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## The Position of Speech and Language Therapy in the Transforming System of (Not Only) Special Needs Education and Intervention

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### Rola logopedii w przekształcaniu systemu nauczania i interwencji w przypadku specjalnych potrzeb edukacyjnych (i nie tylko)

**Summary:** The paper aims at discussing the major issues relating to the current transformation of special education systems to an inclusive system which has an impact on the area of speech and language therapy (SLT) intervention, conceived as a collaborative discipline that focuses not only on isolated speech disorders, but also on symptomatic speech disorders and related problems. It also describes the role of universities in the undergraduate education of speech and language therapists in the context of interdisciplinary collaboration and working with people with special needs.

**Keywords:** speech and language therapy; inclusion; special education; undergraduate education; symptomatic speech disorders; autism; education; interdisciplinary collaboration

## INTRODUCTION TO THE ISSUE

At present, transformation of the current system of diversified education of children, pupils, students as well as adults to a fully inclusive, or at least pro-inclusive practice is one of the most discussed problems of school and counselling practice. As the experience of inclusion-oriented countries shows, the transformation is far from being easy. The logical discussion, we tend to support for some time, concerns: a) typology of the teacher who will be suitable for inclusive education in the 21<sup>st</sup> century, b) teacher competences which are essential for the current implementation of inclusive education, or c) measures to prepare current teachers of the mainstream for the inclusive environment.

Taking an extreme point of view, it may appear that inclusive education, to a certain extent, expects the teacher-hero, a sort of superman, able to fight at all times even the toughest challenges. From the perspective of speech and language therapy (SLP), in our opinion, the teacher should be a person who is able to deal with all kinds of “diverse diversities”<sup>1</sup>, including communication differences. Within the EU and on long-term basis, the issues regarding inclusion are solved by linking the views of experts from various countries<sup>2</sup> (see e.g. The Profile of Inclusive Teacher). Nevertheless, the existing state in some European countries can be characterized as an unclosed and incompletely implemented inclusion<sup>3</sup>.

## SPECIAL EDUCATION, INCLUSION AND SPEECH AND LANGUAGE THERAPY – RELATIONSHIPS

Inclusive education and the provision of pro-inclusive environment seemingly face the question of coexistence and independence of education, special education and inclusive education. In our opinion, however, the main premise

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<sup>1</sup> See F. Dervin, *Transcending the Culturalist Impasse in Stays Abroad: Helping Mobile Students to Appreciate Diverse Diversities*, “Frontiers: The Interdisciplinary Journal of Study Abroad” 2009, Vol. 18, pp. 119–141.

<sup>2</sup> See K. Vitásková, *Profile of Inclusive Teacher and Its Role in the Process of Special-Educational Differential Diagnostics and Counselling – Comparison of Euro-Atlantic Experience with Focus on Cultural-Linguistic Diversity*, “Journal of Exceptional People” 2012, Vol. 1, No. 1, pp. 33–46.

<sup>3</sup> See further details in: K. Vitásková, V. Lechta, *Wissenschaftliche Kooperationen zwischen der Tschechischen und Slowakischen Republik – dargestellt am Beispiel der Erforschung Symptomatischer Sprachstörungen und Inklusion*, [in:] *Die UN-Behindertenrechtskonvention und ihre Umsetzung. Beiträge zur Interkulturellen und International vergleichenden Heil- und Sonderpädagogik*, Hrsg. A. Leonhardt, K. Müller, T. Truckenbrodt, Bad Heilbrunn 2014, pp. 90–103.

for successful transformation of traditional education and intervention systems to the inclusive system is to accept the assumption that special and inclusive education can meaningfully coexist<sup>4</sup>. Thus, we recommend taking into account a so-called cross-sectoral cooperation. “There are several types of practices [...] However, the municipalities have the legal obligation to involve school heads, teachers, guidance specialists, psychologists, social and youth workers, therapists, nurses, speech and language specialists, special needs education specialists and physicians”<sup>5</sup>.

If we look closely at the fundamental basis and strategies, as well as at the specific recommendations and instructions within inclusive education, we can state that inclusive education is mostly about communication. As in another project supported by EU is mentioned, “we are complex and dynamic human beings...”<sup>6</sup> and we may add that communication competence is one of the strongest and most obvious dynamic expression of our multiple identity and personality. One piece of evidence may be, for example, the fact that 60–90% of school communication is non-verbal<sup>7</sup> but the main evaluation rests on verbal communication. It must also be noted that any sign of impatience or misunderstanding on the part of the teacher or schoolmates (even non-verbal) can lead to a failure of inclusive education of pupils/students with communication disorders (CDs)<sup>8</sup>.

To some extent, we can also state that special or inclusive education and SLT share their fundamental basis, because their main concern and means is communication (and, in the modern view, also the swallowing processes relating to consequences not only in the area of speech but also facial expressions) and because they focus on individuals of all age group, but mostly children and therefore, unavoidably, the parents and teachers.

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<sup>4</sup> See N.P. Zigmond, A. Kloo, *General and Special Education Are (and Should Be) Different*, [in:] J.M. Kauffman, D.P. Hallahan, *Handbook of Special Education*, New York 2011. Compare: V. Lechta, *Inkluzívna edukácia včera, dnes a zajtra(?)*, [in:] J. Michalík, M. Vítková, V. Lechta, L. Květoňová, M. Bartoňová, J. Lopúchová, V. Hájková, P. Pešat, K. Vitásková, I. Strnadová, E. Žovinec, Z. Nováková, N. Bízová, M. Seifert, *Pohledy na inkluzivní vzdělávání zdravotně postižených*, Olomouc 2012, pp. 15–23.

