SaraSmied

Sarah:

Welcome to the SLP Happy Hour Podcast. I'm Sarah an SLP. Working in private practice in Oregon. I'm also a materials designer on teachers pay teachers. You can find my parent handouts bundle by going to the TPT website and searching for the SLP Happy Hour store. I'm also a speaker on Burnout. You can get more information on my work as well as show notes, which will include links and transcripts from each episode@slappyhour.com. I'd like to introduce you to today's guest host today on the podcast, I have with me Sarah Serota, an SLP working in the Ventura County, California area in a deaf and hard of hearing program where she served middle school DHH students for the past four years. When she's not being an SLP, Sarah loves to read romance novels, woohoo, and hang out with her two Boston terriers and her husband. Can you tell me a bit about your career progression, what you do now, and how you got into this work setting?

Sara: Sure. So it all sort of happened really organically. I didn't start my career working with the deaf and hard of hearing population. I started in a low income, predominantly Hispanic and Spanish speaking district in a neighboring city. That city and district, even though they're in California, in Southern California and 15 miles from the beach, is considered really rural, largely agricultural industry, and with a really high migrant farm worker population. I spent two years there working with students with a really wide variety of students, actually from Modsvier preschool all the way to Modsvier High School and kind of everything in between. So that includes, like, your speech only students in elementary, maybe working on speech sounds and gen ed high school students working on social skills. And then I left that district to go to a district in my home city, which is Ventura. From there, I got placed at a school and I didn't really have much of a say in the matter. And when I got to that school, there was another SLP there and they told me, oh, you're going to work with the DHH students. 1s And that brings us to today. So currently I still work at that same middle school, and 30% of my caseload there is with the deaf and hard of hearing population. Do you remember much about that first week or month on the job? And what were your supports like? Were there people who mentored you or courses or books or resources that helped you with that huge learning curve that you had from the start? Sure. When I first got there, it was kind of scary because I had zero experience working with deaf and hard of hearing students, and I kind of felt like a deer in a headlight. And now it's my favorite population. I also have a small private practice where I see pediatric clients via telepractice. It was incredibly overwhelming, but I was so fortunate to have teacher for the deaf of hearted hearing on my campus. That is just phenomenal. I can't say enough wonderful things about them. I did a lot of classroom observations to see kind of how she worked with the students. I also kind of approached it really as a learning opportunity in knowing that it was completely out of my wheelhouse. I had very little frame of reference. Kind of let the questions that I had and my observations guide my practice in that if I saw a need with the student, I would ask the teacher about it and then we would work together to come up with how I could target that.

Given the fact that they had different hearing levels, I leaned really heavily into my personal philosophy as an SLP that our relationships with our clients are the basis for the work that we do and for the improvements that we see. I always say kids don't learn as well from people they don't like. I've seen it tested, tried, and true again and again and again. Honestly, whenever I feel like I've kind of stalled out with a client or they're having a bad day or a middle school attitude, I take that step back and I go back to our relationship, and I think, what part of our relationship isn't working in this moment? Or what's going on with this student that I need to reconnect with them? And one thing I found out in doing that is there's a lot of trauma that these students face. They feel like they have 1ft in two worlds, especially our hard of hearing students. They could have been working on goals with the speech therapist to produce sounds that they can't hear for years. That was never a goal that they would have chosen for themselves. And now that they're in middle school, the way they rebel against that is to kind of be resistant to services in general. Just really leaning back on that, like, how do I build this trusting and compassionate relationship with my students where they trust me to teach them things and to give them therapy has gone a long way in building that rapport so that I see huge improvements in the students that I work with. And can you tell me a bit more about what your job is like, what your job functions are, and what you do on a typical day, as well as the structure of your workplace? So, I'm mainly at a middle school. It's a comprehensive campus. I have 6th, 7th, and 8th graders, and they range from all different ability levels. So I have 30% of my kids are in the deaf and hard of hearing program, and their hearing levels all vary drastically. The rest of the students I serve are identified as having either a speech or a language disorder, impairment, specific learning disability, or autism. I see students in small groups or individually as designated on their IEP. I also do a fair share of consultation with Gen Ed teachers and Sped teachers counselors to support my students in their classroom environment. I would say the one thing that kind of sticks out as a little bit different when you're working with DHH students, especially in our program, is that I have an educational sign language interpreter with me at all times, and the therapy we do is conducted in both English, with me speaking and an interpreter signing an ASL. I'm hoping one day to improve my signing skills so that I don't require an ASL interpreter in my sessions, but it's. It's a hard language to learn and I am just in the beginning of that learning journey. It was a big adjustment actually learning to work with an interpreter and having another person in all of your sessions. But I've learned a ton about deaf culture, working with deaf students and ASL the language ASL in general and how we can target English and ASL simultaneously from working with interpreters. Sometimes it's difficult to work with deaf and hard of hearing population. I mentioned the trauma, educational based trauma. But there's also some interpersonal trauma that a lot of them face. Some of them don't have a way to reliably communicate with their families and that can be really hard. It can be hard for the student, it can be hard as the service provider and the students can feel othered on a comprehensive campus, meaning they can feel like their hearing levels make them different. So it's always kind of looking at that whole student, whole child approach and really always keeping in mind that we're dealing with human beings and that our therapies need to be flexible and dynamic. I like to say we're the therapist that they need us to be. And sometimes my lesson plan kind of goes out the window so I can meet whatever communication need is pressing and emergent ultimately. I found it really fascinating and like I said, it's my favorite population to work with now. Middle school and DHH both. I love middle school.

