

WRITING LITERACY INTO THE CURRICULUM

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Introduction

Understanding the linguistic basis of literacy has led to an exponential growth in clinical practice involving literacy for speech-language pathologists (SLPs). Children with a history of language impairment are at high risk for failure in reading achievement (Catts, Fey, Tomblin, & Zhang, 2002) indicating a strong role for our collaboration with educators who are supporting students' learning. This has required training programs to modify the curriculum so that graduate student preparation includes knowledge and skill competencies in literacy. In fact, the ASHA Ad Hoc Committee on Reading and Writing (2002) has defined the knowledge and skills related to reading and writing in children and adolescents that our graduate students should gain in their academic and clinical coursework. For program curriculum already packed with required knowledge and skill areas, integration of expectations for literacy learning is challenging.

In this discussion, several issues are presented that affect graduate program development in the area of literacy. A historical look at curriculum and course planning across three programs is presented (i.e., University of Vermont, Missouri State University, Bowling Green State University). Strategies for advancing student knowledge in language and literacy, making links to evidence-based practice and applications to assessment and intervention practices are shared. Ways to evaluate student preparation for clinical practice involving literacy are also discussed. Finally, recommendations for programs as they consider ways to

integrate literacy in the curriculum are offered that suggest collaborative partnerships, research-based approaches to service delivery and advocacy for social and educational policies that lead to optimal services for our clients with language and literacy needs.

Writing Literacy into the Curriculum at the University of Vermont

Currently, the Department of Communication Sciences at the University of Vermont (UVM) addresses literacy issues in a graduate course in language learning disabilities (LLD). Notably, however, this course was not required until 1999, although literacy issues have been identified as crucial to our students' learning since 1988. The challenge has been finding a way to establish a required curriculum that is responsive to the competency needs of our students. Basic science and disorder requirements influenced early requirements. It was not until our school-based supervisors and students in practicum continued to identify a lack of sophistication in their work with children with LLD, which made up a majority of their caseloads, that a recognition for needed change occurred. Even more importantly, our students had little theoretical and practical knowledge regarding their role in literacy and the interrelationships with language. Finally, with the addition of a faculty member who had the background to teach LLD, the course became a requirement for our graduate students in 1999. Several challenges, however, faced the delivery of our language curriculum.

Challenges in Implementing a Literacy-Based Curriculum

Incorporating a required course in LLD with a focus on language and literacy created some tensions within the graduate curriculum. Three specific areas are noteworthy: student preparation for practicum, balance of language content, and delivery of a comprehensive literacy curriculum. Previous to the LLD course being required, students had a single course in child language disorders in their first semester that focused on specific language impairment and preschoolers. This course had a theoretical emphasis and students felt challenged in their ability to take the information and apply it in their practicum experiences, especially when many were working with school age children. Further, students had insufficient knowledge and skills

to participate in literacy assessment, intervention and prevention across grades and ages.

Therefore, a decision was made to not only require the LLD course but to place it in the first semester of training. The Language Disorders course was then placed in the first semester of the second year of training and was structured more as a seminar. This switch in course timing and emphasis has addressed the students' clinical need for information to manage the language learning challenges of school-age children.

Our next challenge was balancing literacy content while ensuring a sufficient knowledge base in language development beyond preschool as well as assessment and intervention practices for language disorders affecting children and adolescents. A notable difficulty is addressing meta-linguistic and phonological awareness, reading and reading comprehension, written language and spelling in sufficient scope and depth while covering issues of narrative language development, language considerations in special populations (e.g., nonverbal learning disabilities, attention deficit/hyperactivity disorder, social challenges), curriculum-based assessment practices and collaborative intervention models in school populations. Although we have established graduate courses in autism spectrum disorders, collaboration in school settings, neurodevelopmental disabilities and augmentative communication, only the augmentative communication course is required. Our balance has been achieved by designing the LLD course to cover development, assessment and intervention issues for NLD, ADHD, social challenges and narratives, curriculum-based assessment and instructional strategies, and literacy learning preschool through high school. Although an adequate level of scope is achieved, the depth of content is lacking in some areas. To address this, very dense course material is presented with a significant number of required and recommended readings from which the students select at least two specific areas to investigate more fully as part of their required assignments. Students also are encouraged to take the electives offered based on their knowledge interests and to seek clinical experiences that support greater depth in their understanding of language and literacy issues facing children and adolescents.