<sup>5</sup> European Commission/EACEA/Eurydice/Cedefop, *Tackling Early Leaving from Education and Training in Europe: Strategies, Policies and Measures. Eurydice and Cedefop Report*, Luxembourg 2014, p. 204.

<sup>6</sup> F. Bakker, M. Dirba, H. Vogl, *European Diversity. Multiculturalism. European Teacher part 3 of 4*, 2011, [www.european-teachers.eu/images/ebooks/etsize\\_3\\_european\\_diversity.pdf](http://www.european-teachers.eu/images/ebooks/etsize_3_european_diversity.pdf), accessed: 20 VII 2013, p. 9.

<sup>7</sup> S. Boyce, *Not Just Talking: Identifying Non-Verbal Communication Difficulties – A Life Changing Approach*. Bicester 2012.

<sup>8</sup> K. Vitásková, V. Lechta, *op. cit.*

According to Lechta<sup>9</sup>, from the historical retrospective, SLT have been naturally pro-inclusive. Likewise, we can say that SLT to some extent, has a status of the exceptionally “special” field, as it passed through the process of transformation to a global, pragmatic and holistically “diverse needs-friendly” scientific and professional discipline. The specificity of speech therapy is also clear from the fact that it is especially demanding in practice, as it requires specific interdisciplinary knowledge and skills, has a very wide scope of practice, and also needs a special personality. It is also especially heterogeneous, it comprises a big diversity of specialists, professional placement and environment, terminology, funding as well as organization (nebo management). On top of that, it is in the process of changes and continuous development on every-day basis.

#### DIVERSITY OF SPEECH AND LANGUAGE THERAPISTS PREPARATION – THE ROLE OF UNIVERSITY

Since the SLT in most countries is associated with university education, we must draw attention to the considerable diversity of study programmes graduating students of many different communication disability study fields. According to the Czech Republic’s educational system, these are always graduates of special education programmes, mainly dominated by Speech and Language Pathology/ Logopedics master unstructured undergraduate study at the Palacký University in Olomouc, namely at the Faculty of Education. The state exam in logopedics or related specializations under special needs education programmes, can also be taken by students of other fields of teaching – such as primary or secondary school teaching or special needs education, but also in special education andragogy, special communication techniques (Orthocommunication), etc. the Ministry of Education or the Ministry of Health, and other professional organizations which also offer training courses for Logopaedic Assistants (bachelor degree, or Life-Long Learning certificate needed), Logopaedic Preventionist, LLE (Life-Long Education) short-term certificate courses or Clinical Speech Language Pathology specialization studies.

Nevertheless, universities operate as a significant formative inclusion link, which, in fact, determines their primary role in the contemporary world to prepare pro-inclusive and pro-cooperative graduates; not the graduates who would later work as “exclusive” professionally “segregated” individuals even fighting each other<sup>10</sup>. In an effort to respond proactively and actively influence the process

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<sup>9</sup> V. Lechta, *op. cit.*

<sup>10</sup> K. Vitásková, V. Lechta, *op. cit.*

of pro-inclusive changes, special educators, SLTs, teachers and psychologists from the Czech and Slovak Republics, but also from German, Austrian, Polish, and Hungarian universities established a team working on inclusive education tailored to the needs of above mentioned countries. The team consisted of academics, special educators, inclusive educators, psychologists, pedagogues, SLTs, counsellors, medical doctors and policy makers and politicians who met on several occasions at different venues during international symposiums and conferences, consequently followed by the publication of pioneering works<sup>11</sup>.

### CHILDREN WITH COMMUNICATION DISORDERS IN THE INCLUSIVE EDUCATIONAL SYSTEM

In the context of special education, it is necessary to emphasize that inclusive education concerns all participants. Therefore, it does not concern only students with special education needs or with specific learning disorders, behaviour disorders or children in danger of exclusion, but all participants in the education process (pupils and their families, teachers, management of schools, their educators, society)<sup>12</sup>.

Unfortunately, the trend of inclusive education caught many teachers in our common schools unprepared, partly because their pre-graduate university preparation was not focusing on the prospect of one day bringing up and educating pupils with diverse needs. The same applies to the context of assessing and treating children with CDs, simply because commonly school teachers are not speech and language specialists<sup>13</sup>. Not only with regard to this fact, but also in terms of comprehensive insight into a speech therapy intervention and its effectiveness, it can be stated that a much closer and more respectful collaboration of teachers, special education teachers and speech therapists is required in the inclusive intervention of communication disorders (see Figure 1). Among other things, it

<sup>11</sup> *Základy inkluzivní pedagogiky*, ed. by V. Lechta, Praha 2010; *Inkluzívna edukácia ako multidimenzionálny výchovný problém. Inkluzívna Edukation als mehrdimensionales Erziehungssproblem*, ed. by V. Lechta, Bratislava 2011; *Výchovný aspekt inkluzívnej edukácie a jeho dimenzie*, ed. by V. Lechta, Bratislava 2012; J. Michalík, M. Vítková, V. Lechta, L. Květoňová, M. Barťoňová, J. Lopúchová, V. Hájková, P. Pešat, K. Vitásková, I. Strnadová, E. Žovinec, Z. Nováková, N. Bízová, M. Seifert, *Pohledy na inkluzivní vzdělávání zdravotně postižených*, Olomouc 2012; *Reflection of Inclusive Education of the 21<sup>st</sup> Century in the Correlative Scientific Fields (How to Turn Risks into Chances)*, ed. by V. Lechta, B. Kudláčová, Frankfurt am Main 2013.

