Strengths-Based Approaches

A Guide to Shifting Mindsets, Language & Actions

Lindsay Moore
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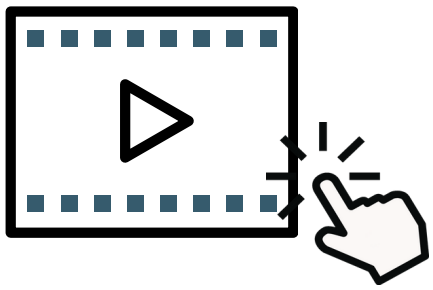
My hope for this guide is to provide evidence and suggestions for the use of strengths-based, person-centred approaches in written and verbal descriptions of strengths and stretches of clients, the planning and implementation of assessments and interventions, and in collaborations with other professionals to help you meet clients where they are and discover all that they CAN do.

The Importance of Presuming Competence
In this video, Dr. Shelley Moore discusses how mindset is the biggest barrier to inclusion and a shift to strengths-based perspectives.



Please note that while many of the examples in this guide relate to children with autism and / or other disabilities, the principles and suggestions described within can and be applied with clients of all ages who are seeking SLP services, regardless of diagnosis or disorder area.

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In the words of a parent...

"Assessments are so hard. They are the doorway to supports, and they are brutal reminders that doors are almost always closed. They are the longest string of moments of letting your child feel misunderstood, and unseen - with the hopeful result that after, you have access to resources that do the opposite."

"They will want to see everything he can't do, everything he isn't doing. And it won't feel good."

"They will ask you to be quiet, not to interact with him much, and it will hurt you to leave him wondering. So, while you can't be his bridge for a while, you be a rock instead."

"At the end of our session was this:
"Show me an example of communication between you..."
A window. An opportunity.
To showcase her unique ability to love.
Our answer was laughter.
Deep to our core, truthful. Happiness."

@katie_jameson

Shared with permission from: https://www.instagram.com/katie__jameson/p/Cztvj7IpvHt/?hl=en

These words were written by Katie Jameson, and shared on her Instagram page (@katie_jameson).

Katie is a strong and outspoken advocate for inclusion who freely shares her family's experiences with creating spaces for her daughter Kenzie and other children to be not only recognized and included, but embraced and celebrated.

The many comments in response to Katie's post show that she is not alone in feeling this way leading into assessments and interactions with healthcare providers.

Knowing that many families/caregivers feel this way:

- **What can we as providers do to make these experiences less stressful, more supportive, and more positive?**
- **What could a strengths-based approach do to foster the therapeutic relationship?**

Definitions

Authentic Assessment - Assessment for learning, as learning, and of learning with a focus on thinking, academic achievement, and work habits (Archibald & Kuiack, 2023a).

Differentiated Instruction - Scaffolds learning by providing the "right support at the right time" to accommodate differences in learners. Uses tiered intervention and authentic assessment, making changes to the content, process, context/environment, and/or product of learning (Archibald & Kuiack, 2023a).

Disability - "A state of functioning (disability) arising due to a mismatch between an individual's capacity and the demands of the environment" (Archibald & Kuiack, 2023e).

Disorder - "A condition with a presumed biological origin often for which no specified cause is known, and which impairs individual functioning and capacity" (Archibald & Kuiack, 2023e).

Metacognition - Thinking about thinking. Fostering awareness of processes of planning, monitoring, and reflecting (Archibald & Kuiack, 2023a).

Multimodal - The use of two or more methods of input or output, for example: visual, oral (verbal), aural (hearing), written/drawn.

Tiered Intervention - Universal (e.g., whole class), targeted (e.g., small group), or intensive (e.g., individual or small group) supports (Archibald & Kuiack, 2023a).

Background - Models of Support

The Medical Model

The medical model of disability frames differences from “normal” as deficits, and something that must be “fixed” within the client. Many traditional approaches to speech-language pathology are based on this model. The client attends an assessment session, where the clinician determines their areas of weakness or deficit. Goals are then targeted through a treatment plan, with the end goal of “correcting” the deficit.

The World Health Organization (WHO) defines this model as:
“The medical model views disability as a feature of the person, directly caused by disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals. Disability, on this model, calls for medical or other treatment or intervention, to 'correct' the problem with the individual.” (WHO, 2002, p. 8)

The Social Model

In contrast, the social model of disability places the problem outside of the client, seeing environmental, social, and/or systemic issues as the target for intervention and removing the focus of intervention from the client. Examples of environmental changes supporting people with physical disabilities can be seen all around us: curb cut-outs, ramps, elevators, accessibility buttons for doors, etc.

