The purpose of this paper is to discuss the implications of professions outside of Reading and Language Arts assuming responsibility for the provision of services to children and adolescents with literacy problems. Specifically, the American Speech-Language and Hearing Association is now emphasizing literacy assessment and intervention as an integral part of the scope of practice for Speech-Language Pathologists (SLPs). This paper will discuss and react to this scope of practice statement and present illustrative examples of ongoing interactions between service providing professionals not usually considered traditional reading educators. The New Jersey Literacy Initiative Mission Statement (2002) will be highlighted as a result of cooperative efforts bridging multiple specialties. The first section of this paper will focus on presenting a clear understanding of the intervention practices and institutional goals that a field outside of Reading and Language Arts is sanctioning for its members. The final section of the paper will describe how New Jersey is approaching the challenge of monitoring two professions interest in reading disabilities.

The title of this paper (Who owns literacy?: Shalom Chaverem or Katie Bar the Door) implies that professionals who consider Literacy, in all forms, their domain may have new partners like it or not. The bottom line is that there are laws in practically every state that make it illegal to practice Speech-Language Pathology without the proper credentials but none that the authors are aware of that monitor the practice of Reading Instruction. The authors are suggesting that the provision of quality literacy intervention services to children and adults should be a concern of traditional Reading Professionals.

ASHA and Literacy

The American Speech-Language and Hearing Association (ASHA) is the professional association for approximately 112,000 Speech-Language Pathologists (SLPs). It is a relatively aggressive, proactive, Association that speaks for SLPs on all aspects of professional life. Illustrations of its influence include that ASHA has: (a) successfully sponsored minimal entry into the field of Speech-Language Pathology at the masters level; (b) initiated and monitored a universally accepted (and often required) national level certification at the completion of a mandated post-masters clinical fellowship year and achievement of passing scores on a standardized test for employment; and (c) sponsored licensure laws that require, in most states, professionals providing speech-language pathology services to be licensed or face criminal code penalties for practicing without a license. An ASHA Ethical Practices Board establishes codes for ethical conduct within the profession and has the power, with cause, to suspend and or revoke the national level of certification, the Certificate of Clinical Competence (CCC), a decision that parallels disbarment in the legal profession.
It is the position of the American Speech-Language-Hearing Association that SLPs play a critical and direct role in the development of literacy for children and adolescents with communication disorders. The Association also unequivocally states that: SLPs can make a contribution to the literacy efforts of a school district or community on behalf of other children and adolescents. (ASHA 2001b) The roles and responsibilities of Speech-Language Pathologists are clearly defined by the ASHA Scope of Practice in Speech Language Pathology Guidelines (ASHA 2001a). Within the Scope of Practice document it is clearly stated that along with many other roles, appropriate roles and responsibilities for Speech Language Pathologists include but are not limited to: (a) preventing written language problems by fostering language acquisition and emergent literacy; (b) identifying children at risk for reading and writing problems; (c) assessing reading and writing; (d) providing intervention and documenting outcomes for reading and writing; (e) assuming other roles such as providing assistance to general education teachers, parents, and students; advocating for effective literacy practices; and advancing the knowledge base (ASHA 2001b). Four official documents of ASHA: A Position Statement with an executive summary (ASHA 2001b), Guidelines (ASHA 2001c), a Technical Report (ASHA 2001d) and a listing of the knowledge and skills needed with respect to reading and writing (ASHA, 2002) specifically describe the Roles and Responsibilities of Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents. As is typical with ASHA, the global statements about assuming responsibility for providing service to those with literacy disabilities are backed up by specific delineations of suggested practices. For example: Strategies for supporting emergent literacy and preventing literacy problems include practices such as (a) joint book reading, (b) environmental print awareness, (c) conventions and concepts of print, (d) phonology and phonological processing, (e) alphabetic/letter knowledge, (f) sense of story, (g) adult modeling of literacy experiences, and (h) experiences with writing materials. The specific implementation strategies for each of these practices are detailed in the Guidelines (ASHA 2001c). Please refer to the documents listed in your bibliography to get a greater sense of the detailed involvement being advocated.

