

# My Claimant Has a Brain Injury and Is Returning to School: Do I Need a Speech-Language Pathologist or a Tutor?

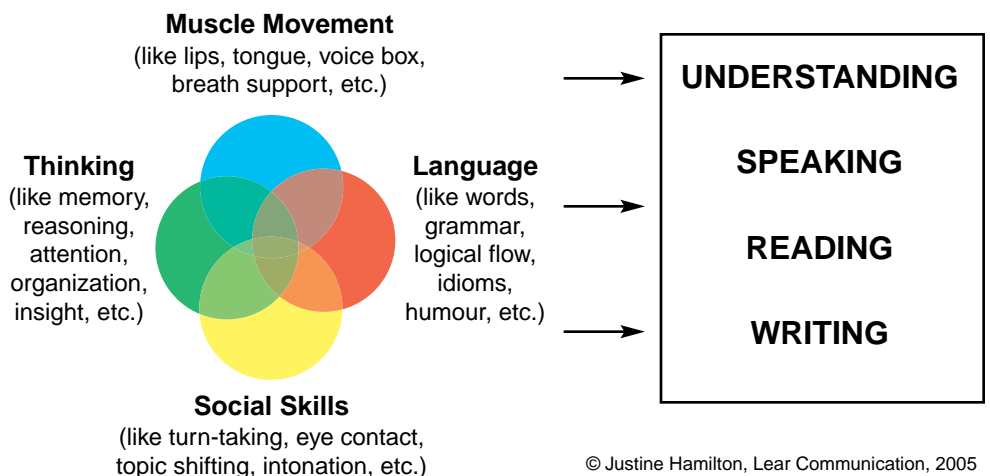
By Justine Hamilton, MClSc, RegCASLPO, MBA, Lear Communication

**Yes!** *Kidding aside, this is a valid question for adjusters to ask, and it is the same question often asked by parents of students with learning disabilities. When is a tutor enough, and when do you need the cognitive-linguistic expertise of a speech-language pathologist?*

Brain Injury?" In this article, I described why a speech-language pathologist is often a crucial team member when a claimant has suffered a brain injury. Speech-language pathologists are experts in managing communication disorders, and research shows that 80-100% of brain injuries result in a communication disorder. The diagram below explains the various and overlapping factors that may result in one or more impaired communication processes.

Some of you may recall reading my article in the October 2004 issue of *Without Prejudice*: "Why on Earth Would a Speech-Language Pathologist Be Treating Someone with a

## The Spheres of Communication



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Given that we're focusing on school re-entry, let's examine the importance of these four communication processes on academic success:

### Understanding

- Following a classroom lesson or lecture
- Understanding questions asked by classmates
- Understanding questions asked by the teacher
- Following directions for homework assignments
- Understanding audiovisual presentations
- Comparing new information to previously learned information
- Taking notes

### Reading

- Understanding test questions
- Reading novels and textbooks to gain new information or insight
- Comparing written information to lecture material
- Understanding written assignment questions and directions
- Reading signs on the classroom walls and around the school
- Reading overheads or handouts

### Speaking

- Answering the teacher's ques-

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tions

- Discussing ideas or homework with classmates
- Sharing ideas in a classroom discussion
- Doing oral presentations

### Writing

- Answering test or homework questions
- Writing essays
- Taking notes
- Writing book reports
- Keeping journals

### Where Does a Speech-Language Pathologist Come into the Picture?

Speech-language pathologists typically have six or more years of post-secondary training in communica-

tion disorders. While the "speech" part of our job title is quite obvious (people who have slurred speech or who stutter, for example), the "language" part is often invisible to the untrained eye. Yet language is the medium through which we typically learn new information. Words, sentences, paragraphs-this is language. Vocabulary, grammar, spelling-this too is language. Main ideas, details, inferences - yes, this is also language. Language is the medium of instruction. Language is therefore a critical factor for academic success.