An ongoing difficulty is delivering a literacy curriculum that addresses the scope of practice, incorporates the new ASHA standards, and considers the ASHA guidelines for reading and writing. Further, the literacy curriculum needs to acknowledge the key components (i.e., phonological awareness, phonetic decoding, reading fluency, comprehension, vocabulary) identified by the National Reading Panel (2001) as critical to reading success for all children. The LLD course content at UVM emphasizes the ASHA standards for receptive and expressive language, social communication and cognitive communication in children and adolescents as well as the knowledge and skills for SLPs in reading and writing. It also highlights phonological awareness, reading comprehension, vocabulary development and written language.

Advancing student knowledge in language and literacy

Considering the challenges in student preparation, balanced content and delivery of the curriculum, the LLD course was designed to incorporate recent research and nuances in the field through required and recommended readings that have an interdisciplinary focus. In addition to the required and recommended textbooks with a literacy focus (e.g., *Language and Literacy Learning in Schools*, *Handbook of Language and Literacy: Development and Disorders*, and *Contextualized Language Intervention: Scaffolding Pre K –12 Literacy Achievement*), journal articles crossing discipline boundaries are used and placed on electronic reserve. Although assumptions are made about students' foundation in language development, content is designed to at least revisit development, identify gaps for students with LLD, propose curriculum-based and dynamic assessment strategies, and review evidence-based interventions.

Assignments foster critical thinking and application to practice. For example, students analyze research articles and then define at least two applications to practice in the assessment and/or intervention of students with LLD. They work in small groups to brainstorm assessment and/or intervention needs in response to case studies of elementary, middle and high school students. A series of sample narratives are analyzed and intervention goals are developed

based on assessment information. Students also select an assessment or intervention strategy, define the evidence for its use and recommend implementation for a student with LLD with whom they work. Written language and spelling samples are examined in small groups and challenge areas are identified. A process for language-based curriculum analysis is proposed and students learn to identify potential language breakdowns in accessing the academic curriculum and brainstorm ways to modify the curriculum in collaboration with teachers to support language learning. The culminating assignment is a comprehensive exam based on a case study of an older elementary or high student in which students must speculate on the student's underlying difficulties, define additional assessment needed, determine an appropriate approach to intervention and identify evidence-based interventions to support the student's reading comprehension, oral narratives, and written language.

Recommendations for supporting ongoing literacy learning

Recognizing that our graduate training curriculum cannot provide the depth of knowledge required to support literacy learning across ages and grades, suggestions are made to guide the professional development of our students both at the pre-service and in-service level. The University of Vermont has a Reading Program in the College of Education. The director of this program examined the ASHA guidelines defining the roles and responsibilities of SLPs in reading and writing as well as the relevant ASHA standards and outlined a sequence of courses in her program to address these. Students interested in language and literacy are encouraged to take any of these courses if not during their academic program then following graduation. The University's Early Childhood Program also has a faculty member with expertise in early literacy. She offers a course on emergent literacy in young children appropriate for and open to our students.

Building literacy opportunities through practicum experiences is also a department goal. Students work with off-campus clinical supervisors in school settings to define their priority literacy learning goals. Many students collaborate across disciplines in school settings to

implement meaningful literacy-based language intervention for students with LLD. Further, students work with our Clinic Director to identify on-campus clinical experiences with a language literacy focus.

Professional development opportunities following graduation are additional considerations to enhance the depth and breadth of our students' literacy learning. For students remaining in Vermont, there is a statewide *Language Learning Disabilities Training Program* designed to prepare masters level professionals in speech-language pathology, general education, special education and reading to better serve older elementary, middle school and high school students with LLD. This program is a collaborative distance learning effort across Vermont colleges to build capacity statewide. It is a 25-credit certificate of advanced graduate study program with field experiences in a literacy lab classroom. Further, there is a center in Vermont specializing in learning disabilities that provides in-service training workshops in early literacy and literacy learning across the lifespan.

Writing Literacy into the Curriculum at Missouri State University

The extent and quality of training in written language disorders at Missouri State University has changed drastically over the past 12 years. In the late 1980s and early 1990s, there was only one graduate course in the entire curriculum devoted to child language. Feedback from graduates and employers and caseload data were discussed by the faculty and some fairly major curricular revisions occurred. The three hours of instruction were extended to 12 credit hours, including required courses in preschool and school-age language and electives in AAC, infant/toddlers, and special populations.