It is not the intention of ASHA to limit literacy intervention to only those with communication disorders. ASHA’s position and guidelines are designed to support the notion that SLPs can collaborate with school administrators, teachers, parents, and other professionals to develop programs for promoting emergent literacy and literacy skills among general education students as well as those with identified spoken language and literacy problems (ASHA 2001b pg21) However, the ASHA Guideline (ASHA 2001c pg22) document does distinguish between the therapeutic roles that are felt to be the responsibility of the SLP and the instructional roles that are the responsibilities of the general education teacher. For example, according to the Guidelines, SLPs might provide direct instruction to individual students who need explicit and intensive instruction in phonological awareness or alphabetic principles. However, it is not recommended that SLPs routinely conduct “phonological awareness training” in all kindergarten classrooms.

Now that we have shared a brief description of the scope of recommended involvement it might be appropriate to ask why ASHA feels that it is appropriate to provide these services.
ASHA, on behalf of its membership, believes that SLP’s knowledge of normal and disordered language acquisition, and their clinical experience in developing individualized programs for children prepares them to assume a variety of roles related to the development of reading and writing. The unique knowledge that SLPs bring to the process is their ability to assess the subsystems of language as they relate to spoken and written language. SLPs can contribute information about the degree to which a student has basic knowledge at the level of sounds, words, sentences and discourse. They can answer questions about whether students are using basic language knowledge and metalinguistic and metacognitive skills for reading processes involved in decoding, comprehending, and paraphrasing what they read and for writing processes involved in spelling words, organizing discourse texts, formulating and punctuating sentences and revising, editing and presenting their work. (ASHA 2001 b pg 20)

In addition, the Association has published a document that summarizes knowledge and skills needed by SLPs who work with reading and writing in children and adolescents (ASHA, 2002). It is based on the assumption that no one discipline “owns” either the knowledge or skills needed to meet the literacy learning needs of infants, toddlers, children and adolescents with and without disabilities. ASHA outlines 5 separate areas of knowledge and skills divided into 79 specific sub-areas. These areas and sub-areas and the documents that delineate them can be studied on the web sites listed in references provided with this paper.

Implementation of Interest

Speech-Language Pathologists are implementing their interest in literacy in areas other than direct service provision. U.S. Department of Education Assistant Secretaries, Dr. Susan Neuman of the Office of Elementary and Secondary Education (OESE) and Dr. Russ Whitehurst of the Office of Educational Research Institute (OERI) were keynote speakers at the November 2002 ASHA Convention in Atlanta. Their special sessions were entitled “Federal Reading Initiatives: Potential Roles for SLPs” and “The Federal Reading Initiative: What is Our Role in Reading Anyhow?” The notice for the presentations alerted ASHA members that Speech-Language Pathologists can play a number of key roles in the research and development of early literacy programs. ASHA members were encouraged to learn more about these programs and take advantage of the potential grant and professional opportunities. The bi-monthly ASHA Leader newsletter (which goes to all 112,000 SLPs) of March 19, 2002 reports that these government agencies believe strongly that SLPs play an important role in language development in reading and literacy. Specifically, ASHA members were invited to collaborate with the federal agencies on the Early Reading First initiative, a $ 75 million dollar per year competitive grant initiative designed to enhance reading readiness for preschool children in high poverty areas and where there are high numbers of students who are not reading at grade level. They were also invited be a part of the Reading First Program which will be funded at $900 million. Both programs are administered under the No Child Left Behind Act. SLPs will function as critical members of the team that implements the grant funded aspect of these programs.

In May 28 2002, the ASHA Leader newsletter reported that OESE, the agency administering the Early Reading First program contacted ASHA for preschool reading/literacy
programs to serve as models for Early Reading First and other programs at the state or local levels. ASHA’s Literacy Research Coordinating Committee selected six programs as potential model programs and forwarded their names to OESE. The authors feel it may be of interest to traditional reading specialists to see the following list of programs and affiliations of the recommended programs. The programs selected were: (a) Language-Learning Early Advantage Program (LEAP) which is housed at the University of Maryland’s Department of Hearing and Speech Sciences. LEAP is directed by Fromma Roth; (b) Language Acquisition Preschool (LAP) program directed by Betty Bunce under the auspices of the Department of Speech-Language-Hearing and Schiefelbush Speech-Language-Hearing Clinic at the University of Kansas; (c) Emerging Language and Literacy (ELL) program staffed at the Children’s Therapeutic Learning Center in Kansas City, MO; (d) Cabrini-Green Preschool Language and Pre-Literacy Curriculum a cooperative program with Head Start Teachers in consultation with Ruth Watkins of the University of Illinois; (e) Early Childhood Speech and Language Programs that are programs at the Miller Speech and Hearing Clinic at Texas Christian University; (f) Animated Literacy which is a reading and language program published by J. Stone Creations. It would not seem unrealistic to guess that these programs, strongly affiliated with the field of Speech-Language Pathology, might have an inside track at potential funding of the Early Reading First initiative.

