



## **The Evolution of Access to Speech Therapy Services in American Schools**

**Christina Bradburn<sup>1</sup> and Cindy Gill<sup>1\*</sup>**

<sup>1</sup>*Texas Woman's University, P.O.Box 425737, Denton, Texas 76204, USA.*

### **Authors' contributions**

*This work was carried out through the collaboration of between both authors. Authors CB and CG participated in the conceptualization of this topic and the historical research and literature review needed to complete it. Both authors read and approved the final manuscript.*

### **Article Information**

DOI:10.9734/JESBS/2020/v33i430217

Editor(s):

(1) Dr. Shao-I Chiu, Da-Yeh University, Taiwan.

Reviewers:

(1) Ibrahim El-Zraigat, The University of Jordan, Jordan.

(2) Deb Proshad Halder, Jashore Government Women's College, Bangladesh.

(3) Najma Qayyum, National University of modern Languages, Pakistan.

Complete Peer review History: <http://www.sdiarticle4.com/review-history/55873>

**Review Article**

**Received 19 March 2020**

**Accepted 25 May 2020**

**Published 02 June 2020**

### **ABSTRACT**

**Aim:** To trace the historic changes, track the progress, and examine the laws that have resulted in access to speech-language therapy for American school children.

**Rationale:** Examination of the outcome of these changes will help future speech-language pathologists make optimal decisions for school children in the future.

**Summary:** Over the last hundred years, dramatic changes have taken place in service delivery for children with speech/language disorders and other disabilities. The evolution of laws, the shifting mindset toward children with handicaps, and the development of the profession of speech-language pathology have ensured that students with disabilities who are in need of speech and language services are eligible to receive them in the schools. There are still difficulties and differences of opinion as to what makes a child eligible for speech therapy services and how service should be delivered. However, the progression that has occurred thus far has resulted in remarkable changes in speech-language therapy in schools in the United States. Examination of the successes and failures during this one-hundred year journey should serve as a roadmap for the future direction of the profession of speech-language pathology as it is employed in the schools.

**Keywords:** *Eligibility; speech-language pathology; service delivery models.*

*\*Corresponding author: E-mail: cgill@twu.edu;*

**1. INTRODUCTION**

America, like many countries, has gone through a series of changes in conceptualization and treatment of children with disabilities. Long ago, children with obvious difficulties were often isolated, ignored, and unserved. Later, adults tried to learn about disorders, and information emerged which was useful in original attempts at treatment. For some disabilities, special schools or hospitals were developed and doctors advised parents to put their children in these “homes” so that the parents could go on with their lives [1]. Isolated special schools emerged for specific populations such as those who were blind or deaf [2]. Later, educators came to understand that facilities which were separated from regular schools actually isolated and harmed children rather than helped them. Following that, a series of laws emerged that supported children’s rights to a free appropriate public education in the least restrictive environment possible [3]. This paper reviews the history of those services specifically for speech and language disorders. The successes and shortcomings identified in that history should serve as a guide for future decision-making in the profession of speech-language pathology in the public schools.

**2. HISTORY OF ELIGIBILITY FOR SPEECH LANGUAGE SERVICES**

Today, American children who have any type of speech or language disorder (due to deafness, cerebral palsy, autism, head injury, apraxia, etc.) are typically eligible to receive services from a certified speech-language pathologist (SLP) during the school day. This has been a long process with many bumps in the road and many thoughtful decisions.

Table 1 presents examples of three children who did not receive services in the schools in the past. For Jacob, who had severe fluency difficulties, the profession of speech-language pathology had not yet been developed. Allison, later diagnosed with autism, was originally considered a behavior problem in need of discipline, not speech therapy, and no services were available for young children. Bud’s story is even sadder – he was not even allowed to go to school.

Today, each of these students would be eligible for services under the Individuals with Disabilities Education Act [4] which, when the original version of the law was first passed in 1975, provided a “Free and Appropriate Public Education” (FAPE) to children with disabilities and allowed parents and legal guardians voice in their children’s specialized educational services [5]. Sadly, prior to 1975, when Part B of IDEA required schools to provide services to children ages 3-22, there would have been no place for Allison in a public school because she was too young. Jacob would have been one of the lucky ones to receive school-based services (albeit without an SLP) if he had been there five years later, in 1895, when the Boston Public Schools started an experimental class for children who stammered [6]. Unfortunately, Bud’s story is a real one that is a dark spot in the history of special education (including speech and language services) in public schools. In 1919, the Supreme Court upheld a Wisconsin courts’ decision that kept children with cerebral palsy out of school because “the very sight of a child with cerebral palsy . . . (could produce) depressing and nauseating effect upon others” (State ex rel. Beattie v. Board of Education of Antigo, 1919). Merrit “Bud” Beattie, born with cerebral palsy in

