986; Nippold, 2017; Powell, 2018; Ukrainetz, 2017). Ukrainetz and Fresquez (2003) wrote that language encompasses reading and writing; these are skills that students need to be academically successful. Articles abound containing research about the connection between language and literacy as well as suggestions and strategies for the school speech-language pathologist to use in speech therapy to enhance their students' literacy development. In their 2010 position statement on the roles and responsibilities of school speech-language pathologists, the American Speech-Language-Hearing Association stated that speech- language pathologists make a significant impact in the school setting. Furthermore, ASHA's statement went on to address the changes in the roles of school-based speech-language pathologists: "School-based speech-language pathology is at a crossroads where SLPs seek to contribute significantly to the well-being and success of children and adolescents in schools as ever-increasing demands are placed on them with an expanded scope of practice" (ASHA, 2010). Speech-language pathologists and classroom teachers working together for student success could be an invaluable asset to any school campus (Justice, 2006; Powell, 2018 & Schuele, 2009).

Background of the Study

The ASHA membership count of 2016 shows that there are 162,473 certified speech-language pathologists across the United States and its territories. The membership count goes on to report that "more than half of SLPs (55.5%) are employed

in educational settings, including 52.3% in schools and 2.7% in colleges and universities"
(ASHA, 2016).

Many of these school speech-language pathologists face a daunting task each day,
like many others working and teaching in the public school system. Daily, school-based
speech-language pathologists provide speech-language services for students with a
variety of communication disorders (i.e., articulation, language, dysfluency, and others);
design and implement individual educational plans; complete standardized testing,
collaborate with other professionals and colleagues (i.e., physicians, diagnosticians,
principals, special education teachers, and others); complete Medicaid paperwork; they
interact with parents, and they revise their daily schedules to meet the needs of the school
campus activities and programs. As the focus of how to implement the services provided
by the school speech-language pathologist is evolving in our schools today, many school
speech-language pathologists struggle with how to meet the needs of the students on their
caseloads.

Statement of the Problem

The type of services and the way they are provided by speech-language
pathologists in public schools have changed immensely over the years (Simon, 1987;
Whitmire, 2002). The changes that have impacted the service delivery models for school
speech-language pathologists have been influenced by the societal changes in our schools
and communities (Whitmire, 2002). However, this is not an issue that has arisen in
recent years regarding the role of speech-language pathologists in school settings.
Articles from the early 1960s and 1970s illustrate the evolving role speech-language
pathologists play in school systems across the United States. In 1964, Ainsworth wrote

an article about the growing discussion related to the roles and responsibilities in schools, labeling one side "participants" and the other "separatists" (p. 496). The "participants" in Ainsworth's article are described as professionals who believe they should be a part of the educational process of their students, and the "separatists" are professionals who believe that they are just providing a service in the school setting. The discussion of the evolving role of the school speech pathologist did not stop in 1964. Rees (1974), in a brief article, chronicles the changing role of the school speech therapists whose previous role had been one of working on speech but now included "language and communication as they affect the child's ability to speak and understand as well as his ability to learn" (p. 186). The expectations for school speech-language pathologists continued to evolve. Ehren, Blosser, Roth, Paul, and Nelson (2012) discussed the role of school speech language pathologists in the implementation of the Core Curriculum that many states are putting into place in their schools. The article discusses how speech-language pathologists (SLPs) can work collaboratively with classroom teachers in the implementation of the Core Curriculum by looking at the standards that focus on the skills needed for reading and writing (Ehren, Blosser, Roth, Paul, & Nelson, 2012).

To further demonstrate the evolving role for school speech-language pathologists, ASHA (2014) proposed a change in the wording of reauthorization of the Elementary and Secondary Education Act (ESEA). This amendment introduced the concept "that would ensure that states and local school districts know that they can, as appropriate, include audiologists and speech-language pathologists in delivering literacy services in schools" (ASHA, 2014). The roles and responsibilities of the school speech-language pathologist are changing and evolving, as evidenced by the articles written and experiences that

school speech-language pathologists have had and are having. The question then emerges: Are SLPs prepared and trained for the larger role that they must play in the role of students' academic success I regard to literacy development?

Significance of the Study

Given the high percentage of SLPs employed in educational settings, as reported by ASHA (2016) the significance of this study is amply demonstrated. As a result of this study, I hope that pivotal changes will come about in how we serve our students and schools. In her article about the early history of speech pathology, Duchan (2010) mentions several models of service delivery used by the first speech-language pathologists (i.e., itinerant—serving more than one school campus—and a pullout model—where students leave the classroom to receive speech services). These models continue to be used today by the majority of school speech-language pathologists.

If school speech-language pathologists are going to continue to meet the needs of the students on their caseloads and be a resource for their school campuses, campus instructional leaders as well as administrators must make changes in their concepts of the role of the school speech-language pathologist. Hopefully, this study will begin an honest conversation among school speech pathologists, educators, and university program directors about the training of school speech-language pathologists. The agenda for this discussion should include providing a framework for a working knowledge of literacy and learning theories, strategies on how to work with struggling students, managing caseload size, therapy delivery models, and collaboration with classroom teachers. After this initial conversation, universities must move toward putting into place courses for both pre-service teachers and pre-service speech-language pathologists that

will provide teaching and training to equip them with the skills needed to work together in the classroom. Hopefully, barriers that have kept classroom teachers and speech pathologists from sharing their expertise will begin to crumble for the good of their students.

Definition of Terms

American Speech-Language-Hearing Association (ASHA)

"The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 191,544 members and affiliates who are audiologists, speech-language pathologists, speech, language, and hearing scientists, audiology and speech-language pathology support personnel, and students" (ASHA, 2016).

Speech-Language Pathologist

"Speech-language pathologists must have a master's degree from a program accredited by ASHA as well as a Certificate of Clinical Competency and must be licensed by the state in which they are practicing" (ASHA 2014). The majority of speech-language pathologists working in school districts today have their master's degree as well as their "Certificate of Clinical Competency" (CCC). Although, some school districts employ speech-language pathology assistants who have a bachelor's degree in communication disorders, are licensed by their state, and work under the supervision of a certified speech-language pathologist.

Communication Disorders

A communication disorder "refers to any communication structure or function that is diminished to a significant degree" (Gillam & Gillam, 2015, pp. 5-6). A communication disorder can be thought of as the interruption of a message when people are communicating which impacts the information that is being exchanged (Gillam, Marquardt, & Martin, 2011). Communication disorders can either be organic or functional (McLaughlin, 1998). An organic communication disorder is one in which a physical reason is evident, and a functional communication disorder is one in which no physical cause is evident (McLaughlin, 1998). Language learning disability (LLD), another term frequently used for a language disorder, impacts student abilities in the areas of literacy (Shipley & McAfee, 2009). School speech-language pathologist caseloads are usually a mix of both organic and functional communication disorders. Some disorders that school speech language pathologists typically address are articulation and phonological disorders, language disorders or delays, fluency disorders, and voice disorders. These communication disorders must impact the child's ability to learn in the school setting in order for the child to receive services from the school speech language pathologist.

Language

The following definition for language provides a framework for speech-language pathologists and was developed by ASHA in 1982:

> Language is a complex and dynamic system of conventional symbols that
> is used in various modes for thought and communication. Contemporary views of
> human language hold that:

- language evolves within specific historical, social, and cultural contexts;

- language, as rule-governed behavior, is described by at least five parameters—phonologic, morphologic, syntactic, semantic, and pragmatic;

- language learning and use are determined by the interaction of biological, cognitive, psychosocial, and environmental factors;

- effective use of language for communication requires a broad understanding of human interaction including such associated factors as nonverbal cues, motivation, and sociocultural roles

Simply stated, language is "a code whereby ideas about the world are expressed through a conventional system of arbitrary signals for communication" (Lahey, 1988, p. 2).

Reading

A simplistic definition of reading provided by Cooper and Kiger (2009) is "reading involves two basic processes decoding and comprehension" (p. 6). Basically, decoding and comprehension involves understanding how words are pronounced as well as attaching meaning and understanding to what is being read (Cooper & Kiger, 2009). However, being a successful reader is anything but simplistic. Tompkins (2017) describes the five skills readers need to be successful and understand the text they are reading: "phonemic awareness and phonics; word identification; fluency; vocabulary and comprehension" (p. 39-40). Another reading theory I believe to be important for reading success is Rosenblatt's Transactional/Reader Response Theory in which each reader uses

their novel experiences to bring meaning to the text (Tracy & Morrow, 2017). Rosenblatt (2008) describes her theory of transaction: "the term *reader* implies a transaction with the text; the term *text* implies a transaction with the reader. Meaning is what happens during the transaction: hence the fallacy of thinking of them as separate and distinct entities instead of factors in a total situation" (p.1369). So reading is not solely about learning the mechanics of reading but also about the novel experiences each reader brings to the text (Snow, 2002; Rosenblatt, 2008).

Literacy

According to Tompkins (2017), " literacy is the ability to use reading and writing for a variety of tasks at school and outside of school" (p. 16). Wink (2009) expands our definition of literacy by writing about "critical literacy". "Critical literacy recognizes that reading does not happen in a vacuum; it includes the entire social, cultural, political and historical context" (Wink, 2009 p. 48). In the beginning, literacy focused on being literate in our communities but now has evolved to encompass all the tools vital to participation in our communities and beyond. Literacy is a powerful tool that brings us limitless opportunities if we understand how our society and world work (Wink, 2009).

Collaboration

Collaboration is essential in the school setting for students to be successful. Collaboration among parents, teachers, principals, school speech-language pathologists, and other professionals working together to form a team to help students learn is imperative. A definition provided by Idol, Nevin, and Paolucci-Whitcomb (1987) could be utilized by a school team to help students reach their potential: "Primarily, collaborative consultation is an interactive process that enables groups of people with

diverse expertise to generate creative solutions to mutually defined problems" (Idol et al., 1987, p. 1). Collaboration is a process that requires effort to really be successful, and a quote attributed to Henry Ford best illustrates this: "Coming together is a beginning; keeping together is progress; working together is success" (Ford).

Caseload

Caseload is demarcated as the number of students for which a school speech-language pathologist is providing therapy on the school campus (ASHA, 2014). "Workload," which encompasses all duties performed, including providing speech therapy is another term that is frequently used by speech-language pathologists (ASHA, 2014).

Therapy Delivery Models

Therapy delivery models are determined by the needs of the individual; they are the "when" and "how" of therapy. Some examples of typical therapy models used in schools today include the pullout program (the student leaves the classroom for speech therapy), the classroom model (where the speech-language pathologist goes into the classroom), and consulting (where the speech-language pathologist consults with the classroom teacher and provides information and support as needed).

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Theoretical Framework

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The Narrow View

Springer (2010) pointed out "theories are interrelated concepts that are used to explain and make predictions about specific phenomena" (p. 11). Schneider and Watkins (1996) wrote, "Ideally, each practicing speech-language pathologist works within a theory of human learning and development" (p. 157). So, to begin my discussion of the

theoretical framework for this paper, I asked two of my colleagues (graduated 2005 and 2007) what theories or theorists they had studied in their undergraduate and graduate studies in communication disorders. Both replied that they remembered learning about Skinner, Chomsky, and Piaget in their undergraduate studies. These three names bring to mind the behavioral, nativist, and cognitive approaches and theories to language development for speech-language pathologists.

