

## **The teacher of hearing and language: an analysis of their itinerant model**

Antonio Luque and José J. Carrión  
Universidad de Almería (España)

Spain is currently in the process of reform of university curricula to meet the demands of the European Higher Education Area. In this context, the question remains the professional profile professionals have developed as the teacher of speech and hearing itinerant schools, noting those factors could hinder the development of a role tailored to the curricular and collaborative proposals that were attempted promote the Organic Law on the Education System of the nineties (LOGSE). The new college plans do not consider this title, having disappeared from academic contexts, although their professional profile continues in schools. It is therefore the time to face the type of training (path undergraduate or graduate) to train these professionals, having the opportunity to learn from the errors found in the previous figure and enhanced quality educational work in schools that feed into inclusiveness.

*Key words:* Hearing and language, special education, teaching model.

*El maestro de audición y lenguaje: un análisis de su modelo itinerante.* España se encuentra en la actualidad en pleno proceso de reforma de los planes de estudios universitarios para ajustarse a las demandas del Espacio Europeo de Educación Superior. En este contexto, cabe preguntarse por el perfil profesional que han venido desarrollando profesionales como el maestro de audición y lenguaje itinerante en los centros educativos, anotando aquellos factores que han podido obstaculizar el desarrollo de un rol ajustado a las propuestas colaborativas y curriculares que se intentaron promover con la Ley Orgánica General del Sistema Educativo de la década de los noventa (LOGSE). Los nuevos planes universitarios no consideran dicha titulación, habiendo desaparecido de los contextos académicos, si bien su perfil profesional continúa vigente en los centros educativos. Es, por consiguiente, el momento de afrontar el tipo de formación (itinerario de grado o postgrado) que formará a dichos profesionales, teniendo la oportunidad de aprender de los errores detectados en la figura anterior y potenciar una labor educativa de calidad en los centros, que avance hacia la inclusividad.

*Palabras clave:* Audición, lenguaje, educación especial, modelo didáctico.

Throughout this report we aim to provide a description of the research carried out in which it has attempted an approach to the situation faced by itinerant Hearing and Language professionals Elementary, analyzing the performance of the teaching model being made in your area and the factors that influence them.

In this sense, we aim to analyze the degree of consistency between planning activity and the real development of it, and discover the underlying obstacles that the role as a consistent approach to the curriculum and teamwork that is regulated by the LOGSE and arrangements that developed it in order to analyze the obstacles that have happened in that norm in order to avoid the new management of education (Education Law2/2006).

Thus, the research has focused on search for answers to the following questions/problems to solve:

- Is the intervention content of speech and hearing itinerant teacher properly curricular or clinical-therapeutic?
- What model prescribed in LOGSE, how it is promoted through the regulatory development and how it is assumed by the educational community?
- Are there signs of change in the model after the implementation of the LOGSE?

## METHOD

This research was a case study about a speech and hearing teacher itinerant in the north of Almeria (part of a multidisciplinary local team) -hereinafter "AL"-incardinated into an interpretive approach or paradigm, and that the nature of the fact under investigation, by the very purpose of the research activity on how to address the analysis and interpretation of data and the qualitative research methodology which we use for making information.

Stake (1995) characterizes this model of research as distinct from positivist models in three key areas:

- a) The distinction between explanation and understanding as the purpose of the inquiry process.
- b) The distinction between personal and impersonal role can take the researcher.
- c) The distinction between knowledge discovered and the knowledge built.

Thus, defines the purpose of research as an understanding of the complex interrelationships that exist in reality, focusing the inquiry into the facts. An investigation in which the researcher takes a personal role from the start of the study, interpreting the events and happenings in order to achieve a "thick description," an "experiential understanding" and "multiple realities", in which process the researcher do

not find out but builds knowledge, considering as differentials aspects its holistic, empirical, interpretive and empathetic type.

With regard to research design chosen, it was decided from the beginning the approach to what would be a case study (single-case design), considering the most suitable for the purpose, nature and accessibility of this research.

This type of design is proposed to collect or record data on a case and a report on it, highlighting its particular character, descriptive, heuristic and inductive.

The ultimate goal of this research design will be depict or describe situations or facts in order to generate hypotheses, from establishing solid relationships discovered, venturing to achieve levels of explanation of supposed causal relationships that occur in a naturalistic context and within specific a given process.

The instruments used were some of the most used in this approach: interview, observation, document analysis and informal talks and contacts. Except for informal contacts and non-systematic daily observation, we use each instrument with a "sheet of the research action", commenting briefly the place, date, instrument used and the people involved.

