HELLO!

I am Lauren Hastings

I am here because I love to give presentations.

You can find me at

IG: @sassySLP

LinkedIn: Lauren Hastings

Email: Lauren@hear2pseak.com

Nothing is impossible.

The word itself says "I'm Possible!"

-Audrey Hepburn

33.3%=66.6%

Whoa! That's a big number!

1 Screening

- Communication disorders
- Feeding and swallowing disorders

Screening Procedures

- Gathering Information from parents and/or teachers regarding concerns about the child's languages and skills in each language
- conducting a *hearing screening* to rule out hearing loss as a possible contributing factor to language difficulties
- *Review and analyze records* (medical, educational)
- *Select and use appropriate screening instruments*
- Review and *make appropriate referrals* based on results of screenings
- What areas are covered in a screening? Pediatrics? Adults?

Identification

➔ Failure to pass a screening assessment
➔ Unable to communicate functionally or optimally across environments and communication partners
➔ The presence of a communication and/or swallowing disorder has been verified through an evaluation by an ASHA-certified speech-language pathologist

➔ The individual's communication abilities are not comparable to those of others of the same chronological age, gender, ethnicity, or cultural and linguistic background
➔ Communication skills negatively affect health, safety, social, emotional, educational status
➔ Unable to swallow to maintain adequate nutrition

Approaches to Assessment & Evaluation

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1. Developing case histories
2. Selecting appropriate assessment instruments, procedures, and materials
3. Assessing factors that influence communication and swallowing disorders
4. Assessment of anatomy and physiology

Approaches to Assessment

- **Case history** interview (parent, patient, teacher etc.)
- **Informal measures** (language sample, classroom observation, curriculum based assessment, stimulability testing, oral motor exam)
- **Formal testing** measures (CAAP-2, SSI-4, GFTA-4, WAB)
- Assessment factors (cultural background, age, language, and suspected severity to determine the most appropriate methodology for the assessment).

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Case History

What are the sections or types of questions listed in a case history?

LET'S REVIEW

Pediatrics

Identify information

Prenatal and birth history

Medical history

Developmental history

Previous speech & language evaluation

Educational history

Hearing screenings

Parent/teacher checklist/questionnaire

Adults

Identifying information

Patient active problem list

Past medical history

Significant history

Barriers

Social history

Diet (PO status)

·Previous instrumental swallow studies

·Education

·Native language

·Previous skilled speech therapy

·Communication/social skills

Assessment

Assessment - process of collecting valid and reliable information, integrating it, and interpreting it to make a judgment or a decision about something

- Assessment is synonymous with evaluation.
- A good test is valid
- A good test is reliable
- A good assessment is tailored to the individual client.
- A good assessment uses a variety of assessment modalities (case history, observations, interview, formal testing, etc)

Validity

Validity - Truly measures what it claims to measure.

- Face validity - appears to measure what it claims to measure.
  - *Does the content of the test appear to be suitable to its aims?*
- Content validity - completeness of a test (sample representation from the whole spectrum) Ex. A valid articulation test is designed to address all of the phonemes.
  - *Is the test fully representative of what it aims to measure?*
- Construct validity - test ability to measure a

Reliability

Reliability- Results are replicable. Ex. A test gives consistent results on repeated administration or with different interpreters judging the same administration.

Rater-reliability - the same person or different person obtain the same or different results post administration of the test

Intra-rater reliability - test results are consistent when the same person administers the test on more than one occasion.

Inter-rater reliability - test results are the scores. consistent when more than one person administers the test.