Behavioral theorists such as B.F. Skinner believe that language is learned as "a form of social behaviors maintained by the actions of a verbal community" (Rosenberry-McKibbin & Hedge, 2011, p. 129). Skinner, like other behaviorists, thought of language as a skill that children learn when interacting and that the feedback they receive helps refine their language skills (Gleason, 2001 & McLaughlin, 1998).

Chomsky's theory that language is innate was first introduced in the 1950's; essentially this theory puts forth that all children have the ability to develop language (Rosenberry-McKibbin & Hedge, 2011). Another aspect of Chomsky's theory is that "…universal grammar (UG) theory does not view language as a developmental phenomenon. Rather, UG posits that children are born with linguistic competence and that mistakes and omission in their speech indicates performance difficulties and not a lack of competence" (Pence & Justice, 2008, p. 64).

Another theory of language development involves cognitive processes. "Cognitive theorists believe that while nonlinguistic, cognitive precursors are innate, language is not. Thus, because they believe that language is neither innate (nativist view) nor learned (behaviorist view), they view language as emerging as a result of cognitive growth" (Rosenberry-McKibbin & Hedge, 2011, p. 134). Piaget's four factors of

cognitive development include "biological maturation, experience with the physical environment, experience with the social environment, and equilibration" (Schunk, 2008, p. 337). Equilibration is the child's attempt to put meaning and understanding to what is happening in their world, and achieving that equilibrium is the key to cognitive development (Schunk, 2008). Piaget believed children progress through the stages of cognitive development (sensorimotor, perioperational, concrete operations, and formal operations), and each child progresses through these stages at different tempos, mastering each stage before going on to the next (Rosenberry-McKibbin & Hedge, 2011).

Expanding the View

Constructivism is a theory that would benefit the school speech-language pathologist's knowledge about learning. Schunk (2008) mentioned that constructivism is not a theory but an "epistemology" (p. 237). Crotty (1998) defines epistemology as "…a way of understanding and explaining how we know what we know" (p. 3).

Tracey and Morrow (2006) discussed different theories or models of learning that fall under constructivism, such as inquiry learning, schema theory, transactional/reader response theory, whole language, and engagement theory. A basic concept of constructivism is that teachers set the stage for students to become engaged in genuine learning experiences allowing the students to become a part of the learning process (Tracey & Morrow, 2006; Woolfolk, 2016). Schema theory, inquiry learning, whole language, transactional/reader response theory, and engagement theory - each of these theories focus on the learner's experiences as part of the building blocks of learning (Bates, 2016; Tracey & Morrow, 2017).

Language is a social activity that is shared with other through talking, listening, reading, and writing. Since school-based speech-language pathologists are working with children who have language disorders, Vygotsky's social interaction theory of learning would be an invaluable resource for the school speech-language pathologist. In their case study, Schneider and Watkins (1996) used Vygotsky's theory during language therapy and determined that the theory could be used effectively during language therapy. "Vygotsky's principals are compatible with the underlying premise on which most language intervention sessions are structured – the belief that social interactions, appropriately engineered, can promote change in a child's language system" (Schenider & Watkins, 1996, p. 167).

Then, what is Vygotsky's theory and where and how does it intersect with language? One of the major points of Vygotsky's theory that most teachers are familiar with and often discuss is the zone of proximal development. Vygotsky (1978) states:

We propose that an essential feature of learning is that it creates the zone of proximal development; that is, learning awakens a variety of internal developmental processes that are able to operate only when the child is interacting with people in his environment and in cooperation with his peer. (p. 90)

Palincsar (1998) observed that in understanding Vygotsky's theory, " we must distinguish between two developmental levels: the actual and the potential levels of development. The actual refers to those accomplishments that a child can demonstrate alone or perform independently" (p. 353). Therefore, the zone of proximal development is that potential level of development (Woolfolk, 2015 & Pence & Justice, 2008). This is where the child is struggling to learn and, with the guidance of an adult or peers, the child

is able to reach and understand the concept through social interaction with cues and scaffolding, and, as result of this learning, the teacher and/or peer begins to reduce their assistance (Woolfolk, 2015). Scaffolding is the support provided by the teacher or a peer or group of peers during instruction in the zone of proximal development (Tracey & Morrow, 2006). During these teaching moments, Schunk (2008) explained that Vygotsky believed that the students' understanding and information from previous experiences into the zone of proximal development, mixing the new experiences with previous ones to generate new understanding and knowledge. Vygotsky's theory is not limited to the zone of proximal development; his theory provides more insight into learning and development with the discussion of semiotic meditation, concept development and internalization (Tracy & Morrow, 2006). According to Vygotsky, "learning leads to development with the gradual internalization of intellectual processes that are activated through social interactions" (Dixon-Krauss, 1996, p. 11). Hence, the goal or focus of language therapy should be for the child to internalize the language skills that they are learning socially (language therapy) with the guidance of the speech-language pathologist and the interactions with their peers in zone of proximal development. As those skills are internalized, as higher thinking or language skills (executive functioning) begin to appear, and as the child begins to understand, the support and services provided by the speech-language pathologist can decrease.

Schema theory attempts to help teachers, researchers, and school speech-language pathologists understand how learners develop and organize their knowledge (Tracey & Morrow, 2006). Schunk (2008) defines schema as "a structure that organizes a large amount of information into a meaningful system" (p. 155). When I was first introduced

to the schema theory many years ago, my instructor told the class to think of a filing cabinet in the brain that files information into drawers or categories and opens them as needed to process information. A recent personal experience can provide an example of the schema theory. My young niece and I were discussing dinosaurs, and I explained to her that some dinosaurs are carnivores and some are herbivores. She asked, "What's a carnivore?" I explained to her that they were dinosaurs that liked to eat meat and that herbivores were dinosaurs that liked to eat vegetables. She thought for a moment and said, "My dad's a carnivore, because he likes to eat meat," and we both laughed. In figurative terms, she opened that file drawer, expanded her knowledge, and made new connections. She constructed meaning, taking previously learned information from her own experiences and integrating the new information to construct a new, expanded meaning for "carnivore."

Finally, another theory that would be invaluable to both the school speech-language pathologist and classroom teachers is family literacy theory, which highlights the importance a child's family plays in learning (Schunk, 2008; Tracey & Morrow, 2006). As Tracey and Morrow (2006) noted, homes filled with interaction between parents and children and as well as parents reading books to and with their children help increase their children's success in school.

While there are many more theories of learning and reading from which school speech-language pathologists could benefit in their work with students, the learning theories put forth by Dewey, Vygotsky, and the others discussed above are a good jumping-off point. Hopefully, as more school speech-language pathologists get involved

in the classroom, they will desire to know more about learning theories as a source of information about new and different ways to help their students be successful.

Research Questions

The questions for this study were: (a) In what ways do speech-language pathologists and classroom teachers collaborate to meet the academic needs of students identified as language impaired and struggling readers? (b)What literacy strategies do speech-language pathologists incorporate into therapy with students who are language-impaired and identified as struggling readers, and how confident are they in incorporating those strategies into therapy? (c) What pre-service training in literacy strategies did speech pathologists receive, and how are they increasing their knowledge about literacy?

Limitations

This study has some limitations. One limitation is that only pre-school and elementary school speech-language pathologists will be involved in this research. One reason for utilizing only pre-school and elementary school speech-language pathologists is that the majority of the students they serve in the school setting are in early childhood and elementary grades. The pilot study that was the impetus for this study focused on school speech-language pathologists, the majority of whom served pre-kindergarten through elementary students.

Delimitations

The major delimitation of this study is that only the school speech-language pathologist's view of collaboration will be explored. Classroom teachers will not participate in the interviews and will not be a part of the focus group. Another delimitation was that I chose to focus on early childhood and elementary school speech-

language pathologists for this study because the majority of the students served in public schools by speech-language pathologists are in pre-kindergarten through elementary grades. Finally, the school speech-language pathologists who will participate in the focus group and survey will only be solicited from social media (i.e., Facebook).

Assumptions

The assumptions I bring with me to the study are deeply rooted in my years of experience of working in school districts and educational cooperatives as a speech-language pathologist. First, I believe that school administrators and special education directors lack knowledge of the special expertise of school speech-language pathologists and how school speech-language pathologists can work collaboratively with classroom teachers to build students' language and literacy skills. Secondly, I believe that many school speech-language pathologists lack the training and/or experience to understand the connection between language and literacy. Thirdly, I perceive that many school speech-language pathologists believe it is the teacher's responsibility to work on literacy development. Finally, I know from experience that school speech-language pathologists typically have large caseloads, serve more than one campus, and have a stack of paperwork (i.e., progress reports, daily notes, ARD meetings, evaluations, and Medicaid paperwork) to complete throughout their work week. Thus, I believe that this workload affects their ability to engage effectively with students and classroom teachers.

Chapter II

Review of Literature

The starting point for school speech-language pathologists began in Boston during an 1895 teacher's training program (Duchan, 2010). From the outset of the journey, our map will show that classroom teachers and school speech-language pathologists will continue to intersect as they work together to help children transition into successful adults. First on the journey will be the historical perspective—where and when speech pathologists first enter the school setting—followed by a review of literature that demonstrates the relationship between language and reading. We will end our journey with a look at collaboration: the glue or magic that holds speech-language pathologists and classroom teachers together as we work with our students.

Historical Perspective

Reading and reading instruction have a long history compared to the profession of speech-language pathology. Smith (2002) chronicled the long history of reading from ancient times to the modern day, stating:

> The long pilgrimage of reading instruction began with the invention of characters
> for use in expressing and recording thought; consequently, the beginnings of
> reading must be traced in conjunction with the development of written symbols
> and the materials upon which they inscribed. (p. 1)

Smith (2002) reports that the formal teaching of reading in America began in 1647 when a law was accepted by the Massachusetts General Court requiring towns with fifty or more families to choose someone in the town to teach reading. In 1874—227 years later—mandatory public education became a reality in New York and by 1918, all the

remaining states had enacted education laws requiring children, including those with communication disabilities, to receive public education (Duchan, 2010). Duchan (2010) chronicles the beginning of the profession in school settings in her article; in 1895, Dr. Edward Hartwell began a trial program in Boston in conjunction with a local teacher's training program in Boston. Hartwell's program was short-lived; however, several years later, Boston schools began to prepare teachers to work with children with speech deficits, and large city school districts throughout the United States followed suit (Duchan, 2010). Ainsworth (1964) stated that programs for children with speech handicaps began at least 50 years prior to the recognition of speech pathology as a profession. The history of speech-language pathology. demonstrates that our roots were first planted in the educational system and that role has continued to grow and expand in the educational setting.

Connection between Language and Reading

How important is the connection between language and reading for speech-language pathologists? ASHA answers that question in the opening sentence of their 2001 position statement on the role of speech-language pathologists with regard to literacy: "Speech-language pathologists (SLPs) play a critical and direct role in the development of literacy for children and adolescents with communication disorders, including those with severe or multiple disabilities" (ASHA, 2001). Thirty-seven years prior to this statement, the call for speech-language pathologists to be involved in the learning process of their students could be heard. Ainsworth's (1964) article discusses speech-language pathologists' approach to their roles in the school setting as either "participants or separatists" their decision whether to be a part of their students'

education outside of the speech room and in the classroom.   Fifty-three years later, the issues Ainsworth (1964) discussed are still the same for school speech-language pathologists today: "participants or separatists." Rees (1974) wrote a profound statement in her article that is the essence of what school-based speech-language pathologists should strive for. "Without agonizing over terminology and the unsettled issue of what we should call ourselves, it is worthwhile to examine the relationships among language, communication, speech, and reading" (Rees, 1974, p.186).