The World Health Organization (WHO) defines this model as:
“The social model of disability, on the other hand, sees disability as a socially-created problem and not at all an attribute of an individual. On the social model, disability demands a political response, since the problem is created by an unaccommodating physical environment brought about by attitudes and other features of the social environment.” (WHO, 2002, p. 9)

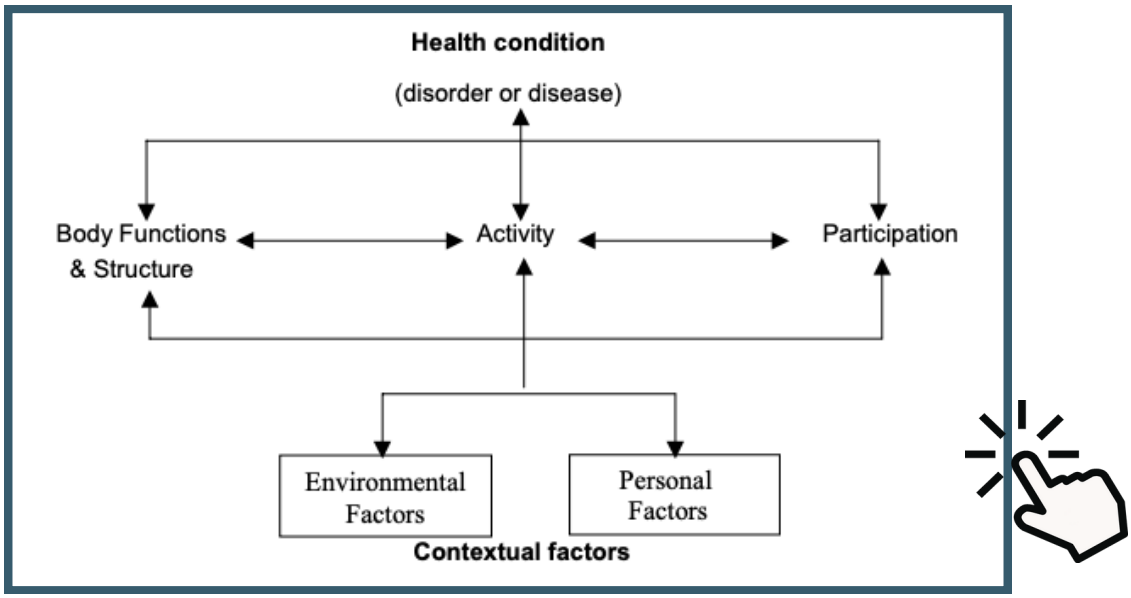
Balancing the Models

How can we balance the two? Is there a better way?

Alone, neither the medical model nor the social model truly supports clients in a holistic way to achieve their goals. For this reason, the World Health Organization (WHO) created the International Classification of Functioning, Disability, and Health (or ICF) model, to reflect a combination of the medical and social models into what they call a biopsychosocial model.

“A better model of disability, in short, is one that synthesizes what is true in the medical and social models, without making the mistake each makes in reducing the whole, complex notion of disability to one of its aspects. This more useful model of disability might be called the biopsychosocial model. ICF is based on this model, an integration of medical and social. ICF provides, by this synthesis, a coherent view of different perspectives of health: biological, individual and social.” (WHO, 2002, p. 9)

One Representation of the ICF Model



(WHO, 2002, p. 9)

The WHO defines the categories of the ICF model as:

- *Body Functions* are physiological functions of body systems (including psychological functions).
- *Body Structures* are anatomical parts of the body such as organs, limbs and their components.
- *Impairments* are problems in body function or structure such as a significant deviation or loss.
- *Activity* is the execution of a task or action by an individual. Participation is involvement in a life situation.
- *Activity Limitations* are difficulties an individual may have in executing activities.
- *Participation Restrictions* are problems an individual may experience in involvement in life situations.
- *Environmental Factors* make up the physical, social and attitudinal environment in which people live and conduct their lives.

(WHO, 2002, p. 10)

CanChild, a research centre focused on child development provides the following description of the term 'disability' as expressed by the ICF model:

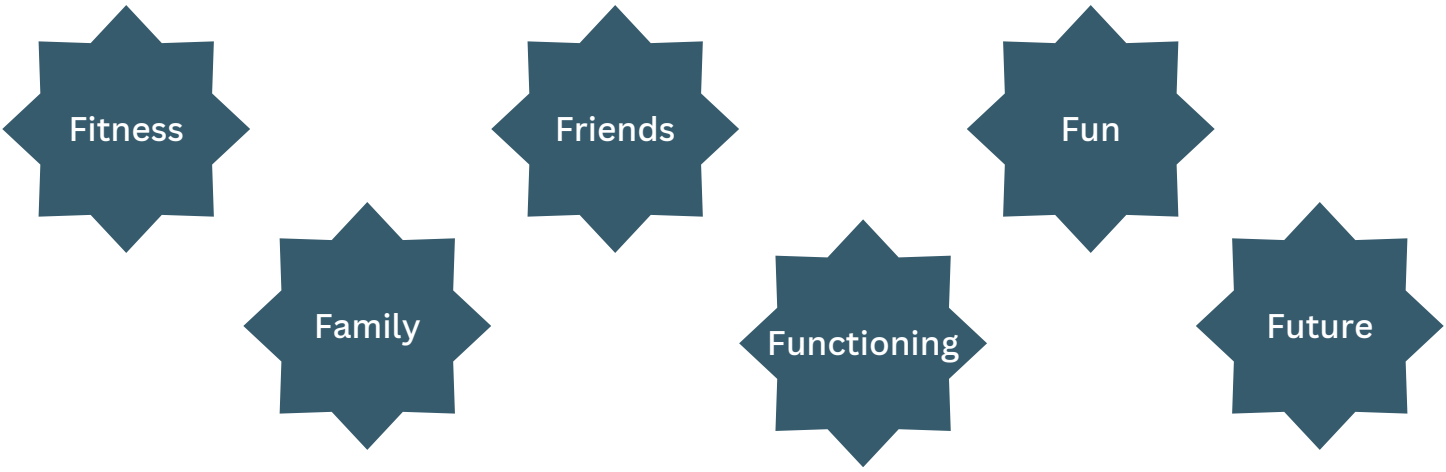
"... the term 'disability' is now an umbrella term to represent the dynamic interaction between person and environment. In contrast to the traditional view that disability resided just within the person this change reflects the idea that 'disability' is a social construction involving an interaction of the person and their community or society. As well, the change in terminology reflects a move toward the identification of 'participation' as an important dimension of health." (Stewart & Rosenbaum, 2003)