The greater or lesser preponderance of one instrument or another has been marked by adaptation to circumstances and possibilities, as well as interest of the source and consider the approach to knowledge that it could provide, collect, in any case, the widest information as possible to triangulate and give the validity required to the study.

## RESULTS

### *a) From the initial proposals (LOGSE) to the regulatory development and the reality in schools*

Regarding the confrontation theory -legal development- reality, as to the content of professional work, we can confirm that we went from linguistic communication development through teamwork and curricular concretion (postulates LOGSE for all the teachers) to a normative development that focuses on the integrated treatment of students with special educational needs -increased focus on speech therapy intervention itself-, but has tried to keep these initial postulates as a bastion of reform, to end at a real action that has only a willful glimpse of them,-which attempts to justify or aim at administrative safeguarding-, responding with scarce resources to more therapeutic than educational demands that the school community claims him as an "expert in speech" with the students most affected.

### *b) The contents of the intervention model*

After analyzing the evolution of regulatory development about this professional, we proceeded to analyze and categorize the information in relation to the contents of the model, summarizing the results on the following findings:

*Character:* Therapeutic treatment focused on speech to correct severe specific difficulties.

No action in the field of preventive or development and only mention of his absence with brief comments at the documents.

We appreciated in the follow-up of the sessions speech a clinical sense even in the used names in the documents such as *speech therapy monitoring form* and the *summary report of speech therapy*, in which we analyzed the basics of language in each student but only from/to oral-phonetic facet.

We appreciate a professional contagion of the therapeutic profile specialized to perform the function that the schools demand, thought the desire to integrate into the schools and their distinctly didactic character which foreshadowed in the drafting of the monitoring reports, trying to provide of learning content (in its possibilities and low awareness of their role) a format that is more responsive to a clinical model.

The terminology and settings used in all documents referring to a correcting-therapeutic model, commenting more aspects of a medical nature (coordination with doctors or audiologists) than educational (contributions of the educational team) and no highlight or comment on aspects of school history, family or social environment that shape their curriculum development.

*Components:* Predominance of phonemic repetition activities.

The only other components are working, at least not specifically.

The monitoring sheets and AL reports using the predominance in their exploration and treatment goals/phonetic-phonological content grouping the remaining components in a single block and not giving them the same interest (at the documentary) that the first (even less in the real level).

*Type:* Activities for the recovery of problems with the pronunciation in mechanically rehabilitation side.

Reproductive procedures after a model explanation.

In screening tests for initial evaluation dominates the articulatory and discriminative facet (the most procedural of the oral language).

The report of speech therapy is re-focus on the recovery of these aspects in its mechanical side.

*Methodology (cluster-coordination):* Perform activities with students individually or in pairs, finding no support and coordination with classroom tasks even at the level of intervention report mentions the "alleged" collaboration of the tutor within the ordinary class.

Specialized treatment in the classroom, apart from the ordinary group.

Any working document has coordination with other professional or group treatment of the contents, although the intervention report appears on the letterhead of

coordination with teacher of Therapeutic Education (hereafter, PT) and Tutor/a, (administrative justification and awareness of their real role in regulatory requirements).

Guidelines for collaboration at home are provided to the family, although the AL confirmed that sometimes the family get it through the student because they do not coming to appointments, doubting of the family contribution as the student reported.

*Curriculum Integration:* No connection is seen between the activities and the curricula of all areas (except for specific aspects).

Little or no collaboration with the tutor or other teachers. Only sometimes with the PT.

The monitoring form presents specific and specialized contents.

The records of the students who require curricular adaptations are "under development" (indefinitely...!) (Cruz & Luque, 2001).

*c) A model with evidence of change*

Regarding the third category, it seems to take shape and value -not just at the regulatory level- a new model, which begins to be accepted and demanded by growing sectors of the community (Andrés, Urquijo & García-Sedeño, 2010).

Are these "educational" hints the hope for a real change? Are the claims made by the school community to this professional begins to point to a more curriculum model in practical or only theoretical-administrative?

Moreover, if we analyze the regulatory development that is occurring in relation to the situation of these professionals (teachers AL vs. Speech therapist) could provide an optimistic prevision of the future that looms over the next ten years and the incidents that may occur as to its content model of intervention and action, -if the enabling legislation and actually respond to what seems to apply in a general level. Thus, in January 2005 are published in the Official Royal Decrees 55/2005 and 56/2005, both dated 21 January (BOE 05/01/25), for which university education is structured and regulated official university undergraduate and graduate respectively. With these provisions opens a period of development of curricula and defining qualifications in accordance with the commitments made by Spain in Bologna in relation to the creation of the European Higher Education in 2010. From its analysis we can conclude the following for the future of the AL-Speech therapist:

1) Try to increase the educational nature in special education professionals (AL+PT), although the linguistic specificity is lost and addresses the attention to diversity from a global perspective, the teacher in elementary education may have a general itinerary.