Catts and Kamhi (1986) discussed that previously "reading was viewed for many years as primarily a visual skill that involved learning to match letters to sounds" (p. 329). These authors go on to state that, since reading difficulties were thought to be visual perceptual issues and remediation was the responsibility of the reading specialist and speech-language pathologists were not trained in either visual perception or reading curriculum, speech-language pathologists were not involved in these issues (Catts & Kahmi, 1986). As a result, those early theories of reading could have influenced the separatists' attitude or view regarding their identification of and involvement with struggling students (Ainsworth, 1964). During the 1970s, theories of reading changed in that "visual perceptual basis of reading gave way to ones that focused on linguistic basis of reading" (Catts & Kahmi, 1986, p. 330). As the emphasis of research changed, speech-language pathologists began to move from just working on speech deficits to a view that encompassed reading and oral language (Catts & Kamhi, 1986). Research continues to consistently demonstrate that the connection between language and reading is an important factor for children learning to read (Catts 1993; Catts, Adlof & Weismer,

2006; Catts & Kamhi 1986; Nathan, Stackhouse, Goulandris & Snowling, 2004; Nippold, 2017; Snow, Tabors, Nicholson & Kurland, 1995).

The next questions are: Where do reading and oral language intersect or connect; and how are speech-language pathologists involved in that intersection or connection? Ukraninetz and Fresquez (2003) provided an answer to that question by simply stating, "SLPs are language specialists, and language is part of almost every cognitive process and communicative act taken by a person" (p. 285). In their study of the Home-School Study of Language and Literacy Development, Snow, Tabors, Nicholson, and Kurland (1995) concluded that oral language skills may provide more insight into academic success of children instead of "traditionally assessed skills in the domains of letters, shapes, color, and number knowledge, or than print-related assessments" (p. 47). Catts (1993) undertook a study with school-age children, some presenting speech-language impairment and others presenting no speech-language impairments; these children were followed from first through second grade while being administered standardized speech-language tests. The study revealed that children with speech-language disorders had a greater risk for reading difficulties compared to children without a speech-language disorder (Catts, 1993). A longitudinal study conducted by Catts, Fey, Tomblin, and Zhang (2002) revealed "we found that children with LI in kindergarten preformed significantly less well that did the non-impaired control children on measures of word recognition and reading comprehension in second and fourth grade" (p.1152). Catts and his colleagues (2002) went on to report that from this study "…approximately 50% of the children with LI could be considered to have a reading disability in second and fourth grade" (p. 1152).

In 2008, Catts, Bridges, Little, and Tomblin conducted a study looking at the reading achievement of children that had language impairments and children with typically developing language in elementary through high school, assessing word recognition and reading comprehension. Their study concluded "that children who started out as poor readers remained poor readers across the school grades, it is critical to identify these children early and provide appropriate intervention to reduce the long lasting effects of poor reading skills (Catts, Bridges, Little, & Tomblin, 2008, p. 1577). Skebo, Lewis, Freebairn, Tag, Ciesla, and Stein (2013) conducted a study focusing on students with typically developing language, students with speech sound disorders and students with speech sound disorders and language-impairments looking at literacy and language development. The study's findings revealed that students with speech sound disorders and language impairment can struggle with reading achievement due to the fact they "may present with a double deficit as they have both limited phonological awareness skills and overall language essential for reading" (Skebo et al., 2013, p. 370). So, how does the school speech-language pathologist traverse the ever-changing role in oral language and literacy development? Ehren and Ehren (2001) make the analogy from *Star Trek* that for the majority of school based speech-language pathologists, working with students in the world of literacy is like "boldly going where no one has gone before." (p. 233).

Navigating the Changing Terrain

The topography of the map of the school-based speech-language pathologist's journey in the schools is ever changing. Some of the old paths have disappeared or changed, and new ones have been created. These changes bring new challenges, opportunities, and

programs that are not always easy to navigate. The catalyst for some of this change was

PL 94-142, introduced into law in 1975, which recognized speech-language pathology as

a special education–related service (Schuele, 2009). This law, amended in 1997 as part

of the Individuals with Disabilities Education Act (IDEA) and amended again in 2004 as

part of No Child Left Behind, has impacted the way school speech-language pathologists

provide services in the public schools (Elledge, Hasselbeck, Hobek, Combs, Rasior-

Becker, & Creaghead, 2010; Justice, 2006). Initially, the focus of speech therapy in the

public schools was speech disorders, but the scope of practice and role continues to

evolve, in that our focus has widened to include literacy (Elledge et al., 2010). However,

the inclusion of literacy into the scope of practice for speech-language pathologists is

another factor in the need for collaboration between the classroom teacher and the

speech-language pathologist (Schuele, 2009; Swenson, 2000). These changes of

practices for school speech-language pathologists provide opportunities to work closely

with classroom teachers to deliver additional intervention and assistance for all students

who have difficulties with reading skills (Justice, 2006).

Kamhi (2014) provides some insight into the changes that have occurred over the

years: "Clinicians are now faced with an expanded scope of practice for language that

includes not only pragmatics, different discourses (conversation, narrative, expository),

and processing information (working memory, auditory, attention), but also all of the

components of literacy" (p. 98). Not all speech-language pathologists have welcomed

this expansion of practice to include literacy. One view put forth by a speech-language

pathologist, Feeney (2008), was written in a letter to the editor of the *ASHA Leader.* In

this letter, Feeney (2008) wondered why school speech-language pathologists were

providing services for students who were already receiving this instruction in their classrooms. Feeney (2008) is not alone in expressing this concern. Ehren (2000) discusses how school speech-language pathologists are moving from the therapy room to the classroom to provide services for students and are examining their roles in the classroom by asking if the services they are providing are appropriate for their students. Schuele (2009) responded to Feeney's letter, providing insight for speech-language pathologists who are concerned about whether their role in language and literacy parallels the role of the reading specialist and classroom teacher by stating that "overlap is not inherently a bad thing and rarely is overlap duplication" (p. 37). People must remember that because classroom teachers and speech-language pathologists have different training, students may be getting the same information in different ways, providing more opportunities for success (Schuele, 2009).

Moving in New Directions

Casby (1988) conducted a study regarding school speech-language pathologists' attitudes and involvement in reading and oral language at their schools that showed that "more than 75% of the respondents rated their knowledge of oral language impairment as 4 or better" on the survey (p. 356). However, when the same school speech-language pathologists reported on their understanding of the relationship between reading and oral language, "56% rated their knowledge of the oral language and reading relationship as high" (Casby, 1988, p. 356). Is lack of knowledge between reading and oral language a barrier to school speech-language pathologist's involvement in literacy development? Some researchers suggest that school speech-language pathologists working with students exhibiting oral language difficulties must understand the relationship between

language and literacy (Snow, Scarborough, & Burns, 1999). School-based speech-language pathologists must realize that literacy involves many different skills and that these skills are not static throughout the students' school years (Skebo et al., 2013). What is preventing more school speech-language pathologists from becoming active participants in helping students succeed in the classroom? Is lack of experience the only barrier for school speech-language pathologists' involvement in literacy development, or are there others? Is lack of knowledge of the relationship between reading and oral language a barrier to school speech-language pathologist involvement in literacy development? Ehren and Ehren's (2001) examples of barriers or constraints that might keep school speech-language pathologists from being involved in language and reading connection included "their own role perception, lack of training, desire for autonomy, and fear of change" (p. 234). Powell (2018) wrote that many factors (i.e., caseload/workload size, paperwork...) affect the school-based speech-language pathologist's level of involvement in literacy at their school campus. So how do school-based speech-language pathologists find the time to address literacy in therapy? Justice (2006) provided one solution to that question, suggesting that school speech-language pathologists should be providing therapy that is both scientifically and evidence-based to insure that students who are receiving therapy have speech goals that reflect the goals of the curriculum. Kamhi (2014) discusses therapy goal-writing and suggests that school speech-language pathologists write goals that are appropriate and emphasis the needs of the student. However, even when school speech-language pathologists are attempting to increase their involvement, other issues create barriers. Information gleaned by a workforce survey of school speech-language pathologists conducted by ASHA (2014) provided some insight

into the difficulties they face in providing services to school age children. The speech-language pathologist participating in the survey cited "… [a] high amount of paperwork as the number one challenge they faced, followed by either high workload/caseload size, lack of time for planning, or lack of time for collaboration" (ASHA, 2014, p. 1). Also, the respondents in the survey cited that a shortage of school-based speech-language pathologists has impacted their effectiveness by an "increased caseload/workload; decreased opportunities for appropriate service delivery; decreased quality of service and less opportunity for networking and collaborating" (ASHA, 2014, p. 4). These issues and others continue to impact the effectiveness of school-based speech-language pathologists' integration into the classroom and collaborating with teachers. Schuele and Larrivee (2004) offer a positive suggestion to school speech-language pathologists: when putting the pieces together to determine where the campus speech-language pathologist fits in this literacy and language role, think about the school's culture, the students served, and personal expertise in language development.

The Road Least Traveled

Many teachers and speech-language pathologists over the years have discussed collaboration, but few have traveled down that road, because it is frequently littered with frustrations, ego-driven disagreements, and misunderstandings. How, then, do speech-language pathologists and classroom teachers get past egos and frustration in order to work together? Teachers and speech-language pathologists must understand that the collaborative process does not just happen in the classroom but also requires classroom teachers and speech-language pathologists understanding each other's areas of expertise, learning how to blend them together in order to work in tandem in the classroom

(Swenson, 2000; Swenson & Williams, 2015). In the late 1980's, 1990's and beyond, articles were written promoting the speech consultation/collaboration model and the Response to Intervention (RtI) model for speech-language pathologists to work with classroom teachers (Damico, 1987; Ehren, 2007; Elksnin & Capilouto, 1994; Justice, 2006; Magnotta, 1991).

 In chapter one of this paper, the author provided a definition of collaboration by Idol, Nevin, and Paolucci-Whitcomb (1994). However, the author's view and understanding of collaboration through research has evolved. The definition by Cook and Friend (2010) may be more reflective of the type of collaboration that teachers and speech-language pathologists should work toward: "collaboration is the style professionals select to employ based on mutual goals; parity; shared responsibility for key decisions; shared accountability for outcomes; shared resources; and the development of trust, respect, and a sense of community" (p. 3). If school-based speech-language pathologists and classroom teachers had a shared definition of collaboration, each could better understand their role in collaborative process. Collaborative efforts benefit teachers and speech-language pathologists by allowing the team members to learn about each other's professional skills which in turn facilitates learning and ultimately helps the student (Sample, 2003). Friend and Bursuck (2012) pointed out that collaboration is a process and that struggle is a part of that collaborative process and with time and practice, collaboration could become easy and rewarding. Communication is also an important element in the collaborative process. In their study about teachers' perception regarding students with communication disorders, Ebert and Prelock (1994) found that when speech-language pathologists who communicate with teachers—especially those with

whom they are collaborating - about students' communication disorders and how these disorders impact learning, it helped the teachers understand about the learning process of students with speech and language disabilities. The impact of collaboration is two-fold in that it not only impacts students but also impacts the professional growth of those speech-language pathologists and classroom teachers participating in the collaboration (Sample, 2003).