Test-retest reliability - test's stability over time. Administering the same test multiple times to the same group and then comparing

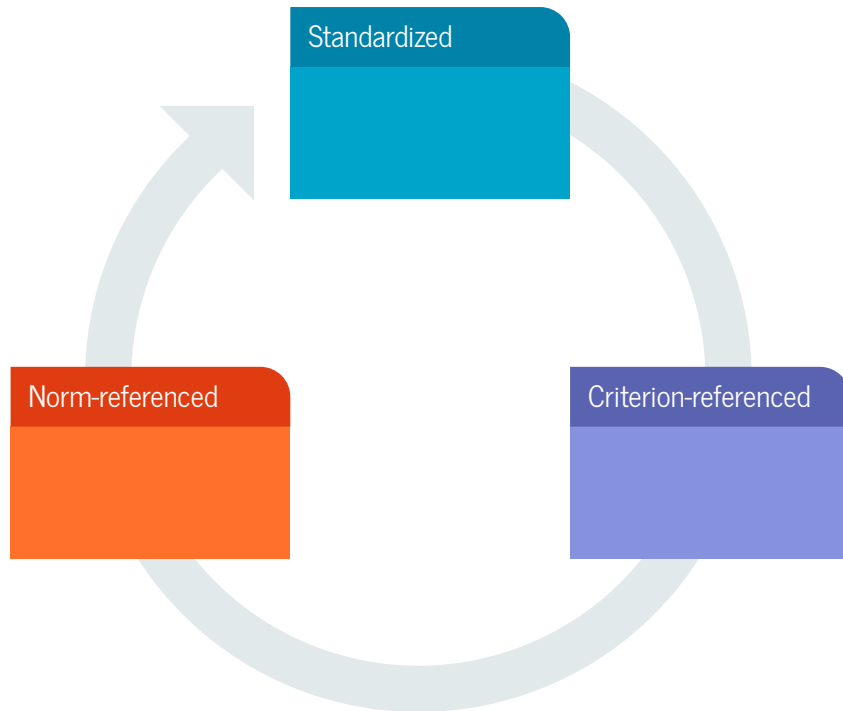# Selection of Assessment Instruments

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Assessment Tools

- Standardized assessments
- Norm referenced
- Criterion referenced
- Language sampling
- Ethnographic interviewing
- Parent/teacher/child report measures

Types of Assessments

Standardized

Norm-referenced

Criterion-referenced

Standardized Assessments

- Standardized test (formal tests) provide standard procedures for the administration and scoring of the test.
- Minimizes test-giver bias and other extraneous variables affect on client's performance so results from different people are comparable.
- *Standardized test are also norm-referenced tests.*

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Norm Referenced

- Always standardized

- Compare an individual's performance to the performance of a larger group

- Normal distribution
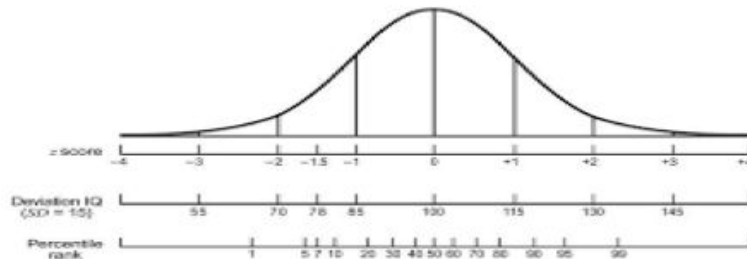
Criterion Referenced Test (CRT)

- **Does not** compare an individual's performance to anyone else.
- They identify what a client can and cannot do compared to a *predefined criterion*.
- How does a patient compare to an unexpected level of performance?
- CRT assume there is a level of performance that must be met for a behavior that is to be acceptable.

Informal Assessment

- PLAY ACTIVITIES
- ROLE PLAYING
- FOLLOWING BASIC COMMANDS
- ROTE ACTIVITIES
- SPATIAL CONCEPTS
- DESCRIBING PICTURE SCENES, ABSURD SITUATIONS
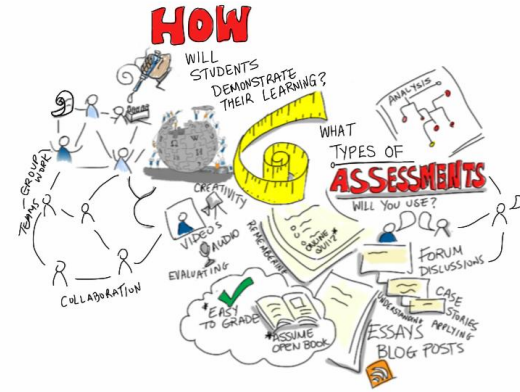- SEQUENCING
- WHAT WOULD YOU DO QUESTIONS?