<sup>12</sup> K. Vitásková, *Možnosti transdisciplinární spolupráce pedagogů, speciálních pedagogů a sociálních pedagogů při zvyšování efektivity inkluze u dětí s postižením z kulturně-jazykově odlišného prostředí*, [in:] *Výchovný aspekt inkluzívnej edukácie a jeho dimenzie*, ed. by V. Lechta, Bratislava 2012, pp. 173–183.

<sup>13</sup> K. Vitásková, V. Lechta, *op. cit.*

results from the fact that teachers and speech therapists express desire to intensify their practical training as well as to increase their knowledge and collaborative practice; but, at the same time, they also express frustration with the current system of inequality concerning funds, personal commitment and others<sup>14</sup>.

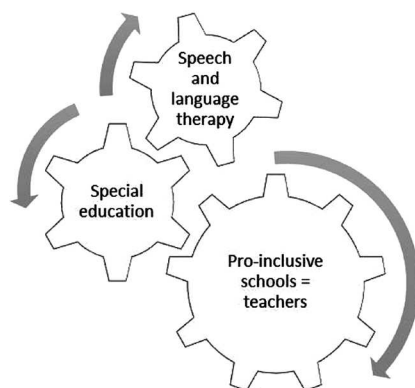


Figure 1. Model of collaboration approach to intervention in pupils and students with communication disabilities

Inclusive education brings about one paradox in relation to communication. On the one hand, practically every type of impairment negatively affects the child's communication<sup>15</sup> in certain forms of communication problems at a certain language level, symptomatic speech disorders or impaired communication ability. But, at the same time, in the school environment communication serves as one of the most important compensation factor for CDs.

If we look closely at the identification of symptoms and the effects of CDs in pupils and students, we cannot neglect the fact that the teacher is a very important partner, especially when it comes to assessing and treating hidden or rare CDs. We believe that teachers' awareness and knowledge are crucial for initial recognition and appropriate referral of children suspected of having e.g. (C)

<sup>14</sup> A. Glover, J. McCormack, M. Smith-Tamaray, *Collaboration Between Teachers and Speech and Language Therapists: Services for Primary School Children with Speech, Language and Communication Needs*, "Child Language Teaching and Therapy" 2015, Vol. 31, No. 3, pp. 363–382. Compare: J. Law, G. Lindsay, N. Peacey, M. Gascoigne, N. Soloff, J. Radford, S. Band, *Consultation As a Model for Providing Speech and Language Therapy in Schools: A Panacea or One Step Too Far?*, "Child Language Teaching and Therapy" 2002, Vol. 18, No. 2, pp. 145–163; J. Waller, *Preparing Speech-Language Pathology Students for School-Based Practice: The Importance of Graduate Clinical Experiences in Universally Designed Classrooms*, "Perspectives On School-Based Issues" 2012, Vol. 13, No. 4, pp. 132–137.

<sup>15</sup> V. Lechta, *op. cit.*

APD (auditory or central auditory processing disorder), FASD (fetal alcohol syndrome disorder) or communication difficulties based on ARND (alcohol-related neurodevelopmental disorder), specific language disorders, social (pragmatic) language disorders, right-hemisphere impairment disorders, OMD (orofacial myofunctional disorders), etc.

The other reason for emphasizing the importance of teacher participation in the intervention for children with CDs is that there is a risk of under- or over-evaluation of the child with a CD. The research on voice disturbances revealed that adolescent female students with voice disorders might be at risk of academic, social, and vocational difficulties – they are perceived more negatively by teachers. In particular, it affects their emotional adjustment, perception of happiness, their health conditions, agreeability, sociability, employability, and also a strong character, intelligence, and self-esteem<sup>16</sup>. Differences can also be found in teachers' expectations of children's academic, social, and behavioural performances dependably on moderately intelligible and normal intelligibility of their speech. Teachers associate moderately intelligible low-pitched speech with more behaviour problems than moderately intelligible high-pitched speech or either pitch with normal intelligibility. One third of the teachers reported that they could not accurately predict a child's school performance based on the child's speech skills, whereas another third of the teachers causally related school difficulty to specific speech disorders<sup>17</sup>.

#### USEFULNESS AND PROVISION OF LOGOPAEDIC INTERVENTION AT SCHOOL AGE AND ENVIRONMENT – RESULTS OF ANALYSES FROM THE CZECH REPUBLIC

In our opinion, it is currently required not only to adequately perceive the actual necessity but also, to a certain extent, to predict the interest of speech therapists in the issue of inclusion. To highlight the situation in the Czech Republic, we now present an example of the structure of the population of children with special education needs (SEN), which represents 8.9% of all school children. A great number of these children are pupils with CDs (except children with intellectual

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<sup>16</sup> R. Allard, D.F. Williams, *Listeners' Perceptions of Speech and Language Disorders*, "Journal of Communication Disorders" 2008, Vol. 41, No. 2, pp. 108–123; S.R.C. Zacharias, L.N. Kelchner, N. Craghead, *Teachers' Perceptions of Adolescent Females with Voice Disorders*, "Language Speech and Hearing Services in Schools" 2013, Vol. 44, No. 2, pp. 174–182.