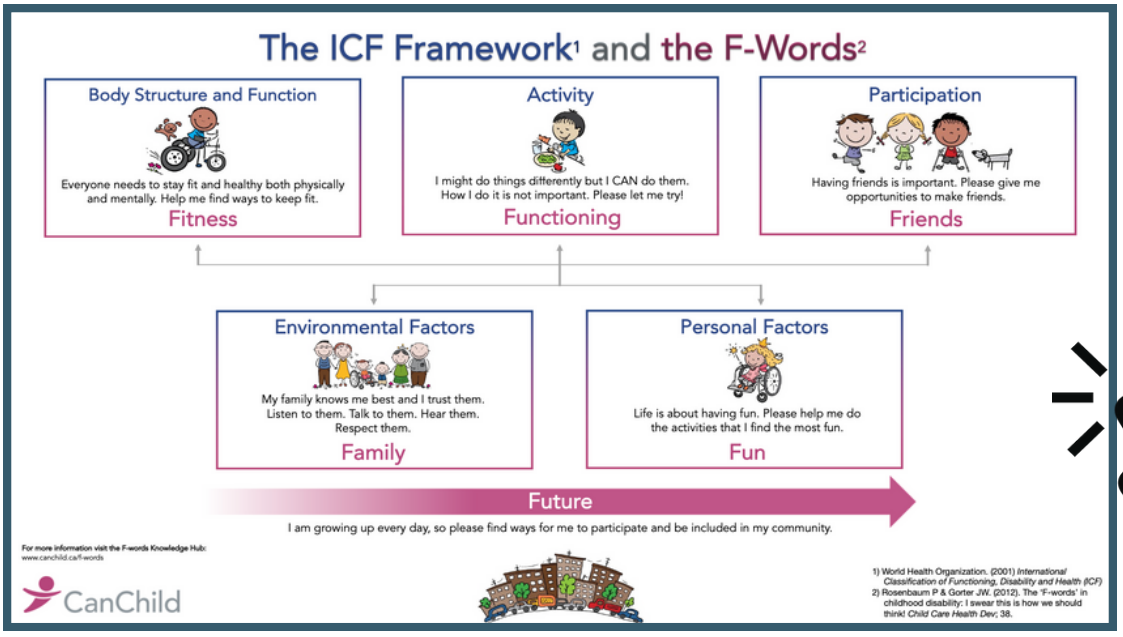
The Six F-Words

Another way to look at the ICF Model

Researchers at CanChild have proposed the “Six F-words” framework for applying the ICF model to assessment, intervention, and progress monitoring.

The Six F-words provide a “family-centred, strengths-based, holistic approach to child health and development” (CanChild, n.d.)





(CanChild, n.d.)

Learning from Other Fields

In human services fields such as developmental services and social work, the mindset shift toward social and biopsychosocial models of support has been championed by many. Person-centred planning and person-centred direct support are terms akin to client-centred or patient-centred support in the healthcare fields, although they place the focus on the whole person right from the beginning, rather than on their status as someone seeking care, helping to establish a collaborative therapeutic relationship.

The following quotes come from inclusion and person-centred direct supports resources, and will hopefully provide another perspective:

“As the term implies, person-centeredness values the uniqueness of the person and respects the right of the person to self-determination.” (Lord & Hutchinson, 2011, pp. 49-50)

“Capacity thinking begins by discovering assets and gifts rather than beginning by identifying deficiencies and what is missing.” (O’Brien & Mount, 2005, p. 38)

“Empowerment as a value includes intentionally shifting power and decision making toward individuals and families.” (Lord & Hutchinson, 2011, p. 52)

“In traditional approaches to disability, aging, and chronic conditions, professionals tend to have power over people, while in New Story approaches, there is more mutuality and power with people.” (Lord & Hutchinson, 2011, p. 52)

What is a Strengths-Based Approach?

“The strength-based approach is an approach to people that views situations realistically and looks for opportunities to complement and support existing strengths and capacities as opposed to focusing on, and staying with, the problem or concern. The problem and the person are separate; however, the problem is never minimised.”