Language Sampling

- Location
- Materials
- Activity
- Conversational style
- Utterance length
- Complexity
- Articulation abilities
- Narrative skills
- Comprehension
- Imitation
- Direction-following abilities

What do you want to know about assessment procedures?

Assessment Procedures

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1. Speech sound production
2. Fluency
3. Voice, resonance, and motor speech
4. Receptive and expressive language
5. Social aspects of communication, including pragmatics
6. Cognitive aspects of communication
7. Augmentative and alternative communication
8. Hearing
9. Feeding and swallowing

Speech Sound Production

- CASE HX
- SCREEN
- ORAL MECH EXAM
- ARTICULATION TEST
- PHONOLOGY, if applicable
- SPEECH SAMPLING
- ANALYSIS (ERRORS, ERROR TYPES, FORM OF ERRORS, INTELLIGIBILITY)
- PLAN OF CARE (WRITTEN REPORT)

Speech Sound Production

- Articulation
- Apraxia of speech
- Dysarthria
- Ataxia
- Dyskinesia

Fluency

- CASE HX
- ORAL MECH EXAM
- ASSESSMENT OF FLUENCY (SCREEN, SPEECH SAMPLING, STIMULABILITY)
- ANALYSIS (DYSFLUENCY, MOTOR BEHAVIORS, RATE OF SPEECH, PHYSIOLOGIC FACTORS)
- PLAN OF CARE (WRITTEN REPORT)

Fluency

- Stuttering
    - Type and frequency
    - Associated motor behaviors
    - Speech rates
- Cluttering
- *Review PPT from Dr. Tommie Robinson*

Voice, Resonance, & Motor Speech

- CASE HX
- ORAL MECH EXAM
- ASSESSMENT OF VOICE (PITCH, QUALITY, RESONANCE, LOUDNESS)
- ANALYSIS
- S/Z RATIO
- VELOPHARYNGEAL FUNCTION
- PLAN OF CARE (WRITTEN REPORT)

Voice, Resonance, & <u>Motor Speech</u>

- Case history
- Assessment of Dysarthria & Apraxia
  - Motor Speech Assessment
  - Stimulability of Errors
- •ANALYSIS
  - Intelligibility
  - Type/consistency of errors
- Plan of care (written report)

Voice, Resonance, & Motor Speech

- Quality (hoarse, breathy etc.)

- Pitch (high, low, no pitch)

- Resonance (nasal, mixed)

- Muscular tension

- *Review PPT from Dr. Afua Agyapong & Dr. Gloria-Jean Wallace*

Receptive & Expressive Language

- CASE HX
- SCREEN
- SPEECH SAMPLING
- INFORMAL/FORMAL ASSESSMENTS (PRAGMATICS, SEMANTICS, SYNTAX, MORPHOLOGY)
- ANALYSIS (ERRORS, FORM OF ERRORS, CONSISTENCY OF ERRORS)
- PLAN OF CARE (WRITTEN REPORT)

Social Aspects of Communication

- See the PPT of Dr. Byron Ross

Cognitive Aspects of Communication

- *Review PPT from Dr. Katrina Miller*
- Case hx
- Procedures
    - Speech/language assessment
    - Cognitive skills evaluation
- Analysis
    - Expressive/receptive language abilities
- Plan of care

Augmentative & Alternative Communication

- See the PPT by Dr. Sheila Bridges-Bond

Hearing

- See hearing PPT with Dr. Keena Seward

Feeding & Swallowing

- *Review the PPT from Dr. Lauren Wright-Jones & Dr. Kennetha Mentor*
- CASE HX
- ORAL MECH EXAM
- PROCEDURES
- INSTRUMENT SWALLOW STUDIES
- BEDSIDE SWALLOW EVALUATION
- ANALYSIS
- TYPE/SEVERITY OF DYSPHAGIA
- STRUCTURAL ABNORMALITIES
- PLAN OF CARE (WRITTEN REPORT)

Cultural and Ethnic Factors

- Use culturally appropriate assessment materials
- Test in client's dominant language
- Collecting additional speech samples
- Consult with interpreter
- Awareness of normal language acquisition
- Be familiar with the normal communication patterns of the client's dominant language

Multicultural Concepts

•Acculturation : the process of adaptation to changes in our social, cultural, linguistic environments

    Ex. Newcomers assume American cultural attributes

•Assimilation: the process by which something absorbs, merges, or confirms to a dominant entity.

