SPEECH LANGUAGE ASSESSMENT AND TREATMENT OF CHILDREN WITH ALCOHOL RELATED DISORDERS

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OBJECTIVES

- Participants will be able to:
  - Explain best practices in assessment of children with FASD
  - Describe behavioral management of children with FASD
  - List language intervention strategies for children with FASD

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FASD IN THE SCHOOLS

- Children with FASD "slip between the cracks" when it comes to qualifying for and receiving services (Kjellmer & Olswang, 2012)
- Public school professionals commonly report a lack of knowledge of FASD and how to appropriately plan for affected children (Koren, Fantus, & Nulman, 2010)
- Tend to be underserved because their learning and behavioral difficulties are not always recognized and understood by educators (Watson & Westby, 2003)

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FASD AND MENTAL HEALTH

- FASD and Secondary Disabilities (Streissguth & O'Malley, 2000)
  - Higher susceptibility to mental health disorders
    - Organic brain dysfunction + environmental factors
    - Prenatal exposure to alcohol = prenatal and postnatal stress
  - Undiagnosed or Misdiagnosed
      - Attention and Behavior Disorders
      - Mood Disorders
      - Anxiety Disorders
      - ASD
      - RAD
      - Schizoaffective/ Psychotic Disorders
    - Only psychiatric diagnosis is given but not FASD
- High comorbidity rates of FASD and Mental Illness

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FASD BEHAVIOR PROFILE

- Inattention
- Hyperactivity
- Impulsivity
- Anxiety
- Challenges with Transitions/Change
- Easy Overstimulation
- Difficulty with Emotional Control
- Poor decision making*
    - Lying
    - Cheating
    - Stealing
    - Opposition
    - Sexually inappropriate

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FASD BEHAVIOR PROFILE (CONT)

- Social Inappropriateness
  - Difficulty with personal boundaries
  - Poor readers of verbal and nonverbal social cues
- Social withdrawal
- Social vulnerability
  - Bullying
  - Teasing
  - Easily led into trouble
- Social/emotional immaturity
  - Dependent Behavior
- Difficulty learning from experience
  - Repeats mistakes over and over again as if on purpose

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HOW'S THEIR CLASSROOM FUNCTIONING? THE IMPORTANCE OF REAL TIME OBSERVATIONS!

- Variability in performance
  - Complexity of demand
    - Asking for help vs. self-regulation of behavior vs. cooperation w/t others
- Students w/t mild FAS
  - Less socially engaged + exhibited more passive/disengaged and irrelevant performance than matched peers (Olswang, Svensson, & Astley, 2010)
- Vary manner of social performance in the classroom more
  - More likely to be negatively viewed by teachers & peers as unpredictable (Kjellmer & Olswang, 2012)
- Display more prosocial/engaged & irrelevant behaviors across days
  - More likely to be perceived as challenging by teachers & peers

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ARE THERE CORE DEFICITS IN FAS?

- Degree of impairment differs
- Lack of uniform linguistic profile
  - Weinberg (1997) found that children with FAS may present with "good superficial speech and sociability that belie later deficits in both language and peer relationships" (1182)
- Variable language deficits but
  - Areas of concern:
    - Cognition
    - Attention
    - Memory
  - Impaired Adaptive Behavior
  - Impaired Social Communication
  - Impaired Executive Function Skills
  - Impaired Narrative Abilities

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FASD REFERRAL BASICS: BACKGROUND HISTORY COLLECTION

- If Confirmed
  - Available records review
  - Caregiver intakes
  - Assessment prioritization
- Suspected (by whom?)
  - Background History Collection
    - Review of risk factors
    - Caregiver intakes for assessment prioritization
- Unsuspected
  - Background History Collection
    - Review of risk factors
    - Relevant referrals

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IMPORTANCE OF REFERRAL FOR DIAGNOSIS

- Frequent lack of visible signs of alcohol exposure
  - Risk of misdiagnosis
  - Blame child's behavior
  - Blame "poor parenting"
- Early diagnosis and intervention = positive long-term outcomes (Streissguth et al 2004)
  - Receive appropriate services
  - Improve functioning
  - Improve adaptability
  - Improve self-awareness
  - Improve parent-child interactions

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BACKGROUND HISTORY COLLECTION