2) The Speech therapist reaffirms its clinical-experimental nature (related to health), formally defined curriculum in that area.

However, the precise regulatory management development needs unify its courses of action with the University if we do not want to cause delays and uncertainties

that are reflected in the educational reality through deviations from the initial proposals. So it is noteworthy that the Organic Law of Education (2/2006) announces that the Administration "will enable new specialties" not referring to the degree/master/doctorate as a specific and differential role in teachers.

For all this, we can confirm the indications pointed to distinguish the two figures in function and scope, but by no means be impossible to develop complementary work by these professionals in the education sector (Pacheco, García, & Díez, 2009).

They are really two different career paths but currently the lack of definition in the initial formation, practicality and conservatism of community demands, contradictions and administrative obstacles have caused the situation for this investigation. Hopefully the prevision aims to improve conditions for both professionals.

## DISCUSSION

With regard to the problem/question focus of our research were obtained the following responses:

*1. Thus, we see that the model proposed on the eve on the 90 Reformation and regulations developed are unrelated, clinical speech therapy model was partially modified on the legislative level in base to organizational curricular requirements (teamwork, progressive realization of the curriculum) that also did not effectively materialize.*

Despite the widespread theoretical consideration of promoting the desirability of the curriculum model and, in relation to communicative language development in this issue move the educational potential of same, a number of factors, widely discussed throughout the report, have caused the stagnation of the aspirations of the Reformation (LOGSE 90), which should not but make us think of the measures we must take to establish and improvements to restore gait.

*2. Since the schools are also demand specialized remedial action, to which they feel alienated and feel inadequate, focusing on speech therapy-articulatory facet.*

Schools and all their members are a reflect of AL with respect to taking the principles of the 90 Reform. As in the case of our professional, the other professionals cannot assume some assumptions that require work, dedication and resources and administrative support. Resources and administrative support have missed and will be directed to both the reformist view in the future.

*3. It is not considered a treatment content of education-collaborative (although this last character itself has remained in the postlogse provisions), the school community demand more dedication to this professionals.*

Even if the educational aspect of general communicative development is not clear in legislation is not the case with the organizational and pedagogical-curricular

autonomy, although as in the rest of the teaching performance, there was some disappointment and lack of credibility about how effective would this "effort", not having taken adequate measures to encourage, train, motivate and assess adequately the educational principles of necessary application.

Thus, professionals in schools (and the rest of the community influenced by the feel of them) only conceived as necessary to increase staffing to perform more of the same (vs. quantity. Quality!). Regarded as being its field of activity /responsibility with students.

*4. In reality, this professional must focus on the most serious needs, there is insufficient attention paid to the successful exercise of the defendant model, even in limited cases can get to attend.*

Therefore, despite the persistence of clinical therapeutic model and being the model in demand by the community level, we find the paradox that also no takes place in optimal conditions for it development, but merely provide "administrative patched" to justify the quality care explained by governmental authorities that and only in those serious cases are provided.

*5. The practical component focuses on procedural content, although there is suspicion of attempted enhancement of the rest of the type of content as well as other components of language and their actions (connecting educational aspect and initial training).*

Throughout the report we have commented the confrontation between the reality that demand the centers -influenced by a conservatism of "what has been done" and the needed care in the serious cases, most likely solved with available resources (oral side-corrective)- and the awareness/training behind this professional, which recognizes the need to undertake their role considering a wider field of action to promote successful development of a linguistic-communicative aspect in students, at the same time defending the educational nature of its role and adheres to collaborative approaches as the key to a successful issue incardination of the curriculum.

*6. The treatment of such content is individual and individualized, speech therapy with marked, parallel to the regular curriculum with which it is directly related.*

In that way, our professional planning his performance from individualized therapeutic assumptions focus on corrective side, not participating in the rest of the curriculum or with no collaboration with the rest of the educational team. He uses monitoring forms of the sessions, which only reflect the progression of symptoms detected by the counselor in an initial report, confirming at the end the course of the development process (diagnostic-evolution-sessions-prognostic) with a speech therapy memory-report. As we see, the actual planning of the professional responds to a full clinical therapeutic model, although in these documents are suggests teaching aspects

(comments, annotations, resources, linguistic components and preventive measures, etc.).

