

Language Abilities of Children who Qualify for Both Speech Therapy and Play Therapy

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BACKGROUND

Introduction

Interprofessional collaboration in the educational setting is vital to a holistic approach to addressing a child's individual needs. Despite the benefits of interprofessional practices (IPP), collaboration in the educational setting can be challenging. Some challenges that impede IPP from occurring in the school setting include time constraints and awareness of roles; however, interprofessional practice can be an effective way to set a child up for success (Kerins, 2018). There is substantial evidence that supports the idea of collaboration within services for the well-being of the child (Choi & Pak, 2006; Ellis et al., 2005; Johnson, 2016). Counselors and speech-language pathologists often work with the same students in the educational setting. While there are often language and social-emotional goals that could be integrated into each other's sessions, professionals often do not implement IPP when working with students and are often unaware of the goals and objectives being addressed for students who qualify for both types of services. Currently, there is limited evidence of collaboration occurring with child-centered play therapists and speech-language therapists.

Child-centered play therapy (CCPT) services are provided by certified counselors who are registered play therapists (RPTs) and work with children of varying ages. The goal of CCPT is to establish the use of play to help students sort out psychosocial stresses and become the best version of themselves through self-expression and interpersonal connection ("Association for Play Therapy"). A large part of a registered play therapist's practice is child-directed play therapy. Speech-language pathologists (SLPs) who work with children also use play effectively within the therapeutic setting as they assess, diagnose, and treat many forms of communication difficulties. With the pediatric population, play occurs during the assessment and treatment process for speech sound disorders, language disorders, social communication, voice therapy, fluency, and sometimes feeding and swallowing (American Speech-Language-Hearing Association (ASHA)).

The purpose of this research inquiry is to determine if behaviors that are assessed for eligibility for counseling services are also present for students who qualify for speech-language therapy services.

METHODS

Participants

Ninety-three second grade students from one elementary school were screened using the Teacher-Child Rating Scale (TCRS 2.1) to determine students who qualified for certified play therapy services. Additional information from students that was collected includes: active Individual Education Plan (IEP), attendance, race, sex, and age.

TCRS 2.1

The Teacher-Child Rating Scale (TCRS 2.1) is a screening tool that is used to assess if a child is at risk for behavioral problems. It is completed by a child's teacher who is asked to evaluate positive and negative characteristics that could determine a child's ability to transition into the academic setting. The TCRS 2.1 includes five subtest categories: task orientation, behavior control, assertiveness, and peer social skills.