- Caregiver Interview and Intake
  - Prenatal Risk Factors
    - Maternal
  - Growth and developmental milestones
    - Early childhood
  - Behavioral Profile
    - Descriptive
    - Checklist
    - Observations
  - Language deficits profile
    - Caregiver and Teacher fill out checklists
  - Strengths/Weaknesses

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NOTE ON MATERNAL RISK FACTORS

Health	Over 30 3+ previous children Known past use of other substances (e.g., drugs)
Socioeconomic Status	Low Unemployed or frequently reemployed in menial jobs
Alcohol Consumption	History of drinking History of frequent binging Drinking during pregnancy: (“When did you find out you were pregnant?”)
Family History	History of alcoholism Partner-heavy drinker Unstable marital status Loss of other children to foster care
Region	History/tolerance of heavy drinking

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Growth/Developmental Milestones Risk Factors

- Child may have history of:
  - Failure to thrive
  - Swallowing deficits
  - Feeding deficits
  - Delayed speech/language milestones
    - Babbling
    - First words and word combinations
    - Inconsistent gains (e.g., had it then lost it)
  - Sensory Processing Difficulties
  - Self-regulation difficulties
    - Difficult to soothe
    - Excessive irritability/crying
- Carmichael Olson, et al 2007; Carmichael Olson, H., & Montaque, R., 2011

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CAREGIVER INTAKES

- Prioritize assessment based on present needs
  - Determine greatest impairment areas
    - Not all children display similar severity of deficits
- Create a referral form (e.g., **Assessment Checklist for School-Aged Children**)
  - Teacher
  - Caregiver
- Ensure consistency of deficit areas across reporters
- Select instruments based on findings
  - Less cognitively demanding tests for children w/t severe language deficits
  - Target 'deficit specific tests' in higher functioning children

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SPEECH LANGUAGE ASSESSMENT CHECKLIST FOR A SCHOOL-AGED CHILD

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SPEECH LANGUAGE ASSESSMENT CHECKLIST FOR THE SCHOOL AGE CHILD

PURPOSE: To determine potential speech and/or language areas to be targeted during the assessment

PROCEDURE: Please complete this form as part of the referral process for a speech language evaluation

I. **STUDENT INFORMATION:**

Date: ________ Child's Name: ____________________ Sex: ___M ___F Child's Age: _____ DOB__________
Referred by: ________________________________ Classification: ______________________
Language(s) spoken/understood by child (please list): ______________________________
Previous Speech and Language Services: ____No ___Yes If Yes, when? ______________________

II. **REASONS FOR REQUEST (please check all applicable areas of difficulty)**

A. Receptive Language (Listening)

___ difficulty following MOST directions without repetition or simplification
___ difficulty following 3+step directions containing concepts of time or location (before/after/on top/to the left)
___ difficulty understanding basic concepts in the classroom
___ difficulty responding appropriately to simple questions (who/what/where/when)
___ difficulty responding appropriately to concrete questions about remote events ("What did you do on the weekend?" "Where did you go on your vacation?" "What are your favorite toys/books at home?")
___ difficulty understanding main ideas of presented passages/stories
___ difficulty remembering details from books or conversations
___ difficulty understanding verbal messages

B. Memory, Attention and Sequencing

___ difficulty remembering directions and instructions
___ difficulty remembering assignment details
___ difficulty with orientation to time (remembering B-day, days of the week, months of the year, etc)
___ difficulty recalling story events
___ difficulty sequencing events in order ("how to make/do___"; "how to build/set ____", etc.)
___ difficulty recalling steps/order of instructions and tasks
___ difficulty with recalling previously learned/familiar words
___ difficulty maintaining attention (focuses only for short periods or only first/last part of a sentence/direction
___ requires frequent repetition of directions
___ requires increased processing time to respond to questions

C. Expressive Language (Speaking)

___ difficulty formulating simple sentences
___ difficulty formulating compound and complex sentences (e.g., using yet, because, unless, however, although, etc)
___ difficulty answering questions without rambling on or producing abbreviated responses* (specify which one)
___ difficulty producing grammatically correct words (explain) ____________________
___ difficulty producing syntactically correct sentences (explain) ____________________
___ difficulty responding to questions without excessive prompting from adults
___ difficulty putting information in order (steps of a problem, order of recipes, sequencing events in a story)