Sarah:

So what I'm hearing is relationship first, right? Goals and objectives second. And when you say they don't have a way to reliably communicate with their families is that because of the students communication level or families that are not learning ASL or combination?

Sara:

So I would say number one would be that they're not signing at home. So that's number one. So for whatever reason, the families are not learning sign. Secondly is a lot of our students had language deprivation meaning that during that critical period of language they were not given full access to a language to build that l one foundation before 18 months. So they are always showing these deficits when compared to their typically developing peers in their language abilities, their understanding, their ability to express themselves. Those challenges can look different depending on whether the student is hard of hearing and uses their voice to communicate or whether they are an ASL only communicator as their primary language. But it really does kind of show how bilingual education with ASL and English can be. That game changer because once we have that strong foundation in L One ASL we can build 1s the English portion to it. So, for instance, our profoundly deaf students, they're never going to speak using their voices. They still need a strong foundation in ASL to learn to write because ASL doesn't have a written component. 1s

Sarah:

This is so much I'm realizing there's so much I don't know. And so this is probably a good time to provide context for how you and I met. So, Sarah, you and I were connected. When I did an evaluation for a student who was hard of hearing at my clinic, and by talking to you because I thought, I don't even have any context for this, I realized that I really didn't have the specialty to work with this family. I did feel a lot of guilt about that, but I felt like it was best for them. So when I was research what supports are in my area here in southern Oregon, what resources and supports are available in the education system, I was really saddened to hear that. While there's a county deaf and hard of hearing program, services are limited. And your program sounds so supportive and different and like, it offers so many resources. So can you tell me more?

Sara:

We have a comprehensive program right now that spans from preschool actually infancy, because we do have an SLP that will work with our deaf and hard of hearing infants all the way to middle school right now. So what that means is that we have teachers for the deaf and hard of hearing available for students who are school age all the way up to middle school. Like I said, the students hearing levels vary drastically from mild to moderate and who might identify more as hard of hearing. Or maybe they identify culturally as deaf, but their hearing levels mean that they might be more comfortable communicating verbally with their voice. And some of our students are profoundly deaf and identify as deaf. And their primary method of communication is to use ASL. Those students least restrictive environment is going to be a classroom that is conducted 100% in ASL because they can't access spoken language, whereas the kids who are more hard of hearing, a lot of them tend to have some classes outside that ASL only instruction. So maybe they are mainstreamed for like a science or an English language arts or something like that. One really cool thing about our campus is that all of our students, regardless of their hearing level, take elective and PE with their hearing peers. So there's an interpreter provided for them and they take electives. So, for instance, right now I have students in woodshop, I have students in art, and I have students in leadership, and they participate alongside their hearing peers. It's students of all abilities. I'll have to say it's really cool that our students generally excel in visual arts and wood shop. Their hand eye coordination is really strong and it's a strength that they have. And so our wood shop teachers always singing their praises that they're all very skilled in that medium. And I know a lot of SLPs listening might be generalists, they might be considering getting a specialty. Can you talk a little bit about specializing? Do you feel like specializing has supported your mental health and bandwidth and if so, how? I think at first it did not feel like that 1s at first. I felt like I would never know everything I needed to know to specialize in the this area. But I dove in. I reached out to people who were specialists for training and consults, some of which I was fortunate enough to have my district pay for. Now that I've been giving that knowledge and those tools, I feel way more confident in helping this population. I have to say the things that made the difference for me were having a supportive and collaborative team of professionals. I don't work on an island in this role. I'm not a private practice SLP. I work as part of an inner collaborative team that includes a remarkable DHH teacher, talented educational sign language interpreters, a supportive and caring school psychologist, and administration on top of the countless other special education and general education teachers. I feel like it's definitely more of a niche niche and I've other areas I'm also passionate about, such as literacy, language disorders and neurodiverse Affirming services for autistic students. And so I've also done a lot of continuing education and consultations in those areas to learn more and inform my practice.