The revised CAA standards that went into effect in 2005 warranted another major change, and like faculties across the country, ours met several times to determine how we could adequately cover information and provide clinical experiences in the Big Nine and yet maintain a reasonable length of our master's program. We chose to eliminate the concept of electives in order to ensure that all students would achieve minimal competencies across all required

content areas. Because child language was only one of the Big Nine, we had to make some tough choices regarding how our course content could be fit within the constraints of a 5- or 6-semester program. We decided to fold the content from infant/toddler into the preschool class and eliminate, as best we could, any redundancy between the preschool and school-age courses. At the same time, we had filed with our state education agency to allow our school-age course serve as the “reading” course required of students seeking teacher certification. As a result, the school-age course was devoted primarily to written language. We planned to address any remaining content from the eliminated course on special populations in a professional issues course taken in semester in which students were doing their school externship. Interestingly, we just finished what we hope will be a final tweaking of our curriculum (at least until the next set of CAA standards come out). The special populations course is now back in our core, more or less replacing the professional issues course. After all of the meetings, discussions, gathering/analyzing feedback, studying caseload data, etc., we are back to 11 graduate credit hours in child language (out of a total of 36 credit hours in didactic courses).

The focus is not the only thing that has undergone a major shift in our language courses. I noted with both horror and amusement that the requirements in my early courses were borderline sadistic. As a new professor, I thought that my students should read everything that I had ever read on the course topics. I believed they could not possibly have anything more important to do with their time, which, of course, was unlimited. Needless to say, there have been major changes in my course requirements. I do not think the quality of learning has been compromised; rather, I think it has improved. I have moved away from focusing on quantity of reading materials to quality of key pieces of literature. I use exams only if I can figure a way to make them tap into application and critical thinking. The characteristic that has remained constant for the past 21 years is a focus on clinical assessment and interventional procedures that are based on strong foundational research. Of course, the recent emphasis on evidence-based practice allows a nice framework for that perspective. We have a lot of role-playing

activities in which the clinicians are being “audited” or “sued” and they must defend their clinical choices with evidence.

Finally, my courses on both literacy and phonology now involve a continuous focus on individual contributions to the research base and professional service and advocacy. This is a fairly new topic for me and one that I have learned to appreciate through my involvement with the CAP and ASHA executive boards. The very future of our professions depends on individuals who are both willing and sufficiently prepared to advocate for appropriate social and educational policies that result in optimal services and opportunities for the clients we serve and work to ensure adequate funding for our services. Additionally, I discuss the career track as a researcher routinely in my courses, addressing various roles that individuals can play in the research process, such as disseminator of knowledge to colleagues via workshops, to collaborator, to principal investigator. As we have heard so often in conversations devoted to the PhD shortage in recent years, it is critical for us to “plant and grow” new scientists in order to maintain our identity as a discipline. Plus, as I tell potential doctoral students, you just cannot beat the quality of life enjoyed by an academic researcher.

Writing Literacy into the Curriculum at Bowling Green State University

During my graduate training, I gave little thought to the language basis of literacy. The emphasis of my education was on autism and other developmental disabilities. When it came time to prepare my first graduate course in language disorders in 1995, issues related to reading did not register on the horizon. An important focus of self-study for me that year was specific language impairment. Specific language impairment served as a springboard to the consideration of later language issues. The continuity of early language delays and later school-age problems became clearer to me as I reviewed chapters on later language development in the texts I used. I brought more and more issues related to school age children into my courses, but it was a long slow process before this information was truly integrated. There are never enough hours in the day for an academic on the tenure track. An important lesson I learned

from my experience is that good will is not enough to make us the experts we need to be. As our scope of practice expands into new areas, areas that our training has not prepared us for, there is a need to consider how we will provide the time and incentives for faculty to develop expertise within the expanding scope of practice.