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___ difficulty retelling procedures (rules of a sports game or a videogame)

D. Vocabulary

___ limited vocabulary
___ immature vocabulary (not age appropriate)
___ often uses non-specific words (thing, stuff)
___ difficulty learning new words (can't pronounce correctly, mangles the word)
___ difficulty retaining and remembering new words (can't remember even after you went over and over them)
___ difficulty providing appropriate definitions of words (definitions are vague, imprecise, inadequate, etc)
___ difficulty using text based context clues to determine definition of words
___ difficulty providing synonyms, antonyms and multiple meaning words

E. Narrative (Storytelling)

___ produces stories which are vague and lack details
___ produces rambling stories which are difficult to follow and contain numerous run-on sentences
___ stories leave out critical information such as relevant details as well as references to characters
___ stories lack insight into characters feelings, beliefs, thoughts, etc
___ stories contain many word fillers (e.g., um, ah), word/phrase revisions and repetitions, as well as word substitutions/ distortions and false starts
___ fictional story retelling lacks many story grammar elements such as setting, action, problem, resolution, etc

F. Speech (Pronunciation)

___ difficulty pronouncing select sounds (e.g., /r/, /l/) ____________________
___ difficulty pronouncing many sounds (e.g., /f/, /v/, /th/, /ch/, etc) ____________________
___ speech is mostly unintelligible / unclear (very difficult to understand)
___ stutters (repeats sounds, parts of words, or whole words frequently)
___ lisps (Circle) Tongue protrudes between teeth; Speech sounds 'slushy' bc on some sounds air escapes on the sides

G. Voice* (may require medical referral)

___ deviation in vocal pitch (voice is too high or too low)
___ deviation in intensity (voice is too loud or too soft most of the time)
___ deviation in quality (voice sounds unusually harsh, breathy, rough, wet, most of the time)
___ frequently loses voice

H. Resonance* (may require medical referral)

___ speech sounds nasal all the time
___ speech sounds denasalized (as if the child is congested all the time)
___ nasal emissions (air is frequently escaping through the nose)
___ reduced oral pressure for consonants (speech sounds mumbled and imprecise)

I. Phonological Awareness/Emergent Reading

___ difficulty recognizing whether two presented words sound same or different
___ difficulty recognizing which words rhyme and which don't
___ difficulty rhyming words
___ difficulty counting syllables in a word
___ difficulty breaking words into syllables

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SAMPLE PREVIEW ONLY

SAMPLE PREVIEW ONLY

ASSESSMENT CONSIDERATIONS

- If you get a student with confirmed or suspected FASD diagnosis on your caseload begin by administering a comprehensive battery of testing to determine the scope of their linguistic deficits
  - DO NOT use the Clinical Evaluation of Language Fundamentals-5 (CELF-5) only and call it a day
  - Consider using the Test of Integrated Language and Literacy (TILLS) instead which is significantly psychometrically stronger at teasing out linguistic and literacy deficits
- To expose all the deficits select assessment instruments in a targeted manner because children with language disorders do not always display weaknesses in all language areas but may only display difficulties in selected few (e.g., pragmatics, reading impairment, etc.)
- Instead of administering general language tests indiscriminately, review the student's educational and psychological reports and administer select specialized testing to specifically pinpoint the student's areas of difficulty, based on parent & teacher's checklists

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ON THE INCLUSION OF STUDENTS WITH DISABILITIES IN THE NORMATIVE SAMPLES (PENA & PLANTE, 2020)

- Test developers tend to use the same process as they do for psychological and educational tests. Namely to rank people to represent the full population. For the purpose of ranking, disordered children are used in the sample because it widens the normative range, allowing for more fine-grained divisions and better rank estimates of students who fall -1 SD. However, such tests are not meant for diagnostic purposes, or the determination if a child has a disorder.
- Myth: If a child with a disabling condition is represented in the normative sample than the test is appropriate for usage with that population (e.g., ADHD, ASD, DLD, etc.)
- Reality: For diagnostic purposes there should be no students with disorders included in the normative sample, since our goal is to diagnose impairment for intervention purposes.
- Compromise: During the test development stage it is important to identify items that TD students pass and impaired kids fail for diagnostic accuracy purposes. But disordered students should not be included in the standardization norms because it lowers the mean, increases SD, thereby shifts the cut scores, which results in less likely identification of impaired students ("normalizes the disorder"). The overlap between disordered and typical becomes too great and its much harder to reliably identify those with an impairment.