Sarah:

And if someone's listening and they are interested in specializing in this area, or they want to find out more about working in this setting, what are some resources that they should look up or that might be helpful to them?

Sara:

Absolutely. So Language First is an organization run by Dr. Kim Sanzo. She's amazing. She is on social media, and that's how I initially found her. Her organization gives all sorts of continuing education and support to helping deaf and harden hearing students develop a strong foundational language in an accessible way. So that's usually sign language. I had some one on one consultations with her. I've taken some of her continuing education courses. She puts on a conference every year. I even lobbied my county SELPA to have her come out and give a lecture on how to assess deaf and hard of hearing students. Our program is bilingual, ASL and English, so I would encourage learning ASL as it is a really, truly, wholly accessible language for deaf and hard of hearing students. One thing that it's always important to know is that. Even hearing AIDS and cochlear implants don't make all the sounds of speech accessible at all times in all environments to students with any differing hearing levels. That's why I kind of always go back to that visual language, right? Because it's always going to be accessible to them regardless of hearing fatigue, regardless of whether their hearing aid technology is working correctly, regardless of whether the room is really noisy. And then the other thing that I would recommend to people is just to stay open minded, keep learning, ask lots of questions, and try to surround yourself with professionals that are knowledgeable and lean on them for support. When you work in a team approach with these students, it's where you really see improved student outcomes. If you have any interest in working with the deaf and hard of hearing population, learn ASL it is a real game changer. And even with my very rudimentary current knowledge base has opened up a lot of doors and honestly built a lot of trust between myself and my students. The fact that I'm willing to immerse myself in their culture and in their language has made them accept me and trust me more. And it's been an invaluable part of that journey. The other thing is anything you want to specialize in. I mean, we live in this age where so many specialists have published their own courses that you can get continuing education hours or maintenance hours in that count towards your license renewal for relatively inexpensive cost a lot of times. And it's good quality material. And I feel like this wasn't always the case. Webinars weren't always so accessible or good, maybe even five, six years ago. Search out those experts. Find out who's doing what you want to do and see what resources they have available. Oftentimes they make themselves available for consultation and that is really neat just to be able to pick their brains on how they would go about it. The other thing I would say is that remember that we're human beings first. We're not robots, we're not dictionaries. You can't know it all. So keep that learning attitude, that attitude that there's always something new coming out, new research. The evidence base for our profession is so young. It's just in its infancy and it's constantly changing. So stay curious and put yourself first and don't forget to do the things that fill your human needs before filling your SLP cup one.

Sarah:

And next up, we are transitioning to our segment from the speech room of that's where if someone was stepping into our speech rooms right now, what would we talk to them about? So I'll share that with Sarah and we'll talk it through. So here's what I've been thinking about lately. I'm specifically here talking about kids with high support needs, complex communication needs. And my question is this are we helping them or hurting them by just expecting them to be in speech therapy? Until when? Until forever? Because kids need speech therapy. Yes, but kids need outdoor play, alone time with interests and hobbies, time with friends, time with families, time to do nothing, time to get outside and move. And for families, their first priority should be giving kids that, having this full life of what the child needs and for the parent to be able to get supports for themselves because they're supporting this child with high support needs. So if a child is having Aba, Pt, ot and SLP services at school and then again in the evenings or just a few therapies that take up most of their time, I just wonder where is their leisure time and where is their time for connection and where is their time to be alone? And this doesn't just apply to private clinics for kids in school to get all these services. Are we pulling these kids out of meaningful participation in their classroom or time with peers to give this service? So I also want to talk about the medical versus social model of disability. The medical model is very much the service is meant to get kids to meet age level expectations. And specifically today I'm talking about these kids who giving them service they will not meet age level expectations. So are we just continuing services indefinitely? Is it helping them versus the social model that's that individuals can build skills, but the focus should be on building an environment that supports the learner. For example, the medical model would try to help the person in a wheelchair walk, even if they couldn't in this philosophy, not every time, while the social model would build a ramp. So Sarah, what are your thoughts on this population, this kids with high support needs and how we can support them as SLPs without burning them out and without burning out their families? And how can we make therapy meaningful? 2s