**Table 1. Examples of children not receiving speech therapy**

	<b>Age</b>	<b>Disorder</b>	<b>Speech/ language features</b>	<b>Other characteristics</b>	<b>Date services were denied</b>
Jacob	8 years	Non-Fluent (Stuttering)	Whole and part-word repetitions; blocks	Secondary features: blinks eyes, taps hand, tightens neck during non-fluent productions	1890 (Duchan, 2010)
Bud	12 years	Dysarthria (Cerebral Palsy)	Often verbalizations cannot be understood	Drools, waves his arms when attempting to answer questions	1919 (State ex rel. Beattie v. Board of Ed. of Antigo, 1919).
Allison	3 years	Non-verbal (Autism)	Screams to get needs met	Spins toys, rocks, resists hair brushing, wants same clothes every day	1975 (Education of all Handicapped Children Act, 1975)

a small town in Wisconsin in 1905, was the child at the center of that decision. Not only was he excluded from attending school (despite his academic prowess), the thought of him receiving necessary therapies in a school setting was unheard of at that time.

In the 100 years since that Supreme Court decision, the field of speech-language pathology has gone through many changes, especially in regards to which populations are served in schools. "Identified and separated" describes the treatment of children with special needs in the early 1900s. Custodial asylums became the homes of those labeled "morons," "cripples," "idiots," "hopeless cases," and "problem populations" [1]. From the overcrowding and limited success of the asylums for people with disabilities, came the voice of advocates who saw the need for specialized facilities to train those with disabilities to succeed in the outside world or, at least, to provide comfort and safety [2]. Special, separate schools were developed to meet the diverse needs of children whom we now see daily in our public schools. From that first experimental class for "stammerers" in Boston emerged a multitude of special schools and classes designed to serve students with needs beyond what the public schools of the early 20th century could meet. These special schools popped up in metropolitan areas all over the United States [2]. The concept of specialists to treat the needs of these students emerged, including experts in the correction of speech deficits. The first professionals to attempt to correct speech deficits in schools were not certified clinicians. At the time, there was no professional organization or university to certify the few practitioners from other fields (e.g., teachers, elocutionists, and doctors) who claimed to be able to correct speech disorders.

A review of the history of the profession reveals its initial roots in attempts to cure stuttering. For example, early clinician Edgar Werner became interested in the field of speech pathology while trying to treat his own fluency issues [7]. Similarly, many of the original "clinicians" relied on self-engineered training. School therapists used clinical logic, personal experiences, and intuition to make therapeutic decisions, especially when determining eligibility for services. In 1916, Smiley Blanton began to identify/ classify populations being served at that time. He identified needs and suggested treatment in the following categories: Stuttering and stammering, lisping and lalling, thick speech,

motor aphasia, mutism, and nasality. This classification system could be viewed as the precursor to eligibility determination in schools [8]. Of note, since many of these speech problems were identified with descriptive terms that were not consistent between clinicians, diagnostic categories were also not yet stable [6]. This instability led to long-standing discrepancies between clinicians when determining who was in need of the services and who was not.

In 1925, a special interest group named the American Academy of Speech Correction (AASC) formed with the intent of maintaining high educational standards for the newly formed discipline of speech therapy [7]. One intent was the desire to develop a scientific basis for the profession which included the need for diagnostic tool development that would add the much needed stability to the diagnostic categories set forth by early clinicians. The small group of 25 charter members of the AASC (which, after several name changes, became the current American Speech-Language-Hearing Association), set the stage for what would much later become a major part of eligibility determination in schools. Pioneers of the profession answered the call for more standardized forms of assessment that would produce more uniform criteria for the identification of students in need of services [7]. Along with these pioneers of the profession, several major laws contributed to the identification of who would be deemed in need of services.

While self-proclaimed experts in the fields of stuttering and speech sound production provided services in schools as far back as the early 1900s, these services were permitted in schools rather than mandated [9]. It was not until 1966 that all states in the US mandated speech services in their elementary schools. While this set the stage for the landmark legislation of the 1970s, even with this mandate, a vast number of children with disabilities were not identified as needing speech-language services [10].

