

**How Can School Counselors Employ Best Practices  
to Meet the Needs of Students with Exceptionalities?**

**Developmental Process Project:  
Oral/Written Language Disorder and Specific Reading Comprehension Deficit**

Maria Spencer

Russell Sage College Esteves School of Education

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Professor Young

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**Oral/Written Language Disorder and Specific Reading Comprehension Deficit: A Description**

The Learning Disabilities Association of America (LDA) groups oral/written language disorder and specific reading comprehension deficit under one classification (LDA, Nd). ASHA (2022) estimates that between 5.3% and 11.8% of children and adolescents have a reading disorder by 19 years of age, and between 6.9% and 14.7% were thought to have a writing disorder. Landi and Ryherd (2015) estimate that about 10% of children and adults have specific reading comprehension deficit. These are language, not speech disorders. Unlike speech disorders, in which a student may have trouble pronouncing words, language disorders affect a student's understanding of content or function of language (Theravive, Nd). The two diagnoses, while both language disorders, manifest in slightly different ways. Oral/written language disorder would be considered by DSM-5 to be an expressive language disorder – meaning that a student may easily pronounce words, but potentially will have a limited vocabulary, struggle with sentence formation or with memory (Theravive, Nd). Specific reading comprehension deficit would be considered a receptive language disorder, and in this case a student will struggle with understanding what they are reading (Theravive, Nd). Students may experience both, a mixed receptive-expressive language disorder (Theravive, Nd). Children with these language disorders will have difficulties with semantic and syntactic processing (LDA, Nd). With semantic processing, a child can read the word but might struggle with meaning, for instance, they might not be able to name a synonym. With syntactic processing, a child may easily and fluently read the two sentences: “the cat is on the hat” and “the hat is on the cat” but may not grasp the differences in meaning. Another potential indicator might be that a student fluently reads aloud a passage but doesn't change their tone at appropriate moments or can't recall important details. Children with these language disorders generally have average or above average decoding skills (the ability to read words) and intelligence levels, so while there are a few different methods researchers might use to diagnose, essentially what they are looking for is an *unexpectedly* poor level of comprehension (Landi and Ryherd, 2015).

Potential causes for written language disorder are limited early literacy, limited or insufficient early oral language experience, or inadequate or insufficient reading and writing instruction (ASHA, 2022). There are some genes that have been linked with language disorders, and neurological causes are still being researched (ASHA, 2022). Additionally, students whose first language is not English and students from low-income families are more likely to have oral/written language disorders and specific reading comprehension deficit (Spear-Swerling, 2015). There are also comorbidities associated with these language disorders: 60% of children who have autism without an intellectual impairment have a written language disorder (ASHA, 2022). Children with ADHD or with language impairments are also more likely to have a written language disability and/or reading disability (ASHA, 2022).

### **The Importance of Inclusive Practices and Equitable Access in School Counseling**

When a school has successfully incorporated inclusive practices and equitable access, it will look and function like a heterogeneous, richly diverse learning environment for all students. Each student will feel valued for their unique contributions, parents will be active participants in their children's learning, and the school staff will be trained to support and teach all students. Inclusion has been demonstrated to provide a better education to everyone involved – regardless of whether they have a disability or not (Open Society Foundations, 2019). Most students with oral/written language disorder and specific reading comprehension disorder benefit from inclusion in the mainstream classroom and learning with their peers, possibly with some accommodations or amended teaching practices, or speech and language services (ASHA, 2022). However, schools meet the requirements for inclusion with varying levels of success, and the school counselor can work with the school to ensure that inclusion standards are high-quality. Among the criteria for determining the quality of the program are whether the classroom and the activities include students with and without disabilities, that the students with disabilities be held to high standards, that the general education teacher deliberately plans lessons that include both students with and without disabilities, that the students have access to accommodations if

needed, and that evidence-based services and supports are provided (USNY, 2015). The school counselor can be an advocate and collaborator in ensuring that inclusive classrooms meet these standards. Trolley (2014) used an acronym to summarize how a counselor might best advocate for inclusive practices and equitable access: S.C.R.I.P.T. As a **Supporter**, the counselor supports the student with the language disorder, the student's siblings and parents, and the teachers. As a **Counselor/consultant/collaborator**, the counselor may provide short-term individual counseling and group counseling geared toward social emotional skills and self-management skills, to support students in the academic, social, and career domains. Counseling may or may not be included on the IEP. The counselor can be consultant to the teachers, special education team (if applicable), and can collaborate with the administration, parents, and members of the team to ensure communication. As a **Resource provider**, the counselor collects resources that might include service providers in the community and/or access to printed or online research. As an **Investigator**, the counselor may use more informal assessments like observations, surveys, or interviews to collect more information about the student. As a **Planner**, the school counselor helps in the early stages of the development of the IEP or can intervene with academic, social emotional, or transition planning to bridge the IEP, which ends in secondary school, and the 504, which follows the student to adulthood. As a **Trainer/teacher**, the counselor provides resources and information about the language disorders to teachers, staff, administration, other students, and families.