In the diagram on the previous page, you will see that cognition is another important contributing factor to effective communication. Speech-language pathologists don't look at cognitive skills in isolation; rather, we evaluate how they interact with language skills to create effective (or impaired) communication. If a student has difficulty remembering what he or she has read, the speech-language pathologist will evaluate all of the component processes, both linguistic and cognitive, to determine where the breakdown is happening. It could be that the student doesn't know how certain letters represent certain

sounds or sound combinations. Perhaps he or she is struggling to understand the meaning of individual words, or to pick the correct meaning for the particular context (e.g., “note” has many different meanings, depending on the linguistic context). The student may have trouble understanding how grammar influences meaning, or may be unable to link the meaning of one sentence to the meaning of the next sentence in order to figure out where the text as a whole is going. The student could have difficulty separating relevant and irrelevant detail, or “reading between the lines.” Or perhaps the student can’t compare what he or she has just read with previous knowledge on the subject, to help learn from the text. And perhaps the student simply struggles to remember what has been read, or to retrieve that information from memory quickly when needed.

Yes, all those cognitive-linguistic processes are occurring in your brain right this minute as you read this article!

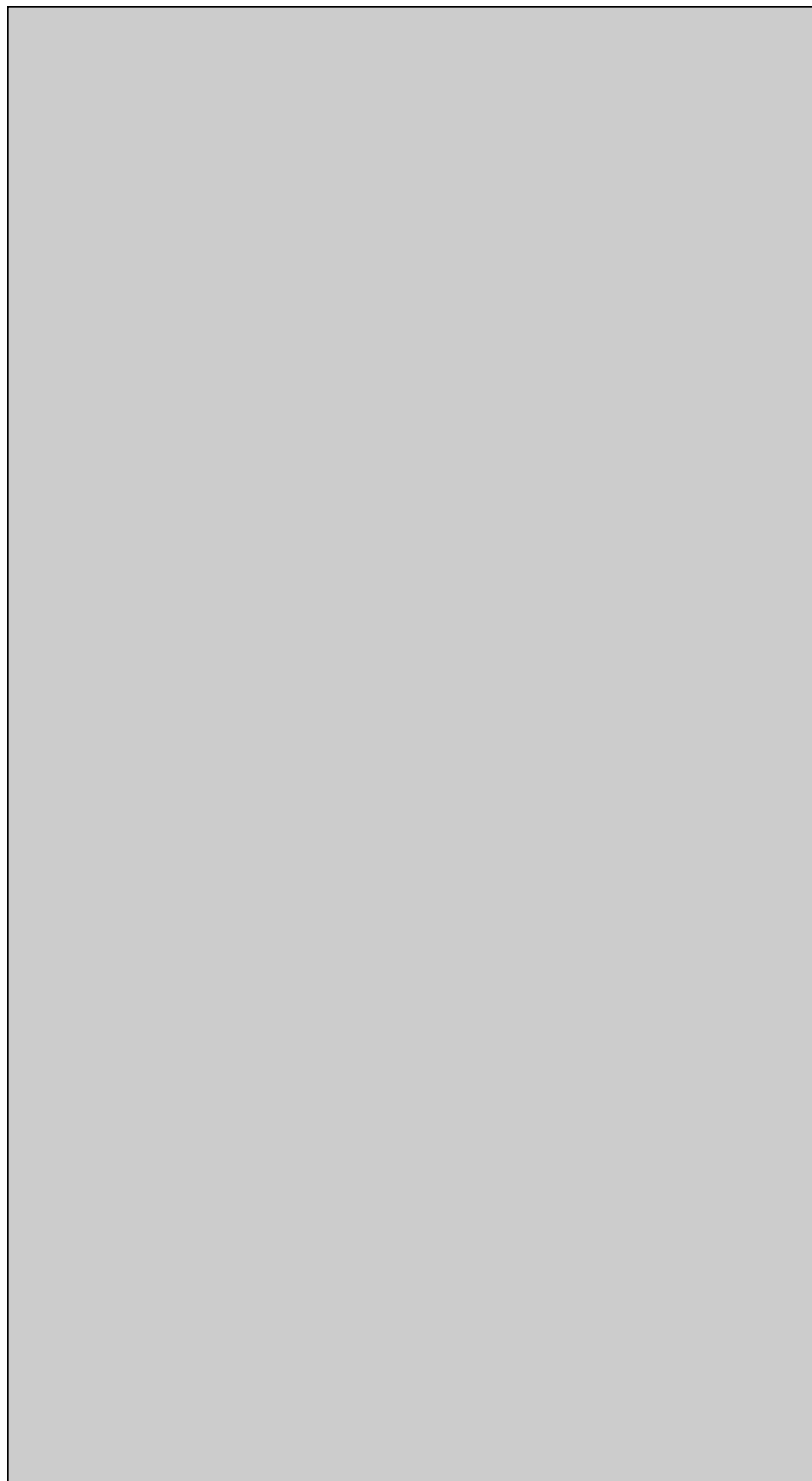
So we’ve established two things:

