A Case Study: Student clinicians’ identity strategies for shared-writing with children with LLD

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This study investigated the verbal and non-verbal strategies that one student clinician demonstrated while interacting with a children with LLD for shared-writing for two individual writing sessions. A total of 1,934 sec. of the first session, and 1,937 sec. of the second session were video-recorded. Of them, a total of 483 turns during the first session and 427 turns during the second session for 1,937 sec. were analyzed. The student clinician’s strategies such as sharing personal stories, identity assignment, alternative literacy terminology use, and verbal and non-verbal pencil sharing were revealed.

Unlike a writing session in which a worksheet or a diagram organization sheet are used while writing topics are assigned to children, the shared-writing is defined as conducted during the process of cooperative writing between clinicians and children. For shared-writing, clinicians and children share not only a pencil to write on the page but also their ideas to decide what to write, how to write, and how to revise and edit. In addition to major writing related discussions and related actions, clinicians and children are often engaged in discussion miscellaneous topics as well.

Many guidance books for writing workshops and individual writing mediation settings describe the frameworks of mediation to encourage children who have no language and speech impairment to engage in generating ideas and translating texts on the page (Zemelman, et. al, 2005; Graves, 1994; Calkins, 1994; Jacobson, 2010; Despain, 1992; Fletcher and Portalupi, 2001; Ray, 2001). Only few research studies suggested writing mediation strategies for diverse children such as ESL students, and visually impaired children (Dennis & Votteler, 2013). Even in the studies, the mediation strategies are suggested as a framework applicable to the most ideal context excluding any possible conflicting interactions between clinicians and children with LLD.

For less experienced clinicians and student clinicians who are currently in a learning process, the real clinic settings in which fuzzy verbal and non-verbal interactions are accompanied with are often less predictable and they become to have a feeling of lost in the clinic setting.

This study revealed the clinician’s conversation partner identity by analyzing fuzzy oral and written discourses, and non-verbal interactions which were co-constructed during the process of shared writing. The clinician demonstrated various identity strategies according to a child’s degrees of engagement in writing activities. The results revealed the clinician effectively modified her writer and discussion partner identity according to the child’s responses. The clinician’s identity strategy influenced the process and the written products of the child with
LLD. The findings of this study shed light on the effective intervention strategies for less experienced and student clinicians in order to enhance not only their literacy practice for children with LLD but also literacy enhancement of the children with LLD.

References