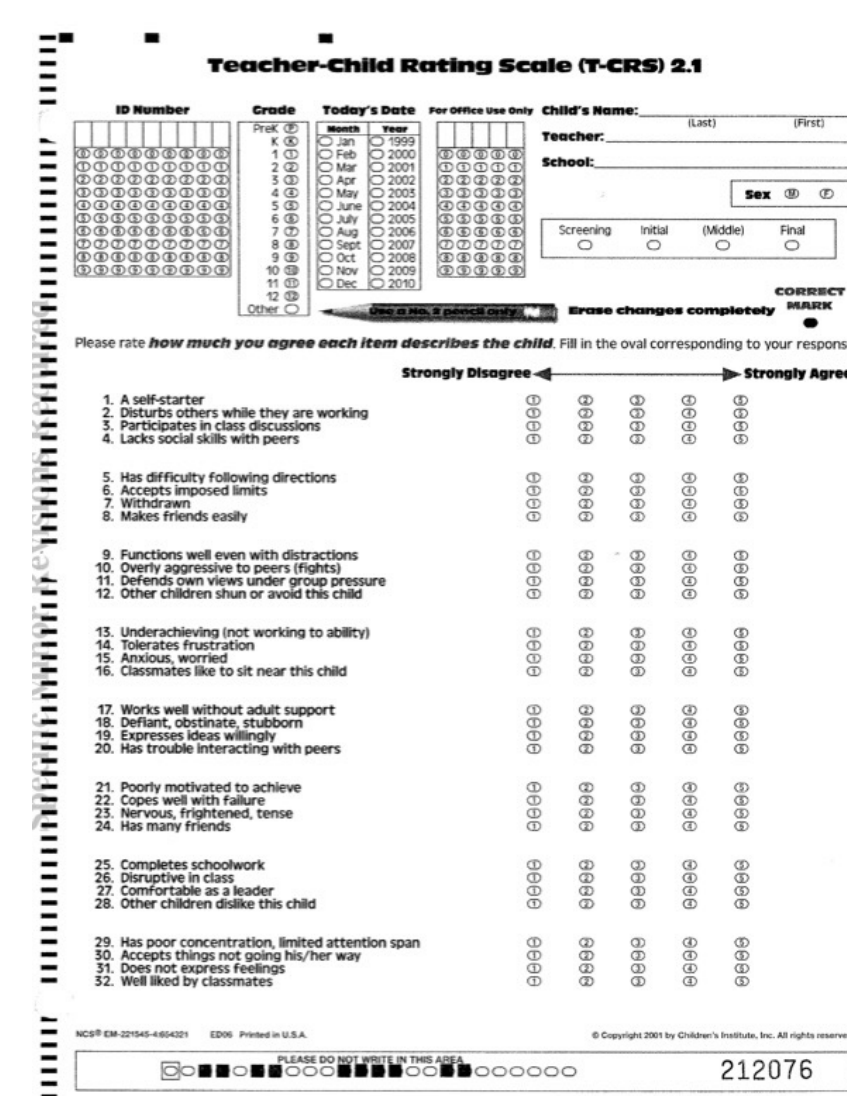


Figure 1. Sample of TCRS 2.1.

PROCEDURES

Second grade teachers from one school completed the TCRS 2.1 on all children in the second-grade at the beginning of the year over two years. Data was merged for the two cohorts. A total of 93 children were screened using the TCRS 2.1. Demographic information, including age in months, sex, race, and eligibility for speech-language services (as documented by an IEP) were also collected.

Data Analysis

Descriptive statistics were used to determine if students who were eligible for speech-language therapy services were also eligible for counseling services. A comprehensive qualitative analysis of the TCRS 2.1 subtest items, task orientation, behavior control, assertiveness, and peer social skills, was conducted to determine themes in the data. This item analysis was conducted by merging the data collected and adding date of birth. The Synthetic Minority Oversampling Technique (SMOTE) was then used due to the imbalance in the number of students qualifying for SLP services.

RESULTS

Of the 93 students who were given the TCRS 2.1 screener, 66% qualified for CCPT services. Of the nine students who had an active IEP (i.e., was in speech-language therapy) eight IEP students also qualified for play therapy services. A Pearson's correlation was used from the oversampled data from the TCRS 2.1 scores of the second-grade students. A significant correlation was found between group and peer social skills. Students who qualified for counseling services and were eligible for speech-language services (Speech IEP) had significantly lower peer social skills compared to students who were not eligible for speech-language services.