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COMPREHENSIVE ASSESSMENT: LANGUAGE AND LITERACY

- The Test of Integrated Language & Literacy Skills (TILLS) (2016) is an assessment of oral and written language abilities in students 6–18 years of age composed of 15 subtests.
- Assesses literacy skills such as reading fluency, reading comprehension, phonological awareness, spelling, as well as writing in monolingual as well as simultaneously bilingual school age children.

Language Modality	Language Dimension	
	Sound/Word Level	Sentence/Discourse Level
Listening	1. Vocabulary Awareness 2. Phonemic Awareness	6. Listening Comprehension 8. Following Directions
Speaking	4. Nonword Repetition	3. Story Retelling 13. Social Communication
Reading	10. Nonword Reading 11. Reading Fluency	7. Reading Comprehension
Writing	5. Nonword Spelling 12a. Written Expression – Word Score	12b. Written Expression – Discourse Score 12c. Written Expression – Sentence Combining Score
Memory	14. Digit Span Forward 15. Digit Span Backward	9. Delayed Story Retelling

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TILLS (CONT.)

- Standardized to identify language and literacy disorders
- Excellent psychometric properties

Table 3.4. Sensitivity and specificity levels by age for all ages tested by the TILLS

Age groups	Sensitivity	Specificity
6-year-olds	84%	82%
7-year-olds	84%	86%
8-year-olds	97%	100%
9-year-olds	83%	81%
10-year-olds	81%	81%
11-year-olds	86%	82%
12-year-olds	83%	100%
13-year-olds	84%	86%
14- to 18-year-olds	87%	87%

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TILLS (CONT.)

- Subtests Sensitivity to Language and Literacy Impairments Based on Age Groups

Table 2.2. TILLS subtests that support diagnosis of language and literacy disorders at different ages

Age range (years)	Identification Core[a]	Sensitivity	Specificity	Cut score[b]
6;0–7;11	1. Vocabulary Awareness (VA) 2. Phonemic Awareness (PA) 4. Nonword Repetition (NWRep)	84	84	24
8;0–11;11	1. Vocabulary Awareness (VA) 5. Nonword Spelling (NWSpell) 10. Nonword Reading (NWRead) 12. Written Expression–Discourse Score (WE-Disc)	88	85	34
12;0–18;11	2. Phonemic Awareness (PA) 5. Nonword Spelling (NWSpell) 7. Reading Comprehension (RC)[c] 11. Reading Fluency (RF) 12. Written Expression–Word Score (WE-Word)	86	90	42

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ASSESSMENT TASKS AND WHAT THEY MEASURE

- Following directions tasks correlate with working memory functioning and are sensitive to reading deficits (Lahey & Bloom, 1994; Cowan, 1996; Baddeley, 2003)
- Grammatical structure deficits particularly in the area of tense-marking & agreement incl. past tense '-ed', third person singular '-s', 'be' and 'do' etc., is sensitive to language deficits (Rice & Wexler, 1996; Loeb and Leonard, 1991; Rice and Wexler, 1996; Oetting and Horohov, 1997; van der Lely and Ullman, 2001))
- Vocabulary breadth, depth, quality as well as manipulation tasks (e.g., naming definitions, synonyms, relationships among semantically related words, explaining multiple meaning words, etc.) are sensitive language deficits (McGregor, Oleson, Bahnsen, & Duff, 2013; Marinellie & Johnson, 2002; Norbury, 2005; Sheng & McGregor 2010)
  - Children with DLD possess not only "fragile knowledge of the core meaning of individual words, but fragile semantic connections between words" (Nation, 2014, p.2)

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ASSESSMENT TASKS (CONT.)