Summary

In this chapter, the relationship between oral language development and reading were established, beginning with speech-language pathologists entering the educational setting, followed by the inclusion of literacy in the speech-language pathologist's scope of practice, and, finally, concluding with a discussion of collaboration.

"The federal government estimates that almost six million school-age children are the recipients of speech education and related services in our school systems" (U. S. Department of Education, 2016). Classroom teachers' and speech-language pathologists' ability to impact future generations of adults is unfathomable. Are we ready to meet the challenges to help these children become successful adults? Are we ready for the journey?

Chapter III

Purpose of Study and Methodology

The purpose of this study is to explore the literacy knowledge of speech-language pathologists and their collaborative relationship with classroom teachers. However, this study will only examine the school speech-language pathologists' view of literacy and their experiences of collaboration with classroom teachers within the school setting. Also explored will be the school-based speech-language pathologists' knowledge about literacy strategies and if/how they are incorporating them into speech therapy sessions. Finally, an investigation of pre-service training in language and literacy provided for school-based speech-language pathologists and how they are increasing their knowledge base of language and literacy will be completed.

Theoretical Framework

"Qualitative research allows the researcher to get at the inner experience of participants, to determine how meanings are formed through and in culture, and discover rather than test variables" (Corbin & Strauss, 2008, p. 12). Using qualitative research allows for an understanding of the collaborative experiences of other school-based speech pathologists as well as their feelings about the relationship between language and literacy, providing insight into shared experiences (Corbin & Strauss, 2008).

Merriam and Tisdell (2016) identified four features of qualitative research that they and others believe are "key to understanding qualitative research: the focus is the process, understanding, and meaning; the researcher is the primary instrument of data collection and analysis; the process is inductive; and the product is richly descriptive" (p. 14).

As I began to put together my research, I decided that qualitative research was the direction I wanted to take in order to answer my questions. A quote from Cresswell (2007) shows the dynamic visual image of qualitative research:

> I think metaphorically of qualitative research as an intricate fabric composed of minute threads, many colors, different textures, and various blends of material. This fabric is not explained easily or simply. Like the loom on which the fabric is woven, general worldviews and perspectives hold qualitative research together. (p. 35)

While reading this quote and thinking of the images that quote invokes, I thought about my research and the visual image I want to capture and present. I want the reader to hear the voices of the speech-language pathologists as they speak of the endeavors and trials of working with students who struggle with learning and of the environment teachers and speech-language pathologists create while working together on the fabric of their story. The elements of qualitative research would allow and provide opportunities to observe and learn about the nature of literacy in the therapy room and the collaborative behavior of speech-language pathologists and classroom teachers. Johnson and Christensen (2008) explained that "researchers generally study a phenomenon in an open-ended way, without prior expectations, and they develop hypotheses and theoretical explanations that are based on their interpretations of what they have observed" (p. 388).

At the beginning of my research, I reflected on what Guba and Lincoln (2004) proposed as crucial for qualitative inquiry: ontology, epistemology, and methodology. What do I know about the nature of literacy and collaboration in the therapy rooms and classrooms, and what can I learn about it? What is the connection between speech-

language pathologists and classroom teachers in regard to literacy and collaboration? And finally, how can I go about finding out about their connections, realities, and relationships regarding literacy and collaboration?

The constructivist approach will be the epistemological stance of this project: "Constructivists study how-and sometimes why-participates construct meaning and actions in specific situations" (Charmaz, 2006, p. 130).

The ontological or theoretical perspective for this research is interpretivism. Interpretivism is looking at the participant's view rather than the researcher's view to construct knowledge about that event or events being studied (Creswell, 2009). Researchers want to understand the experiences of the participants, and with that understanding comes the researcher's interpretation of the phenomenon (Charmaz, 2006). The experiences or events that this research is attempting to understand or construct meaning from is speech-language pathologists' involvement in literacy with students that have speech and language delays, along with speech-language pathologists' collaborative efforts with general education teachers. Charmaz (2006) claims that:

In brief, interpretivism aims to:

- conceptualize the studied phenomenon to understand it in abstract terms;

- articulate theoretical claims pertaining to scope, depth, power, and relevance;

- acknowledge subjectivity in theorizing and hence the role of negotiation, dialogue, understanding;

- offer an imaginative interpretation (p. 127)

Methodology

Initially, a Metaplan was the methodology for this study; however, after two unsuccessful attempts to have face-to-face focus groups with the participants, an online focus group was used. The IRB was amended and changed to an online focus group using the FocusGroupIt online site for the focus group and Survey Monkey to post the survey. At that time, the methodology changed from the Metaplan to Phenomenological Inquiry using some of the heuristic inquiry methods. This method of inquiry allowed the research to build theories for this project from the data provided by the school speech-language pathologists. The common shared experience of individuals in the focus group is a significant part of phenomenology (Johnson & Christensen, 2008). I spent many years working in a school setting and had a variety of experiences with literacy and collaborating with classroom teachers.

However, because of the my personal experiences with literacy and collaboration with classroom teachers, it quickly became evident that, in order to allow the voices/essences of participants in the study to be heard, the I needed to use phenomenology inquiry to look at the data with fresh eyes and to let go of some of the beliefs and biases that had arisen over the years. I acknowledge that not all biases can be removed. However, using "empathic neutrality" to search for that equidistant ground, the experiences of the participants can be voiced (Patton, 2002, p. 50). Douglas and Moustakas (1985) pointed out that "phenomenological reduction (analysis) is complete when themes or patterns have been distilled from the data and when the essences of the phenomenon is fully disclosed through textual and structural descriptions" (p. 43). The

phenomenology inquiry provided the degree of separation needed to allow the essences of the participants to surface.

I used an online focus group as well as a survey to gather data on school-based speech-language pathologists' perspective on literacy and collaboration with classroom teachers. Morgan (1997) suggested a multi-method approach, so the researcher can combine focus groups with individual interviewing, surveys, participant observation, or experiments to assist in providing a clear representation of the data instead of the researcher's bias.

School-based speech-language pathologists are stakeholders in the learning process, as mentioned in chapters one and two. Many decisions, such as political, central office, and campus administration, affect their role on the school campus. An online focus group combined with a survey provided an opportunity for the school-based speech-language pathologists to have a forum to voice and share their feelings about literacy, collaboration, and/or barrier or policies affecting their involvement in the areas of literacy and collaboration. Using a focus group allowed the participants the freedom to vocalize without feeling compelled to have a certain opinion of or response to the presented questions (Krueger & Casey, 2015).

Participants

It should be noted that I submitted the appropriate paperwork to the Internal Review Board (IRB) to initiate the research and that no research was conducted or any school-based speech-language pathologist recruited until the researcher had IRB approval. All participants in the study were speech-language pathologists providing speech-language services in the public schools for pre-kindergarten through high school

students. The potential participants were recruited from the following Facebook group pages: Speech Pathologists at Large, Speech/Language Therapy in Texas Public Schools, Speech-Language Pathology Assistants, SLPeeps-Middle &High School: For Speech-Language Pathologist in the Schools; Speech-Language Pathologists role in Language and Literacy, Preschool Speech Language Pathologists, School Based SLPs, For Professionals Only!, Literacy and Collaboration. Each participant that responded was emailed the cover and consent letter to inform them of the purpose of the study, their rights as a participant, and how their information would be used.

 I requested that each potential participant respond "yes" in an email to indicate their willingness to participate in a focus group. After the researcher received the "yes" email from the potential participants, the links to FocusGroupIt and Survey Monkey were emailed back to each respondent. Initially, 25 school-based speech-language pathologists contacted the researcher asking a variety of questions about the study. Eighteen of the initial 25 requested the cover and consent letter, and 17 out of the 18 responded "yes," indicating they would like to participate in the research. Thirteen school-based speech-language pathologists actually participated in the focus group. Nine out of the 13 in the focus group completed the survey on Survey Monkey.

 At the culmination of the online focus group, each participant could email me to indicate they would like to take part in a drawing for four Amazon gift cards valued at 30 dollars each. Six of the participants notified me that they would like to participate in the drawing.

Data Collection Instruments

The data were collected from 13 school-based speech-language pathologists serving children in pre-kindergarten through fifth grade concerning their experiences with literacy in the therapy room and classroom setting as well as collaboration experiences with classroom teachers. The data were collected from FocusGroupIt and Survey Monkey. Using a variety of Facebook groups, whose memberships are geared towards speech-language pathologists combined with FocusGroupIt and Survey Monkey, allowed the researcher to recruit participants from a broad geographical region. When conducting an online focus group, Krueger and Casey (2015) suggested using a platform or internet site that user friendly so that participants can focus on the questions and not have to worry about technical support or navigational issues. FocusGroupit and Survey Monkey both provided a user-friendly platform to conduct the research. Each site allowed the use of "branding" (i.e., colors, pictures, title) to personalize the pages of the focus group and survey. Kruger and Casey (2015) stated, "focus groups are about getting rich information and not about demonstrating the latest technology" (p. 213).

FocusGroupIt was the platform for focus groups. Each participant had to respond to a question before they could read the responses of the other participants. Over the course of five days, five different questions were posted on the focus group site. After completion of the focus group, the researcher was able to export all the responses by the question or by each participant (i.e., all of participant #1's individual responses to each question).

As part of the data collection instruments, I kept a journal to assist with analysis and reflection on experiences during the focus group and/or any biases towards

the responses or participants in the study as well as to document timelines and other information relevant to the study (Corbin & Strauss, 2014).

Data Collection Procedures

Data were collected through comments made during a focus group and the responses to the survey. I posted recruitment ads on a variety of Facebook groups dedicated to speech-language pathologists. Use of the computer and a variety of Internet programs provided the researcher with flexibility in scheduling and contacting participants in the focus group (Mann & Stewart, 2000, 2004). The online focus group provided flexibility for the participants allowing them to respond to questions at their convenience.

Initially, all potential participants were contacted through social media (Facebook), and then follow-up contact was made via email. The follow-up emails provided further information about the focus group's purpose and procedures (i.e., cover and consent letter, website addresses).

Each participant in the focus group was a school-based speech-language pathologist providing speech therapy in the public school for students in pre-kindergarten through high school. Each participant was informed that the focus group would last for five days and that during those five days, a new question would be posted each day at 5:00 a.m. central time. The flexibility of the online format allowed for all focus group questions to be up loaded at one time, and the site automatically posted the questions on the appropriate day and time. During the focus group, some of the speech-language pathologists engaged with each other and some responded with only one word.

Also, the participants were asked to complete a survey posted on the Survey Monkey website. Some of the questions for the survey posted on Survey Monkey were questions that Casby (1988) used in his study. I requested permission to use some of his questions for my research; he granted permission as long as they were properly referenced. The survey asked for the following data: age, years of experience as a school speech-language pathologist, degree (i.e., Bachelor's, Master's, Master's degree with additional hours), university where they received their communication disorders degree, what coursework they took as pre-service speech-language pathologists that focused on literacy strategies to use in the therapy room or inclusion classroom, where they acquired their knowledge about literacy, and how often they read journal articles focusing on literacy and/or reading.

After the completion of the focus group, I exported the responses for individuals (participant 1, participant 2, etc.) as well as all the responses to each question. The data were downloaded in Excel and Word documents. I downloaded the data from Survey Monkey in the same manner (participant responses and all responses for each question).