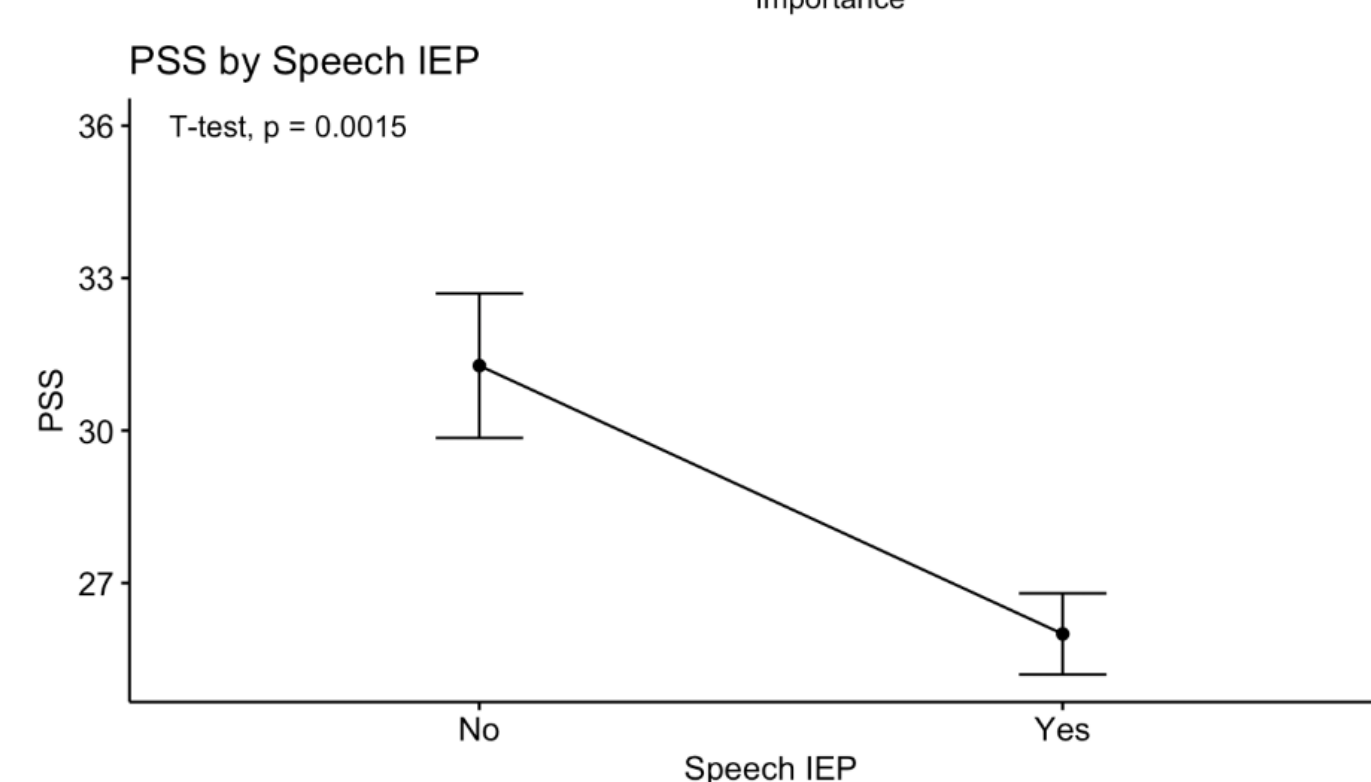
