

Resources for Speech-Language Pathologists

Speech-Language Pathologists and
Speech Therapists Webinar Series

April, 2018



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VISION

To create a world-class educational system that gives students the knowledge and skills to be successful in college and the workforce, and to flourish as parents and citizens

MISSION

To provide leadership through the development of policy and accountability systems so that all students are prepared to compete in the global community

1. All Students Proficient and Showing Growth in All Assessed Areas
2. Every Student Graduates from High School and is Ready for College and Career
3. Every Child Has Access to a High-Quality Early Childhood Program
4. Every School Has Effective Teachers and Leaders
5. Every Community Effectively Uses a World-Class Data System to Improve Student Outcomes
6. Every School and District is Rated “C” or Higher

SLP Webinar Series

- The MDE and MSHA are collaborating on this series to bring SLP/SLT-specific topics in a convenient format.
- The webinars will be posted to the MDE website.
- Send feedback on this webinar series to tlaney@mdek12.org. Was it helpful? Future topics?

What's New?

- Join the SLP listserv to receive registration links to webinars and conferences and other relevant information. Send a blank email to subscribe-slp@listsrv.mde.k12.ms.us.
- MSHA's Annual Conference – Natchez, April 19-20, 2018
 - Pre-conference course – April 18, 2018
 - 216 track – April 19, 2018
 - MDE hot topics session

Evidence-Based Practice (EBP)

- Speech-Language Pathologists and Speech Therapists should use EBP and supporting valid data to dictate clinical decisions and recommendations.
- “Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values.” (Sackett, D. et al. Evidenced-Based Medicine: How to Practice and Teach EBM, 2nd Edition. Churchill Livingstone, Edinburgh, 2000. p. 1)

Evidence-Based Practice (EBP)

- ASHA defines EBP as “integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence, and (c) client/patient/caregiver values to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve.”

Evidence-Based Practice (EBP)



Evidence-Based Practice (EBP)

- EBP is centered around the individualized needs of the student and the resulting impact in the educational setting.
- SLPs and STs should review and utilize the most thorough and current research practices. The goal of EBP is to provide quality diagnostic and therapeutic services based on each individualized need.

EBP Summary

- Know your students' strengths and weaknesses.
- Acquire and maintain knowledge and skills.
- Choose diagnostic protocols that meet EBP criteria.
- Evaluate the efficacy of therapy techniques and procedures.
- Evaluate the validity of new research before implementation.

EBP and IEPs

- Standards-based Individualized Education Programs (IEPs) require the use of current data collection to reflect the child's present abilities compared to their same-aged peers. SLPs and STs have a wide variety of options specific to communication impairments that can be used to document norms and expectations.
- SLPs and STs should ensure that the data sources for PLAAFP and PLAAFP Summary/baseline data use systematic research and are evidenced based.

ASHA Tools: Evidence Maps

- <http://www.asha.org/Evidence-Maps/>
- This site includes a free, searchable online tool to access these maps, complete with filters that help quickly locate the most relevant information for clinical questions or situations.

Where Do I Find...?

Resources for Therapists, Teachers
and Parents

Handbook for SLPs in MS Schools

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Super Duper Handy Handouts



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Search by Topic and/or Keyword

ALL TOPICS ▾ and/or

Number	Title		Date Posted
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#522	Mouth Breathing	<input type="button" value="English"/>	3/7/2018
#521	Evidence-Based Practice	<input type="button" value="English"/>	2/21/2018
#520	Cyberslang... :) or :(?	<input type="button" value="English"/>	2/13/2018
#519	Total Physical Response (TPR)	<input type="button" value="English"/>	2/6/2018
#518	Can You Hear That?	<input type="button" value="English"/>	1/31/2018

ASHA Practice Portal

- Clinical topics
- Professional Issues (Ex: telepractice, caseload/workload)
- Client/patient handouts (Ex: developmental milestones for K-5th grade)
- Tools and templates (Ex: documentation, phonemic inventories across languages)

- State Education Agencies Communication Disabilities Council
- Federal guidance and regulations
- Dear Colleague letters from OSEP
- Links to resources from other states
- <http://seacdc.org/resources.html>





Your Child's Communication Development: Kindergarten Through Fifth Grade

[\[en Español\]](#)

What should I expect my child's speech and language development to be during elementary school?

