

Two Contexts are Better Than One: Proposing an Integration of Family and School Contexts for Delivering Communication Interventions

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The Challenge

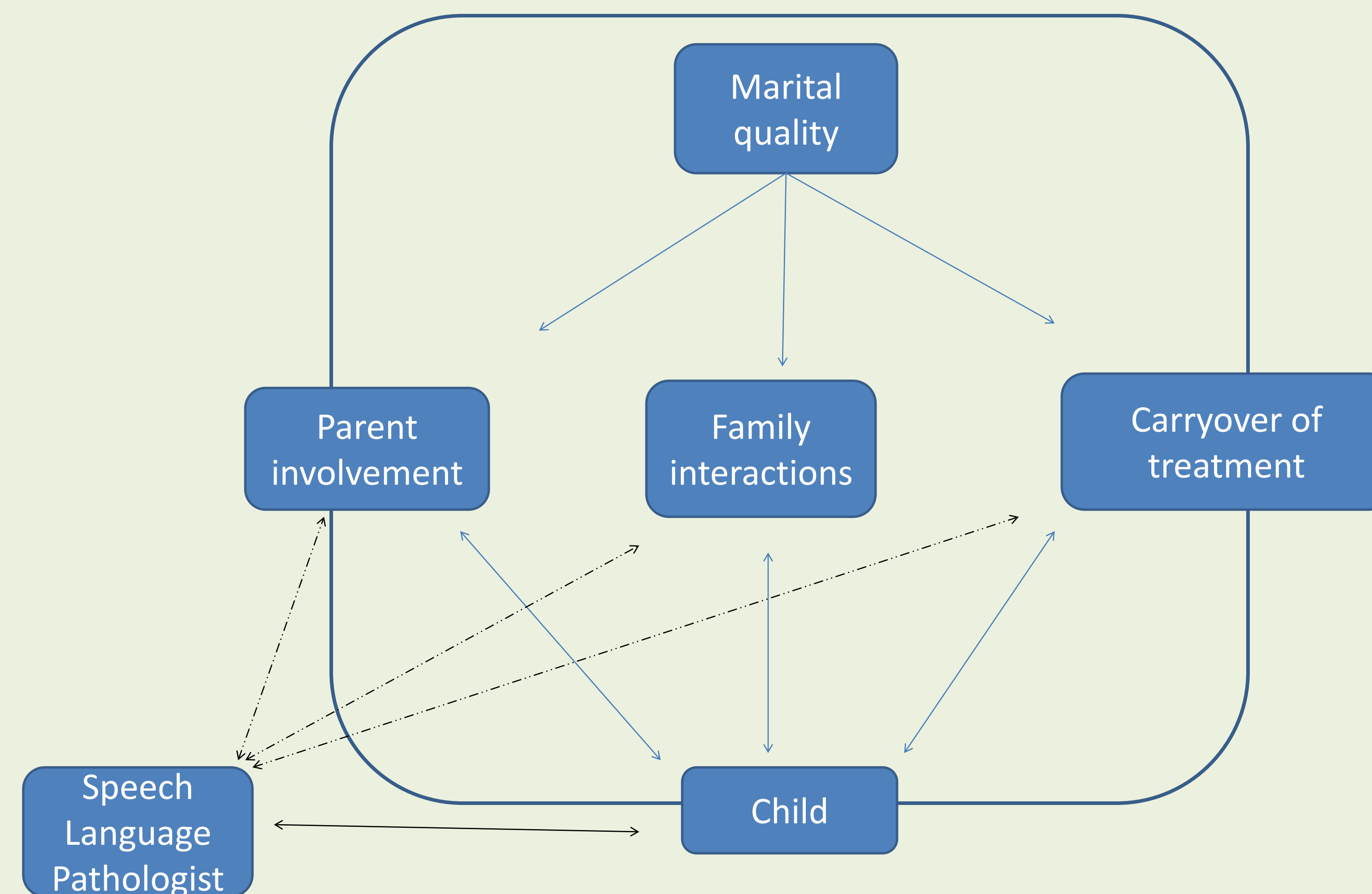
- ❖ Children who do not develop spoken language that is functional require services to help them gain skills to communicate using other modalities.
- ❖ When very young, services are provided in the home, often supporting the entire family.
- ❖ Once the child begins school, services are provided in school and there is much less interaction with the family.
- ❖ Outcomes are better with greater family involvement.
 - The child has more opportunities to practice the skills.
 - The family is more invested and actively engaged.

The Goal

- ❖ Shift focus of intervention
 - Include the family.
 - Recognizing the family as a system with members who influence each other (Cox & Paley, 1997).