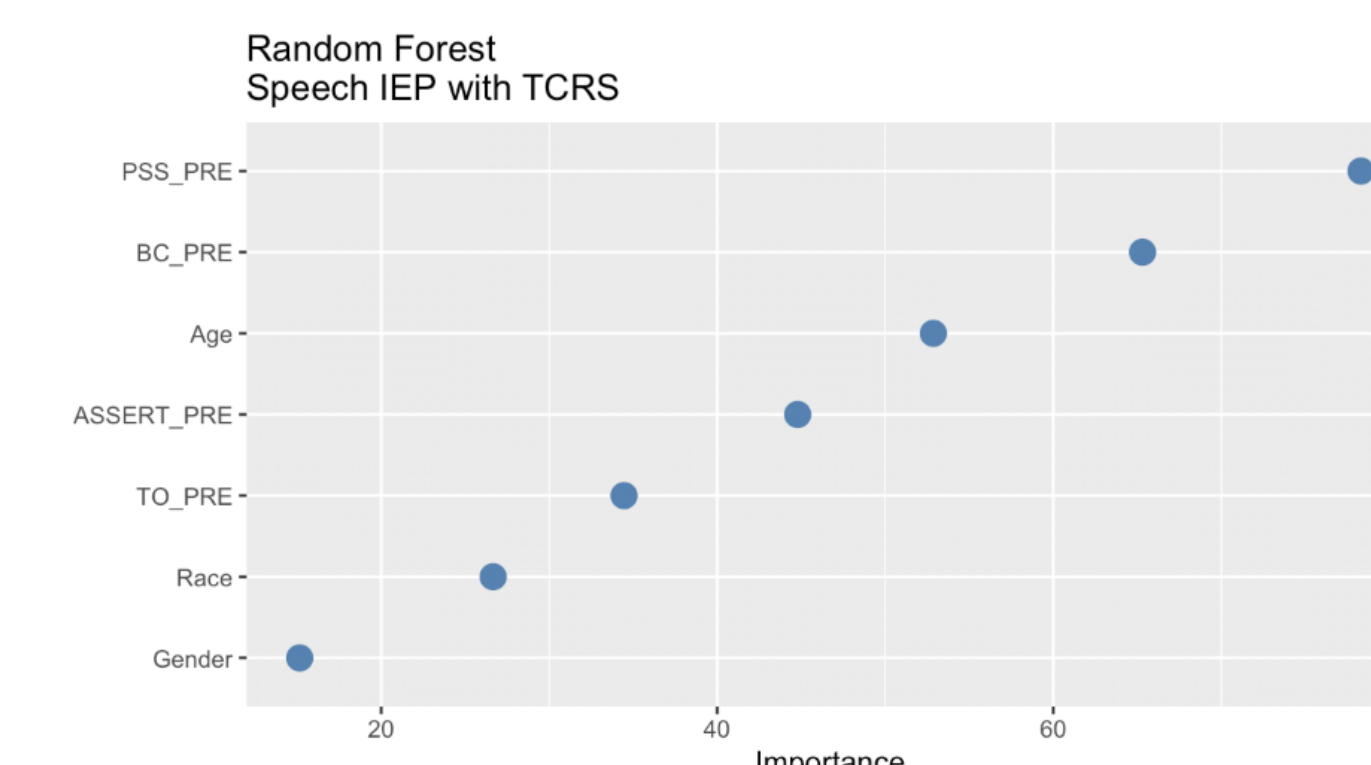