<sup>17</sup> M. Overby, T. Carrell, J. Bernthal, *Teachers' Perceptions of Students with Speech Sound Disorders: A Quantitative and Qualitative Analysis*, "Language, Speech, and Hearing Services in Schools" 2007, Vol. 38, pp. 327–341.

disabilities and specific learning disorders). In the subgroup of isolated diagnoses we find 0.40% of pupils with CDs and 11% are identified within special SEN (except specific learning disorders). However, this is not the final number as special education centres do not provide services to all children, e.g. often not for those with lower support degree needs evaluated on the basis of established supportive services of level 1 or 2, despite the fact that many of them have CDs<sup>18</sup>. As a consequence, they are under the treatment of clinical SLTs or even without any treatment at all, they receive no support at school, or are only “respected” by the school workers, not specifically treated. Moreover, the situation is very variable – e.g. there is evidence of 8.3% of children with CDs in the Olomouc region (1.3% with profound CDs), 1.7% in Zlínský, 12.1% in Moravskoslezský (2.3% profound), comparing to 2.8% in Vysočina – only isolated diagnoses<sup>19</sup>.

Analysing the structure of the children with CD at Czech Primary Schools, we can conclude that applicants with CDs at primary schools in 2015 were 1.02% of diagnosed with CDs, whereas we see a very slight decrease in comparison to previous years, but with increased ratio of boys (71% compared to 54% in 2013). 1.6% of all of the rest applicants have possible symptomatic speech disorders based on Autism Spectrum Disorders (ASD) (0.41%), or specific learning disabilities (0.09%; although such early diagnose is disputable, at the least). In relation to issues of inclusion we note that 79% of the rest have “postponed school attendance”, 66% were integrated (compared to 78.3% in 2013; 71% of boys), and 32% went to special classes/schools (the ratio increased since 2012 by 15%)<sup>20</sup>. Further comparison of clinical SLT provided in the Czech Republic in recent years (summary of the data from 2012 and 2013, comparing them to 2002<sup>21</sup>) shows that in 2012 and 2013 about 90% of clients registered in SLT facilities within the health-care resort were up to 18 years of age (94% in 2002). The

<sup>18</sup> See R. Vrbová, et al., *Katalog podpůrných opatření. Dílčí část pro žáky spotřebou podpory ve vzdělávání z důvodu narušené komunikační schopnosti*, Olomouc 2015.

<sup>19</sup> L. Felcmanová, J. Klusáček, D. Hrstka, *Počty dětí se speciálními vzdělávacími potřebami v základním školství v ČR 2014. Analýza dostupných statistických dat*, Olomouc 2014, <http://inkluzie.upol.cz/ebooks/analyza/analyza-08.pdf>, accessed: 02 I 2016.

<sup>20</sup> MŠMT, *Údaje o zápisech do 1. ročníku základního vzdělávání pro rok 2015/16*, [in:] *Zápisy do 1. ročníků základního vzdělávání*, 2015, [www.msmt.cz/vzdelavani/skolstvi-v-cr/statistika-skolstvi/zapisy-do-1-rocniku-zakladnich-skol](http://www.msmt.cz/vzdelavani/skolstvi-v-cr/statistika-skolstvi/zapisy-do-1-rocniku-zakladnich-skol), accessed: 08 XII 2016.

<sup>21</sup> ÚZIS ČR, *Activity of Speech and Language Therapy in the Czech Republic in 2011. Aktuální informace č. 18/2012*, 2012, [www.uzis.cz/category/tematicke-rady/zdravotnicka-statistika/logopedie?page=1](http://www.uzis.cz/category/tematicke-rady/zdravotnicka-statistika/logopedie?page=1), accessed: 12 VII 2013; ÚZIS ČR, *Activity of Speech and Language Therapy in the Czech Republic in 2012. Aktuální informace č. 17/2013*, 2013, [www.uzis.cz/category/tematicke-rady/zdravotnicka-statistika/logopedie?page=1](http://www.uzis.cz/category/tematicke-rady/zdravotnicka-statistika/logopedie?page=1), accessed: 2 VIII 2013; ÚZIS ČR, *Activity of Speech and Language Therapy in the Czech Republic in 2013. Aktuální informace č. 13/2014*, 2014, [www.uzis.cz/category/tematicke-rady/zdravotnicka-statistika/logopedie?page=1](http://www.uzis.cz/category/tematicke-rady/zdravotnicka-statistika/logopedie?page=1), accessed: 10 III 2015.



number has been slightly increasing year-on-year. Then, the number of clinical SLTs was 525 (slight increase since 2012) and the number of treated persons per one SLT's annual workload is about 365. The average number of consultations per one SLT per year is 2,492 (in 2013 – 2,555) (the number decreased by approx. 10.9%). In the group 0–18 years of age, the following diagnoses prevailed: articulation disorders (specific speech articulation disorder) (48.4%, 0.6% decrease), delayed development of speech (about 21.5%, 0.5% decrease), specific language impairment (about 14%).

Up to 18 years of age, the diagnoses associated with symptomatic speech disorders were mostly associated with hearing impairment (1%, 0.1% decrease), specific learning disorders 1.2% (0.1%, decrease). Other diagnoses that could be considered are summarised in a single 8.2% category (on a slight increase) which could not be clearly identified (such as dysphagia, speech disorders associated with neurological disorders, CDs associated with intellectual disorders, voice disorders, dysarthria, aphasia, autism, cleft palate speech). Symptomatic speech disorders, as we call this group of CDs<sup>22</sup>, represent rather complex issue contrasting the view of its complexity as well as its individuality, as their manifestations and consequences depend on individual aetiological factors, which are hard to differentiate and which cannot be generalized in any case. A general school teacher does not usually possess the competencies to identify individual variables of specific communication behaviour<sup>23</sup>.