## 2.1 Legislation

It was not until the 1970s, 75 years after the initiation of the experimental class for stutterers in Boston, that legislation was passed that defined the schools' responsibility for educating children with disabilities. Through one monumental piece of legislation, Public Law (PL)

94-142: The Education for All Handicapped Children Act of 1975, evaluations were mandated and an elaborate system of legal checks and balances was instituted to protect the rights of children and parents. From that point on, clinicians were required to use more than just intuition and clinical opinion to enroll a student in special education or speech services. Expansion of these specialized services to students in public schools did not come without concerns. In 1986 when PL 94-142 was amended, Madeline Will, the Assistant Secretary, US Office of Special Education and Rehabilitative Services, voiced concerns that the new laws set up service delivery models that encouraged the “pull-out” approach. This meant that therapists would take children out of their regular classroom during the day to conduct therapy or they would provide classrooms that included only the children with the speech-language difficulties. This approach, in her mindset, could inadvertently create barriers between students with special needs and their general education counterparts in classrooms [10]. Her concerns could be viewed as one of the first mentions of how eligibility for speech services influenced the evolution of service delivery models in schools (or vice-versa).

In 1990, PL 94-142 was re-authored into the Individuals with Disabilities Education Act (IDEA) with the addition of the requirement for the least restrictive environment (LRE). The purpose of the LRE, as described in IDEA Part B, was to ensure that all students with disabilities, to the extent appropriate, were educated with nondisabled peers. LRE wording was also added to ensure that placement of students with disabilities in special classes or removal of students from regular education was only used when appropriate education was not possible in that setting even with supplementary aids and services [4]. The addition of LRE wording to IDEA was a positive step toward “identification and inclusion” versus “identification and separation” of students with special needs.

Fifteen years after the passage of PL 94-142, the number of children deemed eligible for speech and language services in the schools had increased dramatically, yet intervention continued in the medically-based “pull-out” service delivery model [11]. This should motivate SLPs to question whether students in need of speech services today, just like in the early 1900s, are being “identified and separated” in the schools.

## **2.2 Integration in the Curriculum and Eligibility for Services**

The IDEA amendments of 1997, in part, sought to enhance Individualized Education Plans (IEPs) to improve the participation of children with disabilities in the general curriculum, thus promoting the integration of school speech and language services into the existing educational program [10]. The new requirement that eligibility for services could not be based on a single measure and that speech-language assessments must reflect the students’ school performance in all areas (not just performance on a standardized speech and language measurement) may have, once again, shifted the view of who was “eligible” for services in a school setting. Eligibility determination became more of a team approach, requiring input from parents, general education and special education teachers, and any other service providers [10]. The intuition and expertise of speech and language specialists could no longer be the defining factor in the eligibility decision. While the SLP was still the professional making the diagnosis, the diagnosis was just the first step in the eligibility decision. This team approach to eligibility determination became crucial with the passage of the No Child Left Behind Act of 2001 (NCLB) [12] and the reauthorization of IDEA in 2004. With these laws came some conflict that directly impacted SLPs working in schools. Fundamentally, NCLB was designed to assess a whole school district’s progress while providing remediation to help children reach grade level proficiency. On the other hand, IDEA was designed to assess and document an individual’s measurable progress toward developmentally appropriate goals [9]. State standards and a student’s ability to access the mandated curriculum thus became part of the eligibility determination for students with speech and language delays. As Means noted, prior to NCLB and IDEA 2004, SLPs had used standardized skill assessments to determine eligibility, but after those laws went into effect, curricular and academic performance had to be considered as well [9]. The new challenge was to identify students who could not access the curriculum due to speech and language delays. Along with this came the charge to intervene so that teachers could instruct, ensuring that the students’ communication delays did not have a negative impact on their ability to access their education. With this newly defined role came yet another shift in how eligibility was determined in schools as well as the repeated push to change the SLP’s service delivery mode to include

curriculum in an integrated service delivery model.