    It refers to the process of giving up one's culture and taking on the characteristics of another

5 # Etiology

1. Genetic
2. Developmental
3. Disease processes
4. Auditory problems
5. Neurological
6. Structural and functional
7. Psychogenic

At Risk Populations

- neonatal problems (e.g., prematurity, low birth weight, substance exposure)

- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, attention deficit/hyperactivity disorder)

- auditory problems (e.g., hearing loss or deafness, central auditory processing disorders)

- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral-motor dysfunction)

At Risk Populations

•respiratory compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease)

• pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence) laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy)

• neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis)

• psychiatric disorder (e.g., psychosis, schizophrenia)

• genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome)

Treatment Planning

Objectives

- **Treatment Planning**
    - Evaluating factors that can affect treatment
    - Initiating and prioritizing treatment and developing goals
    - Determining appropriate treatment details
    - Generating a prognosis
    - Communicating recommendations
    - General treatment principles and procedures

- **Treatment Evaluation**
    - Establishing methods for monitoring treatment progress and outcomes to evaluate assessment and/or treatment plans
    - Follow-up on post-treatment referrals and recommendations

Objectives

- **Treatment**
  - Speech sound production
  - Fluency
  - Voice, resonance, and motor speech
  - Receptive and expressive language
  - Social aspects of communication
  - Cognition
  - AAC
  - Hearing and Aural Rehabilitation
  - Swallowing

Evidence Based Practice

- A framework for **clinical decision making.**
- Use EBP to select instruction and intervention **appropriate to the age and learning needs** of the student.
- The process of applying current, best evidence (external and internal scientific evidence), patient perspective, and clinical expertise to make decisions about the care of the individuals you treat.

Evidence Based Practice

- **Clinical expertise/expert opinion**
  - The knowledge, judgment, and critical reasoning acquired through your training and professional experiences
- **Evidence (external and internal)**
  - The best available information gathered from the scientific literature (external evidence) and from data and observations collected on your individual client (internal evidence)
- **Client/patient/caregiver perspectives**
  - The unique set of personal and cultural circumstances, values, priorities, and expectations identified by your client and their caregivers.

Questions to ask yourself

- What **_type of disorder_** does this profile describe?
- What **_age group_** do these characteristics impact the most?
- **_What are you evaluating?_**
- Are you interested in a before and after comparison or a comparison to other treatments?
- **_What is the goal_** of implementing this treatment in terms of specific improvements?

1 Treatment Planning

External Factors

- Age

- Concomitant Disorders

- Type and Severity of disorder

- Cultural and Linguistic background

- Underlying medical conditions

- Primary Language

- External factors

Treatment Planning

- Implement the speech language treatment plan
- Selects appropriate treatment activities to progress patient towards goals
- Revisions goals/plan of care with pt/family input
- Provides ongoing patient/family education and training
- Provides discharge instructions, follow-up and referral to community resources as appropriate
- Acts as a referral source for staff, families, physicians on services and equipment related to rehabilitation services

Clinical Process

- ***Goal Setting***: Long term and short-term functional measurable goals within each interval as appropriate in each case
- Education and training to caregivers
- Counseling, dialogue, and support with patient / caregivers to assist understanding
    - As appropriate in each case, teach strategies, compensations, self-cueing techniques etc. and provide guidance and suggestions
    - Ongoing preparation of patient and caregivers for discharge through education, training, and resources for "next steps"
- ***Progress Report***: Continual assessing, monitoring, modeling, evaluating responses, providing meaningful feedback, and adjusting treatment and updating plans as needed

Integrating Assessment Results

- **History** – (medical, developmental, and educational components)