To mention some positive changes in providing SLT it is encouraging that special nursery schools or classes improved their cooperation with both SLTs – clinical and school, but mostly working intuitively than on managing counselling basis. These results stem from a report of the Czech Schools Inspection. 91.5% of nursery schools showed good result in the stimulation of narrative skills and pre-reading preparedness (of course, from the SLT perspective, we have to ask about how they were verified) increasing achievements in social skills development. On the other hand, however, it is noted that pedagogical diagnostics does not function for the purpose of formative evaluation and is not used for individualised education<sup>24</sup> and unsatisfactory support is provided in the area of prevention of CDs. Often also unsystematic realization of SLT care is mentioned.

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<sup>22</sup> See K. Vitásková, V. Lechta, *op. cit.*

<sup>23</sup> V. Lechta, M. Schmidtová, A. Leonhardt, *Inklusive Pädagogik als Fachdisziplin, Prinzip und Politikum versus ihre Umsetzung*, "Sonderpädagogische Förderung Heute" 2011, No. 1, pp. 86–93.

<sup>24</sup> Česká školní inspekce, *Výroční zpráva České školní inspekce za školní rok 2013/2014*, Praha 2014, [www.csicr.cz/getattachment/dd56770f-2211-42bf-92d3-8265b8cb3530](http://www.csicr.cz/getattachment/dd56770f-2211-42bf-92d3-8265b8cb3530), accessed: 23 III 2016.

When focusing on special/professional individual SLT intervention it seems that by the full-time pedagogical employee is provided only in 29.7% of nursery schools, and in the extent of 22.7% by external workers. It is also necessary to take into account that financial support of specific SLT prevention-oriented projects granted by the Ministry of Education or the support of “Logopaedic assistant” programmes had positive impact on directly working with children only in those schools where pre-primary teachers showed interest in attending such courses (in 2013, 134 nursery schools participated in such short-time projects; in 2014, there were 222 nursery schools)<sup>25</sup>.

The perceived risks of postponed school attendance and the risk of early school-leaving can be assigned to the consequences of less stimulating family communication environment and to noticeable increase in severe speech and language difficulties, but also the unsatisfactory number of school or clinical SLTs. A certain criticism of minimal attention to this issue in previous years arises not only from the Czech Schools Inspection reports, since until 1992 it was not possible to get the “logopaedic assistant” qualification, what significantly influenced the communication intervention in nursery schools. Although insufficient awareness of CDs on the parents’ side could be one of the risk factors, the most frequently mentioned reason of the dissatisfactory situation is the unavailability of clinical or school SLTs’ services for young children. Children with CDs come with rather worse position than other with SEN in relation to the structure of vocational and higher education study fields, with negative consequences on employability in the labour market<sup>26</sup>.

When we move to the primary level of education, most of the schools (93.5%) ensure “screening” of children with CDs and recommend them professional diagnostics and professional treatment, which is a very promising strategy due to the pro-interdisciplinary approach. Nevertheless, SLT intervention by own employees is provided by 32.3% of schools, externally by 14.2%, together with pedagogical-psychological counselling, especially by external psychologist (20.3% of schools)<sup>27</sup>. Schools actively recommended parents to visit an education counselling institution and it seems that the recommendations of those centres were consequently respected and followed.

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<sup>25</sup> *Ibidem*; Kolektiv autorů, *Očekávané rozložení četnosti SVP podle stupňů podpůrných opatření*, Olomouc 2015; Kolektiv autorů, *Postoje a potřeby pedagogický veřejnosti ve vztahu k implementaci podpůrných opatření podle nové školské legislativy. Zpráva z výzkumu*, Olomouc 2015.

<sup>26</sup> Česká školní inspekce, *Výroční zpráva České školní inspekce za školní rok 2011/2012*, Praha 2013, [www.csicr.cz/getattachment/e1b96137-2102-4a87-8cae-7384d9dba60c](http://www.csicr.cz/getattachment/e1b96137-2102-4a87-8cae-7384d9dba60c), accessed: 12 II 2016.

<sup>27</sup> *Ibidem*.

As it is clear from the close relation between social threats and difficulties in communication, and because the issue of social disadvantage in the Czech Republic is also closely linked to the area of the so-called cultural and linguistic diversity<sup>28</sup>, one of the groups which will be relatively more vulnerable to the risk of inclusion failure, in our opinion, includes the so-called socially disadvantaged pupils. When estimating the number of such children in the population of the Czech Republic, we get a minimum portion of 12% and even up to 17.5%, considering rather the higher estimated number of pupils socially disadvantaged in Czech schools. This group is represented by children with the status of social disadvantage evidenced by the National School Register, as well as partly by children with other than Czech nationality. In the register of the Department of Labour and Social Affairs, there are more than 135 thousand children socially disadvantaged from the educational point of view (children in social care institutions, children in institutional care, and in foster care, children seriously neglected and abused). In socially excluded locations, approximately 30,000 children are in compulsory education age. But schools declare only partial readiness for inclusion and education of these children<sup>29</sup>.

#### COLLABORATION WITH AND OF SPEECH AND LANGUAGE THERAPISTS AS AN IMPORTANT PRO-INCLUSIVE STRATEGY

When dealing more closely with the situation at schools regarding the potential provision of speech therapy intervention, SLT is the most frequently collaborating professional in the education process of children with SEN compared to the number of all other pedagogical workers (16.4% at schools, 13.1% in nurseries)<sup>30</sup>. However, a serious problem is posed by the absence of SLT prevention, which is supported by the low confidence of schools representatives and pedagogical workers, regarding their ability to successfully deal with the increasing number of CDs and ensure their compensation. In response to that fact, the Czech School Inspection recommended to ensure the empowering of SLT intervention in pre-primary education and during the transition to primary schools, to ensure the education and preparation of all pedagogical workers at pre-primary education and at primary schools for providing basic SLT care and

<sup>28</sup> K. Vitásková, *Inclusion in Reflection of Pedagogy of Children in Multicultural Environment*, [in:] *Reflection of Inclusive Education of the 21<sup>st</sup> Century on Correlative Scientific Fields (How to Turn Risks into Chances)*, ed. by V. Lechta [et al.], Frankfurt am Main 2013, pp. 119–125.