Use this guide! Choose a grade level to learn about common developmental milestones and school expectations for children at that level.

- [Kindergarten](#)
- [First grade](#)
- [Second grade](#)
- [Third grade](#)
- [Fourth grade](#)
- [Fifth grade](#)
- [Suggestions for parents and caregivers](#)

Developmental Milestones

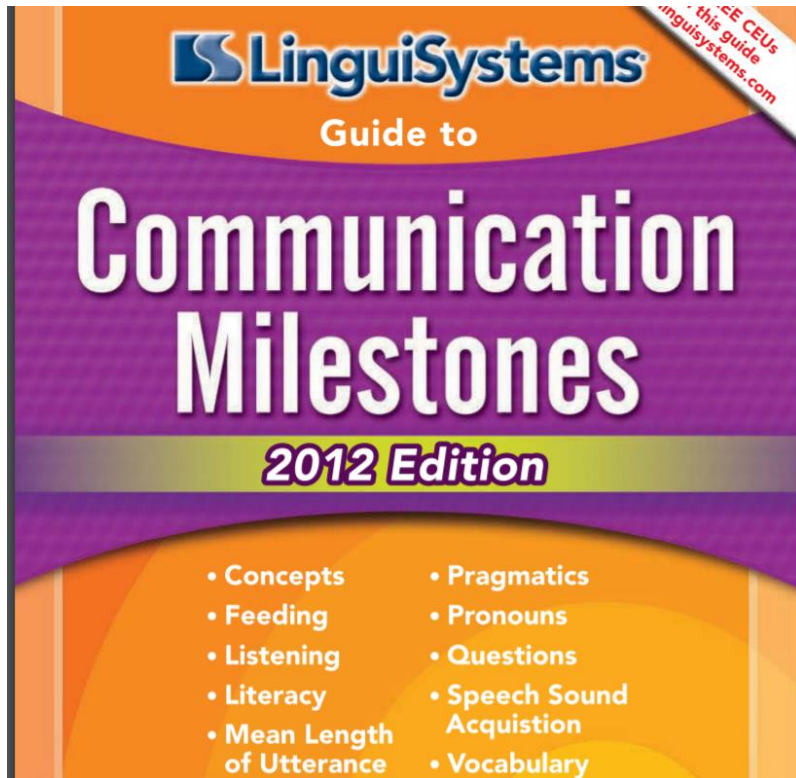


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Listening, Reading, Writing, Talking Skills

- ASHA PowerPoint
- Discusses development of these skills for K-2nd grade students
- Checklist of developmental skills
- <http://www.asha.org/uploadedFiles/Build-Your-Childs-Skills-Kindergarten-to-Second-Grade.pdf>

Language Development

- Acquisition of sentence forms according to Brown's stages of development
<https://www.education.com/reference/article/acquisition-sentence-forms/>
- Parents' guide to speech, language and hearing development – birth to 5 years
<https://www.asha.org/public/speech/development/chart.htm>

Language Development

- Speech and language milestone chart
<http://www.ldonline.org/article/6313>
- This site contains developmental milestones and activities to encourage language development for ages 1 - 6 years.

Articulation Norms

- Developmental index – Carolyn Bowen
https://www.speech-language-therapy.com/index.php?option=com_content&view=article&id=17&Itemid=119
- Speech sound disorders (ASHA)
<https://www.asha.org/public/speech/disorders/Speech-Sound-Disorders/>

Articulation Norms

- SLPs/STs in a district should agree on a set of norms to use for consistency.
- Best practice is to use the norms for the test that is administered.

Assessment

- <https://www.asha.org/Practice-Portal/Clinical-Topics/Late-Language-Emergence/Assessment-Tools-Techniques-and-Data-Sources/>
- Includes a list of assessment tools, techniques, and data sources that can be used to assess speech and language ability.
- Aids clinicians in selecting the most appropriate method(s) and measure(s) to use for a particular individual, based on his or her age, cultural background, and values; language profile; severity of suspected communication disorder; and factors related to language functioning (e.g., hearing impairment and cognitive functioning).

