Complete Push-In Experience

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Krystina Nauta was a student in the 2019 cohort of the Master of Science in Speech-Language Pathology program and graduated in August. In this article, Nauta shares the experience of her nine-week, school-based internship. She reflects on her interprofessional experiences, in-depth hands-on training and evidence-based practice.

My experience at the Brookside Learning Center has exposed me to a variety of opportunities for interdisciplinary interaction via collaboration with the school occupational therapist, physical therapist, teachers, paraprofessionals, social worker, psychologist and principal. I have been exposed to a complete push-in model, which enabled me to work closely with the teachers and paraprofessionals. Beverly Vicker, in her 2019 article titled "The 21st Century Speech Language Pathologist and Integrated Services in Classrooms," explained, "The classroom teacher has expertise in curriculum, classroom management, and group instruction while the SLP (Speech Language Pathologist) has knowledge about individual language and communication development, language/ communication disabilities, and individualized intervention strategies. It is the marriage of the two sets of complementary professional skills that can add power to an integrated services model." Discussing behavioral and academic needs with the teachers and paraprofessionals helped me target each child's individual speech and language needs, allowing for the creation of helpful individualized materials to assist each child's classroom instruction. We put together visual schedules, core boards for communication, and implemented sign language.

During this internship, I participated in two evaluations for autism spectrum disorder (ASD). The evaluation process at Brookside has several components and includes the school social worker, psychologist, and speech-language pathologist. In-class observation was completed by each discipline separately during the first step of this process. Next, the social worker, psychologist, speech-language pathologist and I came together to complete the Autism Diagnostic Observation Schedule (ADOS). The psychologist ran the ADOS while we wrote our observations; I also created a language sample. At the end of the ADOS, the child went back to class, and we scored and discussed the test findings together. The last step in the evaluation for ASD was the home visit. As a group, the social worker, psychologist, speech-language pathologist and I went to the home to observe the child and ask the parents questions. Once all aspects of the evaluation were completed, we regrouped to discuss whether diagnosing the child with ASD was appropriate.

Another important experience of my internship was co-treating with the physical therapy intern a preschool student who had been diagnosed with cerebral palsy (CP) and was wheelchair bound. When I worked with this child individually, she was usually in her customized wheelchair to help with her posture, which was weak due to low muscle tone. Although her chair was helping her, she lacked sufficient breath support, so I focused on creating proper breath support, managing her augmentative and alternative communication (AAC) device, and also improving her expressive language. Fran Redstone reported in 2005 on her study, "Seating Position and Length of Utterance of Preschoolers with Cerebral Palsy" in which she found that when children with CP sit in an upright position, they are able to produce 95% of utterances in one breath. The results also showed the children with CP successfully imitated 48% of utterances while sitting upright rather than 18% of utterances while being reclined. Therefore, in our co-treatment, the physical therapy intern worked on seating posture while I facilitated language expression. By the end of the session, the child was tired, but I was able to get a full 10 utterance opportunities out of her with adequate breath support and voice volume.

When I asked the physical therapist about what she gained from co-treating with speech-language pathologists, her response was interesting. She reported that she is very thankful to work with speech-language pathologists because it helps give the child a voice to either say something hurts or something he or she is working on is too difficult. The physical therapist said that in college, she was not taught to co-treat with speech-language pathologists; however, she is very grateful to have the opportunity to do so at Brookside because it really does help her therapy sessions go more smoothly.

I also worked alongside the occupational therapist at Brookside Learning Center. Many students at Brookside do not eat because they do not like the texture of the food. I collaborated with the occupational therapist to encourage the children to try foods. One of the suggestions from the occupational therapist was to have the children practice kissing their food. For example, I worked with a little boy who was trying a piece of fruit. I took a peach for myself and gave him one. We kissed the fruit, then put the fruit between our teeth, and finally licked the fruit. To encourage him to actually participate, we asked that he complete the work before he got his chocolate milk.

In addition to the typical services offered, Brookside also takes the class for students with moderate cognitive impairment horseback riding every Thursday. My former Grand Valley State University professor, Beth Macauley, has been implementing speech therapy with hippotherapy for 30 years. In my undergraduate courses, she explained that she works with patients of all ages, from toddlers to the elderly who have had strokes or traumatic brain injuries. In a Horestalk article written about her therapy and how hippotherapy impacts speech, Macauley stated, "We have a theory: the consistent and repetitive motion of a horse walking or trotting stimulates the nervous system of the person on the horse and facilitates increased physical and cognitive function. Since the nervous system is given a coordinated, integrated framework from which to function, it can focus on
bigger, more complex thoughts, words and movements. " Not only is this important for speech and language, but it can also lead to a reduction in the anxiety, as exemplified in the case of one Brookside student. The student was recognized in the organization's newsletter for decreased behavior issues and anxiety since starting hippotherapy. In the classroom for students with severe multiple impairments, speech therapy focuses on using AAC devices. One student in particular recently bought an AAC tablet with the Project Core program. We received permission from his mother to add and rearrange the icons on the AAC tablet and collaborated with the teacher on proper vocabulary for her classroom and for his encounters with the physical therapist. We also conferred with his mother about vocabulary he could apply at home. I helped this student use his AAC device to communicate with his teachers and the entire classroom during morning meetings.

Overall, my experience at Brookside Learning Center has been phenomenal. I was exposed to many different ways of interacting with other disciplines. Co-treatments with physical therapy, occupational therapy and hippotherapy have proven to be of significant value for communication. I have learned that it is very important to work with parents, teachers, paraprofessionals and other therapists for the well-being of each student.