Interests also extend into the areas of clinical research and training. For example basic research articles such as “Designing and Implementing an Early Literacy Screening Protocol: Suggestions for the Speech-Language Pathologists” was the featured article in the April 2002 issue of *Language Speech and Hearing Services in the Schools* a major ASHA Journal. This particular article provides a rationale for incorporating early literacy screening into speech-language pathology service delivery. It also makes recommendations for determining which children and what areas of literacy should be targeted in screening activities. The authors (Justice, Invernizzi and Meier) assert that SLPs must use a protocol for identifying those children who should be targeted by advanced preparation and intervention efforts in order to prevent literacy problems and ensure children’s timely achievement of key literacy skills. They argue that using an early literacy screening protocol holds promise as a proactive means for enhancing literacy related service delivery activities.

Articles such as: *New or Expanded Literacy Roles for Speech-language Pathologists: Making It happen in the Schools* (Ehren & Ehren, 2001), *The ABCs of spelling: Development, assessment and intervention* (Butler, Apel, & Masterson, 2000), and *Written language disabilities and educational strategies* (Butler, & Graham, 2000) are appearing more frequently in the Speech-Language Pathology literature. Anecdotal first person accounts are now routinely featured in the ASHA LEADER with titles such as: “Serving Students with Spoken and Written Language Challenges: It’s in the Cards” (Apel, 2002); “Getting Into the Adolescent Literacy Game” (Ehren, 2002) and “Literacy in the Public Schools: One SLP’s Personal Odyssey and Ongoing Adventure” (Yess, 2002).

Training initiatives are exemplified by recent training grant received by the University of North Carolina at Greensboro titled: Language Literacy Impairment and Juvenile Delinquency.
The stated goal of the program is to prepare Master’s level speech-language pathologists to be specialists in reading and written language disorders. (Cimorelli, 2003)

This section of the paper has described how a field outside of traditional Reading and Language Arts might co-opt some roles usually delineated to Reading and Language Arts. It has also presented the rational and some examples of professional functioning within the area. The next section of the paper will discuss how Reading professionals in New Jersey have responded to the ASHA position and how they have worked to develop a positive relationship with Speech-Language Pathologists that encourages providing quality services to those requiring them without changing the widely understood roles of two groups of professionals.

The New Jersey Experience

Position papers do not become significant unless they result in a course of action and advocacy for the views they express. Such is the case with the ASHA position paper, as experienced by the professional literacy community in New Jersey.

Starting the Conversation

It has been rare for New Jersey Reading Specialists and SLPs to communicate with each other on professional matters, primarily due to lack of contact with each other. In most New Jersey public schools, Reading Specialists are not part of the Intervention and Referral Services Team. Thus, I (Lewis) found it somewhat surprising when a representative from NJ’s ASHA community asked that I meet with him. The request was made through a member of the Advisory Board to the Legislation/Professional Standards Committee of our state reading association (NJRA). This Board member is a school psychologist, and she viewed this request for a meeting as presenting great possibility for collaboration.

Although, I have chaired the state reading association’s Legislation/Professional Standards Committee which reviews literacy issues, writes position papers, and develops advocacy strategies for high quality literacy programs and literacy teachers. It was not until the December 2001 American Reading Forum (ARF) meeting during a discussion with ARF members Rich Culatta and Stan Goldberg that I became aware of the ASHA Position Statement and its implications for reading professionals. Now I understood the SLP’s interest in meeting with me. Certainly the anticipated meeting required that I do some careful planning.

As part of my preparation, I reviewed requirements for SLP licensure in New Jersey and found that not a single course is required in reading theory or best reading practices. Investigation into requirements in other states yielded similar results, as did conversations with colleagues across the nation. I also reviewed the ASHA position statement and, to be certain that my own reaction was not untoward, I discussed the Statement with other reading professionals. Their responses were similar to mine. They were alarmed by ASHA’s statement and questioned how individuals with no training in teaching reading could declare themselves qualified to assume this role. In New Jersey, Reading Specialists go through a rigorous Master’s Level
program. Additionally, they are required, to have two years of classroom teaching experience prior to receiving the reading specialist certification. ASHA’s statement seemed brazen, at best.