- Narrative deficits place children at risk for reading deficits (McCabe & Rosenthal-Rollins, 1994; Reese, Suggate, Long & Schaughency, 2010; Gilmore, Klecan-Aker, & Owen, 1999; Griffin et al., 2004; Stothard, Snowling, Bishop, Chipchase, & Kaplan, 1998) and significantly correlate with social communication deficits (Norbury, 2014; Norbury, Gemmell & Paul, 2014)
- Sentence recall and nonword repetition tasks are sensitive to both language and literacy deficits (Dollaghan & Campbell, 1998, Alloway & Gathercole, 2005)
  - Sentence recall has been increasingly recognized as a useful indicator of learning difficulties including specific language impairment or SLI (relabeled Developmental Language Disorder, DLD), dyslexia, phonological short-term memory deficits, as well as reading comprehension deficits (Alloway & Gathercole, 2005)
- Nonword repetition is commensurate with both spoken and written deficits as well as reflects deficits in phonology and verbal short-term memory (Ramus et al, 2013; Gathercole and Baddeley, 1990; van der Lely and Howard, 1993; Montgomery, 1995; Gallon et al., 2007).

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ASSESSMENT TASKS (CONT.)

- Phonemic awareness and alphabetic knowledge have been identified in a number of studies as key indicators of emergent reading mastery during the early elementary school years (Anderson, Hiebert, Scott, & Wilkerson, 1985; Adams, 1990; Snow, Burns, & Griffin, 1998; Wood & Mclemore, 2001)
- Nonword reading tasks are sensitive to phonologically based reading deficits (Herrmann, Matyas, & Pratt, 2006; Rack et al, 1992)
- Nonword Spelling tasks are more sensitive to the determination of spelling abilities in non-transparent languages because they allow acceptance of alternative plausible spelling patterns, as opposed to real word spelling assessments, which allow only one correct spelling (Lovett & Steinbach, 1997)

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ARE VOCABULARY TESTS USEFUL FOR SCHOOL AGED CHILDREN

- One-word vocabulary tests are often used in the assessment process to qualify children for speech and language services (Betz, Eickhoff, & Sullivan, 2013)
- Studies have found that single word vocabulary tests have poor psychometric properties and/or are not representative of linguistic competence embedded in life-activities (Gray et al., 1999; Ukrainetz & Blomquist, 2002; Bogue, DeThorne, Schaefer, 2014)
- Single word vocabulary tests can overinflate testing scores and not represent the child's true expressive language competence. Even when a student truly has solid or even superior vocabulary knowledge and naming skills, doesn't mean that s/he can effectively utilize these abilities during the narrative production as well as reading and writing tasks.

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ASSESSING SUBTLE DEFICITS

- Evidence informed SLPs will review the child's background history, available medical and educational records and distribute comprehensive checklists to parents and teachers so they could identify the students' specific deficit areas for identification of best testing batteries to administer
  - Assess areas of parental/teacher concern coupled with areas known to be sensitive to language and literacy deficits
    - Narratives
    - Social communication
    - Reading fluency and comprehension
    - Written composition

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ASSESSING METALINGUISTIC ABILITIES

- Select Subtests from the Clinical Evaluation of Language Fundamentals -5 Metalinguistics (for children 9+ years of age)
  - The Multiple Meanings subtest of the CELF-5:M actually does quite a decent job evaluating the student's ability to recognize and interpret different meanings of selected lexical (word level) and structural (sentence level) ambiguities.
  - The Figurative Language subtest of the CELF-5:M may also be quite useful for the evaluation of the student's ability to interpret figurative expressions (idioms) within a given context. However, the multiple-choice option of matching each expression with another figurative expression of similar meaning is not representative of authentic real-life experiences. As a result of the presence of the multiple-choice option, score overinflation may occur with those children who do well given compensatory strategies but who have difficulty generating novel spontaneous responses.

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CELF-5:M LIMITATIONS

Total Metalinguistics, Meta-Pragmatics, or Meta-Semantics Index	Standard Cut Score	Sensitivity	Specificity
-1 SD	85	.96	.78
-1.5 SD	77	.74	.93
-2 SD	70	.31	.96

- Late age of administration (starts at 9)
- Presence of visual and written stimuli on select testing subtests negates authentic real life experiences
  - Open ended questions without visuals based on videos or photos would be far more beneficial
- Higher functioning students easily pass despite having pervasive deficits

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ASSESSING SEMANTIC FLEXIBILITY SKILLS