Proposed model, integrating family and school contexts:

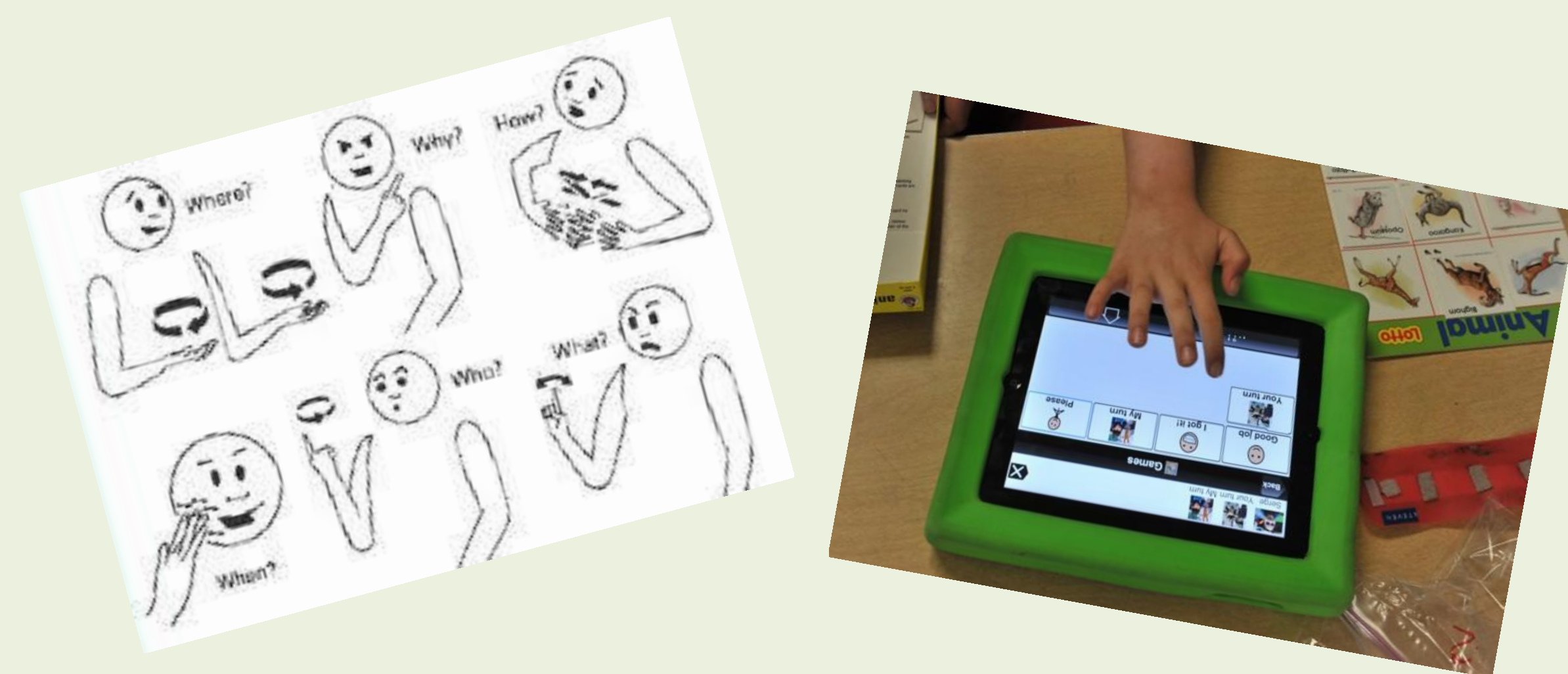
- ❖ School-based SLP works with family members to optimize in-school therapy sessions with the child.



Benefits of Integrating Contexts:

- ❖ Better team collaboration
 - Parents want to be involved in AAC decision making processes (McNaughton et al., 2008)
 - Parents may become more involved once initial successes achieved
 - With greater parent involvement, SLP role may shift
 - More enjoyable parent-professional interactions.
- ❖ Positive outcome for the child
 - Less confusion for child
 - Similar demands and expectations across environments.
 - Consistent use of skills across environments can influence acquisition of those skills.
 - Increased acceptance of AAC systems and intervention procedures with parent involvement (Bailey et al., 2006).
 - Focus on participation goals supports broader interaction goals across settings and communication partners (Granlund et al., 2008)