Identifying Core Beliefs

Meeting day with the New Jersey SLP arrived in early December 2001. The school psychologist also attended. During our initial discussion, I asked the SLP about ASHA’s Statement and sought his opinion regarding what his professional association had deemed its members could do. His response was surprising. He said he was unaware that the statement claimed these things. He then indicated he did not know how to do many of the things listed and that, clearly, they fell within the purview of the Reading Specialist. For the next two hours we discussed respective roles, what contributions each profession made to children’s development and concerns we had about Special Education programs in New Jersey. We agreed on many points, including the need for each school to have a Reading Specialist and for reading specialists to be included on the Intervention and Referral Services Team. The school psychologist agreed on every point and added additional ones. The result was our decision to collaborate on writing a mission statement that would address our concerns and make recommendations for action. Our audience would be policymakers, and we would seek support from professional associations.

Developing An Evidence-Based Mission Statement & Obtaining Endorsements

Over the course of the next two months we refined our document, Mission Statement (Appendix I) and found evidence to support each point made. NJRA’s Legislation/Professional Standards Committee participated in developing the statement which was then reviewed by our Executive Board and adopted by our Board of Directors. The SLP and school psychologist worked with and obtained endorsements from their respective organizations. Then we sought endorsements from other groups.

The statement calls for 13 initiatives, each of which we believe will contribute significantly toward the goal of literacy for all children in our state (Appendix I). There is an emphasis on promoting high quality teacher preparation and professional development. We call for effective reading programs and assessments that address needs of individual students. We also ask for employment of Reading Specialists and SLPs in every school building, and clearly delineate the role of each. Other initiatives include increased access to technology and appropriate physical space for reading instruction, as well as the inclusion of special needs students in this initiative.

We were fortunate that some of what we asked for is now part of the No Child Left Behind regulations and requirements for New Jersey’s Reading First grant awards. This alignment made it somewhat easier to obtain endorsements since some of the issues were, therefore, already familiar to members of professional education associations.
Most organizations that were approached readily agreed to the content of our Mission Statement. I met with the Chair of the New Jersey Business and Industry Association’s Education Committee who quickly endorsed the Statement and, in fact, invited me to serve on her committee. The New Jersey Education Association (NJEA), the teachers’ union in New Jersey, has a long adoption process, however. It involves presenting requests such as ours to affected committees and for those committees to then decide the course of action it would take; we have to date been invited to meet with only one of these committees. However at an NJEA Delegate’s Assembly two years earlier, some of our points in the Mission Statement had already been endorsed and this is indicated on the Statement (Appendix I).

**Identifying Advocacy Outcomes**

The Statement, with logos of endorsing organizations, was then sent to the New Jersey Governor’s office, state legislators, and members of the State Board of Education. Meetings have been held with several legislators to discuss particular aspects of the Statement. One was most interested in Special Education and wanted to know what model programs other states could offer and what preparation resource room teachers had for teaching literacy. To find out I conducted a national survey and have shared the findings with this legislator. While this might not lead to specific legislation supporting our Mission Statement, it has forged a new relationship and I believe NJRA will be called upon should any literacy legislation cross this Assemblyman’s desk.

While we cannot claim a direct outcome, a few months after our Mission Statement was sent to the Governor, he held an Education Summit. “Better Teaching” was the first goal the Governor identified and he suggested a way to achieve this goal was to “strengthen state requirements to ensure that all elementary school teachers know how to teach reading.” New Jersey’s Teacher Licensure and Certification Code, nearly 20 years old, is currently being revised.

**Continuing The Conversation**

The New Jersey SLP with whom I worked provided a workshop at NJRAs Literacy Institute entitled, “The Speech-Language Specialist’s Role on the School Literacy Team.” A short time later, he suggested that the leadership of NJRA and the two NJ speech associations meet to discuss other possibilities for collaboration. Here is where the reading professionals may bar the door. There is understandable reluctance to become ‘paired’ with the speech associations. In the past, NJRA has coordinated conferences with other associations and partnered on publishing position papers. However, in every instance our professional roles were clear and were not threatened. Linking ourselves any more closely with the speech pathology associations might give the appearance of legitimatizing SLPs as reading professionals or implying that we agree with ASHAs statement of the roles and responsibilities of its members. We could, in a sense, be causing our own demise.