<sup>29</sup> Kolektiv autorů, *Postoje a potřeby...*

<sup>30</sup> Česká školní inspekce, *Výroční zpráva České školní inspekce za školní rok 2013/2014...*

to define the position of SLTs at schools and in the counselling system out of schools and organizational and financial conditions for SLT care.

A prerequisite for successful inclusion, but also for a complex intervention of communication disorders, is the successful collaboration based on the congruence and harmony between school and clinical SLTs. The goal of their action should be the congruency between departmental attitudes and statements related to their mutual competences, independence and the recognition of equality of their expertise. Unfortunately, in the Czech Republic as well as in other countries, this balanced relationship is not obvious. Then, the parents feel confused, and sometimes lose their confidence and trust in SLT. For example, the situation is complicated by the fact that at many regions there is a too long period between the recommendation of the school to SLT care and clinical SLT session, sometimes even extending more than 3 months. Due to the fact that parents of the children with postponed school attendance due to CDs and seeking SLT help mostly want to attend afternoon or evening sessions with their children, there is the relative lack of SLTs (see above Česká školní inspekce<sup>31</sup>). In response, special education centres started to offer paid pedagogical-psychological counselling extra-services. At schools they can receive logopaedic assistants intervention, or there is the possibility of their placement in special logopaedic classes for 1 to 2 years (with max. 12 children/classroom), then re-join regular classrooms<sup>32</sup>.

Currently, we expect changes related to the amendment of school legislative in terms of SLT (novelization of the school act) implementing a new model of education of children, pupils and students with SEN, including supportive care offered free of charge and legally claimable (based on ICF classification categories and levels). Since November 2013, there is also the new possibility of specialization study for providing special education focused on school/educational SLT. The implementation of the supportive regulations on pupils with CD enables us to divide supportive measures into five degrees<sup>33</sup>. The first degree of supportive measures will focus only on isolated CDs, therefore, they will primarily include prevention and treatment of a delayed speech, articulation disorder (SSD), mild resonance disorders, and a physiological dysfluency. Currently, these children are mainly educated in logopaedic classes in

<sup>31</sup> *Ibidem*. See also Česká školní inspekce, *Výroční zpráva České školní inspekce za školní rok 2011/2012...*

<sup>32</sup> P. Procházková, *Děti s poruchou řeči přibývá, na logopeda musí čekat až tři měsíce*, "I-dnes. Zlínský kraj Procházková" 2015, [http://zlin.idnes.cz/deti-s-logopedickymi-vadami-ve-zlinskem-kraji-pribyva-pfm-/zlin-zpravy.aspx?c=A150217\\_2140193\\_zlin-zpravy\\_ras](http://zlin.idnes.cz/deti-s-logopedickymi-vadami-ve-zlinskem-kraji-pribyva-pfm-/zlin-zpravy.aspx?c=A150217_2140193_zlin-zpravy_ras), accessed: 28 II 2015.

<sup>33</sup> Kolektiv autorů, *Očekávané rozložení...*

common nursery schools and special educational centres provide them only methodological, counselling support. The second degree is intended for one third of children (34%) whose intelligibility of speech, fluency and expressive or receptive language skills impact their education process, mostly on reading and writing at primary schools. They are usually only “respected”, with no integration or direct support. We expect a significant increase in this category. The third degree consists of 37% of pupils currently integrated in primary schools due to their moderate disorders of intelligibility of speech, fluency, expressive or receptive language skills. At school, they show deficits in content, formal, oral, written forms of communication – specific learning disorders, stuttering, mutism, resonance disorders. The fourth degree is used by 11% of clients of SEN with CDs and the fifth – by 0.1% with severe unintelligibility of speech (dysarthria to anarthria), severe forms of receptive SLI, impaired expressive language skills or dysfluency, and often associated with symptomatic speech disorders. At school, they need support with vocabulary building and AAC; practically always the assistance of the pedagogue is needed.

When looking more closely at the attitudes of professionals at schools in relation to SEN, 85.1% of pedagogical workers in special schools obtained adequate qualification, but sometimes in general special education, some of them are therefore not specialized in some specific SEN. However, the situation at general schools is quite different, featuring a critical lack of special needs educators. The schools themselves present that only 10% of them have sufficient number of special needs educators against 44.7% – “definitely not”. Financial appraisal was evaluated as negative (in approx. 70% of them). Within the scope of practice of speech therapists, it is very alarming to see the unsatisfactory situation in terms of sensory impairments. The preparedness of schools for inclusion of children with CD is not optimal, as 68.8% of pedagogical workers from special schools declared their schools’ full readiness for inclusion/education of children with communication disorders, but only 12.9% of workers from regular schools. On the contrary, 10% of regular schools account themselves as unready, compared to 1% of special schools. The situation is slightly more positive in the attitude to inclusion of children with sensory impairment, but still not satisfactory. In comparison with the attitudes of school pedagogical staff for education of children with CDs, it seems that pedagogical workers from regular schools (n=4,022) are mostly persuaded that pupils with CDs should attend special logopaedic schools (27%) or special classes at regular schools (42%). The same number as in case of children with intellectual disabilities. Maybe it indicates the appreciation of the quality of those schools or confirms the still persisting relation between intellect and speech as the major paradigm of SLT non-profession. But maybe

they are only afraid of such, for them mostly unknown, conditions<sup>34</sup>. Only 25% of them would recommend children with CDs to regular school or class, which is in contrast with the pedagogical workers from special schools – 54% of them recommend special schools and only 9% recommend regular school<sup>35</sup>.