“The strength-based approach represents a paradigm shift—a movement away from a deficit-based approach which can lead to a long list of things considered to be ‘wrong’ with a child’s learning and development or things a child cannot do. The deficit-based model fails to provide sufficient information about strengths and strategies to support a child’s learning and development.”

(State of Victoria Department of Education and Early Childhood Development, 2012, p. 6)

“Strengths can be defined as a child’s intellectual, physical and interpersonal skills, capacities, dispositions, interests and motivations.”

(State of Victoria Department of Education and Early Childhood Development, 2012, p. 7)

A strengths-based approach encourages:

- understanding “that children’s learning is dynamic, complex and holistic”
- understanding “that children demonstrate their learning in different ways”
- “start with what’s present—not what’s absent—and write about what works for the child”
- identifying “what works for the child and how it works”

The underlying principles of strengths-based approaches:

- “all children have strengths and abilities”
- “children grow and develop from their strengths and abilities”
- “the problem is the problem—the child is not the problem”
- “when children and those around them (including educators) appreciate and understand the child’s strengths, then the child is better able to learn and develop”

“In other words, the strength-based approach is about assisting people (educators, children, families) to build a picture of what a child’s learning and development could look like in the future.”

What a strengths-based approach is NOT

“A strength-based approach is not about describing a child’s learning and development in a positive light and neglecting to identify areas for further development and/or areas of concern. Nor is it about framing the learning and development message one way for families and another way for prep teachers – it’s about the consistent sharing of information.”

(State of Victoria Department of Education and Early Childhood Development, 2012, pp. 6-7)

Does it really make a difference?

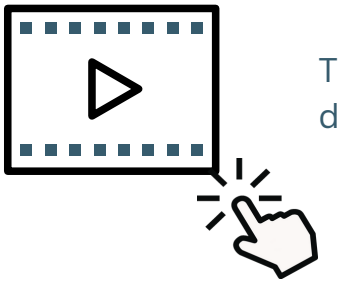
Steiner's 2011 study of the impacts of strengths-based approaches found that when strengths-based approaches were used by clinicians with parents of children with autism, parent affect, parent-child interactions, and overall outcomes were improved. Additionally during the strengths-based condition, parents tended to share more positive statements and stories about their children, engaged in more playful behaviour, and demonstrated significantly more physical affection. Similarly, during the deficit-based condition, parents had a more negative affect, made more negative statements in response to the clinician's statements, and initiated far fewer acts of physical affection.

These findings suggest that clinicians' approach plays an important role in setting the tone for caregiver attitudes, perceptions, and interactions with their child, highlighting the importance of a focus on strengths-based approaches.

(Steiner, 2011)

What effect does a focus on strengths have on clients?

"I've got a huge community of people around me who are supporting me, who see beyond what, maybe, you can't do, to see all the things that you can, and there's so many more cans than there are cant's - you don't need to place limits on people's opportunity." (3:39-3:55)



These Six F-words won't fill up your swear jar: What do the F-words mean to youth with impairments?

(CP-Net & CanChild, 2016)

CASLPO Practice Standards and Guidelines for the Assessment of Children by SLPs

According to Standard G.5, assessments must include, in part:

"6. Child and family-centred approach addressing all appropriate communication contexts." (p. 13)

Additionally, Standard G.6 states that outcomes must include:

"1. Description of characteristics of communication, and identification of the presence or absence of age-appropriate communication and/or swallowing skills, and of strengths and weaknesses." (p. 14)

Note that Standard G.6 does not state that clinicians should only include or report on weaknesses. In fact, the standard specifies that strengths be included in outcomes.

Practice Standards and Guidelines for the Assessment of Children by Speech-Language Pathologists

CASLPO Guide for Equitable & Inclusive Services

The CASLPO Guide for Equitable & Inclusive Services “is intended to foster an inclusive and equitable approach to service that recognizes the experiences, beliefs, backgrounds, and capabilities of patients as well as the many ways people and groups live” (p. 1), and includes “principles intended to support equitable and diverse care” (p.3), including:

“As regulated health care professionals, we are required to use patient-centered intervention. We must recognize, understand, accept, and respect the diversity of our patients and the ways in which their identities and experiences intersect to create unique therapeutic relationships and goals. **We should implement and reinforce practices to acknowledge the worth of every individual and their value to their community and to society at large.**” (p. 3)

The CASLPO Guide for Equitable & Inclusive Services also states: “We must commit to delivering inclusive, patient-centered intervention, using enhanced strategies, tools and techniques, which contribute to positive therapeutic relationships.” (p.9)

CASLPO Guide for Equitable & Inclusive Services

Writing and Speaking in a Strengths-Based Way

When writing reports and speaking about clients, consider:

- Are you creating a profile of the whole person, including their strengths, or just their challenges?
- Does your report assign judgement?
- How can you create a more complete picture of the person?
- What is the ratio of descriptive, neutral, and positive interpretive statements you are using compared to the negative interpretive statements?
- Have you described the supports that may help them succeed?
- How would you feel reading / hearing these statements made about yourself? about a loved one?