Assessment

SLP Test Comparison

Tests were selected for inclusion in this publication because of reported use by Virginia School SLPs manuals and examine diagnostic accuracy (sensitivity and specificity) and normative samples prior to publication. *Explanation of the terms used in this table:*

TEST	LANGUAGE AREAS	LITERACY AREAS	DIALECT CONSIDERATIONS	RACE/ETHNICITY OF NORMING SAMPLE
Clinical Evaluation of Language Fundamentals, 5th (CELF-5)	Semantics, Morphology, Syntax, Pragmatics	Supplementary Ages 8-21; Reading Comprehension Structured Writing	African American English (AAE), Southern English, Spanish-Influenced English, Asian-Influenced English (Pg. 277)	White (56.8%), Hispanic (20%), African American (13.8%), Asian (3.6%), Other (5.9%)
Assessment of Literacy and Language (ALL)	Semantics, Phonology, Morphology, Syntax	Letter Knowledge, Rhyming, Print Awareness	African American English	Spring Sample: African American (15.3%), Hispanic (18%), White (61.3%), Other (5.3%)
Test for Examining Expressive Morphology (TEEM)	Morphology	None	Not Reported	Not Reported
Structured Photographic Expressive Language Test – Third Edition (SPELT-III)	Morphology	None	African American English	African American (16.1%), White (65.5%), Hispanic (11.2%), Other (7.2%)
Structured Photographic Expressive Language Test – Second Edition, Preschool (SPELT-P2)	Morphology	None	African American English	African American (12.5%), White (72.8%), Hispanic (8.6%), Other (6.1%)
Preschool Language Scales – Fifth Edition (PLS-5)	Semantics, Morphology, Syntax	Print Awareness; Alphabet Knowledge; Initial Sounds, Rhyming, Morphological Awareness	African American English, Appalachian English, Southern English, English Influenced By Chinese, English Influenced By Spanish	African American (11.6%), Asian (4%), Hispanic (18%), White (60.7%), Other (5.7%)
Test of Language Development – Primary: Fourth Edition (TOLD-P:4)	Semantics, Phonology, Morphology, Syntax	Syllable Segmentation	None	European American (78%), African American (15%), American Indian/Eskimo (1%), Asian/Pacific Islander (4%), Two Or More (2%), Other (<1%)
Test of Language Development – Intermediate: Fourth Edition (TOLD-I:4)	Semantics, Syntax, Morphology	None	None	European American (78%), African American (14%), American Indian/Eskimo (1%), Asian/Pacific Islander (5%), Two Or More (2%), Other (<1%)

- <https://www.asha.org/Practice-Portal/Clinical-Topics/Voice-Disorders/>
- Handbook for SLPs in MS
 - Chapter 2, page 22
 - Appendix, page 93-95

Fluency

- Colorado Center for Stuttering Therapy
<http://www.coloradostutteringtherapy.com/childhood-stuttering/>
- Information on stuttering and cluttering
<https://www.asha.org/Practice-Portal/Clinical-Topics/Childhood-Fluency-Disorders/>

Fluency

Appendix N Communication Rating Scale: Fluency

Enter District Name Here

Date:

Student's Name:		First:	Middle:	Last:
Date of Birth:		Grade:		
School:		SLP:		
	Non-Disabling	Mild	Moderate	Severe
Frequency of Dysfluencies	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	10 or fewer per 100 words in conversation.	11 to 12 per 100 words in conversation.	13 to 14 per 100 words in conversation.	15 or more per 100 words in conversation.
Types(s) of Dysfluencies	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6
	Mostly whole multisyllabic word repetitions. Occasional whole-word interjections and phrase/sentence revisions.	Mostly whole monosyllabic word repetitions. Repetitions are rapid, tense and irregularly paced. Pitch rise may be present.	Mostly part-word syllable repetitions. Occasional speech sound repetitions. Prolongations and broken words noted. Repetitions are rapid, tense and irregularly paced. Pitch rise may be present. Blocks in which sound and airflow are shut off.	Frequent part-word speech sound repetitions. Frequent prolongations and broken words. Repetitions are rapid, tense and irregularly paced. Pitch rise may be present. Long, tense blocks, some with noticeable tremors.
Phonatory Arrest/Sustained Articulatory Posture	<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 8
	None observed or less than .5 seconds duration	0.5 to 2.0 seconds in duration	2.1 to 3.0 seconds in duration	3.1 or more seconds in duration
Speech Sound Prolongations	<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 8
	None observed or less than 1.5	1.6 to 3.0 seconds in duration.	3.1 to 4.0 seconds in duration.	4.1 or more seconds in duration.