After arriving at my present position, I had the luxury of teaching a class solely devoted to school age children, and over the years the amount of time devoted to literacy has expanded to fill up much of the second half of the class. But the linguist in me will not let me abandon other fundamental language issues, especially as many important later developments in language are not covered sufficiently in undergraduate classes, such as narratives and other aspects of pragmatics. One very important consideration as we work to incorporate literacy into our graduate language disorders classes is that we not push aside learning in other, critical areas. Students with undergraduate majors in communication disorders often lack a background in literacy, and they also have forgotten or never learned the basic developmental linguistics that is the foundation of clinical practice in child language. In my course preparation over the years, interactions with graduate students made me aware that students frequently exhibit deficits in understanding the basic concepts of language. Some examples of deficit areas I have experienced in my students include: basic grammar, understanding phonology as a complex psycholinguistic system, cognition and language more generally; psychometrics, and language sample analysis beyond MLU. No one who lacks a sophisticated understanding of these areas, and many others besides, can successfully navigate the complexities of clinical linguistics. The logic behind the extension of literacy into graduate language disorders courses is impeccable—the separation of reading from other areas of language is artificial and indefensible. Clearly, the children we serve as preschoolers are at high risk for difficulty in reading and writing. Yet as we work to expand our curriculum to provide this information, it is imperative that we not lose sight of the need to help our students become clinical linguists.

The conundrum posed by competing exigencies in curricular decision-making is not unique to language—it exists across the scope of practice. Pressure to deal with fitting more and more information into the same program length forces us to adapt our curriculum, to compact our course objectives into projects that work on more than one learning outcome. Moving from traditional examination-based to case-based teaching and learning can help deal with the problem of too much in too little time. By careful selection of cases, diverse areas may be addressed. For example, a project examining the performance of a student from a bilingual family on formal and informal measures of language, that also examines portfolio and other classroom-based materials can target multicultural, multilingual assessment in an authentic environment, and literacy as well. Such projects are meaningful to students, and they can be springboards to students exploring the multitude of resources available on the web for learning about all aspects of literacy.

Ultimately, it may be that increased preparation in the psycholinguistics of literacy is needed as part of the basic science preparation needed in our undergraduate curriculum. Unfortunately, programs dealing with competing pressures for covering diverse goals must make difficult choices, and it is always uncomfortable to outsource crucial courses to other departments. These types of pressures led to the elimination of the requirement to take an undergraduate course in linguistics in two of the programs I have been affiliated with. It is unacceptable to graduate students who are nervous and uncertain when asked to identify basic syntactic elements, and our preparation as **speech-language** pathologists must include basic linguistic understanding. This includes basic understanding of the linguistics of written language. Departments that enjoy a close working relationship with an education department may be able to develop appropriate undergraduate courses in literacy. Logistically, having homegrown experts who can offer classes targeted to the specific needs of speech-language pathologists is preferable. The development of such expertise is already occurring as a natural evolution, in

which a dialog between academic and clinical interests results in increased research and doctoral education opportunities in literacy.

Summary and Conclusions

It is clear that writing literacy into the graduate curriculum is a challenge but a need if our students are to have sufficient preparation for their clinical placements and future jobs as scientist-practitioners in educational settings. SLPs have a critical role in the assessment and intervention of children and adolescents with literacy problems; therefore, a balance must be achieved in the graduate training curriculum that ensures an understanding of not only language development and disorders, but of meta-linguistic and phonological awareness, reading and reading comprehension, vocabulary development, narrative language, written language and spelling. In addition, we must teach our students to capitalize on the research base in their service delivery, to support the language and literacy development of our clients and to advocate for systems and policies that lead to optimal services.

References

ASHA Ad Hoc Committee on Reading and Writing (2002). Knowledge and skills related to reading and writing in children and adolescents. Rockville, MD: Author.

http://www.asha.org/NR/rdonlyres/7EA339AB-A7EB-453D-9B09-ECCBB50C6ADB/0/19443_2.pdf

Catts, H.W., Fey, M. E., Tomblin, J. B. & Zhang, X. (2003). A longitudinal investigation of reading outcomes in children with language impairments. *Journal of Speech, Language and Hearing Research*, 45 (6), 1142-1157.

National Reading Panel (NRP). (2001). "Reports of the Subgroups." [Online]. Available <http://www.nichd.nih.gov/publications/nrp/ch4.pdf>. Accessed September 2, 2002.

National Research Council (1998). *Preventing reading difficulties in young children*.

Washington, D.C.: National Academy Press. Available on-line for free at:

<http://books.nap.edu/catalog/6023.html>