#### SOCIAL SECTOR AND SPEECH AND LANGUAGE THERAPY INTERVENTION

Permanently neglected by both main providers of SLT, school/educational and clinical, are SLTs working in social care institutions for clients with SEN. One third of them are placed in houses for persons with health disability (specialized residential institutions providing respite care or weekly “day-care centres”). Approximately half of the day-centres provide SLT intervention, half of them by their own employees, and half by part-time workers. However, a disappointing finding is the fact that half of the social institutions cannot afford SLT due to financial reasons. One fifth of the residential care houses and weekly “day-care” centres and 1/3 of daily care centres prefer other special educators or therapists, mostly occupational therapists. Most of them work with clients with CDs on daily basis, one fifth – more than twice to four times a week, and the same number – less than once a week. The motivation for including SLT in social/health care institutions could be based on the fact that in more than one third of the clients there is absence of verbal communication, mostly language disorders, with absent verbal expressions, articulation disorders, dysarthria, anarthria, dysgramatism and echolalia. Regarding the research results of Kopečný<sup>36</sup>, a speech and language therapist may participate in professional management of the intervention in clients, developing their functional communication as well as bringing about improvement in the communication between employees on client needs. One fifth of the representatives of the social institutions appreciate also the increasing prestige of the institutions offering SLT services. As to the interdisciplinary collaboration, two third of the institutions cooperate with special education centres, more than a half with psychologists, less than one fourth with clinical SLT, ENT, and phoniatriests.

<sup>34</sup> Kolektiv autorů, *Postoje a potřeby... Compare: Reflection of Inclusive...*

<sup>35</sup> Kolektiv autorů, *Postoje a potřeby...*

<sup>36</sup> P. Kopečný, *Speciálně pedagogické přístupy k rozvoji komunikačních schopností osob se zdravotním postižením ve věku mladé dospělosti*, Brno 2014 (dissertation thesis), [http://is.muni.cz/th/221806/pedf\\_d/Disertace\\_final.pdf](http://is.muni.cz/th/221806/pedf_d/Disertace_final.pdf), accessed: 18 II 2016.

THE ANALYSIS OF THE SPEECH AND LANGUAGE THERAPY  
STUDENTS' AWARENESS AND APPROACH TO ASSESSMENT  
AND INTERVENTION OF PERSONS WITH SYMPTOMATIC  
SPEECH DISORDERS AND INTERDISCIPLINARY WORK

Nevertheless, we cannot forget one important fact, i.e. the prognosis for future development within the pro-inclusive approach to speech therapy intervention which, in our opinion, is considerably dependent on the attitudes and notions of speech therapy students about their future contribution to working with people. With this respect, we are mainly interested in the attitudes of students being primarily prepared in fields relating to the so-called clinical environment, which, in some cases, try to distance themselves from the issue of inclusion, whereas their clientele may include individuals diagnosed with symptomatic speech disorders, i.e. with various forms of special needs. At the same time, their approach should be generally pro-inclusive. Therefore, we present a brief summary of the partial outcomes of the survey, analysing the attitudes and notions of 38 students of the second to final fifth year of their SLT undergraduate studies based on the study programme Special Education, but preparing mostly for future work in clinical environment. They should respond to a questionnaire focused on ASD in relation to SLT and symptomatic speech disorders. From the analysis of their confrontation with the problematics of ASD show that they confronted this issue already during their studies at high schools and meet them even today relatively intensively, as nearly all students felt that the university courses meet the issue very often or often. Mostly positively can be perceived their great satisfaction with the fact that the problematics of ASD creates such a place in their study programme (94.7% together from all positive-like responses). Nevertheless, "very satisfied" with the fact were only 36.8% of all these students. Two students were "definitely not satisfied" with so frequent ASD related issues emerging during their studies. Regarding their expectations on working with clients with ASD, the students expect that SLTs working in education settings mostly concerned intervention of ASD clients or social care institutions. But we found more clients with ASD in the practice of SLTs working in clinical settings<sup>37</sup>. They assume that as SLTs they will mostly work with ASD clients with profound and moderate disability and

<sup>37</sup> K. Vitásková, A. Říhová, *Interdisciplinární kooperace u osob s poruchami autistického spektra s akcentem na roli logopeda a intencí na pragmatickou jazykovou rovinu. II. olomoucké speciálněpedagogické dny*, [in:] *Sborník příspěvků z konference XV. mezinárodní konference k problematice osob se specifickými potřebami II. konference mladých vědeckých pracovníků*, Olomouc 2014, pp. 189–197.

communication difficulties in both, verbal and nonverbal communication, or with related intellectual disabilities, representing 48% of the students. Based on the current state of art and SLT practice in the Czech Republic situation they also consider ASD clients as those with “child autism” (6 out of 8 scale grades) and “autism with intellectual disability” (4.4 out of 8 scale grades) and “Asperger syndrome” (3.9 out of 6 scale grades) as the most frequent group of SLTs’ clients with ASD. Their attitudes to future collaborative work revealed that the students would like mostly to cooperate with parents and families of clients with ASD and clinical psychologists, special needs educators and school psychologists (about 80% of all students). As a very positive result we must perceive the highly preferred future cooperation with school speech and language therapists (11.1%). Surprising, but also in a positive way, is the higher inclination to possible professional collaboration with teachers (in nursery, primary and grammar schools) comparing the number with the cooperation preferences of graduated SLTs (only 3 out of 177 SLTs), which is really alarming and calling for maybe better and more intensive building of collaborative work of SLTs towards educational and teaching environment.