I did not solicit the name or location of any participants. However, one participant asked if she could be a part of the focus group even though she lived outside of United States and its territories. She was allowed to participate in the study. FocusGroupIt allowed the selection of an "anonymous" focus group, and each participant was assigned a username for the group (i.e., participant 1, participant 2). The school-based speech-language pathologists that completed the survey on Survey Monkey were also assigned a username when I collected the data from that site (i.e., #1, #2, #3…).

Data Analysis

Patton (2015) described the process the researcher desired to achieve: "analysis begins during a larval stage that, if fully developed, metamorphoses from a caterpillar-like beginning into the splendor of the mature butterfly" (p. 521).

Before the study, I began the immersion process, forming the questions before and reflecting on how the data would be collected, building the bonds and links with the topic and questions, moving from the my view to the broader view of the participants (Douglas & Moustaka, 1985). One of first steps in analyzing data is the understanding of the data that have been collected. This understanding or knowledge comes after reviewing the data and the coding journals as categories or recurring experiences of the participants begin to emerge that will suggest theories (Merriam & Tisdell, 2016).

Using the inductive analysis strategy, I continued the immersion in the data to find the themes and designs that the participants created (Johnson & Christensen, 2008; Patton, 2015). The analysis continued by coding and searching for those recurring themes, practices and common phrasing created and used by the school-based school language while building an understanding of their practices and experiences with literacy and collaboration. The research used this definition of coding "coding is a heuristic – an exploratory problem-solving technique without specific formulas or algorithms to follow" (Saladana, 2016, p. 9). Coding allowed for the arranging the data lucidly so that categories can be created (Saladana, 2016). For the purposes of this research, those categories were created using the In Vivo Coding method using the participants' own words and/or phrases as part of the coding process (Saladana, 2016).

After the initial coding of the survey was completed, the researcher began looking at the focus group and survey data again looking for patterns and word combinations and began to develop categories that evolved into themes. I wrote each question on a large piece of paper, pasted each response on the paper, and highlighted the recurring words or phrases. Categories began to emerge as the data were coded and recoded and re-pasted and re-categorized (i.e., information gathering: formal or informal; information gathering: solicited or provided). I completed this coding method for each of the five questions the participants answered. I then began coding the survey by looking at each participant's responses. Tables were constructed to look at caseload size and the impact it might have on feeling knowledgeable when collaborating with teachers as well as the time spent reading professional journal articles focusing on language, literacy and/or reading. Another table was constructed to look at how knowledgeable the school-based speech-language pathologist feels about the relationship between language and literacy and feeling knowledgeable or competent consulting with classroom teachers about literacy and language in the classroom. Finally, I looked at the focus group and survey data individually. Then I looked at all the data together, searching for common patterns and word combinations, developing categories, which evolved into themes.

Epoche is a critical part of phenomenology analysis and inquiry in which the researcher acknowledges personal feelings, preconceptions or influences they may have about the research or participants (Patton, 2015). The researcher must employ reduction or bracketing in attempt to look past those preconceptions and allow the voices of the participants to be heard (Patton, 2015). After the data have been bracketed and themes analyzed, I was prepared to share the findings. "The researcher is ready to communicate

findings in a creative and meaningful way. Creative synthesis is the bringing together of the pieces that have emerged into a total experience, showing patterns and relationships" (Patton, 2015, p.577).

Summary

In this chapter, I discussed the theoretical framework for the study, including a constructivist epistemological stance, interpretivism as the ontological or theoretical perspective, and phenomenological perspective as the methodology. Information will be provided on how the participants were recruited for the study and how the data was collected as well as the instruments used to collect the data. The methodology, phenomenological approach, and heuristic inquire were discussed. Finally, I described how the data was analyzed from the focus group and survey.

Chapter IV

Introduction

The results of the data that will be presented in this chapter were collected during an online focus group and a survey. Initially, there were six questions that I was seeking to answer; however, when the focus group changed to an online focus group instead of a face-to-face focus group, I decreased the number of research questions to three due to the time constraints of the online focus group. The questions for this study were: (a) In what ways do speech-language pathologists and classroom teachers collaborate to meet the academic needs of students identified as language impaired and struggling readers? (b)What literacy strategies do speech-language pathologists incorporate into therapy with students who are language-impaired and identified as struggling readers, and how confident are they in incorporating those strategies into therapy? (c) What pre-service training in literacy strategies did speech pathologists receive, and how are they increasing their knowledge about literacy?

Demographics, Caseloads, and Therapy Settings

The participants of the online focus group and survey were recruited from group pages on Facebook that were organized for speech-language pathologists. Only nine participants out of the 13 focus group members completed the survey. The demographics of the school-based speech-language pathologists were collected from the survey. Eight out of the nine survey participants had master's degrees in communication disorders.

Table 1

Demographics of Survey Participants

Participant	Years of experience	Caseload Size	Number of schools served	Work setting at the school campus
1	under 5 years	31 – 40	1	speech room /classroom
2	16 or more years	31 - 40	3	speech room /classroom
3	11 – 15 years	41 or greater	1	speech
4	16 or more years	41 or greater	> 4	speech room /classroom
5	under 5 years	41 or greater	1	speech room /classroom
6	11 – 15 years	31 – 40	2	speech room /classroom
7	16 or more years	41 or greater	2	speech room
8	16 or more years	41 or greater	1	speech room
9	16 or more years	41 or greater	1	speech room

The caseload sizes that the participants indicated on the survey appear to be in line with the ASHA School Survey Report: SLP Caseload Characteristic and Trends 1995-2016 (2016). The School Survey (2016) reported these facts: "From 1995 to 2016 overall, SLPs had a median monthly caseload size of about 50 (48 in 2016)." The ASHA (2016) report pointed out that on a monthly basis the school-based speech-language pathologist provides therapy services to at least 50 different students with a variety of

disorders (i.e., fluency, articulation, language, etc.) with the majority (42%-49%) of

students having a moderate impairment.

On the survey, 56% of the school-based speech-language pathologists indicated

that they spend time both in the classroom and speech room (pull-out). The ASHA

(2016) Report showed school-based speech-language pathologists spent an average of 18-

19 hours working with students in their speech room; however, in the elementary grades,

the speech-language pathologist spent 20 hours a week working with students in pull out

(therapy in the speech room). The ASHA (2016) Report provided a table with a

breakdown of a typical workweek of the school-based speech-language pathologist. The

survey for this research did not ask the participants the amount of time they spent in the

classroom or pulling students out of the classroom, and the participants did not provide

any information regarding the time spent in the classroom or in pull-out on the survey or

during the focus group.

Table 2

Number of hours per week that school-based SLPs spend on activities, by year (ASHA, 2016)

Activity	2014 (n> 989)	2016 (n> 1,033)
Direct intervention: Classroom-based/integrated services	14.3	4.6
Direct intervention: Pullout	3	18.2
Services to section 504 students	0.2	0.2
Documentation/paperwork	6.5	6.5
Medicaid billing	…	1.6

Activity	2014 (n> 989)	2016 (n> 1,033)
Other indirect activities	4.1	2.3
MTSS/RtI activities	1.0	1.1
Diagnostic evaluations (e.g., observations, screening, scoring, analysis)	2.8	3.1
Technological support (e.g., hearing aids/cochlear implants, augmentative and alternative communication	0.7	0.7
Supervision	0.6	0.6

Working Together to Achieve a Common Goal

Research Question 1

In what ways do speech-language pathologists and classroom teachers collaborate to meet the academic needs of students identified as language impaired and struggling readers? I used the data from both the online focus group and survey to provide information about collaboration and meeting the instructional needs of students that are identified as language impaired and struggling readers. Using the survey, I constructed a table with their responses.

Table 3

Involvement, Consulting and Collaborating

Participant	Should SLPs be involved in the management of language and literacy for LD students?	Feel knowledgeable/competent consulting with classroom teachers about incorporating more language and literacy activities into their classrooms	How do you collaborate with classroom teachers?
1	Strongly Agree	Strongly Disagree	Face to Face
2	Strongly Agree	Strongly Agree	Face to Face

Participant	Should SLPs be involved in the management of language and literacy for LD students?	feel knowledgeable/competent consulting with classroom teachers about incorporating more language literacy activities into their classrooms	How do you collaborate with classroom teachers?
3	Strongly Agree	Disagree	Schedule Meetings
4	Agree	Strongly Agree	Face to Face
5	Agree	Strongly Disagree	Face to Face
6	Strongly Agree	Strongly Agree	No Response
7	Disagree	Disagree	Email/Online
8	Disagree	Disagree	Email
9	Disagree	Disagree	No Response

Sixty-seven percent of participants either agreed or strongly agreed that speech-language pathologists should be involved in the management of language and literacy for language delayed (LD) students. While 89% of the school-based speech-language pathologists completing the survey felt that they understood the relationship between literacy and language and believed it was important to address in therapy, only 33% felt knowledgeable or competent in discussing or consulting about language and literacy in the classroom with the classroom teacher. What is causing the breakdown between understanding the relationship between literacy and language and discussing literacy and language with the classroom teacher? At least 57% of the school-based speech-language pathologists who participated in the survey responded that they are meeting face-to-face with classrooms teachers. What information is being shared during these face-to-face meetings? One of the focus group questions asked, "Do you know which of your students (students who are receiving speech-language therapy) are struggling readers? If so, who provides you with that information?" The responses were grouped into three categories: teachers, parents, and through programs. The responses were re-grouped in

two categories regarding student information - either it was "solicited" or "provided" and then categorized into informal or formal meetings. All the participants seem to know which of their students are struggling readers; however; no consistency emerged in speech-language pathologists and classroom teachers sharing information regarding struggling readers. Each school campus shared their information in different ways - whether it was informal or formal. Additionally, who shared the information with the school-based speech-language pathologist appeared to vary from school campus to school campus. One participant shared, "there is a language pathway in my building- this means that any students who score below 25% on STARR reading (benchmarking) are flagged for language screening." Another participant responded: "Honestly... I ask. Some teachers are willing to give me the information and some are not. If I feel bold and I really want to know I might ask an administrator." An additional participant provided this response: "Yes, I found this out through talking with the classroom teacher and in talking with the parents." Yet another participant stated: "I know that some speech or language-only students are struggling. Otherwise, I learn that my students are struggling readers based on teacher input (usually in passing)."

The online focus group was asked this question regarding collaboration with classroom teachers: "If you currently collaborate with a classroom teacher, how often do you do so? If you are not collaborating with the classroom teacher, what barriers prevent you from doing so?" The responses regarding collaboration between the school-based speech-language pathologists and classroom teachers again showed that it varied from school campus to school campus, and the majority of the speech-language pathologists and classroom teachers had limited collaboration. Responses from school-based speech-

language pathologists as to how frequently they met with teachers included once a year, monthly, "hit or miss," or "in passing." The major theme that arose was that collaboration is time consuming, and classroom teachers and school-based speech-language pathologists have little time to share due to "hectic schedules and no common planning or prep time." A secondary theme was lack of teacher interest. Some of the participants felt they needed to "get teachers to buy into collaborating" and that "classroom teachers lack the knowledge of the school-based speech-pathologist's role in schools and other special education teachers are working on literacy. Consequently, the key barriers appear to be "time" for collaboration and "lack of communication" between the classroom teachers and speech-language pathologists.

Research Question 2

What literacy strategies do speech-language pathologists incorporate into therapy with students who are language-impaired and identified as struggling readers, and how confident are they in incorporating those strategies into therapy? Prior to answering, I would like to set the stage by looking at how knowledgeable and competent the school-based speech-language pathologists felt about literacy and integrating literacy skills into therapy. The following data were obtained from questions in the online survey.