- **Current Functional Status** – (a summary of current functioning as reported by the family from the history forms sent to you before the evaluation)

- **Test Results** – (charts illustrating test results, and detailed narratives to "paint a clear picture" of the client's performance on each test)

- **Behavioral Observations** - (in some cases)

- **Diagnostic Impressions** – (to summarize the analysis of the findings)

- **Prognosis** – (an estimate of the client's potential for making gains)

- **Estimated Frequency & Duration of Treatment** - (an estimate of the amount of therapy needed to meet the goals)

- **Functional Goals & Treatment Plan** – (written plan of action, outlining the areas in need of treatment. If your child is in the public school system, goals will be written that are appropriate to the IEP format.)

- **Recommendations** - (for related services, as needed)

Plan of care (treatment plan)

- Long-term goals
- Short term goals
- Precautions
- Prognosis
- Social support
- Underlying Impairments
- Referrals

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Delivery of Treatment

- **Format**: The structure of the treatment session (e.g., group, individual, in consult with the family).
- **Provider**: The person providing the treatment (e.g., SLP, trained volunteer, caregiver).
- **Dosage**: The frequency, intensity, and duration of service.
- **Timing**: The timing of intervention relative to the onset of dementia.
- **Setting**: The location of treatment (e.g., home, assisted living facility, nursing facility, community-based setting
- **Session**: Individual vs Group

Long Term Goal

- State the exception of the patient's final specific functional level and the effect on the life skills at the end of therapy
- Met in a reasonable time
- Similar to the patient prior level of function
- Should be established for each functional deficit that will be addressed during this episode of care
- Measurable
- Specific to life skill

Short Term Goal

- Based upon the functional deficits identified during the assessment
- Are to contain required components of goal:
  - Measurable
  - Contain a specific life goal
- Should be attainable within a reasonable time frame
- Should be the building blocks to each long term goal

Frequency or Duration

• Select the number of times per week the patient will be treated and the duration based upon the patients needs.

 • Duration: Length of a session in time (e.g., 50 minutes)

 • Frequency: Number of sessions per unit of time (e.g., 2 x week)

 • Ex. Skilled St will tx 5x/wk x 4wks for dysphagia management. Skilled ST to include compensatory swallow strategies, po trials, and patient/caregiver education.

Prognosis

- A prediction of the progress that should be made during the course of treatment.
  - Ex. Rehab Potential: Good
  - Ex. Rehab Potential: Excellent due to good progress with current treatments, functional reasoning skills, functional visual tracking skills, responsive to cuing, patient motivated to return home, positive results from previous treatments, supportive family and caregiver.
  - Ex. Excellent due to strong caregiver support

2 Treatment Evaluation

Baseline Performance

- Starting point, current quantitative level/number, indicator of how much change to expect
- Clinicians must know where their patient started to create realistic and appropriate goals.
  - For example, if at baseline a patient is NPO with a PEG tube following a massive stroke, the first short term goal a clinician writes should not be expecting the patient to safely swallow a regular diet and thin liquids within the next few weeks.

Measuring Progress

- Use terminology that reflects the clinician's technical knowledge.
- *Indicate the rationale* (how the service relates to functional goal), type, and complexity of activity.
- <u>*Report objective data*</u> showing progress toward goal
- Specify feedback provided to patient/caregiver about performance
- Elaborate on *patient/caregiver education or training* (e.g., trained spouse to present two-step instructions in the home and to provide feedback to this clinician on patient's performance).
- *Evaluate patient's/caregiver's response to training* (e.g., after demonstration of cueing techniques, caregiver was able to use similar cueing techniques on the next five stimuli).

