



Is There a Speech Language Pathologist on Your Behavior Support Team?

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Much has been written about the connection between communication skill deficits and behavioral challenges. Instead of again discussing this connection, this article questions whether school teams or agency behavioral support teams are operating consistent with this recognized connection.

If one accepts the connection between communication skills and behavioral challenges as a valid one, then one would logically expect speech language pathologists (SLPs) to be involved in the problem solving/intervention program that revolves around challenging behaviors. Some schools and agencies have done an excellent job of using this resource to assist them with building a more positive environment for students on the autism spectrum. Other schools and agencies have yet to discover and to explore ways to use these valuable members of their staff when behavioral challenges loom.

Many of the speech pathologists in the public schools have large caseloads and travel to several schools so they may not volunteer without an invitation from the team. Yet, these individuals may have much to offer in terms of analyzing the purpose of communication and recognizing what strategies are needed to "minimize, neutralize, or eliminate" setting events or behavioral triggers (Lucyshyn, 2005). In addition, the speech pathologist should have extensive knowledge about the alternatives from which one might select a substitute response for the problem behavior and be able to provide suggestions that support program implementation by other team members and the family. By being included in problem solving discussions relating to behavior, he or she may envision unique ways of assisting the child/client and the team. It may be easier to understand this potential by reviewing an example scenario.

The Speech Pathologist as a Member of Jordan's School Behavior Support Team

Jordan is 8 years old and is in the second grade at his elementary school. He has a very limited expressive vocabulary and uses a few signs. His comprehension of language significantly exceeds his ability to express his thoughts. He is resistant to sitting at Sharing Time, tries to avoid group reading and math instruction, and eventually begins to hit and scream until he is allowed to sit and draw. He often tantrums when expected to do independent work. He receives speech therapy twice a week to focus on building vocabulary and turn taking behavior. His team has been using time out as the prime intervention procedure but the behaviors have not decreased.

The team decides to do a functional behavioral assessment. With a functional assessment, the team will try to determine the purpose of a specific behavior, the setting events (what events impact the person and make him or her more likely to have a lower threshold for frustration, agitation, hunger, and so forth) and the triggering events that set off the behavior. Sometimes the triggering events seem trivial to an observer. However, this event, on a given day in the presence of an increased level of agitation, can be the spark for an explosive episode. For the functional assessment, the resource teacher interviews the parents, the general education teacher, the aide, and the speech pathologist. Jordan's erratic sleep patterns appear to represent one possible setting event. He seems to be more irritable on days when his parents report that he has had less than nine hours sleep the previous night.

One of the behavioral triggers in the classroom seems to be a request for specific performance by Jordan. The resource teacher does several observations including contrasting late afternoon classroom behavior with late afternoon participation in a small group communication class with the speech pathologist. She notes that Jordan seems more cooperative in the speech class situation. The resource teacher schedules a team meeting and invites the speech pathologist to attend. (In some settings, speech pathologists might do some or all of the interviews or observations).

At the team meeting, the resource teacher reports her findings. The team agrees that the function or purpose of the behaviors appears to be refusal for specific activities. In other words, there are times in which requests are made and Jordan willingly complies. The team discusses the characteristics of both sets of situations. The common conditions that lead to positive participation include individualized attention and instruction, tasks which are more concrete and manipulative, tasks in which he is interested and successful, short periods of work with clear beginning and endings, and opportunities to move about. The common elements of explosive situations include activities that involve much talking by the teacher and peers, inactivity, waiting, working independently on math or reading, worksheets, and group instruction of math or language arts.

The team decides to introduce more of the elements of the positive situations into those situations that typically produce negative results. They decide that more assessment information is needed in the area of language, math and reading. It is already known that receptive language skills are limited, but more probing might further define the problem areas. This same probing by the speech language pathologist might also provide some insight into the avoidance of independent reading. The classroom teacher is assigned the task of probing math skills. Through the use of manipulative materials, she will determine if Jordan has the underlying math concepts or if other issues are involved in the refusal to do the practice work. For instance, he may not know how to start the task, he may be overwhelmed by the number of problems or visual array of the problems, or he may know the concepts and see no need to demonstrate over and over that he knows them. Different strategies could result depending on the outcome of the evaluation. The speech pathologist is helpful by suggesting some alternative ways of testing specific math concepts.

In the area of reading, the teacher and the speech language pathologist will both spend time with Jordan and his current curricular materials. Both will look at some of the same elements as well as different elements. Jordan has real difficulty with understanding story format and has limited background knowledge for many topics. The classroom teacher and resource teacher decide to provide intensive instruction on story format. The speech language pathologist agrees to help both of them develop lessons to facilitate background knowledge to aid comprehension of text. She also agrees to provide instruction to facilitate his understanding of syntactical structure and perspective of others. The above strategies focus on changing the underlying immediate trigger for behavior. There remains, however, a need to address one of the persistent underlying setting events—Jordan's limited expressive skills. An appropriate comprehensive long term expressive communication intervention plan will be needed in order to reduce the importance of this factor as a setting event. The plan might begin by addressing the situations in which he does not have the necessary communication skills.

Upon analysis, it is obvious that the refusal of specific tasks actually represents several different messages. Alternative ways of expressing those messages will be needed. For example, in the Sharing Time situation, the speech language pathologist will furnish a BigMack™ communication device so Jordan can report something about his experiences. Participation will be somewhat dependent on Mom reporting information in the parent-teacher exchange notebook, a staff member discussing the content with Jordan, and then someone recording the information for use during Sharing Time.

When he is getting tired of listening to others during Sharing Time, as cued by his wiggling around, he would be taught and cued to signal the teacher that he needed a break. A symbol card for break will be kept in a paper pocket taped to the back of his chair. A similar desk-based break card will be introduced for other situations that

often result in problem behavior when he is tired or overwhelmed.

But sometimes the appropriate message of the screaming and hitting is "I need help." In this case, the chosen substitute message mode will be the sign for "help." He will be taught to do the sign so it is easily visible to the teacher or aide. He will make it 12 inches away from his body and begin the upward movement of a supported closed hand sign for "help" at his eye level. (This sign was chosen over the standard raised hand for attention because the former was more specific to the situation and the latter was not.) A description of the substitute messages will be posted in the classroom to aid staff, substitutes, and visitors.

The speech pathologist also decides to provide generalized training for parents and staff regarding Jordan's introduction to using PECS or Picture Exchange Communication System. It is predicted that the more Jordan progresses in learning an expressive system, the less his limited communication skills will function as a setting event. Initially he needs to experience the "power of communication" and PECS represents an easily learned first step. The speech pathologist agrees to stay in touch with the various staff and family by email regarding Jordan's progress/usage in their environments.

Some speech language pathologists are already involved with behavior teams and are doing what has just been described. Others may just need to be invited to become a more active participant in dealing with behavioral issues. Communication and behavioral issues are usually intertwined. Differing backgrounds contribute to the strength of a behavior support team. Including the SLP on the team represents a win-win strategy.

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