



Speech-therapy in school

SLPs target a wide variety of issues

By Lucas Stueber, MS SLP-CF, MA-T

When a school-age student is identified with an autism spectrum disorder and provided with an Individualized Education Plan (IEP), one member of the service team is often a speech-language pathologist (SLP). In the area of “specialized instruction,” “related service,” or “consultation,” an SLP can be identified as an educator that works with speech, language, social communication, self-management, behavior or a host of other terms that may be used to describe our work.

This can often be confusing for parents, particularly when their child doesn’t have the symptoms normally associated with traditional speech therapy, such as difficulty making speech sounds or stuttering. One part of my work as an SLP is educating people that our scope of practice is actually broader than most realize.

The word “pathologist” in the title is a bit of a hint; pathology is the study of cause and effect, which for us means everything from the underlying causes of communication disorders to the functional changes that such disorders can create. Language (and communication, more generally) is such a core component of behavior and identity that we can work with nearly all students on IEPs regardless of their service eligibility, including autism spectrum disorder.

To help clear things up a little, here’s a brief review of services we can provide in schools:

- **Speech sound therapy, otherwise known as “articulation.”** is what is typically associated with SLPs. The cause of underlying articulation disorders, however, can be broader than many people think; we are prepared to serve students with anything from delayed developmental ability to make specific sounds to more complex oral motor disorders like apraxia of speech.
- **Fluency, commonly known as stuttering.** This is once again commonly associated with SLPs, and has gained even more awareness in the popularity of films like *The King’s Speech*. Like speech sound therapy, there can be a variety of conditions that underlie stuttering. Part of our work is determining the best course of treatment for each underlying cause.
- **Developmental language.** This can consist of education in the areas of syntax (a broader version of the idea of grammar), morphology (the way we change words, including verb tenses), phonology (the relationship between sounds and language), semantics (vocabulary and associations between words), literacy (reading, writing and spelling) and even pre- or paralinguistic communication like pointing, joint attention and more.

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- **Social communication.** Also referred to as “Social Thinking,” “Social Cognition” or more broadly as “Pragmatics,” is a very large part of our work. This encompasses the ability to interact appropriately with adults and peers across social and academic settings, as well as more complex internal capacities like taking the perspective of others, forming friendships and more. This is very commonly an area of service for students with ASD.
- **Thought processes in general.** Often termed “cognition,” which can incorporate memory, attention, narrative sequencing, problem solving and executive functioning, which can be thought of as the capacity for planning and impulse control (among other things).
- **Alternative and Augmentative Communication.** Most frequently thought of in terms of physicist Stephen Hawking, but which has become a major component of school-age work for SLPs in the past 20 years. There are a wide variety of communication tools—or prosthetics—for children who may need an alternative means to convey messages, or a way to enhance their capacity for speech and language.
- **Other areas of service.** These can include complex motor disorders of the mouth, throat and larynx that can cause problems with eating or swallowing—and sensory sensitivities that can cause the same. We also work with students on issues like voice quality, tone of voice (or “prosody”), voice volume, proper breathing and posture for voice support, as well as so-called “low incidence” disorders like cleft palate and other structural abnormalities.

The list above touches on some services provided by a speech-language pathologist. The scope of work done in a school setting is different from what could be done in

a medical setting or in private practice. However, it does encapsulate a lot of what would normally be reflected on the IEP of a student identified as eligible for special education in the category of Autism Spectrum Disorder. An SLP will generally attend the IEP meeting and come prepared to describe the goals they will help your child work toward. As a parent, you are encouraged to ask questions that can clarify that role.

Finally, it’s important to remember that although SLPs can seem to do a lot, we’re just one part of bigger team who support the child. The IEPs of children with ASD can often also incorporate services from special educators, occupational therapists, physical therapists, counselors, school psychologists, behavior specialists and more.

Despite a well-rounded team, everyone from school leadership to general educators to administrative staff and beyond are part of the broader structure of support. No child is defined by just one point of their educational or social development, but rather by the unique constellation of characteristics and experiences that constitute their identity. As SLPs, our role is to be one point in a constellation of services, and individuals are all there for your child and your family—and we’re all happy to help.

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