Selective Mutism

- www.asha.org/Practice-Portal/Clinical-Topics/Selective-Mutism/
 - Lists the SLP's roles and responsibilities
 - Suggests assessment and treatment options
- Super Duper Handy Handouts



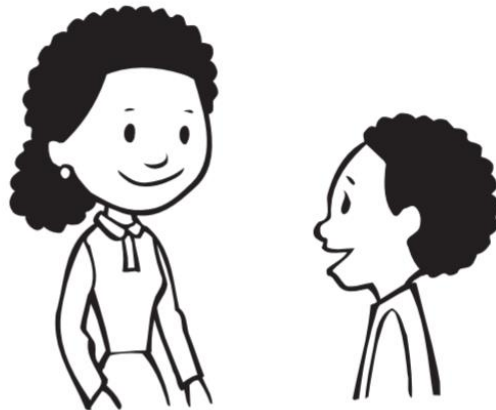
What is Selective Mutism?

By Julie A. Daymut, M.A., CCC-SLP

What Is Selective Mutism?

Selective mutism is a disorder that affects a child's ability to speak in certain settings. For example, a child may be able to speak with family at home but not with peers at school. Selective mutism is linked to anxiety and may be related to social phobia.

It is important to remember that selective mutism does not occur because an individual is shy or chooses not to speak. Instead, it is a type of communication disorder with social anxiety elements.



English Language Learners (ELL)

Assessment considerations:

- amount of time the student has been in this country,
- quantity and quality of interactions within this new cultural experience,
- similarity or differences of ethnicity or national origin to that of the U.S.,
- degree of language proficiency, and
- where the EL student is performing compared to his EL peers, including the above considerations

English Language Learners (ELL)

- **MDE English Learner Literacy Focus of the Month** – a series of videos and webcasts that focus on strategies to use with English Learners
- **MDE Family Guides for Student Success** – grade level books with activities for families to use at home to strengthen/support academic skills (Pre-K – 8th grade); these guides are also available in Spanish

ASHA Practice Portal: ELL

Difference vs. Disorder

Identifying a communication disorder in a bilingual individual requires careful consideration of the multitude of factors that influence communication skills. True communication disorders will be evident in all languages used by an individual; however, a skilled clinician will appropriately account for the process of language development, language loss, the impact of language dominance fluctuation, and the influence of dual language acquisition and use when differentiating between a disorder and a difference. Language dominance may fluctuate across a patient's/client's lifespan based on use and input and language history (Kohnert, 2012).

When differentiating between a difference and a disorder, clinicians consider the following.

Phonology—Linguistic development in bilingual children can manifest in patterns different from those observed in monolingual children and may include phonological patterns as the result of transfer or interference from another language (Goldstein & Gildersleeve-Neumann, 2012). Recognizing dialectal variations and the influence of accent is an essential component of phonological assessment.

Morphology—Grammatical structures are not constant across languages. Pronouns, verb conjugation and verb inflection structures, tense, etc. may not exist equally in each language spoken by a bilingual individual. Assessment considers the frequency and types of errors and morphological patterns observed in individuals in determining if they are the result of a disorder or of a difference resulting from bilingual language development.

Morphosyntax—Some research suggests that morphosyntactic language development in bilingual individuals may be similar to that of monolingual individuals in rate and order of acquisition (Bedore, Cooperson & Boerger, 2012). However, studies are limited and individual performance may vary based on a number of factors.

Syntax—Due to the variability of syntactic structures across languages, underlying syntactic deficits will likely manifest differently across languages. Difficulty in development of syntactic structure may also be

<https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935225§ion=Overview>

ASHA Resources

- Practice Portal <https://www.asha.org/practice-portal/>
- Resources for School-based SLPs
 - Caseload vs. workload
 - Response to intervention
 - Roles and responsibilities of SLPs in schools
 - Service delivery options

Resources

- MS Handbook for Speech-Language Pathologists
http://www.mde.k12.ms.us/docs/special-education-library/0448_001_20150303101257_859375.pdf?sfvrsn=2
- My Favorite Things – RESA training on EBP and therapy resources
<http://www.mdek12.org/OSE/training/training-powerpoints>
- Caseload Management: Eligibility to Dismissal
<http://www.mdek12.org/OSE/training/training-powerpoints>
- Super Duper Handy Handouts
<https://www.superduperinc.com/Handouts/Handout.aspx>



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