**Final Thoughts**
It is valuable for professional organizations to collaborate on initiatives of mutual interest. Frequently, the result is increased talent and perspectives that make the outcome richer and also more appealing to a wider audience. This was certainly the case in developing the NJLIMS Statement and in working with the speech pathology associations and others to develop the statement and garner endorsements. But how far should such joint efforts go?

If funding for literacy programs continues to increase, providing more opportunity for professional development providers, it will be important for Reading Specialists to monitor our own professional entry points. We must be careful not to weaken our professional standards in an effort to seem “collegial”. We must understand that our expertise, knowing how to help children with complex reading difficulties and knowing how to help teachers provide the most effective literacy instruction, is not synonymous with knowing how to help children with complex speech needs, no matter what ASHA’s leadership or its members think. We each must recognize our respective areas of proficiency and use them, collaboratively, to bring about the best results for children and schools. To ignore our differences and to treat each other as though we were equally qualified to do whatever our leadership says we are qualified to do, would lead us down a directionless, albeit primrose, path to confusion. And in the end, the achievements of our children and our schools would be compromised.

References


Ehren, B.J. (2002). *Getting into the adolescent literacy game.* ASHA Leader 7, (8), 4-10.


Appendix I

NEW JERSEY'S LITERACY INITIATIVE MISSION STATEMENT

Endorsed by:

New Jersey Association of School Psychologists
New Jersey Speech-Language-Hearing Association
New Jersey Association of Learning Consultants
New Jersey Association of Speech-Language Specialists
New Jersey Reading Association
New Jersey Business & Industry Association

Supported by:

New Jersey Educational Association
(NJEA supports the general concept of the NJLIMS while the appropriate committees continue to review the specifics for endorsement.)

In order to achieve the goal of literacy for all New Jersey's school children, we believe there must be the following initiatives:

1. Development of language arts literacy benchmarks for all grades from pre-K through 12, with particular attention to kindergarten through grade three.

2. A requirement of coursework in teaching of language arts literacy skills for all teacher certifications, including alternate route, in the state Administrative Code. These should include the NJEA Delegate Assembly's (November 1998) recommendation that there be required 12 credits in this core area for elementary certifications; 6 credits for secondary certification. Twelve credits should also be required for early childhood certifications. Further, it is the view of the undersigned that 6 credits in language arts literacy should be required for all other certifications, including special education. Alternate route teachers should have the equivalent in instructional time in learning how to teach language arts literacy.

3. Professional development training that is ongoing, sequential, comprehensive, coordinated, and required as inservice for all teachers and that is directed toward developing students' language arts literacy skills. It should include but not be limited to: reading curriculum, language development as it relates to literacy, informal classroom assessment, teaching diverse
learners, research based reading practices, critical thinking and comprehension across disciplines.

4. Use of multiple, varied, comprehensive, research based reading programs and assessments, tailored to meet the individual needs of students, including meaningful use of students' first language skills. *

5. Employment of a full-time reading specialist on the staff in each school building who will provide intensive direct services to students and consultation with teachers and school staff. *

6. Use of speech-language specialists in each school building to foster oral language development and language acquisition skills, and to identify students at risk for reading and/or writing problems due to speech/language disabilities.

7. Programs for parents and other caregivers to build awareness and skills so they can participate in the early literacy development of their children.

8. An Intervention and Referral Services system in each school building (NJAC Chapter 16, 6A:16-7.1-7.3) that includes the parent, classroom teacher, reading specialist, speech language specialist, school psychologist, learning consultant, and other educational support staff to develop reading intervention plans for students.

9. Access to technology used for the improvement of reading instruction and a Library Media Center in each school staffed by a certified education media specialist. *

10. Use of classroom assistants to supplement, not replace, certified teachers for reading instruction. *

11. Implementation of a process for identifying children with potential reading difficulties; such identification should take place in pre-K and be part of continuous K-12 evaluation. *

12. Creation of appropriate physical space in each school to focus on individual or small group reading instruction based on developmental needs of at risk children. *

13. Inclusion of students who are eligible for special education and related services in this literacy initiative.

*Supported by NJEA Delegate Assembly's November 1998 recommendation.

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