(Divergent Perspectives, 2022)

"...the language we use creates us and defines the world we live in. The words we use also make a difference to how people see themselves, and how they exist in our world. Words are powerful!"

(Moore, 2016, p.39, referencing Johnston, 2004)

For suggestions on creating family-centred reports, see:
Family-Centred Reporting: Writing plain-language reports
by Daryn Cushnie-Sparrow

For suggestions on creating Neurodivergent-Affirming reports,
click here

A Pilot Study on Documentation: Do We Write From a Strengths Perspective?

Braun et al, 2017

In their 2017 pilot study on professional documentation, Braun, Dunn, & Tomchek analyzed statements taken from reports written by interdisciplinary clinicians in an autism diagnostic centre in the Midwestern United States. They coded the statements as descriptive (D) or interpretive (I), further coding the interpretive statements as positive (I+), neutral (IN), or negative (I-). They found that the interdisciplinary clinicians in their sample used significantly more interpretive and interpretive negative statements in their reports, suggesting that these clinicians wrote from a deficit-based perspective more often than from a strengths-based perspective.

Research has shown that “family-centred care and strengths-based practices from the start... can promote better family-provider relationships, improved family perceptions of their child, and a sense of empowerment for families” (Braun et al, 2017, p. 974).

Strengths-based perspectives and approaches foster the therapeutic relationship through empowerment, increased involvement, and buy-in of families/caregivers, and establish the provider as a guide and team member, rather than as the expert as is typical in traditional models of care (Braun et al, 2017).

A Pilot Study on Documentation: Do We Write From a Strengths Perspective?

Braun et al, 2017

"Because written documentation may be the anchor for how families have and share information, it is paramount that such documentation be written from a strengths perspective" (Braun et al, 2017, p. 974).

Braun et al (2017) suggest several reasons for the "persistence of deficit-based thinking within service delivery systems" (p. 973):

- Requirements to identify deficits to meet diagnostic criteria (p. 978)
- Requirements to identify and document deficits to meet funding reimbursement criteria (p. 978)
- As a result of diagnostic and reimbursement requirements, many clinicians are taught to design and document care using a deficit perspective without documentation of strengths (p. 978)
- A need for increased training to develop deeper understanding of strengths-based approaches and documentation (p. 977).

Braun et al (2017) recommend that clinicians increase their awareness through review their reports for the ratio of negative statements compared to neutral, positive, or descriptive statements used (p. 978).

What are descriptive and interpretive statements?

(Braun et al, 2017, p. 975)

Descriptive - “Objectively describes what the child or family says or does or what the clinician observes. Factual information absent of subtle or vague quantitative interpretation.”

- Like the ‘O’ section in a SOAP note.

Interpretive - “Describes a child’s behaviour or clinician observation in a way that subjectively assigns meaning or interprets the behavior to mean something. May include subtle quantitative (e.g., *some, a few, several*) or qualitative interpretations (e.g., *small, brief, strange, unusual*).” “Often include one term that differentiates them from a descriptive statement” (e.g., *willingly*).

- Like the ‘S’ section in a SOAP note.

Neutral Interpretive - “Provides subtle quantification (nonnumeric terms such as *a few, some*) or qualitative interpretation (e.g., good, brief, slight) without suggesting the behavior to be a strength, deficit, problem, or concern.May be interpreted by some as a strength or by others as a deficit. May be interpreted as either positive or negative or may be interpreted as neither positive nor negative.”

Negative Interpretive - “Assigns meaning to a behavior or observation in a way that suggests the behavior is a deficit, a problem, or concerning. OR Describes a behavior in the context of a disability rather than ability.”

Positive Interpretive - “Assigns meaning to the behavior in a way that suggests the behavior to be a child/family strength or positive attribute. Describes the child or family from an ability perspective.”

Examples of descriptive and interpretive statements

Let's report the same action by a hypothetical child using each of the different statement types.

Descriptive - The child sat at the table and played with the toy cars throughout the session.

Neutral Interpretive - The child appeared to enjoy playing with toy cars at the table, showing interest in them throughout the session.

Negative Interpretive - The child demonstrated restrictive preference toward the toy cars, only playing with them throughout the session.

Positive Interpretive - The child was able to sustain attention on the toy cars, playing with them at the table throughout the session.

In the descriptive example, the statement describes only the observable actions of the child without assigning meaning, while the interpretive examples assign motivation and subjective information to the action.

The neutral example assigns interpretation to the action, however does not frame the observation as either a strength nor deficit.

The negative example suggests that the child's focus on the toy cars may be a concern.

The positive example highlights an ability demonstrated by the action of the child.

Examples of descriptive and interpretive statements

Let's report another observation of a hypothetical child using each of the different statement types.

Descriptive - The child sat beside their parent during the session.

Neutral Interpretive - The child frequently checked in with their parent, and remained close during the session.

Negative Interpretive - The child demonstrated significantly reduced engagement with the clinician throughout the session.

Positive Interpretive - The child demonstrated a strong connection and level of comfort with their parent during the session.

As in the previous examples, the descriptive statement describes the observable behaviour of the child without interpretation.

The neutral interpretive statement adds an additional quantification statement (i.e., *frequently*), without assigning positive or negative information.

