



ASSESSMENT





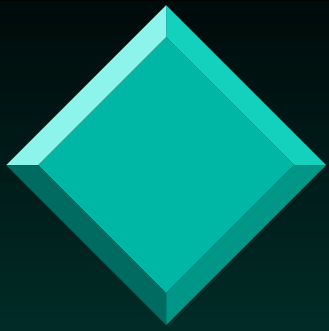
ASHA Guidelines: Assessment Goals (p. 524 Shapiro)

- 1. Obtain a speech sample that is as representative as possible of the client's speech in everyday use.
- Obtain a sample of the client's speech under circumstances that are constant from one client to another



ASHA Guidelines: Assessment Goals

- Generate, from obtained speech samples & incidental observations, quantitative & qualitative (and accurate) descriptions of the client's fluent & disfluent speech behaviors that can be related where applicable to vocal tract physiology, and that are communicable to other interested professionals.



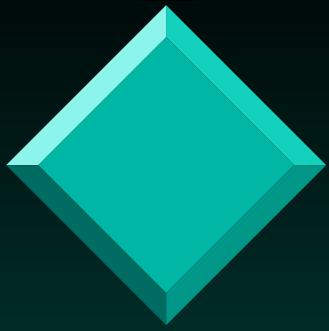
ASHA Guidelines: Assessment Goals

- Obtain information about variables that affect client's fluency level and apply this to treatment planning.



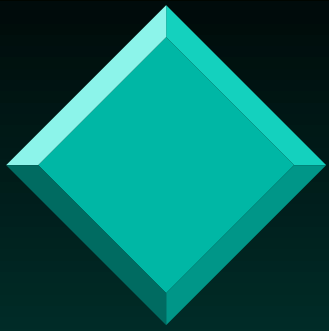
ASHA Guidelines: Assessment Goals

- Obtain information about person's early social, physical and behavioral and speech development, including information about variables that might be related to the origin of the disorder or it's course of development, and apply this information to treatment planning.



ASHA Guidelines: Assessment Goals

- Obtain information about variables that might influence clinical outcome and/or the prognosis for treatment and apply this to treatment planning.



ASHA Guidelines: Assessment Goals

- Obtain information about other communicative problems or disorders that may not be related to fluency.
- Generate descriptions of the results of assessment that are communicable to other professional and lay persons.



ASHA: Clinician competencies related to assessment

- Can differentiate between a child's normally disfluent speech, language based disfluency, the speech of a child who has already begun to stutter.
- Can distinguish cluttered from stuttered speech and understands the potential relationship between these 2 disorders.



ASHA: Clinician competencies related to assessment

- Can relate the findings of language, articulation, voice and hearing tests to the development of stuttering.
- Can obtain a thorough case history from an adult client or the family of a child client.



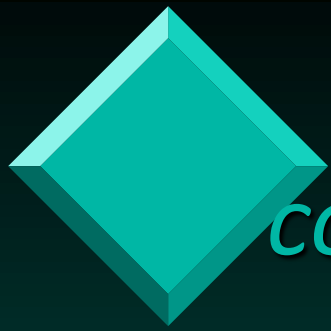
ASHA: Clinician competencies related to assessment

- Can obtain a useful speech sample and evaluate it for stuttering severity both informally by subjective impression and formally by calculating relevant measures such as the frequency of dysfluency, duration of dysfluency, speaking rate.



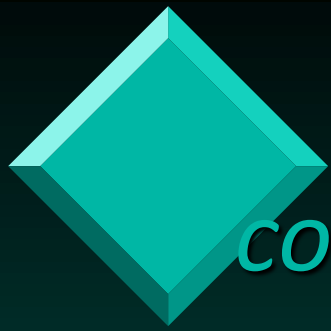
ASHA: Clinician competencies related to assessment

- Is familiar with the available diagnostic tests for stuttering that serve to objectify aspects of the client's communication pattern (secondary features, avoidance patterns, attitudes, etc.) that may not be readily observed.



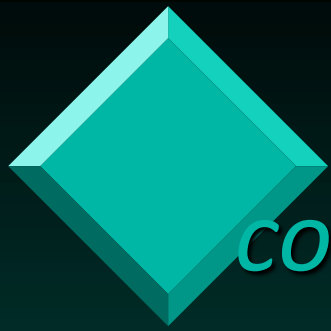
ASHA: Clinician competencies related to assessment

- Is able to identify & measure, where feasible, environmental variables that may be related to the onset, development & maintenance of stuttering and to fluctuations in the severity of stuttering.



ASHA: Clinician competencies related to assessment

- Can identify dysfluencies by type and, in addition, can describe qualitatively the fluency of a person's speech.



ASHA: Clinician competencies related to assessment

- Can relate to the extent possible what stuttered speech sounds like to the vocal tract behavior that is producing it



ASHA: Clinician competencies related to assessment

- Can, in appropriate consultation with the client or parents, construct a treatment program, based on the results of comprehensive testing, on the client's personal emotional and attitudinal development, and on past treatment history that fits the unique needs of each client's disorders.