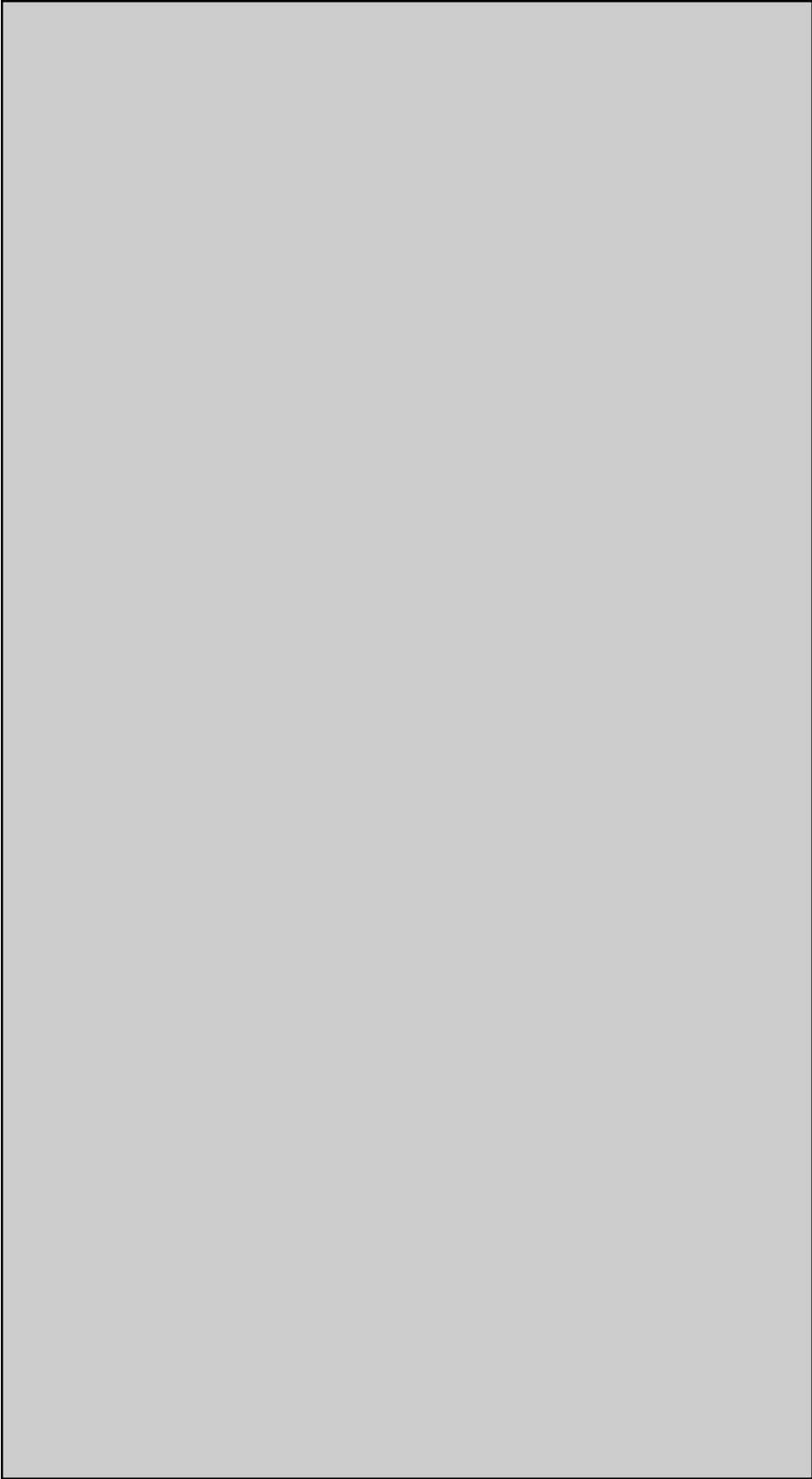
- Effective communication skills are critical to academic success.
- Speech-language pathologists are experts in communication disorders.