- Generation of definitions, synonyms, antonyms, multiple-meaning words, etc.
- The Metalinguistics subtest from the Expressive Language Test–Second Edition: Normative Update (ELT-2: NU)
- The Metalinguistics-Defining subtest of the ELT-2 assesses the student's ability to define abstract words pertaining to language (e.g., explain the meaning of words such as poem, verb, sentence, compound word, question, etc.).
- Metalinguistics refers to the ability to think about, talk about, and manipulate language. Metalinguistic skills are necessary for classroom learning. Students who demonstrate competency in this area show an understanding of how language works.
- Students with poor metalinguistic skills have difficulty learning to read, write, and spell. They may not know that spoken words are made up of smaller units of sounds that have beginnings and endings. They may not know that words can form sentences or paragraphs. Students with poorly developed metalinguistic skills cannot use language to talk about concepts like sounds, words, letters, titles, or stories.
- The Flexible Word Use subtest from the WORD-3 Elementary assesses the student's ability to provide two different meanings for verbally presented words without using the presented word in the actual definitions.

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ASSESSING NARRATIVE ABILITIES

- Best assessed clinically by asking students to summarize a read book or a viewed movie
  - Quick and efficient way to assess multiple areas of language
  - Provide more detailed information regarding macrostructural (story grammar elements, perspective taking, etc.) and microstructural elements (vocabulary, syntax, and grammar) as well as child's thought processes and socio-emotional functioning
- Preschool (3-6 years old)
  - Wordless picture books
- Early Elementary (7-12 years old)
  - Picture books
- Middle School/High School (13-18 years old)
  - Delayed retelling favorite book or movie

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NARRATIVE ASSESSMENT: SAMPLE MATERIALS

- SALT Elicitation Books (FREE Scripts and Rubrics)
- Frog Where Are You (Mercer Mayer, 1969)
  - Preschool-1st grade
- Pookins Gets Her Way (Helen Lester, 1986)
  - 2nd grade
- Porcupine Named Fluffy (Helen Lester, 1987)
  - 3rd grade
- Dr. De Soto (William Steig, 1982)
  - 4-6th grade

WHAT DO NARRATIVES REVEAL?

- Sequencing Ability
  - Story order
- Working Memory
  - Recall of relevant details
- Grammar
  - Sentence structure errors, run-on sentences, etc.
  - Use of temporal markers and cohesive ties to connect the story
- Vocabulary
  - Immature vs. age-level
  - Word retrieval issues vs. lexical fluency
- Pragmatics and perspective taking
  - Topic cohesion /coherence
  - Use of anaphoric references
  - Insight into character's feelings, beliefs, thoughts

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ASSESSING SOCIAL COMMUNICATION

- Social Language Development Test Elementary (SLDTE-NU)
  Ages 6-11:11
- Focuses on language-based skills of social interpretation and interaction with friends
- Assesses students' language-based responses to portrayed, peer-to-peer situations
- Subtests:
  - Making Inferences
  - Interpersonal Negotiations
  - Multiple Interpretations
  - Supporting Peers

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SLDT-E NU UPDATES AND LIMITATIONS

- Social Language Development Index cutoff score of 90 has sensitivity of .82, a specificity of .86 which are both acceptable
- Previously separated tasks on Making Inferences (2 tasks) and Interpersonal Negotiations subtests (3 tasks) have now been combined, which is not as convenient for treatment planning purposes
  - Many students can recognize the visual cues but unable to assume perspectives
  - They can recognize problems but unable to solve or justify them

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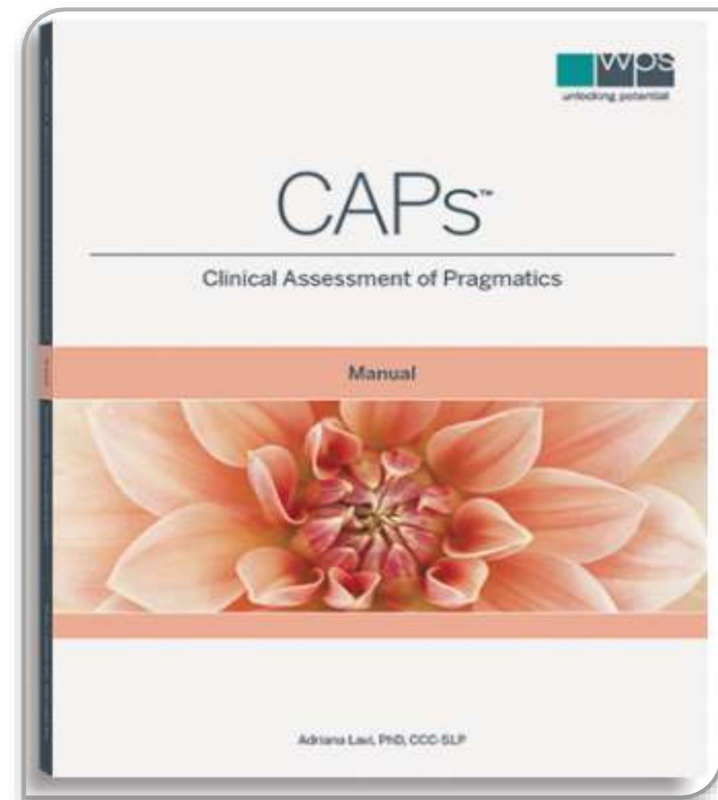
ASSESSING PRAGMATICS