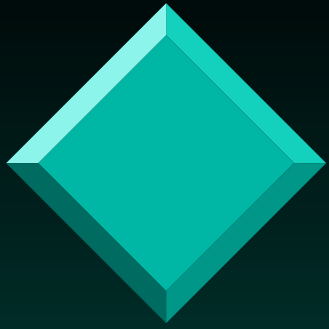
ASHA: Clinician competencies related to assessment

- Can administer predetermined programs in a diagnostic way so that decisions with regard to branching and repeating of parts of the program reflects the unique needs of each client's disorder(s).



ASHA: Clinician competencies related to assessment

- Can explain clearly to clients or their families/significant others what treatment options, including the various types of speech treatment, medication, devices self-help groups, and other forms of treatment are available, why they may or may not be appropriate to a specific case, and what outcomes can be expected from each, based on knowledge of the available literature.



Diagnosis of Stuttering in Children



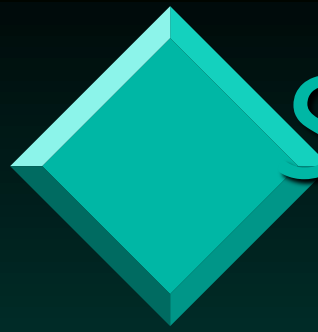
Goals of the Assessment Process

- 1. Assess child's capacities for fluency
- 2. Identify potential demands on child's capacities for fluency
- 3. Assess child's response to fluency enhancement and disruptions.



Goals of the Assessment Process

- 4. Assess needs of family and of school personnel
- 5. Assess child's awareness of, response to, attitude towards fluency problems



Steps in assessment process

- Prior to evaluation
 - Telephone contact
 - Send forms home
 - Schedule evaluation
 - Family/teacher interviews



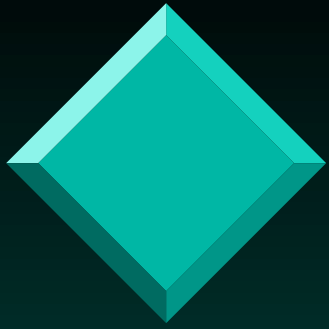
Case History/Parent Interview

- Give the parents an opportunity to voice their worries/concerns
- Issues most commonly reported



Helpful information

- How parent perceives dysfluency
- How parent reacts/handles dysfluency
- Family home profile/child's behavior at home



Evaluation

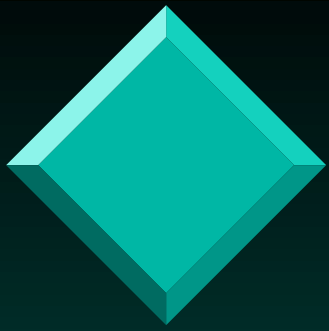
- A. Collect speech & interaction sample
- B. direct manipulation of child's fluency
- C. Additional testing
- D. Family/teacher feedback



Evaluation

Analyze fluency, language, interaction behaviors of significant adults in child's life.

- a. Continuity and speech rate measures.
- b. MLU/TTR.
- c. Syntactic complexity measure performance.



Evaluation

Analyze fluency, language, interaction behaviors of significant adults in child's life.

- d. Number and nature of questions.
- e. Topic initiations and changes.
- f. Interruptions/talking time overlap.



Evaluation

Analyze fluency, language, interaction behaviors of significant adults in child's life.

g. Request for verbal performance.

h. Amount of time significant others spend talking vs. amount of time child spends talking.

i. Ability to structure and participate in child's play.



Evaluation

Analyze fluency, language, interaction behaviors of significant adults in child's life.

- j. Verbal/nonverbal reactions to child's speech and stuttering.
- k. Behavior management style.
- l. Level of acceptance of child's behavior and choices.



Evaluation

Analyze fluency, language, interaction behaviors of significant adults in child's life.

m. Positive and negative comments made to the child.

n. Characteristics and quality of sibling interactions.



D. Analyzing the child's fluency sample

1. Measures of Fluent Speech

a) continuity of speech

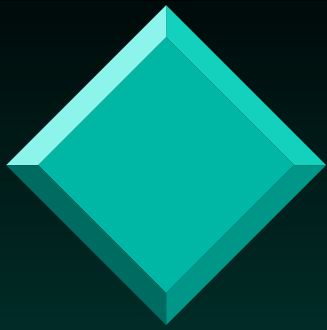
b) ease of speech

c) rate



Direct manipulation of child's fluency

- Utilize fluency enhancement methods during play (interrupt, talk fast, etc)
- Manipulate variables suspected to be demanding
- Explore child's awareness of and reaction to stuttering/
speaking



- Hearing acuity
- Fine motor skills
- Cognitive development
- Social-emotional development
- Voice production



□ Assessing Child/Environment Match

– compare child's capacity levels with adult models*

□ relative speech rate

□ relative MLU/TTR measures

□ relative syntactic complexity measure

□ relative talking time

□ relative topic initiation measure



□ Evaluate child's response to environmental variable

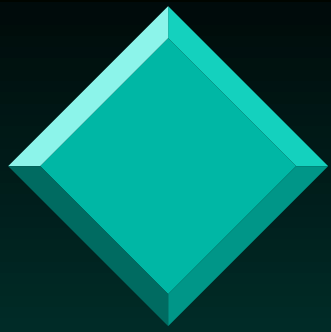
- reactions to levels of structure & discipline
- reactions to demands on linguistic abilities
- reactions to demands on speech, articulatory abilities



