

Top 10 resources

Working with DLD in schools

North East Metro Language Development Centre (NEMLDC)

We are a team of speech pathologists working at the North East Metro Language Development Centre (NEMLDC). The NEMLDC is a specialised kindergarten to year 2 school in WA specifically for children with developmental language disorder (DLD).

About DLD

1 DLD textbook

One of our most recent go-to sources for information on children with DLD has been the book *Children with Specific Language Impairment* (Leonard, 2014). This book has been a valuable asset to our team and has been so useful that many of us have purchased it personally!

General intervention approaches and strategies

2 Gradual release of responsibility

One of the main strategies that we use in intervention (and which forms the foundation of our teachers' instruction) is the gradual release of responsibility model. Our students need a lot of scaffolding and modelling before being able to independently complete learning tasks. The gradual release of responsibility model can be summarised in 3 main steps: I do, we do and you do.

I do

Show the children how to complete the task, making sure that they are watching and listening. Think out loud, verbalising the strategies being used to complete the task, e.g., "I'm going to break 'man' into sounds. I'm going to say the word really slowly to help me. Mmmmmmm-aaaaaaa-nnnnn. The sounds in 'man' are m-a-n."

We do

Practise the task with the children a few times, reiterating the strategies that can be used before and during this joint model. Give the children feedback and scaffolding as needed.

You do

Release the children to complete the task by themselves. Continue to provide feedback and scaffolding as needed.

Key read

For more information and a great summary for educators on the principles behind this approach look at "Principles of instruction: Research-based strategies that all teachers should know" by Rosenshine (2012) – on open access.

3 Think alouds

Think alouds are a process where the speech pathologist or educator verbalises the strategies or thought processes to be used. The children with DLD we work with often find it difficult to infer these strategies and processes. As such we make the implicit explicit for them by talking out loud our thought processes, e.g., "I'm going to describe a koala. I'm

going to think about what type of animal it is, what it looks like and where it lives. A koala is a type of animal. It has..." Think alouds form an important part of the "I do" and "we do" in the gradual release of responsibility model.

Key read

For a great read on how think-alouds can be used, check out "the ABCs of performing highly effective think-alouds" by Block (2004).

4 Visual supports and graphic organisers

Visual supports and graphic organisers are important teaching tools that we and the teachers in the NEMLDC use to help our students with DLD. We use graphic organisers and visuals in most areas of teaching, including:

- **semantics**, e.g., icons representing the various features that can be described, compared and used for grouping; Venn diagrams, t charts and mind maps for showing relationships between ideas (See Figure 1)
- **literacy**, e.g., Elkonin boxes for sounding out, a picture of a caterpillar with a head that changes colour to illustrate the concept of rhyme – the first part of the word changes while the "tail" of the word stays the same (see figures 2 and 3)
- **narrative**, e.g., icons to highlight the macro parts of a text; story maps to highlight the use of specific microstructure (see Figure 4)

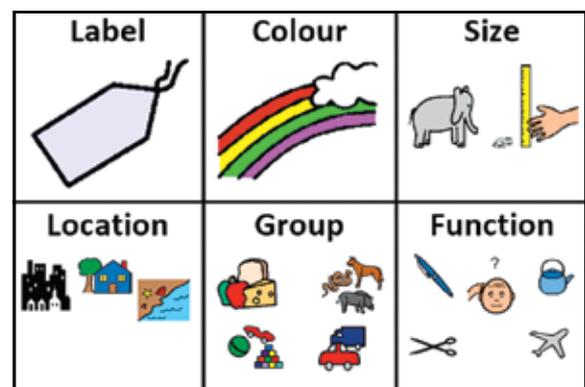


Figure 1. Describing icons (semantics)

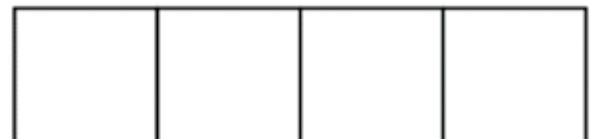


Figure 2. Elkonin boxes (literacy)

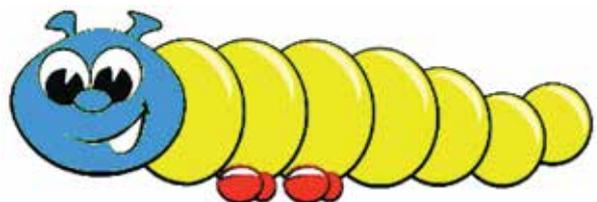


Figure 3. Rhyme caterpillar (literacy)