Table 4

Knowledge and Competence of Literacy

Participant	Feel knowledgeable about the relationship between literacy and language	Addressing literacy skill through speech-language therapy is important	Feel competent blending language skills and literacy skill during therapy
1	Agree	Agree	Disagree
2	Strongly Agree	Strongly Agree	Strongly Agree
3	Strongly Agree	Strongly Agree	Disagree
4	Agree	Agree	Agree
5	Agree	Strongly Agree	Disagree
6	Strongly Agree	Strongly Agree	Strongly Agree
7	Agree	Agree	Agree
8	Disagree	Disagree	No Response
9	Agree	No Response	Agree

Most of the participants (89%) strongly agreed or agreed that they were knowledgeable and understood the relationship between literacy and language, and 78% strongly agreed or agreed that addressing literacy skills in therapy is important. However, only 55% either strongly agreed or agreed that they feel competent blending literacy and language skills during therapy, whereas 33% did not feel competent. Another question posed during the focus group asked, "If you address literacy skills, which setting do you feel is most effective (i.e., pullout, classroom, co-teaching with classroom teacher...) for students who receive speech therapy?" The majority (75%) of the participants indicated that pull-out was how they worked with their students. Two groups emerged during the analysis: those who prefer to use pull-out and those who want to co-teach or push-in to the classroom but face barriers in doing so. Some of the reasons the participants provided regarding why they chose to use pull-out included: "it depends on their disability;" "all my sessions including those that address literacy, are done during pull-out;" "pull-out in my

space so that they can focus on a specific skill in a quiet setting," and "I don't specifically address literacy skills, but of course some of our traditional language work addresses some of the same skills."

The participants that would like to co-teach and/or push-in cited the following barriers: "I think I would lean toward towards pull-out being the most effective for addressing literacy skills with students who also receive speech therapy, mainly because I really have no other choice. There are no options for co-teaching in my school;" "unfortunately, the logistics aren't in place for me to co-teach or even do in classroom support (push-in). All of my sessions, including those that address literacy, are done during pull-out sessions;" "I do address literacy skills. Not with all students. I wish I could;" "Like I mentioned before I worked with an SLP who did not think this was part of our scope"; and "I would like to co-teach with SpEd teachers or regular Ed, but most teachers are not as open to plan with me."

Therefore, the majority of school-based speech-language pathologists continue to use the therapy model Duchan (2010) discussed in her article describing the service delivery models of the early 20th century. "The itinerant therapists in New York City used what is recognized today as a pull-model model" (Duchan, 2010, p. 156) is the model we continue to use today in public schools. The scope of practice for the speech-language pathologist has changed and widened over the years, but how services are delivered or provided in the school setting has changed little.

ASHA (2010) included in their position statement that "speech-language pathologists contribute significantly to the literacy achievement of students with communication disorders, *as well as other learners who are at risk for school failure*, or

those who struggle in school settings." The participants in the focus group were asked, "In your school setting do you address literacy skills with students 'who are not' on your caseload? If so, how?" Some of the participants simply responded "no," and the others provided reasons why they did not work with students that were not on their caseloads. One participant stated, "I do not address literacy skills with students who are not on my caseload. I do not have any access to any student that is not receiving speech and language services." Another participant indicated that their caseload size was the reason for their "no" response: "At the school I am currently at we have 91 kids on our caseload who are on IEPs. We have to focus on these children. There is no time." An additional participant stated "It would not be possible at all to address literacy skills with students who aren't already on my caseload. We have a reading interventionist who addresses the needs of general education students." Caseload size and time for collaborating with classroom teachers are the overriding themes.

The participants that were working "with students not on their caseload" described their involvement: "I did with RTI and did full class lessons on phonemic awareness;" "yes during classroom based inventions. At one school we run a pre-literacy program which focuses on phonological awareness and letter knowledge – this is classroom based and thus the entire class attends," and "at times, students who are not on my caseload receive literacy skills instruction (phonological, word recognition, etc.) indirectly because during push-in speech therapy sessions, these student are frequently paired with students who are not on my caseload." Only one participant mentioned collaborating with the classroom teacher to set up a program with the teacher implementing classroom group activities. The others discussed programs they had at

their schools (i.e., RtI, push-in and pre-literacy); however, none mentioned collaborating with classroom teachers in their description of the program.

Research Question 3

What pre-service training in literacy strategies did speech pathologists receive, and how are they increasing their knowledge about literacy? The responses from the survey are presented in the following table.

Table 5

Experience, Knowledge, Journals

Participant	Years of experience	Gain knowledge about the relationship between language and literacy?	Journals gained knowledge about the relationship between language and literacy	Frequency of professional journal reading about language, literacy and/or reading
1	under 5 years	self-directed readings and experiences	Journal of Literacy Resource, Communication Disorders	Occasionally
2	16 or more years	self-directed readings and experiences	South African Journal, SLHSS; Child Language Therapy and Teaching; South African Journal of Communication Disorders	More than once a month
3	11 to 15 years	self-directed readings and experiences	------------------	Never
4	16 or more years	In-service training or workshops	Self-directed reading and experiences; National Reading Panel; The Florida Center for Research	Occasionally
5	under 5 years	Self-directed readings and experiences	Perspectives on Language and Literacy (International Dyslexia Assoc.	Occasionally
6	11 to 15 years	Self-directed readings and experiences	IDA; Perspectives and ASHA journals	Once a month
7	16 or more years	In-service training or workshops	----------------	Never

Participant	Years of experience	Gain knowledge about the relationship between language and literacy?	Journals gained knowledge about the relationship between language and literacy	Frequency of professional journal reading about language, literacy and/or reading
8	16 or more years	In-service training or workshops	None	Occasionally
9	16 or more years	self-directed readings and experiences	-----------------	Occasionally

All the participants - even those working less than five years - indicated that they gain their knowledge about the relationship between language and literacy through self-directed reading, experiences, in-service training, and workshops. The participants provided the names of a variety of journals they read to increase their knowledge about literacy. However, 56% of the participants indicated they read journal articles focusing on language, literacy, and/or reading occasionally; 22% read articles once a month or more, and 22% responded that they never read articles focusing on language, literacy, and/or reading. The years of experience did not appear to impact the amount of time spent reading journal articles. A participant provided this comment about journal articles: "access to journals can be difficult and it is also difficult to find which universities or researchers to follow – it requires a lot of effort to locate EB (evidenced based practices) and resources." Another participant commented, "I am constantly seeking out information. It's difficult to determine what is worthwhile and what is not." The participants provided a variety of websites they used for information or therapy resources that focus on literacy and language (i.e., university websites, ASHA, Spelfabet (Australia), Smart Speech Therapy, Key to Literacy, Ida, Speech Pathology.com, Florida's Reading website, etc.). The survey did not ask how often they frequented those websites, and the participants did not indicate in the additional comments about the

frequency of use and/or access of those websites. Could websites that are readily available and provide hands-on activities, templates for activities and suggested books to use in therapy be impacting the amount of time spent reading journal articles? Whether the school-based speech-language pathologists is reading journal articles or using websites as resources, they acknowledge the need to expand their knowledge of literacy. One participant expressed, "I am seeing a need to improve my knowledge base and ability to incorporate literacy in my speech therapy sessions."

Final Thoughts

The participants of the focus group were asked, "What did you learn from this process (focus group) about literacy and collaboration related to speech therapy in a school setting?" The responses were placed in two categories: barriers to collaboration and desire to increase their knowledge and involvement in the classroom. Several of the participants discussed the barriers to collaboration, which included time, caseload size and lack of consistency in services. One participant stated:

> Most SLPs carry huge caseloads and their first responsibility is to make sure that students are being served. You could certainly make the argument that collaboration will help the SLPs do their jobs more effectively; it usually takes a lot of time to plan/work with others to effectively collaborate.

Furthermore, another participant commented, "I learned some therapists are working with children not on their caseload. With 89 IEP students that is not possible for me." Yet another participant shared these thoughts, "I learnt the vast differences in provision of services to children with language and literacy difficulties across the USA and

internationally. Some set ups are phenomenal whereas some others are lacking. It however, confirms the growing awareness of SLP roles in literacy."

Despite barriers, some of the school-based speech-language pathologists wanted to expand their involvement in the classroom and possibly their role on their campuses. A participant said, "I learned that there is more collaboration going on out there than I thought and I should be making more of an effort to connect. I also asked our literacy coach and the direct instruction curriculum and she is going to get back with me about it. I am always looking for ways to connect with the classroom instruction." When this participant was asked, "How would you want to connect with the classroom (i.e., co-teach, push-in, etc.)?" they further commented, "it would be difficult for me to co-teach or push-in at my school because my caseload is spread so thin across the classrooms. But what I would like is to be more aware of the language arts scope and sequence for each grade so I could teach lessons that coincide with them." A participant added, "that my desire to work in a place where I can address literacy in early childhood as well as collaborate with teachers is reasonable." One participant shared, "I learned some valuable information about RtI that I can possibly take back to my school."

Summary

I attempted to answer the three research questions that drove this research (a) In what ways do school-based speech-language pathologists and classroom teachers collaborate to meet the instructional needs of students identified as language impaired and struggling readers? (b)What literacy strategies do school-based speech-language pathologists incorporate into therapy with students who are language-impaired and identified as struggling readers, and how confident are they in incorporating those strategies into

therapy? (c) What pre-service training in literacy strategies did you receive, and how are you increasing your knowledge about literacy?

The first research question revealed that consistency, time, and lack of connection with classroom teachers are issues that impact the collaborative effort of the school-based speech-language pathologist. It appears that the majority of the participants are not actively involved in meeting the instructional needs of their students who are identified as struggling readers, and there is a lack of consistency in who shares information about the students' instructional needs with the campus speech-language pathologists. Time to work together to plan and prepare collaborative activities is essential, and the participants acknowledged this. However, tight schedules, providing services at more than one school campus, and limited interaction with the classroom teachers affects their ability to work collaborative with classroom teachers to meet the instructional needs of their students. It should be noted that 57% of the participants indicated on the survey that they are meeting face-to-face with the classroom teacher. Nonetheless, the survey did not solicit what was being discussed during these meetings; therefore, the participants did not provide this information. Many times, schedules, the number of campuses served, caseload size, and consistency in speech therapy services are out of the hands of the campus speech-language pathologists. Numerous decisions are made at the administrative level without input from the campus speech-language pathologists. How do we increase our input into the decisions that are being made? Sharing our expertise about oral language development and its impact on literacy development, talking with administrators about the positive impact speech-language pathologists can make in the

classroom, finding a teacher to collaborate with, and, finally, being creative and thinking out of the box about literacy and collaboration are all possible paths of recourse.

The responses from participants for the second research question about what literacy strategies they use during therapy and how confident they are in incorporating literacy strategies into their therapy sessions for their students that are identified as struggling readers are as follows. The participants were self-assured about their knowledge of the relationship about between literacy and language and believed that addressing literacy skills were important during therapy. It appears that the some school-based speech-language pathologists have difficulty in transferring that knowledge into practice, thus, preventing some of the participants from incorporating literacy strategies into therapy sessions. Also, the majority of the school-based speech-language pathologists participating in this research continue to use the traditional pull-out model for therapy. Using the traditional method may have an effect on their confidence level for incorporating literacy strategies into therapy. Breaking these barriers to collaboration and having speech-language pathologists collaborate with classroom teachers using literacy strategies could expand their knowledge and confidence in literacy strategies. Perhaps this approach could even increase the frequency of using those literacy strategies in their therapy sessions. Further research is needed.