- Evaluate child's response to environmental variables
 - reactions to dysfluency & listener reactions
 - reactions to expectations of performance



Summary Wheel



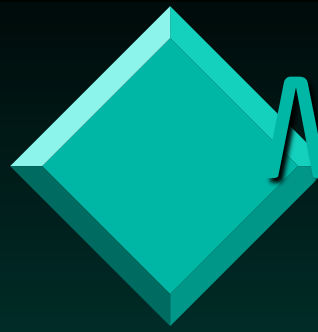
Feedback session

- Describe the child's speech and language skills
- Summarize the theory of capacity and demands and discuss where demands are placed on the child which may affect speech fluency.
- Discuss when the child is likely to be fluent/disfluent



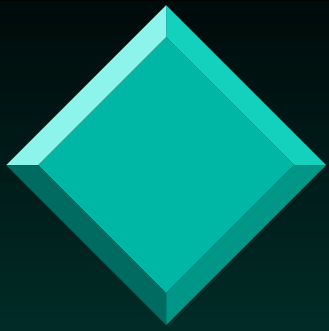
Feedback session

- Identify short-term strategies
- Provide practical, easily applied suggestions
- Answer questions
- Give a prognosis based on treatment and support available
- Offer appropriate reading material



Making the diagnosis: Is it stuttering?

- Must integrate all information and answer 3 questions:
 - is stuttering the problem?
 - if so, what should be done?
 - if something is done, what is the prognosis?



1. Is stuttering the problem?

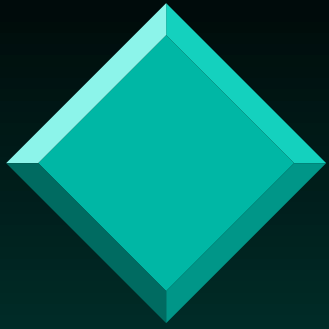
□ Draw conclusions

□ If fluency is not age-appropriate, make a differential diagnosis

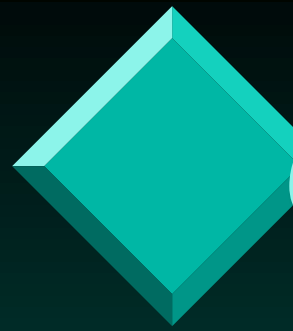
□ If the disfluencies are developmental, decide if it's

-borderline (counseling or monitoring)

-stuttering (direct therapy)



*Handout: Normal
Nonfluency vs.
Stuttering*



Computer technology assessment update

□ The Computerized Scoring of the Stuttering Severity

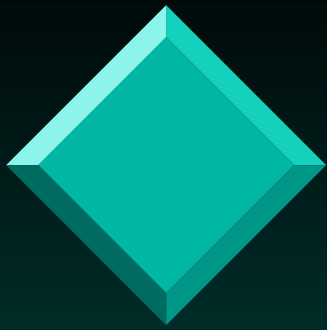
□ Bakker and Riley (1997), Pro-Ed Publishers



Computer technology assessment update

- CASS-C Cooper Assessment for Stuttering Syndromes (Children's Version)
 - Cooper and Cooper, The Psychological Corp (1996)

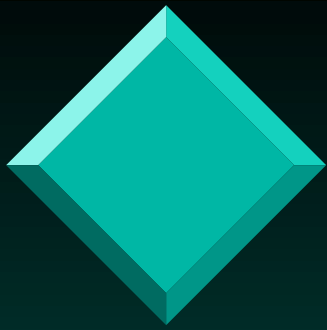
A programmed protocol that enables the SLP to complete fluency assessments of children while simultaneously preparing an assessment report and analysis.



Stuttering Measurement Training

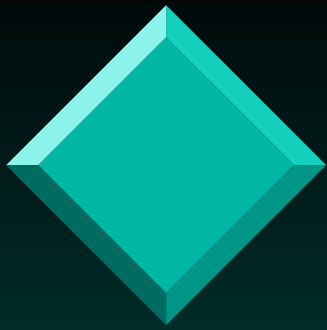
J. Costello Ingham

Roger Ingham



Stuttering Measurement Module

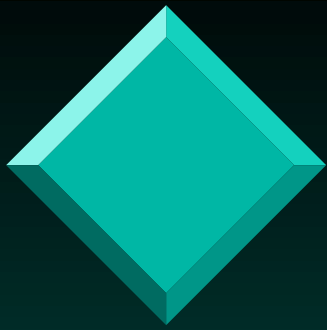
Richard a. Moglia



Childhood Stuttering: A Second Opinion

E. G. Conture

J. Scott Yaruss



Creative Productions of Ohio

Dr. Anthony Caruso

Speech Rate

Common Sense About Stuttering

ID Stuttering