Sara:

Yeah. So I am completely on board. I do think we can tend to over therapize I work with older students, right? And I am constantly thinking about these kids are in middle school. Most of my students have been in Speech, some since preschool or even earlier. They had early interventions. They were late to say they first words. And so they've been receiving speech forever. Some of them have complex medical needs that compound their difficulties in the educational setting. One thing that I can say from my experience, is that these students have a high level of burnout. The students themselves, they tend to resist services. We can look at it like, oh, that student has an attitude, or they're being non compliant, but I hate that term. I like to look at the student and say, what's going on in this moment? Why don't they want to come to Speech? I mean, like, I'm awesome, I'm fun, we're having a great time. I try to make it relevant to them, why don't they want it? And a lot of times it just goes back to what you said. They're burned out. They've been in speech forever. They haven't really seen the gains. They know they're different than their peers. So in the schools, I am fortunate to be able to implement a model called the Three in One model. And some people may be familiar with that, but if you're not, basically what that means is that I write my services as a monthly service, and then I have three weeks of direct service and one week of indirect service. So what that looks like is, say a student had 120 minutes per month. I would see that student for longer sessions. So say 40 minutes sessions three times a month, rather than seeing them every single week for 30 minutes. So this gives that student like a built in monthly break. I'm also a huge proponent of transitioning students from direct students to consultative services when their needs tend to lie more in them, accessing the language of the classroom and generalizing the skills that they've already built on. I feel like pull out services in some cases don't help as much as teachers and other professionals working with the students 1s who maybe have developmental language disorder or a language based specific learning disability, working with those teachers directly and helping them scaffold and accommodate those students within their classroom. So one, they're not missing their education, they're not missing time with peers, they're not being pulled out. In a way, everything is happening within the realm of the classroom and in the educational model. Everything we do serves that end to how. Help them access their education. It's a super delicate balance between pulling students from their classes for services and them being in their class to benefit from the service. So that's always a consideration when we're making the recommendations for the IEP.

Sarah:

I did the three in one model, three to one model for six years when I worked full time for the schools. And it was nice to be flexible. Like, if an older student was having a hard day, I would say, hey, you get one skip each month. You get a skip. Do you need this to be your skip? And they'd say, yeah, I really do. I'd say, Great, I'll see you next week.

Sara:

I definitely have days with my students where they're not feeling it, and I say, okay, that's fine. 2s And look, that's a self advocacy skill, right? That's a really important life skill to say, I'm at my limit and I need a break. And we're teaching them that within the confines of the bigger picture of telling an adult, like, hey, I'm tapped out, and somebody listening to them, honoring that, picking back up where they left off without there being any sort of repercussion. And I think it's important.

Sarah:

And I've attended a conference session recently that was it was a major hospital, and how they do outpatient peeds. So basically their clinic was twelve weeks on and twelve weeks off. So essentially you would come for a season. So if you were a fall student, you would have fall and spring. And they were saying that it worked very well for them, and they were seeing not only less student burnout, but less parent burnout, but they've found it successful. And I also want to remind people listening, like, if you work in the schools, your kids have the summers off and it doesn't ruin them.

Sara:

I think you've kind of hit the nail on the head. Breaks are built into the education system. Breaks are built into the ebb and flow of kids lives. 2s When I'm working in the schools, we have an IEP, and so different districts tend to dictate how those are written. And so while maybe I'd love to write yearly minutes so that we could plan for some more prolonged breaks, some districts don't allow that. When I'm in middle school, I do what I call with my family's future planning. I ask them, like, do you think your student needs speech for the rest of your life? Do you want them getting pulled out of speech in high school? And I kind of paint that picture that a lot of our students really resist that, and it makes them feel badly about themselves. I highlight that, especially for our students that have already been identified as having a specific learning disability. So they're getting specialized academic services. Maybe in a special education classroom there is a duplication of services, and they are getting support in the areas that we've highlighted where their need is more speech doesn't. Necessarily mean more progress. In those cases, working together as a team means more progress.