### **Don’t Tutors Do the Same Thing?**

We know that tutors help a lot of students meet their learning requirements. There are learning centres in practically every town and city. So what’s the difference?

Jennifer Scollard, a tutor we have worked with in our Ancaster clinic, has a great analogy for the different but complementary roles. Think about learning to cook. You





need to understand the various appliances and utensils at your disposal, and when to use which ones to accomplish which tasks. But you also need to apply this knowledge to actually make a meal. So the speech-language pathologist teaches the tools and techniques and the systems to help identify when to use which. The tutor then takes those tools and techniques and shows the student how to make spaghetti or a stir-fry.

Returning to the example of having difficulty remembering what is read: the speech-language pathologist would start by determining which cognitive-linguistic processes are impaired and contributing to the problem. The pathologist would then design a collection of strategies to rebuild the impaired processes and/or compensate for them. For example, time may need to be spent ensuring the student understands the meaning of grammar and how to identify when something doesn't make sense. Some students may benefit from learning visualization or other techniques to help information stick in their memories or be retrieved more easily. Other students may need to learn strategies to separate relevant and irrelevant detail. Many students need a combination of different skills and strategies.

The tutor then helps the student use these strategies to get the social studies assignment done, to study for the English test, to learn the key points from the chapter in the science textbook, etc. The tutor takes the cognitive-linguistic strategies from the speech-language pathologist and directly applies them to the student's specific curriculum requirements.

### **So Why Not Skip the Speech-Language Pathologist and Just Use a Tutor?**

No other profession has the level of training and skill to understand how the language system in our brain works, or, in the case of brain injury or learning disability, doesn't work. By involving a speech-language pathologist, you will have your best chance of figuring out how the student's brain is handling verbal information (written or spoken). You will therefore have your best chance of finding the most effective and efficient way to remediate the deficits.

Of course, some tutors dedicate their training to learning about cognitive-linguistic processing in the brain, and whenever possible you should always seek out a tutor with both teaching and brain injury experience. However, some tutors do not have the necessary training, and may instead rely on general teaching methods or one particular marketed program, without properly understanding the myriad of cognitive-language models and theories that may apply in a given student's situation. Speech-language pathologists are regulated and have a defined scope of practice that includes normal and disordered language systems. Their regulatory College, CASLPO, has created a handout to outline the critical role of speech-language pathology for children in the school system; it is available at [www.caslpo.com/teachers\\_ad.pdf](http://www.caslpo.com/teachers_ad.pdf).

### **So Why Not Skip the Tutor and Just Use a Speech-Language Pathologist?**

Tutors have an in-depth knowledge of the curriculum. They know what is being taught in science, in math, in social studies. They know the

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evaluation methods associated with the curriculum. Those with experience in acquired brain injury should know alternative teaching styles to better map the speech-language pathologist's strategies onto the curriculum.

The speech-language pathologist will obviously use actual textbooks and assignments in therapy sessions to teach the student the necessary cognitive-linguistic skills and strategies. This makes therapy meaningful and relevant for the student. But it is certainly not necessary or even effective for the speech-language pathologist to be the one to apply the skills day in and day out to meet

the curriculum requirements.

### **Back to the Original Question: When to Use Which?**

If there is no concussion or brain injury and the student simply needs to catch up on missed courses, all you need is a tutor.

If there is a concussion or brain injury, use the following information to help you seek out the appropriate resources.