Finally, looking at research question 3 regarding how and where they received their training and/or education about literacy, none of the participants indicated that they received any in their university pre-service training regardless of their years of experience as a speech-language pathologist. Most of the participants indicated that they received their knowledge from self-directed reading, workshop, and/or in-services. Is there a gap

in their university training? What can university communication disorders programs do to strengthen the speech-language pathologist's knowledge of the relationship between language and literacy and how to incorporate that knowledge into practice?

In Chapter 4, the data from the on-line focus group and survey were presented and discussed.   Demographics the participants reported via the survey were provided as well as some demographics from ASHA (2016) Report. Each research question was discussed, and tables were provided. Chapter 5 will include a discussion of the research questions and links to the review of literature and conclude with implications for future research into literacy, language, and collaboration with classroom teachers.

Chapter V

Discussion, Implications, and Recommendations

Introduction

In this chapter, each of the research questions will be discussed; the research will be connected to the literature, and implications for future research into literacy, language, and collaboration with classroom teachers will be considered. The research questions for this study were: (a) In what ways do speech-language pathologists and classroom teachers collaborate to meet the instructional needs of students identified as language impaired and struggling readers? (b)What literacy strategies do speech-language pathologists incorporate into therapy with students who are language-impaired and identified as struggling readers, and how confident are they in incorporating those strategies into therapy? (c) What pre-service training in literacy strategies did speech pathologists receive, and how are they increasing their knowledge about literacy? After years of experience in the school setting, I was curious in knowing how school-based speech-language pathologists are helping struggling students, how they are collaborating with classroom teachers, and how they are increasing their knowledge about literacy in the 21st century. I used the data gathered from an online focus group and online survey to answer the research questions.

Discussion

Generally, the data from the survey indicated that participants felt knowledgeable about the relationship between language and literacy, and the majority agreed that addressing literacy was important during therapy. However, not all of the participants felt comfortable with coalescing literacy skills and language skills during therapy, and

even fewer felt confident enough to consult with the classroom teacher about incorporating literacy and language into the classroom. The ability to transfer their knowledge about the connection between language and literacy into practice, whether in therapy or interacting with classroom teachers, appears to be a barrier for some school-based speech-language pathologists. Other barriers that were mentioned included: classroom teacher's lack of interest in collaborating, time, caseload size, campus culture that does not encourage collaboration, preconceived ideas about the school-based speech-language pathologist's role on their school campus, and other school-based speech-language pathologists who do not consider their job to be involved with literacy.

When the participants were asked if they knew which of their students were struggling readers and who shared that information with them, the responses showed that each school campus appeared to have their own system or no system at all for sharing information with the speech-language pathologist. Some of the campus speech-language pathologists received the information about their students' needs at yearly meetings with teachers, meetings with parents, through campus RtI and literacy programs, asking the administrator, talking in passing with the classroom teacher in the hallway, and/or "hit and miss." Therefore, if there is no consistency in gathering or receiving information about the student's academic needs in the classroom, how can collaboration between the campus speech-language pathologist and classroom teacher take place? Barriers cannot always be the excuse for why there is no communication with classroom teachers.

Ainsworth's (1964) words from the early 1960s still ring true - are school-based speech-language pathologists "participants" or "separatists" (p. 496)? School-based speech-language pathologists need to become "participants" on the instructional team.

By becoming participants, they can begin to break down those barriers and become an integral part of the student's academic success. Schuele and Larrivee (2004) commented, "the educators in the school are a team, and the role of any one member of the team depends critically on the roles and skills of the other team members" (p. 5). Campus speech-language pathologists' knowledge of language development would be an asset when collaborating with classroom teachers (Catts & Kamhi, 2017). In a study, conducted by Thornburg, Calvert, Sturm, Paramboukus, and Paul (2000), looking at the "collaboration model" service delivery found that collaboration could be successful if classroom teachers shared information about the curriculum and the desired outcome for students and the speech-language pathologists shared information about student's language skills and goals. The "collaborative model" described in Thornburg and her colleagues (2000) showed "SLPs can have an impact on the vocabulary growth of all students in class-rooms (including those who do not qualify for speech-language services) when using a collaborative or classroom-based service delivery model" (p. 16).

The school-based speech language pathologists varied on what types of literacy strategies they provided for their students. Some strategies were address in a small group setting during pull-out, during push-in, or through RtI programs at their school. Most of the strategies focused on early literacy skills such phonological awareness and letter knowledge during push-in therapy, and one participant indicated that in the higher grades literacy skills were addressed in the speech therapy room. The participants were asked if they address literacy skills with students who are not on their caseload; six of the 10 participants who responded to this question during the focus group responded "no," whereas others indicated that they worked indirectly with these students during push-in therapy or during RtI programs. Several indicated that caseload size prevented them

from being involved with struggling students who were not on their caseloads. Another participant commented that working with kids that are not on their caseload is not an option at their school campus, but others stated that reading interventionists address those students' needs. School-based speech-language pathologists indicated that they were confident about their understanding of the relationship between language and literacy and believe that it is important to address literacy skills in therapy. However, fewer of the participants indicated that they felt less competent blending those skills together during therapy. Once again, it appears that there is a breakdown between knowledge and practice in language and literacy for the school-based speech-language pathologist.

Training in language and literacy skills for speech-language pathologists was an area of importance. Participants indicated on the survey that they believed more training was needed in the area of literacy during undergraduate and graduate coursework. Most of the participants indicated that most of their knowledge about language and literacy was gained through self-directed reading, workshops, and experiences with literacy. Overall, lack of training could be a barrier.

Another barrier for school-based speech-language pathologists working collaboratively with classroom teachers and incorporating literacy skill during therapy could be the failure to increase their knowledge about best practices and current research. On the survey, the participants were asked about the frequency of reading professional journal articles focusing on language, literacy, and/or reading. The majority (56%) read journal articles occasionally; 22% indicated they read journal articles more than once a month, and 22% responded they never read journal articles. If they are not reading articles about research and evidenced based practices, how can they increase their

knowledge of collaboration and literacy? In her article, Powell (2018) stated "…there must be a concentrated effort for data to be gathered that supports specific best practices, including workload models, service delivery, and curriculum-based intervention" (p. 145).

Knowledge and understanding of best practices could be a gateway to change. Numerous articles (Archibald, 2017; Ehren, & Ehren, 2001; Girolametto, Weitzmann, & Greenberg, 2012; Powell, 2018; Schuele, 2009; Schuele & Larrivee, 2004) have been written that encourage and provide strategies for speech-language pathologists about their role in literacy and working collaboratively with classroom teachers. Sharing those best practices with teachers, colleagues, administrators, and/or special education directors could help bring about changes in caseload sizes, increased opportunities for different service delivery models, and time for planning with classroom teachers. Also, school-based speech-language pathologists need to know about school curriculum.

Implications

The foremost implication is the need for university programs in communication disorders to increase coursework that focuses on language and literacy to assist future school-based speech-language pathologists. ASHA (2016) reported that over 50% of their membership is employed in a school system. Therefore, the speech-language pathology profession needs to be doing a better job of training future and current speech-language pathologists about the nexus between language and literacy. The majority of the speech-language pathologists who participated in the survey are not reading journal articles on a regular basis. However, they are looking at websites for information about literacy and therapy ideas. Therefore, universities and ASHA need to be creative in

sharing best practices in real-world ways so that the best practice can easily be integrated into daily therapy sessions. School-based speech-language pathologists need training in collaboration - a skill best honed by practice.

Recommendations for Future Studies

Research informs and guides our practices in speech-language pathology. Further studies are needed to examine university program curriculum regarding language and literacy and collaboration. Studies could be conducted to determine how to inform those school-based speech-language pathologists who are not reading journal articles about best practices and/or evidenced based practices. Research is needed to explore ways to make best practices more "hands on" with examples and situations that school-based speech-language pathologists can relate to.

When asked what they learned from the focus group about literacy and collaboration related to speech therapy in a school setting, a participant commented, "that my desire to work in a place where I can address literacy in early childhood as well as collaborate with teachers is reasonable." We need to work toward this reasonable goal for speech-language therapy in public schools to be meaningful for struggling students. This vision is attainable if we work toward providing training in collaboration. Collaboration is a skill that is best learned through experience. As a profession, we must acknowledge that collaboration is a valuable skill not only for school-based speech-language pathologists but also for the profession as a whole.

Final Thoughts

In 1988, Casby completed a study looking at speech-language pathologists' attitudes and involvement with regard to language and reading and found that speech-

language pathologists felt very knowledge about oral language disorders. However, when asked about their knowledge relating to the oral language-reading connection, their confidence decreased. "Speech-language pathologists feel strongly that they ought to be involved in both assessment and remediation activities for children with reading disorders. Yet the as the present data attest, they are not typically involved in such activities (Casby, 1988, p. 356). Finally, the speech-language pathologists in the study acknowledged the need for more training about the relationship between language and literacy (Casby, 1988). Looking back, not much has changed from 1988. Thirty years later, school-based speech-language pathologists continue to feel knowledgeable about the connection between language and literacy and believe they should be involved with struggling readers, but the majority are not engaging with those struggling students. Speech-language pathologists working in the schools need to embrace literacy and collaboration so that we can work together for the success of our students. At the end of the day, that is what it all about!

Summary

In chapter five, the research questions were discussed, and research was cited. Following an examination of the research, implications for future research were addressed involving recommended changes (i.e., the need for future studies in collaboration, pre-service training in language and literacy, and how to share best practices with school-based speech-language pathologists) to help break down barriers in an effort to incorporate literacy into therapy sessions, thereby improving collaboration with classroom teachers. In closing this chapter, I ended with some final thoughts about language, literacy, pre-service training, and how little has changed in the past 30 years.

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APPENDIX A

Sam **Houston**
S T A T E   U N I V E R S I T Y
A Member of The Texas State University System
STUDY INFORMATION COVER LETTER

Dear Colleagues,

My name is Dee Ann Shelton, and I worked as a speech-language pathologist for eighteen years in the public school system. Currently, I am enrolled in the Reading Doctoral Program at Sam Houston State University and am in the process of completing my dissertation. I am conducting my research under the direction of Dr. Debra Price, Associate Dean of Research and Graduate Studies. In order to complete my dissertation, I am conducting a study, the purpose of which is to examine school-based speech-language pathologist's attitudes, practices and collaboration with classroom teachers with regard to literacy.

I would appreciate your participation and input in an online focus group setting on the topic of literacy and collaboration and its relationship to speech-language therapy. Your acknowledgement of this consent letter sent via email and your participation in the focus group denotes your permission to use the information gathered for a study on speech-language pathologists and literacy.