Sarah:

Yeah. Sports. You're not doing sports for 30 minutes every week for the rest of your life. You have a season. Can you tell me a little bit about what to do when administrators might feel like we're taking away service or parents might feel like we're taking away service and that they're losing out on something? And how do you prepare families to decrease service?

Sara:

So I talk about the social demands of middle school. I talk about the academic demands and how each year those academic demands get more and more intense. I also have this analogy that I share with families, and anybody can feel free to borrow this because I found it really helpful in kind of painting that picture. I talk about it well in advance of actually recommending it. So I tell families to imagine that they're watching their favorite TV show and it's getting really juicy. And then you snap your fingers and

30 minutes of it is gone. And you come back to the TV and you realize you've missed all this really important information and you have to kind of figure out how to find your way back, like what happened to your favorite characters? What's going on? What's the plot? And you're just lost on top of that, you might have a learning disability that would make it difficult for you to even understand how to pick up where you left off and have those meta-linguistic skills to understand. Oh, well, the class was doing science when I left, but now they're doing the math homework together. It's really tough on kids and this idea that we do have to balance the importance of the therapy and the need for it and their access to their education. Right. Their time in their least restrictive environment. And as they get older and those needs become more intense, but they are being supported in the classroom, I feel like that need for direct services, working on specific skills becomes less and less the focus. That is such a great analogy. And when it comes to either reducing services and switching to the consult model or dismissing from services, where do you see the most pushback? Is it from teachers? From parents? From the students themselves? From other SLPs? I am so lucky. I don't get a ton of pushback. And I'm on all the social, so I read it and I hear all these horror stories about SLPs feeling like they've been thrown under the bus by administration or by teachers or other professionals. I have been so fortunate to work with teams where we're always talking about. Our students and we're future planning together and we're talking about their needs. I would say there's maybe minor pushback from parents, and that's where good old compromise comes into play. I had a student that came to me with what I thought was like, a lot of minutes, and I've been able to ease the parents into decreasing those minutes, making sure that the student was appropriately supported. Like, for instance, the student has support in all the settings that they're in, so they're not flailing. There's like wraparound services. The student is highly successful, and maybe I recommend a cut that the parent says, that's too much, I'm not comfortable with that. So then some follow up questions. Well, what would be a comfortable level of reduction for you based on all the things that we've talked about and our model of educational services and the demands of the classroom. And usually we can come up with a number that is in the best interest of the student. And it may not be what I had recommended, but I'm not a parent and I'm not the expert on their kid either. And I take the parents being a part of that team really seriously. I also really want to stress that this conversation is never, ever a surprise. So I don't go into that IEP meeting. And this is the first they're ever hearing of a reduction of services. There are multiple conversations that have been had prior to this where I check up on how the parent feels about the student's progress, any concerns they have, and talk with the teacher, seeing what's going on in the classroom. I come I don't want to say armed, but I come armed with data on the student's progress and also work samples from their classroom. This is how the student's doing in that environment. So it's working.

Sarah:

I really like how you turn around that question too. Like, if the parent says, that's not what I want, I don't feel comfortable, you're saying to them, well, what would feel comfortable? What's a number that would feel comfortable?

Sara:

Absolutely. Because they're part of this team. I make the recommendation. I am the clinical professional. I have my clinical judgment. But at the end of the day, we are a team, and I value the team. I value the parents as partners in this journey, and I do value that ultimately everything about that child they are responsible for. I'm just responsible for their speech therapy, and I really try to meet them in the middle somewhere. 6s

Sarah: So that's it for this episode of the SLP Happy Hour podcast, where we discuss Sarah's experience transitioning to working with the deaf and hard of hearing population, as well as her recommendations. If you'd like to specialize, especially in that area, we also talked about planned breaks from speech therapy and dismissal from speech therapy. Oh, I wanted to add a great friend of mine who's an OT. She said, Sarah, you've got to give parents time. And she recommended that I give parents a six month off ramp before I dismiss to start getting them ready to start talking about the goal is not to be in speech forever. Here's what we're working on. When we meet these goals, we're going to graduate. And I remember thinking that is way too long. But I think she's right. So I hope this episode was a helpful listen. I loved these topics. As always, you can find the show notes at www.slphappyhour.com and that's it for today's podcast. We hope you enjoyed listening in as much as we enjoyed recording it. Until next time.