Estimating the future tendencies on working with SEN clients, the students prefer future work with an isolated, “clear” type of single form of impaired communication ability or working with clients with hearing impairment. The preference of working mostly with clients with ASD was expressed at the level of only 1.9 out of 14 optional scale degrees. Much more (even twice as much) they would like to work with clients with Down syndrome, and even 3 times more with clients with intellectual disabilities – this fact is at least surprising. The explanation is maybe connected to the students’ statements expressing their concern about the ASD clients’ uneasily understandable behaviour and communication expressions (15.2%) and the perspective of very demanding and difficult work and the image of not so “pleasant” or not so “exciting” work from their point of view. They also revealed that they are not sure in terms of their specific practical skills – they appreciate the level of their theoretical knowledge, but, at the same time, express the uncertainty in providing assessment and intervention by themselves. Regarding the question of readiness for working with SEN clients with other than CDs, very interesting and needed further analysis is the fact, that the students’ self-estimation of their preparedness to the interdisciplinary work with other professionals is rather low (47.8%) and 13.2% of the students consider themselves totally unprepared for the interdisciplinary cooperation. A bit more positive, but still quite not satisfactory, is their evaluation of readiness for work with families and parents – 52.6% of the students feel as “ready” and 10.5% – “completely ready”. On the other hand, 36.9% of the students feel



as “unprepared” and 5.3% – “completely unprepared”. For all of them is the cooperation with families in treating ASD clients “essential”, but rather “difficult” (52.6%) or even “very difficult” (13.2%).

## CONCLUSIONS – BENEFITS FROM PROFESSIONAL COLLABORATION IN COMMUNICATION DISORDERS AT SCHOOL

If we are to summarize the above arguments and draw conclusions for speech intervention in the current pro-inclusive environment, the best solution (not only) for inclusive speech and language therapy would be the transdisciplinary, transdidactic approach based on trans-international collaboration (science, practice, universities, schools, institutions, students, parents, employers) and respect for the “3C rule” for collaborative work of SLTs –communication, cooperation, coordination<sup>38</sup>. This way, SLT can move from professional individualism to professional “equal rights” transdisciplinary, collaborative intervention approach (see Figure 2).

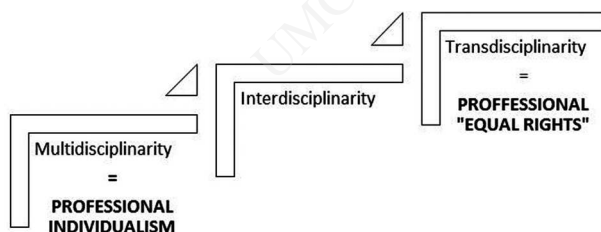


Figure 2. Transformation from individualistic to collaborative transdisciplinary approach

But from our analysis of the cooperation of the SLT working with ASD children with other professionals also show that only minimal 1.09% out of 71% of cooperating speech therapists collaborate with teachers, compared to 25–26% collaborating with a psychologist, psychiatrist or special education teacher<sup>39</sup>.

Regarding these facts, SLT programmes should emphasize wide scope of practice in different fields, especially in pre-primary, pre-primary special schools, special schools, social institutions, counselling services, and SLT must penetrate into all educational and counselling studies programmes. SLTs at universities should cooperate on “university/corporative SLT” providing counselling and intervention for students and academics with speech, language, hearing, voice

<sup>38</sup> See K. Vitásková, *Special Education of Individuals with Communication Disorders*, Olomouc 2013.

<sup>39</sup> K. Vitásková, A. Říhová, *op. cit.*

and swallowing difficulties – e.g. working with voice professionals within the university(interpreters, educational programmes, law school). Also, they should work on promoting SLT to all schools/faculties of a university, with emphasis on shared knowledge, views, approach and research, and support and promote the students work, research, etc. A good example of establishing natural cooperation is providing SLT services to the academics and their families at university nursery schools.

Together with Aretha Franklin's song we believe that "all we want is respect"<sup>40</sup>, and all we need in the current and future speech and language therapy in inclusive/global approach is mutual respect for all and of all participants of inclusion; but it must be reciprocal, multidimensional and sincere.

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<sup>40</sup> M. Dobkin, *I Never Loved a Man the Way I Loved You: Aretha Franklin, Respect, and the Making of a Soul Music Masterpiece*, New York 2004, pp.169–170.

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**Streszczenie:** Praca skupia się na dyskusji poruszającej kwestie związane z aktualnie odbywającą się transformacją społeczno-pedagogicznych systemów na system edukacji inkluzywnej, a w efekcie oddziałującej na interwencję logopedyczną oraz postrzeganie logopedii jako dyscypliny kolaboracyjnej, ukierunkowanej nie tylko na dziedzinę zajmującą się izolowanymi zaburzeniami mowy, ale także klinicznymi zaburzeniami mowy i związaną z nimi problematyką. Podkreślona została rola odgrywana przez uniwersytety w kształceniu przeddyplomowym logopedów w kontekście współpracy interdyscyplinarnej i pracy z osobami ze specjalnymi potrzebami edukacyjnymi.

**Słowa kluczowe:** logopedia; inkluzja; pedagogika specjalna; kształcenie przeddyplomowe; kliniczne zaburzenia mowy; autyzm; edukacja; współpraca interdyscyplinarna

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