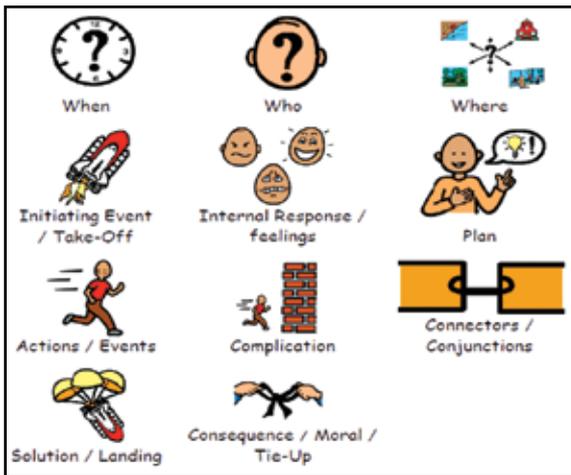


Figure 4. Fiction text icons (narrative)

Intervention approaches and resources for DLD

5 Narrative and book-based interventions

Book based intervention is a great way to target not only narrative, but also vocabulary and grammar (Petersen & Spencer, 2016). At the NEMLDC we base narrative, grammar and vocabulary instruction on a text, teaching each skill explicitly, particularly narrative macrostructure. We use icons to represent the different macrostructure elements of most genres. Our students with DLD often find it difficult to grasp abstract concepts like text parts, so giving them a tangible, concrete representation helps their understanding and ability to apply these parts to their self-generated texts.

Key resources

We use narrative macrostructure visual icons when reading books to students, as well as using them in story boards and planners to support students' comprehension and generation of texts (Figure 5 and Figure 6).

We also use picture scenes as stimuli for story generation (as well as using these for description, as grammar and general language sample stimuli). Access free picture scenes from:

- <https://storybird.com/> create your own books (or just use single pictures)
- <https://www.onceuponapicture.co.uk/> hundreds of beautiful images with discussion questions
- <http://www.pobble365.com/> an image per day with story starters, sentence challenges and discussion questions.

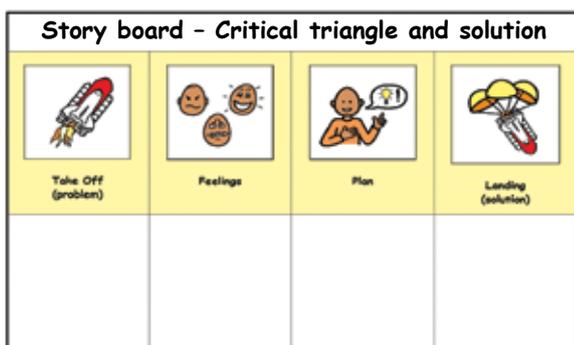


Figure 5. Storyboard for comprehension and planning

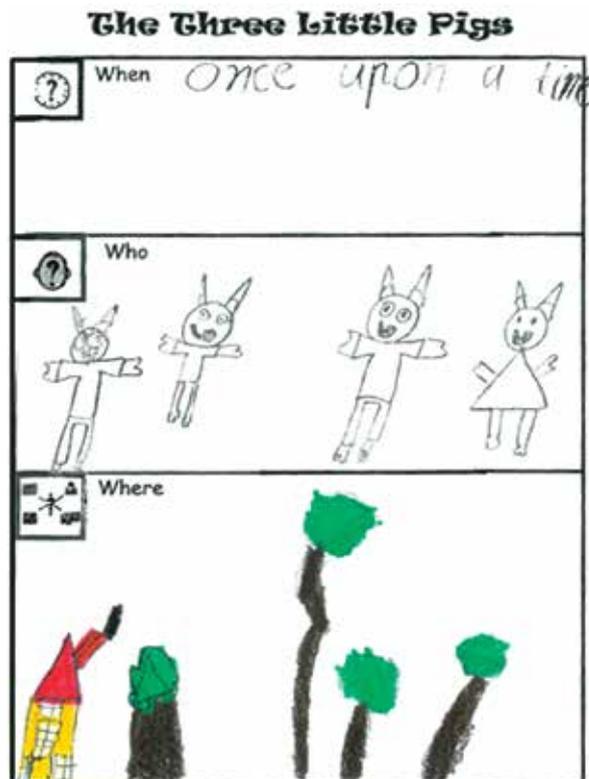


Figure 6. Story planner - Setting

6 Explicit grammar instruction

Students with DLD often have a specific deficit in morpho-syntax (Leonard, 2014). At the NEMLDC we provide explicit grammar instruction to our students, often in the context of narrative. We use 'Colourful Semantics' (Figure 7) as well as 'Shape Coding' (when our clinicians have been trained) (See Ebbels, 2007) as tools to help us teach students the parts in sentences, the function they play and how they can fit together. This helps our students say and write more interesting and grammatically correct sentences.