The negative interpretive statement places focus on the child's lack of engagement with the clinician.

The positive interpretive statement centres the connection between the child and their parent in a positive manner.

Assessment Considerations

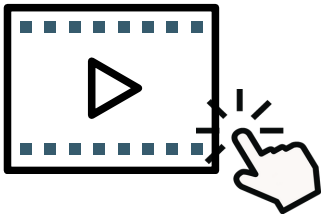
Assessments can help tell us where students are right now, but we must remember that they are only a snapshot.

“Snapshots tell one story. But what if we looked at another snapshot from another perspective? What are the other stories? The stories we can’t always see? The stories we might have to search for and ask questions about before we can really understand what is happening? This is inclusion. This is diversity. To be inclusive is to collect stories, and be the detective seeking to understand the full story. The more stories we have, the more we understand. Whether it’s ability, culture, experience, language, or knowledge, we all have lenses to see through, and we all have a story to tell.” (Moore, 2016, p. 75)

How can we make assessments more strengths-based?

- Framing the assessment as “information gathering” rather than a “test” can help to ease feelings of judgement or stress
- Start with discovering areas of strength
- View assessment as a means for determining what the child needs in order to be successful as opposed to what the child can’t do
- Use multiple sources of information in addition to or instead of standardized assessments to create a more holistic picture of the student
    - Informal assessment measures, including authentic assessment
    - Stimulability testing
    - Use dynamic assessment (test-teach-retest) to learn what might work and what might not work for this student to support their learning

For an overview of Dynamic Assessment, watch this video from Bilinguistics.



Intervention Considerations

“More and more, students struggle to find success in a paradigm that focuses on deficit rather than on ability.”

(Moore, 2016, p. 43)

The primary objective of intervention is to support the acquisition or development of skills required to successfully achieve a goal.

Intervention should focus on the needs of the individual student in order to access the curriculum and develop their skills rather than focusing on a diagnosis (Archibald & Kuiack, 2023d).

In order to draw on the strengths of the individual in other areas, interventions may recruit related processes to reduce the cognitive load and support learning (Archibald & Kuiack, 2023c).

For example:

- The use of metacognitive strategy instruction (e.g., teaching students to think about their own thinking to support their learning)
- Using multimodal encoding (e.g., hearing a story and drawing the sequence of events to support narrative language)
- Maximizing strengths in explicit learning often observed in Children with Developmental Language Disorder (DLD) by directly teaching the rules of language they should apply

Within a classroom or in smaller groups, **Differentiated Instruction** and **Universal Design for Learning (UDL)** may be implemented. More information about these concepts is provided on the following pages.

Differentiated Instruction

Considerations for Differentiated Instruction:

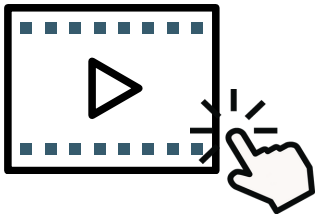
- Get to know your students
- Create an initial profile of individual strengths and needs, and modify as you gather more information
- Consider the learning environment
- Create a supportive, non-threatening environment
- Provide clear expectations and rationale for activities
- Use manageable tasks and clear short-term goals

Examples of Ways to Differentiate Instruction:

- By task – tasks geared to the skills of the student
- By extension task – providing a related activity which would be handed to students on completion of work, e.g., challenge cards of varying difficulty
- By questioning – questions directed to specific students to check their understanding or push students to explore in more depth
- Project or Problem-based learning
- By support – tutor support, LSA support, how you explain things, pairing of students
- By outcome – expectations you might have of a particular students' work based on skills/facility with topic
- By interest – helps celebrate diversity of interest
- By culture – images and examples that reflect cultural diversity, activities that tap into diverse perspectives or traditions to enrich the whole experience

(Archibald & Kuiack, 2023a)

For more information about how to differentiate instruction, watch this video from @ChrisAshLearn