Treatment Outcomes

- Response to treatment
- Setback in a functional area and why
- Significant functional progress/gains/plateau
- Reasonable expectation for improvement

Collaboration or Possible Referrals

- Physician or neurologist
- Social worker
- Audiology
- AAC specialist
- OT/PT
- ENT
- Dietitian

Discharge Criteria

- Patient has reached highest functional level of ability
- The patient's condition has stabilized. The skills of a therapist are no longer needed.
- Caregivers, family members, and support personnel have been trained to use communicative strategies and other approaches to improve or maintain skills, decrease the risk for decline, and/or decrease adverse behaviors while enhancing the person's quality of life.
- Patient is able to continue with a home management or maintenance program
- Patient's response/non-response to treatment justifies discharge
- Medical reasons dictate break from/or termination of sessions

3 Treatments

Treatment

- *Design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;*

- *Provide culturally and linguistically appropriate services;*

- Integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;

- *Utilize treatment data to guide decisions and determine effectiveness of services;*

- Integrate academic materials and goals into treatment;

- Deliver the appropriate frequency and intensity of treatment utilizing best available practice;

- *Engage in treatment activities that are within the scope of the professional's competence;*

- Utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and

- *Collaborate with other professionals in the delivery of services.*

Speech Sound Production

Underlying impairments

- Articulation of sounds
- Ability to repeat
- Production of words
- Breath support
- Voicing

Life Skills

- To be understood by others
- To be heard at meal time
- To communicate with family
- To communicate with peers
- To be able to yell for help
- To give a speech

Fluency

- Reducing the severity, duration, and abnormality of stuttering-like disfluencies in multiple communication contexts

- Reducing avoidance behaviors

- Removing or reducing barriers that create, exacerbate, or maintain stuttering behaviors (e.g., parental reactions, listener reactions, client perceptions)

- Assisting the person who stutters to communicate in educational, vocational, and social situations in ways that optimize activity/participation

- Strategies associated with speech modification(rate control, prolonged syllables, easy onset, light articulatory contact)

Voice, Resonance, and Motor Speech

- Voice therapy
- Modify vocal behaviors
- Manipulating voice producing mechanism
- Medical intervention (surgery)
- Physiologic Voice Therapy
- Expiratory Muscle Strength Training
- Lee Silverman Voice Treatment
- Stretch and Flow Phonation
- Symptomatic Voice Therapy
- Chant Speech
- Yawn sigh

- Improving the intelligibility of speech
- Improving accuracy, precision, timing, and coordination of articulation.
- Rate modification.
- Improving prosody and naturalness of speech.
- Including direct behavioral treatment techniques, use of prosthetics, or appropriate referral for medical-surgical or pharmacologic management.

Receptive & Expressive Language

- Behavioral Interventions/Techniques

- Language Interventions

- Narrative Interventions

- Parent-Mediated/Implemented/Involvement

- Peer-Mediated/Implemented/Involvement

- Pragmatics/Social Communication/Discourse

- Relationship-Based Intervention

- Sensory-Based Interventions

Social Aspects of Communication

See the PPT from Dr. Byron Ross

Cognitive Impairments

Underlying impairments

- ATTENTION

- RECALL (ATM, IMM, DELAYED)

- SEQUENCING

- PROBLEM SOLVING

- SAFETY

Life Skills

- TAKE MEDICATIONS CORRECTLY

- MANAGE CHECKING ACCOUNT

- PAY BILLS

- INCREASE SAFETY AWARENESS

- ATTEND MEALS AND ACTIVITIES

- RECALL MEDICATION SCHEDULE

AAC

See the PPT from Dr. Sheila Bridges-Bond

Hearing & Aural Rehabilitation

- Auditory training

- Visual cues

- Language development

- Hearing aid management

- Management of assistive listening devices

Swallowing & Feeding

- PO trials

- Swallow compensatory strategies

- Therapeutic meals

- Swallow maneuvers

- Instrumental swallow studies

- Oral motor exercise

- Pt/Caregiver education

- Counseling of caregivers and patient

Swallowing & Feeding

Underlying Treatment

- OM FUNCTIONING

- RESPIRATION

- BOLUS FORMATION

- COUGHING/CHOKING

Life Skill

- INCREASE HYDRATION AND NUTRITION TO PREVENT WEIGHT LOSS

- ATTEND MEALS WITH FAMILY & COMMUNITY

- ENJOY MEALS

- PREVENT ASPIRATION

- TOLERATE A REGULAR MEAL WITH NO S/S ASPIRATION

THANKS!
Any questions?

You can find me at:

- @sassySLP
- Lauren@hear2speak.com