Colourful semantics resources can be downloaded from <http://integratedtreatmentservices.co.uk/resources/colourful-semantics/>



Figure 7. "Colourful semantics" in the classroom

7 Explicit/robust vocabulary instruction

Vocabulary acquisition is one of the most important elements for success in reading and comprehension. As well as providing students with implicit vocabulary learning

opportunities, we also teach vocabulary through explicit, robust vocabulary instruction. This is often done in the context of narrative to make learning functionally meaningful and relevant, using a combination of rich and basic vocabulary instruction.

We also use word study strategies like POSSUM where we talk about words from a number of perspectives. The POSSUM acronym represents the different perspectives we can examine a word from: **p**honology (e.g., how many sounds/syllables in the word); **o**rthography (e.g., how many letters? are there digraphs?); **s**emantics (e.g., word meaning, antonyms/synonyms of the word), **s**yntax (e.g., what word type is it? put the word in a sentence), **u** (personal link to the word); and **m**orphology (e.g., base/root words, what happens to the word when you add an affix?).

Key read

The textbook *Bringing Words to Life* by Beck, McKeown, and Kucan (2013) has been extremely helpful in helping us teach vocabulary well. For more information about vocabulary instruction with children with DLD, you could also read Steele and Mills (2011) – free access.

Resources for parents

8 DLD awareness

We continue to educate our school's body of parents, as well as the teachers of the LDC and our mainstream counterparts about DLD – what it is, how prevalent it is, how it presents and the impact it has on children's lives. In this age of technology and social media we have found the RADLD and #DLD123 campaigns very helpful in supporting this education. In particular we have used the RADLD (formerly RALLI) videos to show parents and teachers the impact that DLD has across the years (<https://www.youtube.com/user/RALLIcampaign>). As we work mostly with lower primary aged children it has been useful to give parents insight into the long term impacts (successes and difficulties) of children with DLD.

9 Intervention evidence

It can be hard for families to know what good intervention is and what it is not, especially with all sorts of information freely available on the internet. Parents and teachers often ask us about various intervention approaches that they have heard of and think might be suitable for their children. We have found the book *Making Sense of Interventions for Children with Developmental Disorders* by Bowen and Snow (2017) a very valuable resource to help us, our teachers, and the school's parent body navigate the world of intervention and distinguish robust, evidence-based approaches.

10 Bookshare resources

Sharing books is such a powerful way to encourage language growth. There are hundreds of books out there and navigating the plethora of books available can be tricky for families. We have found a few websites very useful to help us and our school's parent body find good quality, language rich books which particularly lend themselves to children's specific goals. The following websites are examples:

- <http://booksharetime.com/> an excellent, user-friendly, searchable booklist developed by speech pathologist, Cecile Ferreira
- <http://www.banterspeech.com.au/books-with-verbs-to-level-up-your-childs-language-development-24-of-the-best/> a very helpful collation of books to support verb development
- <http://www.banterspeech.com.au/more-verb-charged-books-to-ignite-your-childs-language-development/> further book suggestions to support verb development

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- Spencer, T. D., Kajian, M., Petersen, D. B., & Bilyk, N. (2013). Effects of an individualized narrative intervention on children's storytelling and comprehension skills. *Journal of Early Intervention*, 35(3), 243–269.
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JCPSLP notes to authors

The *Journal of Clinical Practice in Speech-Language Pathology* is the major clinical publication of Speech Pathology Australia. Each issue of *JCPSLP* aims to contain a range of high quality material that appeals to a broad membership base. *JCPSLP* is published three times each year, in March, July, and November.

Issue	Copy deadline (peer review)	Theme*
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Number 1, 2019	1 August 2018	The roles of speech-language pathologists in the justice system
Number 2, 2019	1 December 2018	Measurement and evaluation in practice
Number 3, 2019	13 April 2019	Multimodal communication
Number 1, 2020	1 August 2019	TBA
Number 2, 2020	1 December 2019	TBA

* articles on other topics are also welcome

General

Material submitted must be your original work. Any direct quotations or material used from other sources must be credited in full. If copyright clearance is required to use material included in your article, please supply evidence that this has been obtained.

Ethical approval

All manuscripts in which information about a person and/or organisation is presented must be accompanied by evidence of approval by an authorised ethics committee. This includes clinical insights, ethical conversations, manuscripts presenting the results of quality assurance and improvement activities within workplace settings, and research manuscripts.