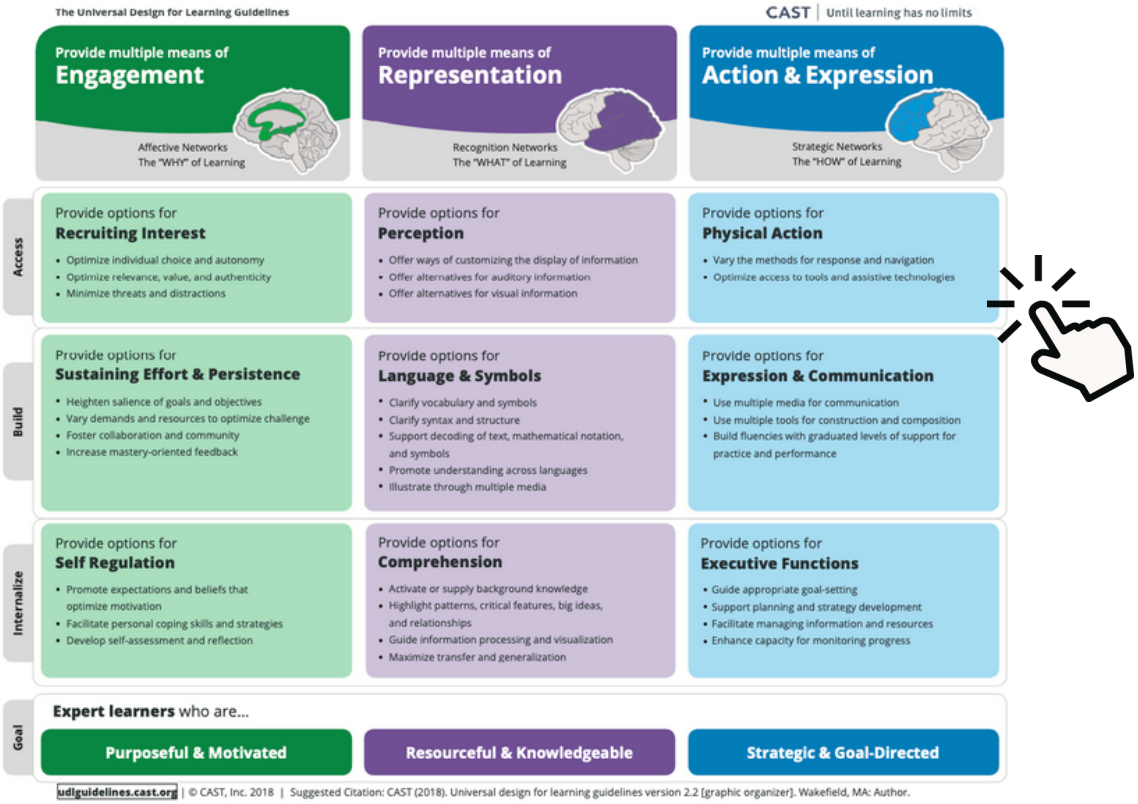


Universal Design for Learning

“Think about supports in layers that are designed for specific students, but that everyone has access to. (…) Look to these students as the guide for others whom we sometimes miss when identifying needs. Think about the power in creating the supports and access for all students to be successful.”

(Moore, 2016, p. 85)

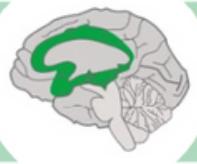
Universal Design for Learning (UDL) is a framework for designing lessons that benefit all learners through multiple means of **engagement** (motivation, interest), **representation** (presenting content in different ways), and **action & expression** (providing opportunities for students to reveal competence and show what they know).



About Universal Design for Learning

Key Questions to Consider When Planning Lessons

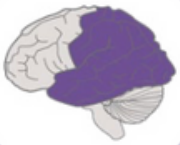
Think about how learners will engage with the lesson.



Does the lesson provide options that can help all learners:

- regulate their own learning?
- sustain effort and motivation?
- engage and interest all learners?

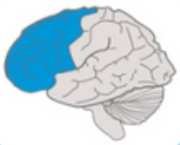
Think about how information is presented to learners.



Does the the information provide options that help all learners:

- reach higher levels of comprehension and understanding?
- understand the symbols and expressions?
- perceive what needs to be learned?

Think about how learners are expected to act strategically & express themselves.



Does the activity provide options that help all learners:

- act strategically?
- express themselves fluently?
- physically respond?

From: *Universal Design for Learning: Theory and Practice*
Available at udltheorypractice.cast.org
For print and accessible EPUB, contact publishing@cast.org or any book retailer.

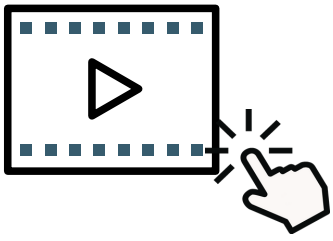
(CAST, n.d.)

UDL in Action

In her book, *One Without the Other*, Dr. Shelley Moore tells the story of Ali, a grade 4 student who had already experienced and overcome more trauma before he was born than most of us will experience in a lifetime. As a result of bullet wounds sustained in utero, Ali was unable to walk, see, or verbally communicate. Ali's teacher provided a perfect example of the power of Universal Design and inclusion. In a lesson about adjectives connected to the book, That's not my dinosaur… by Fiona Watt, Ali's teacher had her students recreate each page of the book using art supplies, connecting each adjective with a texture, and incorporated concepts about contrasting colours. Once the book was finished, the teacher read their newly created book aloud. Ali's classmates watched intently and learned from Ali as he interacted with the textures of the book and listened to the words being read. Through this activity, Ali's teacher had created a learning experience that engaged ALL learners in the classroom and extended beyond just the lesson about adjectives. "Knowingly or not, this teacher had" targeted her lesson to the hardest to reach student, "the outside pin!" (Moore, 2016, p. 57)

Removing the Barriers: Planning for All!

- In this Five Moore Minutes video, Dr. Shelley Moore discusses the shift within the special education system in schools away from the medical model towards a social model. She describes how context and environment influence the barriers faced by students, and the supports needed in order to succeed.
- Fewer barriers in the environment = fewer supports needed to be successful!