The Every Student Succeeds Act of 2015 (ESSA) [13] replaced NCLB and recognized SLPs as Specialized Instructional Support Personnel [14]. With this namesake came the requirement that SLPs support instruction through identification of students who needed intervention in order to access instruction. ESSA also prioritized the need for the Multi-Tiered Systems of Support (MTSS) model. With MTSS, multiple systems are integrated to address academic, social, emotional, and behavioral needs of students before and after special education services are implemented. An SLP's participation in MTSS influences the need for eligibility determination for special education services. Many years before this model, students who required speech and language services needed to have an identified special need and an individual education plan to access services. SLPs became part of the system of support so that a special education label was no longer immediately necessary to access the SLPs' skill set. Even more importantly, since the umbrella of MTSS is so large, all students can fit under it, lessening the likelihood that students will be "identified and separated" at school.

Determining who needs speech therapy continues to be a thoughtful endeavor and SLPs must stay current on laws and district policies that could and should influence the decision making process when determining eligibility. Even when considering laws, policies, and results of standardized assessments, SLPs should continue to include the intuition (now called "informed professional opinion") honed by the earliest members of the profession. It has been many years since Jacob, Allison and Bud encountered the lack of services and the restrictions imposed on them by the schools and the courts. Change has been substantial and many children have benefitted from the shifts in mindsets on eligibility, inclusion and service delivery models. The progression of the profession of speech-language-pathology, new laws/policies, and shifting mindsets toward students with disabilities have ensured that students like Jacob, Bud, and Allison are now identified, served and included.

### 3. CONCLUSION

The profession of speech-language pathology has been in existence in the United States for

approximately 100 years. During that time, many changes have occurred in who is included and how they are served. Some of the changes which brought services to thousands of children were the passage of laws that allowed children to be served in the schools and the de-institutionalization of the 200,000 children who lived in state institutions [3]. These laws collectively ensured the right of all children to a free, appropriate public education, including whatever speech services were needed to enable them to succeed in their educational endeavors. The U.S. Department of Education reported that "The majority of children with disabilities are now being educated in their neighborhood schools in regular classrooms with their non-disabled peers" [3]. However, for those needing speech therapy services, many professionals in the schools continue to resort to the historical use of separation while serving. History has taught us that children benefit when they are not merely accommodated, but are both included and appropriately served. These principals should guide the profession as it envisions changes in the next 100 years.

### COMPETING INTERESTS

The authors have declared that no competing interests exist.

### REFERENCES

1. Smith J, Wehmeyer M. Who Was Deborah Kallikak? *Intellectual and Developmental Disabilities*. 2012;50(2):169-78.
2. Wehmeyer ML, Brown I, Percy M, Shogren KA, Fung WLA. *A comprehensive guide to Intellectual and developmental disabilities* (2<sup>nd</sup> ed.). Baltimore, MD: Paul H. Brookes; 2017.
3. U.S. Department of Education. *Twenty-five years of progress in educating children with disabilities through IDEA*; 2007. Available:<https://www2.ed.gov/policy/speced/leg/idea/history.html>
4. *Individuals with Disabilities Education Act*, 20 U.S.C. § 1400; 2004.
5. *Education for All Handicapped Children Act* (Public Law 94-142), US Congress; 1975.
6. Duchan JF. The early years of language, speech, and hearing services in U.S. schools. *Language, Speech, & Hearing Services in Schools*. 2010;41:152.

7. Duchan JF. What do you know about the history of speech-language pathology? And why is it important? ASHA Leader. 2002;7(23):4.
8. Blanton S. A survey of speech defects. Journal of Educational Psychology. 1916; 7(10):581-592.
9. Means JW. The impact of Idea 04 and NCLB on speech and language related services: How do we meet the challenges? Forum on Public Policy Online, v2006 n1 Fall; 2006.
10. Whitmire K. The evolution of school-based speech-language services: A half century of change and a new century of practice. Communication Disorders Quarterly. 2002; 23(2):68-76.
11. American Speech-Language-Hearing Association. Roles and responsibilities of speech-language pathologists in early intervention: Guidelines [Guidelines]; 2008. Available:www.asha.org/policy
12. No Child Left Behind Act of 2001, P.L. 107-110, 20 U.S.C. § 6319; 2002.
13. Every Child Succeeds Act (ESSA) of 2015, Public Law No. 114-95, S.1177, 114th Cong; 2015.
14. Snyder N. The New Education Law and ASHA Members: The every student succeeds act gives school-based audiologists and speech-language pathologists a greater role in literacy efforts and more funding to carry them out. ASHA Leader. 2016;21(2):26-27.

© 2020 Bradburn and Gill; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

*Peer-review history:*  
*The peer review history for this paper can be accessed here:*  
<http://www.sdiarticle4.com/review-history/55873>