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Each issue of *JCPSLP* contains a set of articles relating to a particular theme, as well as a selection of articles reflecting broader speech pathology practice. The Editorial Board selects a theme for each journal, and these themes can be suggested by members of Speech Pathology Australia at any time. Manuscripts on any topic relevant to speech pathology practice can be submitted to *JCPSLP* at any time.

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Manuscripts must not exceed 3500 words (including tables and a maximum of 30 references). Longer manuscripts may be accepted at the discretion of the editor. It is highly recommended that authors contact the editor prior to submitting longer manuscripts.

Types of submissions

When submitting your article to *JCPSLP*, please indicate the type of submission:

- **Clinical insights:** These are papers that describe clinical programs, and innovative clinical services. Clinical insight papers do not have a traditional research format. However, these submissions should include details of the purpose and objectives of the program/service, information about similar programs and a description of the value/significance of the current work. In addition, papers should provide an evaluation of the program/service and recognition of the limitations.
- **Research:** These are papers that describe research studies with clear clinical relevance. Research papers should include a review of the literature, aims/purpose of the study, outline of the method (including participants, data collection tools and analysis), and a clear discussion directed to a clinical readership.
- **Literature reviews:** These are papers that provide detailed reviews of literature relating to topics of clinical relevance. Literature reviews should include a description of the significance of the topic, an outline of the methods used to identify papers, a comprehensive critique of the literature, and a discussion of clinical implications (including directions for future research if applicable).

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Manuscripts submitted to *JCPSLP* undergo a double blind peer-review process. Regular columns (e.g., Webwords, Top 10, resource reviews) undergo editorial review. The authors are provided with information from the review process. Often, authors are invited to revise and/or resubmit their work, as indicated by the reviewers. Occasionally, the reviewers request to re-review the revised manuscript. In some instances, a paper will be rejected for publication. The editor's decision is final. The sentence "This article has been peer-reviewed" will appear after the title for all peer-reviewed articles published in *JCPSLP*.

Format and style

All submissions must be Word documents formatted in accordance with the following guidelines:

- All text should be 12 point Times New Roman, double spaced (except figures and tables), left justified.
- A maximum of five levels of heading (preferable 2–3 levels) should be used:
 1. Centered, boldface, uppercase and lowercase heading
 2. Left-aligned, boldface, uppercase and lowercase heading
 3. Indented, boldface, sentence case heading with a period. Begin body text after the period.
 4. Indented, boldface, italicised, sentence case heading with a period. Begin body text after the period.
 5. Indented, italicised, sentence case heading with a period. Begin body text after the period.
- Please use the terms "speech-language pathology" and "speech-language pathologist" (abbreviated to SLP) throughout article.
- Do not include images within the text of the article – send photos as separate attachments, digital images should be of high quality and preferably be sent as uncompressed TIF or EPS images.
- Use only one space after punctuation, including full stops.
- Use a comma before "and" in a series of three or more items (e.g., "The toys included a ball, bucket, and puzzle")
- Clear and concise writing is best. Use short sentences and paragraphs and plain English. Please reduce bias in language as much as possible (i.e., avoid stereotypical terms, refer to participants, rather than subjects, and be sensitive to racial and ethnic identity).
- Reproduce any quotations exactly as they appear in the original and provide the page number(s) for the pages you have quoted from.
- References, which should be key references only, must follow the American Psychological Association (APA, 6th edition) (2009) style. For further details on correct referencing, visit <http://owl.english.purdue.edu/owl/resource/560/01/>
- Tables and figures: If there are to be tables or figures within your article, these should be presented on separate pages with a clear indication of where they are to appear in the article (in text indicate where the figure or table should be inserted). All tables and figures should be numbered. Figures should be presented as camera-ready art. Please ensure figures and tables appear at the end of your article with each table or figure on a separate page.

Documents to be submitted

1. Manuscript featuring:
 - a. Title
 - b. Author names and affiliations (will not be forwarded for peer review)
 - c. Up to 6 key words
 - d. Abstract (maximum 150 words)
 - e. Main body of text (**main body must not include any identifying information**)
 - f. Reference list (maximum 30)
 - g. Tables (if relevant)
 - h. Figures (if relevant)
 - i. Appendixes (if relevant)
 - j. Acknowledgements if relevant (will not be forwarded for peer review)
2. Author submission form (to be downloaded from *JCPSLP* website)
3. A colour photograph of each author (to be included in manuscript if accepted for publication)

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