Also, before the beginning of the focus group, each participant will be asked to complete a short questionnaire. While completing the questionnaire or during the focus group, you are not required to answer every question presented. Also, you may leave the focus group at any time. This research will require 10 minutes of your time each day for five days. All information gathered from the questionnaire and online focus group will be confidential, and individual anonymity will be respected since no participant will be asked use their names during the online focus group or when completing the survey. Each participant will be assigned a random user name to use when responding to questions. Your

survey and focus group responses will be kept confidential to the extent of the technology being used. SurveyMonkey collects IP addresses for responses to surveys they host, and FocusGroupIt collects IP addresses for responses to focus groups they host; however, the ability to connect your survey/focus group responses to your IP address has been disabled for this study. That means that I will not be able to connect responses to a specific participant. You should, however, keep in mind that answers to specific questions may make you more easily identifiable. The security and privacy policy for Survey Monkey can be viewed at

https://www.surveymonkey.com/mp/policy/privacy-policy/. The security and privacy policy for FocusGroupIt can be viewed at https://focusgroupit.com/privacy_policy.

While compiling the data, all information will be stored on a flash drive (i.e., questionnaire and focus group responses/and or comments). After the completion of the study, all the focus group material including questionnaire and focus group responses and/or comments will be destroyed. All participation will be voluntary. No monetary compensation will be provided to any participant. However, at the end of the focus group, each participant will have an opportunity if they choose to participate in a drawing to receive an Amazon gift card (four gift cards will be given away).

I am excited about this research and look forward to hearing how you feel about the speech-language pathologist's role in literacy. Hopefully, a benefit of participating in the focus group will provide an opportunity to share your ideas, opinions, and practices regarding literacy and collaboration.

If you have any questions about this research, please feel free to contact me or Dr. Price. Our contact details are listed below. If you have questions or concerns about your rights as research participants, please contact Sharla Miles, Office of Research and Sponsored Programs, using her contact information below.

Dee Ann Shelton Language, Literacy, & Special Populations Sam Houston State University Huntsville, TX 77341 E-mail: mds021@shsu.edu	Dr. Debra Price Language, Literacy, & Special Populations Sam Houston State University Huntsville, TX 77341 E-mail: edu_dpp@shsu.edu	Sharla Miles Office of Research and Sponsored Programs Sam Houston State University Huntsville, TX 77341 Phone: (936) 294-4875 Email: irb@shsu.edu

Thank for your time and participation.

Sincerely,

Dee Ann Shelton

APPENDIX B

Online Focus Group Questions

- Do you know which of your students (students who are receiving speech-language therapy) are struggling readers? If so, who provided you with that information?
- If you address literacy skills, which setting do you feel is the most effective (i.e., pull-out, classroom, co-teaching with classroom teacher….) for students who receive speech therapy?
- In your school setting, do you address literacy skills with students **who are not** on your caseload? If so, how?
- If you currently collaborate with a classroom teacher, how often do you do so? If you are not collaborating with a classroom teacher, what barriers prevent you from collaborating?
- What did you learn from this process (focus group) about literacy and collaboration related to speech therapy in a school setting?

APPENDIX C

Survey Monkey Questionnaire

1. What is your highest degree?	Bachelor's		Master's	PhD. or ED.
2. How many years have you worked in a school setting?	under 5 years	6 to 10 years	11 to 15 years	16 or more years
3. What is the size of your caseload?	less than 20	21 - 30	31 – 40	41 or greater
4. How many schools do you serve in a week?	1	2	3	> 4
5. What best describes your professional work setting at the school you serve?	Itinerant	Resource room	Speech room	Speech room/ Classroom
6. I feel knowledgeable about the relationship between language and literacy.	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
7. Addressing literacy skills through speech-language therapy is important.	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
8. Speech Pathologists should be involved in the management of the language-literacy connection for language-delayed students.	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
9. During therapy sessions, I presently feel competent in blending language and pre-literacy or literacy skills for students on my caseload that are struggling readers.	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
10. I feel knowledgeable/competent in consulting with classroom teachers about incorporating more language and literacy activities into their classroom.	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
11. How do you collaborate with classroom teachers?	Face-to-Face	Email/online	Schedule Meetings	Other

12. Where did you gain your knowledge about the relationship between language and literacy?	pre-service coursework	in-service training or workshops	self-directed reading and experiences	convention programs	Collaborating with classroom teacher

13. If you gained your knowledge of/about the relationship between language and literacy through journals, what journals did you use as resources?				
14. How often do you read professional journal articles focusing on language, literacy and/or reading?	1 Never	2 Occasionally	3 Once a month	4 More than once a month

15. If you have used websites about literacy and language for information and/or as a resource for your therapy sessions, what web sites did you use?				
16. I believe there is a need for pre-service coursework focusing on the relationship between language and literacy.	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
17. Any additional comments:				

APPENDIX D

From: "Michael W. Casby" <casby@msu.edu>
Subject: **Re: 1988 article**
Date: November 8, 2010 8:30:05 AM CST
To: Mary Shelton <das8@sbcglobal.net>

Yes, your use of the survey with proper referencing will be fine with me. Thank you for asking, and good luck with your project.

Mary Shelton wrote:
Dear Dr. Casby,

I would like to introduce myself. My name is Dee Ann Shelton, and I am
speech language pathologist who is currently enrolled in the Reading
Doctoral Program at Sam
Houston State University.

This semester, I am taking both qualitative and quantitative research.
For my research proposal, I would like to survey school speech language
pathologists about their
attitudes toward reading, RtI as well as their knowledge of the
relationship between reading and language, and collaboration with
classroom teachers.

While looking for articles, I came across your article from 1988. If
possible, I would like to use your survey. I will be using Survey
Monkey, so the format would be a little different.
Additionally, I would include some questions regarding RtI,
collaboration with teachers, and change the wording in a few of your
original questions so as to fit the format of Survey Monkey. I also plan
to have
a focus group about a month after the survey is completed.

Thank you for time.

Sincerely,

Dee Ann Shelton

--
Michael W. Casby, Ph.D., CCC-SLP
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VITA

Mary Dee Ann Shelton

Education

Currently enrolled in the Doctoral Reading Program at Sam Houston State
University - ABD

Angelo State University, Master of Arts - 2006
Major: Curriculum and Instruction

Abilene Christian University, Master of Arts - 1992
Major: Communication Sciences and Disorders

Abilene Christian University, Bachelors of Arts - 1991
Major: Communication Sciences and Disorders

Certifications:

American Speech-Language-Hearing Association Certificate of Clinical Competence
(SLP/CCC)
Texas State License for Speech-Language Pathologists

Experience:

Doctoral Graduate Research Assistant for the Language, Literacy and Special
Populations, College of Education, Sam Houston State University

- supervised pre-service teachers tutoring reading (2010-2011 school year)
- supervised pre-service teachers tutoring fourth grade students through the writing process (2010-2011 school year)
- assisted with teaching pre-service teachers in the Literacy Block at Reaves Elementary (Conroe, TX, 2010-2011 school year)

Work Experience

Speech Language Pathologist for Steps 2 Strides Pediatric Clinic 2013 - Present

- provided therapy for a variety of speech and language disorders
- supervised assistant in speech language pathology
- supervised graduate students from ACU
- supervised CFY (Clinical Fellowship Year)

Speech Language Pathologist for Tri-County Educational Cooperative 2011- 2013

- provided therapy for a variety of speech and language disorders
- provided language enrichment activities in the PK, Kindergarten, First grade and

Fourth
classrooms in various districts served by Tri-County Educational Cooperative

Contract Speech Language Pathologist for the Polk County Special Services Cooperative, 2009 – 2011
- provided therapy for a variety of speech and language disorders
- provided language enrichment activities in Kindergarten classrooms

Speech Language Pathologist for Taylor-Callahan Educational Cooperative, 2001 – 2009
- provided therapy for a variety of speech and language disorders
- provided three week Language Camp for struggling students - June 2007 and June 2008 at Eula Elementary
- provided language enrichment activities in Kindergarten classrooms – Eula Elementary
- provided language enrichment activities focusing on writing skills in 4th grade classroom – Eula Elementary
- provided RtI for students struggling with oral language and pre-literacy skills – Merkel Elementary
- provided language enrichment activities for 4th grade science class – Clyde Intermediate
- supervised graduate students from ACU and TWU
- supervised licensed assistants in speech-language pathology

Speech Language Pathologist for Abilene Independent School District, 1998 – 2001
- provided therapy for a variety of speech and language disorders
- provided language enrichment activities for Kindergarten and 4th grade classes– Jones Elementary
- provided language enrichment activities for Kindergarten and 2nd grade classes at Alta Vista Elementary
- provided language enrichment activities for 5th grade class at Reagan Elementary
- supervised graduate students from ACU
- supervised licensed assistants in speech-language pathology

Speech Language Pathologist for Independent Contract Company working in Rehab facility and Long-Term Care, 1996 - 1998

Speech Language Pathologist for the Abilene State School, 1993 -1996
- provided therapy for a variety of speech and language disorders
- co-director of the Sign Language Choir

Professional Publications

Shelton, D. & Mitchell, V. (2017). Speech-language therapy and access to the general curriculum through literacy skills and curriculum content. *Under Review*

Clonch, A., Kirby, D., & **Shelton, D.** (2008). Longhorn literacy nights: A celebration of family literacy. *Communicologist*, 34*(4), 6.*

Kirby, D., & **Shelton, D.** (2007). *Camp literacy: Dinosaurs*. Coppell, TX: Mindworks Resources.

Kirby, D., & **Shelton, D.** (2007). *Camp literacy: Ocean*. Coppell, TX: Mindworks Resources.

Kirby, D. & **Shelton, D.** (2007). *Camp literacy: Wild West.* Coppell, TX: Mindworks Resources.

Shelton, D. & Clonch, A. (2006). *Fun with phonological awareness*. Coppell, TX: Mindworks Resources

Shelton, D. & Clonch, A. (2006). *Fun with vocabulary*. Coppell, TX: Mindworks Resources.

Shelton, D. & Clonch, A. (2006). *Fun with phonics*. Coppell, TX: Mindworks Resources.

Professional Presentations:
Kirby, D., & **Shelton, D.** (November, 2008). Language and literacy: What's an SLP to do? A poster presentation at American Speech-Language-Hearing Association annual convention, Chicago, IL.

Clonch, A., **Shelton, D.**, & Kirby, D. (March, 2008) *Longhorn literacy nights: A celebration of family literacy*. Texas Speech-Language-Hearing Association annual convention, San Antonio, TX.

Kirby, D., & **Shelton, D.** (July, 2007) *Camp literacy: Where language and literacy come to life*. A poster presentation at Schools Conference for the American Speech-Language-Hearing Association, Pittsburg, PA.

Kirby, D., & **Shelton, D.** (February, 2007). *Camp literacy: Where language and literacy come to life.* Texas Speech-Language-Hearing Association annual convention, Houston TX.

Workshops
Kirby, D., & **Shelton, D.** (November, 2008). *Longhorn literacy nights: A celebration of family literacy.* Workshop presented to Region XI Education Services Center, Ft. Worth, TX.

Kirby, D., & **Shelton, D.** (December 2007). *Camp literacy: Where language and literacy come to life*. Workshop presented to Region XI Education Service Center, Fort Worth, TX.

Kirby, D., & **Shelton, D.** (June, 2007). *Camp literacy: Where language and literacy come to life*. Workshop presented to Region VI Educational Service Center, Huntsville, TX.

Community Involvement

Assisting in ESL classes for Refugees (Rwanda and Burundi)

Teaching GED classes for Refugees (Rwanda and Burundi)

Tutoring refugees (Rwanda and Burundi) in literacy skills

Volunteer in Kindergarten classroom at Jane Long Elementary – providing language enrichment activities

Longhorn Literacy Nights at Jane Long Elementary

Professional Organizations

American Speech-Language-Hearing Association

Texas Speech and Hearing Association