Figure 2. Peer social skills (PSS by Speech-Language IEP).

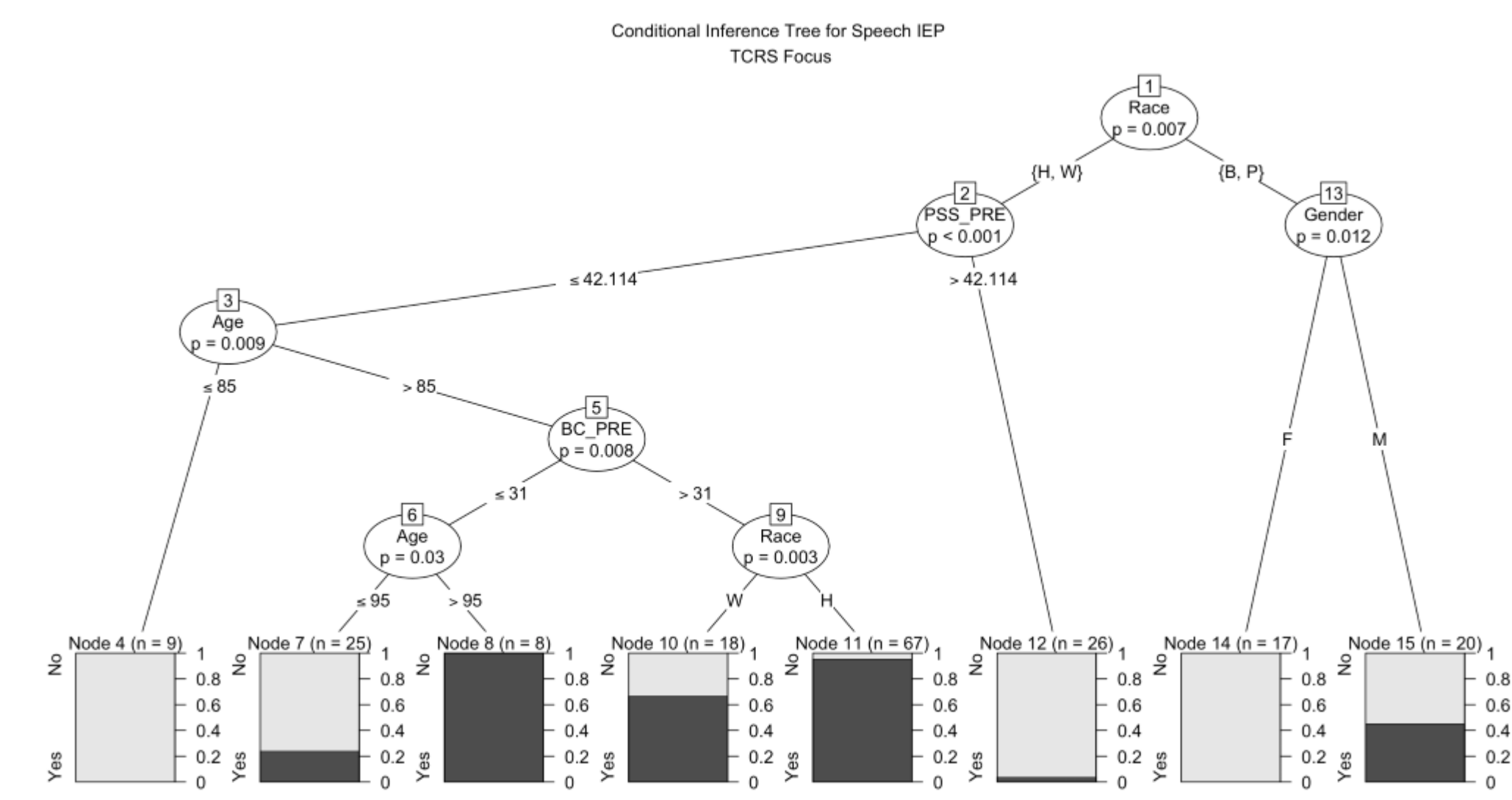


Figure 3. Conditional Inference Tree for Speech IEP.

When TCRS scores were analyzed using a conditional inference tree by IEP status, students who identified as White or Hispanic, had poor peer social skills and were older were more likely to qualify for speech services. Students who identified as Black or Pacific Islander (PI) males were more likely to qualify for speech services than those who identified as Black or PI females.

DISCUSSION

This study aimed to determine a number of individuals who met the requirements for speech-language therapy and child-centered play therapy. This study also aimed to discover if there were any common characteristics among these students who qualified for both services. Findings from this study demonstrate an important relationship between language skills and peer/social interactions. Specifically, of the cohort of second graders who qualified for counseling services, teachers perceived the peer/social skills of students who also qualified for speech-language therapy to be significantly lower than their peers. These findings demonstrate how poor peer social skills could be an indicator for a child to qualify for both speech-language therapy services and play therapy services. Thus, coordination of efforts for RPTs and SLPs using play in CCPT and speech-language therapy may be warranted to increase positive peer social interactions within the classroom setting.

Interprofessional Collaboration

Interprofessional collaboration is essential to the benefit of the whole child (Bowers & Perryman, 2018). Both professionals, RPTs and SLPs, involve play in their work with children. Both professionals have been trained and understand the importance of play for the overall child's success. However, there has been limited opportunities for the interprofessional learning with or from the other. There is also limited evidence in the literature that RPTs and SLPs intentionally involve play to reach each other's goals. Through play, language is developed and psychological stressors are sorted out (Clark, n.d., & "Association for Play Therapy"). Through observation and communication between each other, common goals could be addressed in both services which could lead to a child functioning at their optimal emotional, behavioral, and linguistic potential. This would greatly benefit both child and their therapists. This research highlights that peer social skills are a common characteristic found in children who qualify for counseling and speech services. If peer social and interactional goals were set between both practices a child's psychological stress and language could both benefit.

LIMITATIONS AND FUTURE DIRECTIONS

Limitations

imbalance in the groups (students who had and IEP and students who did not have an IEP) should be considered when interpreting the results from this study
limited access additional information (e.g., full interview with the school counselor, IEP goals and objectives)
sample selection of students used in this study were from the same location and, therefore, could share similar characteristics that were not evaluated in the data.

Future Directions

Interprofessional Education should be included for students receiving higher degrees of undergraduate level or higher. Especially, for those who are planning or being taught to work with school aged children. Resources should be provided to observe and practice IPP. Both registered play therapists and speech-language pathologist could learn from each others practices by observation and teaching when it comes to play and language.

FUNDING

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