- Clinical Assessment of Pragmatics (CAPs)
- Video assessment for ages 7-18 comprised of 6 subtests
- Instrumental Performance Appraisal
  - Awareness of Basic Social Routines
- Social Context Appraisal*
  - Reading Context Cues
- Paralinguistic Decoding
  - Reading Nonverbal Cues
- Instrumental Performance
  - Using Social Routine Language
- Affective Expression*
  - Expressing Emotions
- Paralinguistic Signals*
  - Using Nonverbal Cues



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STRENGTHS AND LIMITATIONS

- The normative sample consisted of 914 individuals out of which 137 (or 15%) included individuals with atypical language development: ASD: N-18; SLI: N-27; Other (Learning Disabilities): N-92.
- Excellent Sensitivity and Specificity Cut Scores (at 1, 1.5 & 2 SD) for clients with ASD
- Some subtests are more sensitive than others*

Table 6.8
Classification of Autism Spectrum Disorder by SD

Core Composite SD	Sensitivity	Specificity
-1 SD	1.00	0.85
-1.5 SD	1.00	0.9
-2 SD	0.90	0.97

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DETERMINING SEVERITY

- Language "appears" intact
- Determine "hidden deficits"
  - Problem Solving
  - Social Language
- Deficits are very severe
  - Administer general language testing of reduced complexity
  - No TILLS*
    - May get very low scores
    - Lack starting point for prioritizing intervention
    - Need strengths to structure intervention
    - Too many deficits/weaknesses = No starting point
- Therapy dismissal criteria
  - Do not dismiss until all areas (e.g., problem solving, social language) have improved

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GOAL FUNCTIONALITY

- Consider which skills the student must gain that will help him/her function better daily in academic/social settings
- Influenced by maintaining factors
    - Factors which may maintain the disorder and delay therapy progress (Klein & Moses, 1999)
    - Cognitive
    - Sensorimotor
    - Psychosocial
    - Linguistic
  - If a child has difficulties in any of above 4 areas the SLP must keep it in mind that unless these issues are resolved or compensated for in therapy NO progress can be made in achieving potential goals of therapy.

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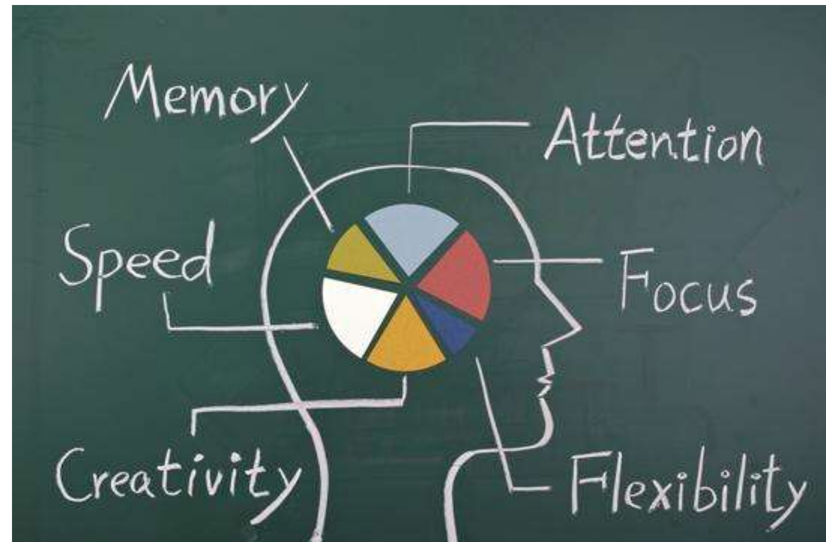
MAINTAINING FACTORS: COGNITIVE