#### *At Least 3-6 Months before School Re-Entry*

- Obtain a speech-language pathology assessment to find out what the student's cognitive-linguistic strengths and weaknesses are. This assessment will provide guidance as to how much direct (as opposed to consultative) involvement by the speech-language pathologist will likely be needed to effectively and efficiently remediate the student's areas of weakness.
- Have the speech-language pathologist begin building skills and strategies to address cognitive-linguistic weaknesses to help the student get a "running start."

#### *At Least 1-3 Months before School Re-Entry*

- Obtain an academic assessment by a tutor to compare the student's abilities to grade-level curriculum requirements.
- Have the tutor begin preparing the student by pre-teaching curriculum requirements.
- In conjunction with the speech-language pathologist and any other team members, begin preparing the school and teacher for the student's ability levels and any necessary accommodations.

#### *Upon Initial School Re-Entry*

- It is common in the first month of being back in school for the tutor's time to increase dramatically while the speech-language pathologist is less involved. This first month is usually an overwhelming period of time, so more emphasis is needed on getting the course work done, rather than building skills and strategies.
- After the first month, the time spent with each professional to develop and apply cognitive-linguistic skills and strategies will vary according to individual circumstances.
- In consultation with the speech-language pathologist and any other team members, the tutor should continue acting as a liaison with the school and teacher to advocate for the student's needs.

#### *As School Re-Entry Progresses*

- As one set of skills consolidates, the speech-language pathologist will be able to reduce the frequency of intervention.
- During times of shifts in required independence or complexity of coursework (e.g., around grades

four, seven, nine and twelve, an upon entry to college or university), speech-language involvement may need to increase in frequency to alter skills and strategies to meet new academic and social demands.

- In consultation with the speech-language pathologist and any other team members, the tutor should continue acting as a liaison with the school and teacher to advocate for the student's needs.
- Direct tutoring involvement will vary in frequency in relation to month-to-month curriculum demands (e.g., testing or exam periods, multiple projects), level of student independence and level of in-class and in-school support available.
- Ideally, the student's reliance on the tutor should be reduced over time as he or she is encouraged to actively and independently apply the necessary cognitive-linguistic strategies. Passing a test or getting a diploma are important and rewarding achievements. But we can not forget that the bigger goal is to be successful in life after school. Students should not come to rely on a tutor as a permanent way to help them get work done. The tutor needs to ensure that the student is being lead to as much independence as is possible by gradually shifting to more of a "consultative" model when possible. A diploma may have emotional value, but our job is not done if the skills behind the diploma are insufficient for the student to obtain meaningful paid or volunteer work.

### **The Non-Academic Side of School Re-Entry**

Social success is almost as important as academic success in turning students into effective contributing members of society after school. The speech-language pathologist should address interpersonal or social communication issues to ensure the student is able to effectively interact with peers and people in positions of authority. Students with brain injury may have deficits in initiation, turn-taking, topic maintenance, understanding and expressing humour/ sarcasm, response length, eye contact, facial expression, choice of language content and style, etc., which all have significant effects on their acceptance into peer groups.

### **The Moral, and the Morale, of the Story**

Being in school is challenging on a number of levels for any student. Add any amount of brain injury, and this challenge can seem insurmountable. Deficits in language and cognition, not to mention speech or social communication skills, can have substantial negative effects on a student's academic and social success. Time spent up front planning and preparing for school re-entry is time well spent. It is always easier to try to prevent a meltdown than to try to clean up after one has happened!

*Throughout her career as a speech-language pathologist, Justine has worked diligently toward developing innovative and effective assessment and treatment ideas. She has co-authored three major initiatives: The Sperry-Lear Social Disability*

*Scales, The Self Assessment of Communication Skills and Therapy in a Box. Speech-language pathologists from around the world now seek out these products for use in their daily practices. Justine has spoken at conferences and workshops across Canada and in Australia, and has written about assessment and treatment issues in provincial and national publications. In 2004 she received the "Honours of the Association," the highest award from the Ontario Association of Speech-Language Pathologists and Audiologists, in recognition of outstanding contributions to the profession. Justine is the co-owner of Lear Communication, a private speech-language pathology practice with clinics in Ancaster and Kitchener.*

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