*7. The school community members value their dedication, not blaming this professional low efficiency and performance possibilities of this model and begin to consider the defense of a more educational-curricular activity outside the widely demanded to increase in staff.*

This may reflect that 90 Reform has not been as negative as some would announce, as if the claims exceeded the resource in time/ways and means of implementation were not entirely adequate, its principles are still valid (and will continue in the coming reforms) and the educational community and from society in general has begun to feel the desirability of this model to achieve a quality education to our students.

However, it is recognized that an increase in staff is essential for both clinical-therapeutic and education-curriculum model, -influenced by space-time that affects them- consider more resolute ahead of the presents needs in today regardless of model to which it refers.

Moreover, the relationship with this professional and the school community is very positive, and recognizes their efforts to develop a role that is confused between theory and reality proposal, to overcome the obstacles of a roaming and a turnover of materials, and to maximize the available time that the administration attaches to such teaching position.

Therefore, to response the questions of this research us can point the following conclusions:

The content of intervention of the AL itinerant teacher in the centers preserve the therapeutic clinical character of the speech therapy model that had been made before the LOGSE, although the number of students attend in the area and the number of sessions they receive are far from the aspirations that the model could be raised in order to make a quality skilled care to cover all the needs of the area entrusted to him.

No correlation between the initial postulates of the LOGSE that pointed to a collaborative curriculum model that would enhance the overall development of the communicative aspect in all of the students, focusing on all the linguistic components (phonetic, morphosyntactic, semantic and pragmatic ) not only corrective but also preventive and development through an educational action covering didactic conceptual content, procedural and attitudinal, and regulatory requirements which meet professional-level scheduler such that it has begun to overlook the broad curricular aspirations trying maintain at least the organizational aspect (collaboration and teamwork) by acting more focused on specialized care to support the educational needs of individual students and the reality of the work being done by these professionals, and is demanded by the community -which focuses on individual intervention and



individualized character speech therapy in severe cases that require therapeutic treatment in the phonetic component of language.

However, the fruit of this period of confrontation between aspirations, achievements of both models, we begin to glimpse signs of change in certain sectors of the school community, which increasingly defends the benefits of some ambitious postulates in purpose but with some implementation approaches that have not been able to respond in a time and way to the initial proposals. Thus, incardination detected (at least at the professional assumption) collaborative curriculum model in all the educational activities (in which these professionals included) while it is postulated redefining both roles (speech therapist teacher AL) in order to delimit their field, their professional skills (possible collaboration) and its specific and differentiated training (initial and continuing), with respect to which a project is also seen in line with regulations in the interest expressed herein compliance with the Bologna agreements at university level.

## REFERENCES

- Acosta, V.M. & Moreno, A.M. (1999). *Language difficulties in educational settings. The delay to the specific language impairment*. Barcelona: Masson.
- Andrés, M.L., Urquijo, S., Navarro, J.I., & García-Sedeño, M. (2010). Contexto alfabetizador familiar: relaciones con la adquisición de habilidades prelectoras y desempeño lector. *European Journal of Education and Psychology*, 3(1), 129-140.
- Cruz, A.M. & Luque, A. (2001). Individualized curriculum adaptations: culmination of a process of curricular development. In A. Sanchez, J.J. Carrion, F. Peñafiel (Comps.). *From integration to school for all* (pp. 289-294). Granada: Grupo Editorial Universitario.
- Elliot, J. (2010). The study of teaching and learning: a globalized form of teacher research. *Interuniversity Journal of Teacher Education*, 68, 211-225.
- Organic Law 1/1990 of 3 October, on the Education System (BOE 10.04.90).
- Organic Law 2/2006 of 3 May of Education (BOE 04.05.06).
- Pacheco, D.I., García, J.N., & Díez, C. (2009). Autoeficacia, enfoque y papel de la práctica de los maestros en la enseñanza de la escritura. *European Journal of Education and Psychology*, 2(1), 5-23.
- Rodríguez, G., Gil, J., & Garcia, E. (1996). *Qualitative Research Methodology*. Málaga: Ediciones Aljibe.
- Royal Decree 1393/2007 of October 29, for establishing the management of official university studies (BOE 30-10.2007).
- Royal Decree 861/2010 of 2 July, amending Royal Decree 1393/2007 of October 29, for establishing the management of official university studies (BOE July 3, 2010).
- Stake, R.E. (1995). *The Art of Case Study Research*. Thousand Oaks, CA: Sage Publications.

Received August, 10, 2011

Revision received September, 3, 2011

Accepted September, 5, 2011