Collaboration is Key

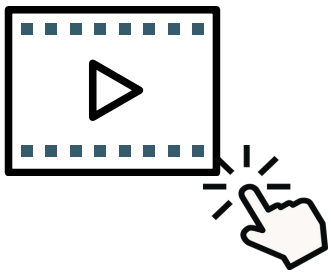
As we move towards inclusive classrooms, it can be challenging to set many students with such varied needs up for success within the same lesson. Moreover, "...teachers are still not provided sufficient background knowledge on how to differentiate, adapt, and modify content for students with the most significant needs, including autism, Down syndrome, and multiple disabilities such as deaf-blindness" (Moore, 2016, p. 62). Additionally, teachers may be responsible for 240+ students, depending on the grade level and structure of the school (e.g., 30 students/class block, 7-8 blocks/day) (Moore, 2016)!

Teachers know the content and curriculum areas, and SLPs know how to differentiate learning for students, so how can we collaborate to develop meaningful goals that support students?

- By implementing strengths-based assessments to capture a holistic picture of students, SLPs are better equipped to provide meaningful suggestions to help teachers support the "harder to reach" students
- Educational Assistants (EAs) (if students have access to one) are invaluable allies in the development and delivery of differentiated lessons in the classroom.

The 7-10 Split

Inclusion researcher and advocate, Dr. Shelley Moore, discusses the benefits of reaching the harder to reach students in a classroom setting using the analogy of bowling. In essence, by aiming for the "outside pins" through designing lessons that set the students who are struggling up for success, teachers can increase the likelihood that all students will be able to access the same lesson.



Additional Resources

CanChild Six F-Words for Child Development Resources

- This website provides explanations and resources to facilitate the implementation of the Six F-Words into clinical practice.
- https://canchild.ca/en/research-in-practice/f-words-in-childhood-disability

CASLPO By-Law no. 7 Code of Ethics
https://caslpo.com/sites/default/uploads/files/LAW_EN_7_Code_of_Ethics_for_Registrants.pdf

The Neurodiversity Paradigm: Normativity, Ableism, and the Path to Neurodivergent-Affirming Practice
by Divergent Perspectives

- This blog post discusses the shift away from the medical model of disability through a neurodivergent-affirming lens.
- https://www.divergentperspectives.co.uk/post/the-neurodiversity-paradigm-shining-a-light-on-the-problem-with-normativity-ableism-and-the-path

Five Moore Minutes Videos with Dr. Shelley Moore

@FiveMooreMinutes

We Can Do Hard Things

- This video provides an excellent overview of the concepts contained within this guide.
- https://youtu.be/PyowxPM84DU?feature=shared

Bringing the Support To the Students: Just Let them eat cake! (Universal Design for Learning)

- In this video, Dr. Shelley Moore uses the analogy of a layer cake to represent and describe Universal Design for Learning.
- https://youtu.be/9WuygB4j55U?feature=shared

Shifting to Strength-Based and Inclusive IEPeas

- In this video, Dr. Shelley Moore describes some of the challenges with Individual Education Plans (IEPs) and how we can help to shift these documents from a deficit-based focus to a strengths-based focus.
- https://youtu.be/kki-2HDtvQ8?feature=shared

Dr. Baked Potato: How Can We Scaffold Complexity?

- In this video, Dr. Shelley Moore uses the metaphor of a baked potato to discuss strategies for teaching students of diverse abilities in the same class.
- https://youtu.be/7j0oL1CNXAs?feature=shared

Report Writing Resources

Family-Centred Reporting: Writing Plain-Language Reports

Daryn Cushnie-Sparrow, PhD

- This resource provides suggestions for writing reports that are accessible to clients, families/caregivers, and other readers who are not Speech-Language Pathologists, as well as rationale for taking this approach.
- https://www.uwo.ca/fhs/lwm/teaching/dld2_2017_18/CushnieSparrow17_FamilyCentredReporting.pdf

Neurodivergent-Affirming Report Writing

Divergent Perspectives

- This blog post lists considerations for clinicians when writing reports that are neurodivergent-affirming, and includes suggestions for rephrasing statements using neurodivergent-affirming language.
- https://www.divergentperspectives.co.uk/post/neurodivergent-affirming-report-writing-2

Universal Design for Learning Resources

What is Universal Design for Learning (UDL)?
John Spencer

- This video provides a brief but thorough overview of Universal Design for Learning.
- https://youtu.be/NL2xPwDrGqQ?si=qN0YhKvalq82-6ep

Universal Design for Learning (UDL)
from CAST, developers of UDL

- **UDL at a Glance**
  - https://youtu.be/bDvKnY0g6e4?si=UoCCWHtK-eqJBki-
- Tips & Resources
  - https://www.cast.org/resources/tips-free

Universal Design for Learning Guidelines version 2.2.
from CAST, developers of UDL

- Available in several languages:
- https://udlguidelines.cast.org/more/downloads

Creating an Inclusive Classroom: A #WesternDLD2 Final Project
Lindsay North

- This video provides a review of UDL and Differentiated Instruction (DI), as well as suggestions for implementation within a classroom environment explained through case studies
- https://youtu.be/eIJKGLM-mqc?si=CElCsM5lT_tRHP5K

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