### **Integration of developmental theory**

There's evidence that children develop oral/written language disorder or specific reading comprehension deficit in early childhood and preschool age (Landi and Ryherd, 2015). Depending on the severity, comorbidities, and how observant their caregivers are, these disorders may be diagnosed in these early years, but they are often late-emerging, in grades 4 and even as late as middle school (Spear-Swerling, 2015). This is when vocabulary and comprehension become more important, when the focus

shifts from “learning to read” to “reading to learn” (ASHA, 2022). A student in 4<sup>th</sup> or 5<sup>th</sup> grade would be in Erikson’s industry vs. inferiority stage. In this stage, the student’s relationships with peers and teachers are growing in importance, and the child’s sense of self-esteem is tied to their sense of competence (industry) (McLeod, 2018). Since these students’ language disorders may have gone undiagnosed because they had adequate or good decoding skills and intelligence, they may have been struggling quietly for years, not knowing why and not getting support. In the industry vs. inferiority stage this sense of incompetency can be particularly devastating (McLeod, 2018). The school counselor, through individual short-term counseling and group counseling, can work with the student to build their self-esteem and counter feelings of inferiority. Additionally, the constant struggle with comprehension may cause the student to withdraw, so students with these language disorders might be disengaged or socially isolated from their peers. The school counselor can incorporate social skills into their counseling sessions and group work, and can collaborate with teachers, administration, and families to provide scaffolding for the student where needed with the teachers, families, and administration.

### **Strategies for facilitating optimum development**

As per the ASCA (2016) position paper on supporting a student with disabilities, the school counselor should develop a school counseling program tailored to the needs of the student with the language disorder, whether it’s an oral/written language disorder, specific reading comprehension deficit, or combination of the two. This program would include group counseling and short-term counseling centered around self-esteem, building social skills, and strategies for academic success. The counselor should also reach out to the family and support their involvement in their child’s educational process if they are already involved or seek their engagement if not. The counselor can advocate for the student and their family at CSE meetings, providing support and clarification where needed. The counselor can collaborate with staff and families to better understand what individual needs the student may have and ensure that the student receives any necessary services or accommodations. Additionally,

the counselor can collaborate with teachers, administrators, and other members of the student's community to provide the student with the scaffolding they need for academic, social emotional, and college/career success. The counselor can also promote a respectful, inclusive school environment.

### **Ethical and legal considerations including IDEA and other relevant special education policies**

The Individuals with Disabilities Education Act (IDEA) is a law that makes free and appropriate public education available to all children with disabilities and guarantees special education and needed services to those children (IDEA, 2004). IDEA is centered around the use of individualized education plans (IEPs) and introduced the idea of Individualized transition plans (ITPs). An individual diagnosed with these language disorders would need an IEP, and depending on the severity or comorbidities, the IEP might include language specialists or speech pathologists, and should incorporate some specialized teaching accommodations. These accommodations might include one-on-one reading instruction, graphic organization of texts, and pre-reading exercises (Spear-Swerling, 2015). In 2015, the Every Student Succeeds Act (ESSA) granted the states more flexibility around funding for professional development, early intervention programs, and multi-tiered systems of support (MTSS) for supporting students with disabilities (ASHA, Nd.). Section 504 of the Rehabilitation Act of 1973 is a law that protects the rights of people with disabilities. In schools, Section 504 requires that the school provide whatever resources or services are needed to insure a free appropriate public education (FAPE) that meets the educational needs of a student with disabilities *as adequately* as to students without disabilities (OCR, 2020). Along with free appropriate public education, students are guaranteed that education will be delivered in the least restrictive environment (LRE), and with oral/written language disorder and specific reading comprehension deficit, barring needs associated with possible comorbidities, this is usually the mainstream classrooms (Spear-Swerling, 2015). Whatever the requirements of the student's IEP, the school counselor has ethical responsibilities to uphold the legal rights of these students, as defined by ASCA (2019), which include:

- Promoting a respectful non-discriminatory school community,
- Identifying resources for the students, and
- Recognizing their strengths and challenges and using best practices and research to support students in their academic, social/emotional, and career needs.

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\*These two papers provided by ASHA were cited in the body of the paper as one since the date/author was the same and there was considerable overlap between the two sources.