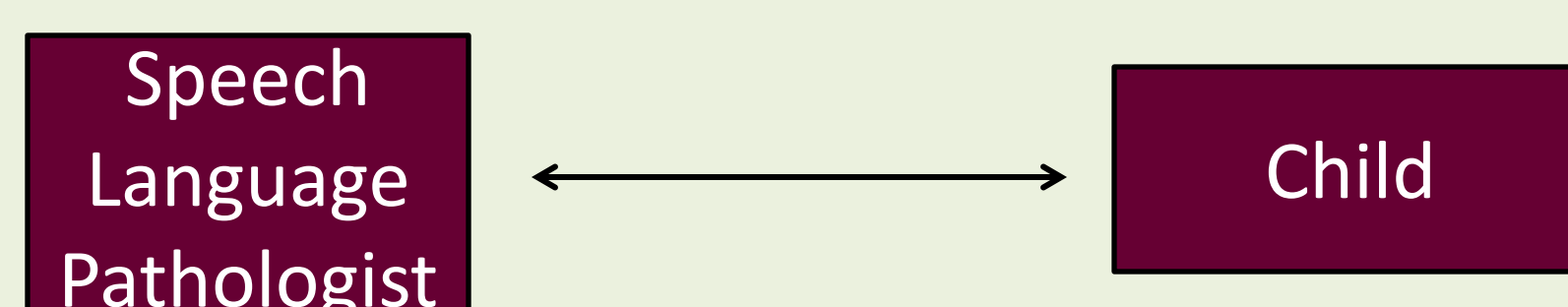
Augmentative and alternative communication (AAC) includes a variety of techniques to support or replace spoken communication.



Using AAC requires all the knowledge and skills of using spoken language PLUS aspects related to operating and integrating the system into the interaction (Light, 1989).

Current model of services:

- ❖ School-based speech language pathologist (SLP) works with the child in the school.



Inter-related Variables of Family Systems

- ❖ Marital quality (Grych, 2002):
 - Spousal relationship can support or undermine parenting
 - Marital satisfaction leads to more sensitive and responsive parenting
 - Marital stress drains parents' resources, energy, and attention
- ❖ Cohesive family interactions
 - Characterized by open communication, marital quality, social support, positive coping abilities and lead to reduced parental stress (Black & Lobo, 2008; Hartshorne, 2002)
 - High parental stress is associated with poorer outcomes (Hastings & Beck, 2004)

Challenges of Integrating Contexts:

- ❖ "But I'm an SLP not a counselor!"
 - Counseling is within the scope of practice according to the American Speech-Language-Hearing Association
 - Counseling can emphasize capitalizing on strengths, rather than trying to fix something that is "wrong" (Holland, 2007).
 - SLP's goal will be to involve the parents and really hear the issues, then recognize what is within zone of control and what outside resources the parents can be guided toward.
- ❖ "I don't have time for that, have you seen my caseload!"
 - The return on investment may outweigh the time cost (see benefits section).

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References

Bailey, R. L., Parette, H. P., Stoner, J. B., Angell, M. E., & Carroll, K. (2006). Family members' perceptions of augmentative and alternative communication device use. *Language, Speech, and Hearing Services in Schools, 37*(1), 50 – 60.

Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of Family Nursing, 14*(1), 33 – 55.

Cox, M. J., & Paley, B. (1997). Families as systems. *Annual Review of Psychology, 48*, 243 – 267.

Granlund, M., Björck-Åkesson, E., Wilder, J., & Ylvén, R. (2008). AAC interventions for children in a family environment: Implementing evidence in practice. *Augmentative and Alternative Communication, 24*(3), 207 – 219.

Grych, J. H. (2002). Marital relationships and parenting. In M. H. Bornstein (Ed.), *Handbook of Parenting* (2nd ed. Vol. 4) Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Hartshorne, T. S. (2002). Mistaking courage for denial: Family resilience after the birth of a child with severe disabilities. *Journal of Individual Psychology, 58*(3), 263 – 278

Hastings, R. P., & Beck, A. (2004). Practitioner review: Stress intervention for parents of children with intellectual disabilities. *Journal of Child Psychology and Psychiatry, 45* (8), 1338 – 1349.

Holland, A. (2007). *Counseling in communication disorders: A wellness perspective*. San Diego, CA: Plural Publishing Inc.

Light, J. (1989). Toward a definition of communicative competence for individuals using augmentative and alternative communication systems. *Augmentative and Alternative Communication, 5*(2), 137 – 144.

McNaughton, D., Rackensperger, T., Benedek-Wood, E., Krezman, C., Williams, M., & Light, J. (2008). "A child needs to be given a chance to succeed": Parents of individuals who use AAC describe the benefits and challenges of learning AAC technologies. *Augmentative and Alternative Communication, 24* (1), 43 – 55.