- Intellectual Disability
- Attention
- Memory
- Abstract Concepts
- Problem Solving



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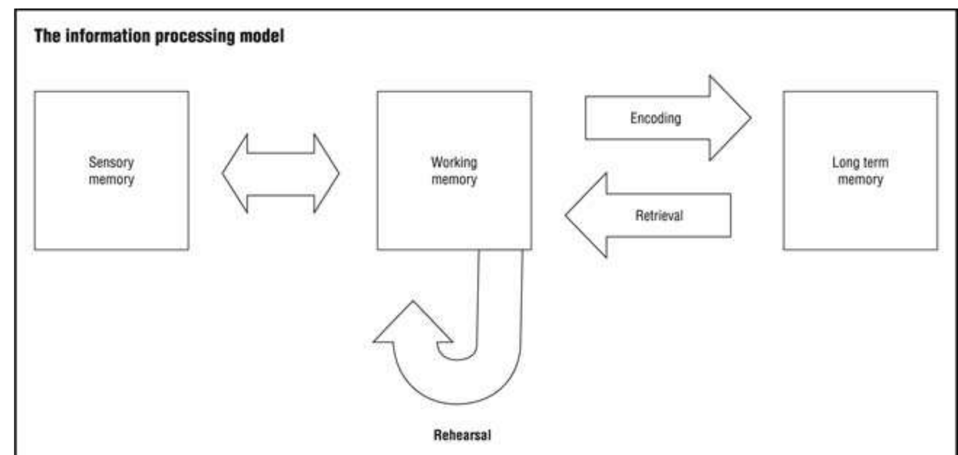
MAINTAINING FACTORS: SENSORIMOTOR

- Senses
  - Hearing
  - Effective processing of language
- Tactile Defensiveness
  - Tactile Placement Cues
- Movement
  - Gross Motor
  - Fine Motor



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MAINTAINING FACTORS: PSYCHOSOCIAL

- Adaptive Behavior
- Pragmatics
- Social Cognition
- Psychiatric Diagnoses
  - Attention and Behavior Disorders
  - Mood Disorders
  - Anxiety Disorders
  - Autism Spectrum Disorders
  - Reactive Attachment Disorder
  - Schizoaffective/ Psychotic Disorders

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MAINTAINING FACTORS: LINGUISTIC

- What is the extent of the child's linguistic deficits and their impact on overall function?
- How far below developmentally is the child as compared to typically developing children?
- What are the affected areas of functioning?
  - Poor vocabulary knowledge and use
  - Lack of complex sentences and short sentence length
  - Significant word retrieval difficulties
  - Poor discourse and narrative production

EFFECTIVE GOAL RELATED MODIFICATIONS

- Management
  - Physical Space
  - Session Structure
  - Behavior
  - Session Materials

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PHYSICAL SPACE MODIFICATIONS

- Set up environment
  - Eliminate visual distractions
    - Clutter
  - Eliminate auditory distractions
    - Noise
  - Seating Arrangements in Therapy
    - Facing wall vs. window
    - Proximity to clinician who can provide the child with visual and or tactile reminders

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SESSION STRUCTURE MODIFICATIONS

- Use of written/picture rules
  - Clarify expectations
  - Use positive language
    - Keep your hands neat vs. "no touching"
    - Speak softly vs. "no yelling"
- Use of schedules
  - Establish routine
  - Identify order of activities
  - Facilitate transitions
- Use of Timers
  - Specify activity length
- Several Changes of Activities
  - +/- 3 per session to reduce frustration

BEHAVIOR MODIFICATIONS

- Incorporate student's interests into activities
- Offer 2 choices* of activities
  - Give student control
- To increase student's self esteem, catch him/her "being good" and praise her/him for specific vs. general positive behavior such as staying on task or completing an activity (e.g., "Great job on __________!").
- Create a list of predetermined strategies such as what student can say to the therapist when s/he is having trouble when working on a task
- Figure out which reinforcements student favorably responds to determine the reward system
  - Use of fidgets such as 'thinking putty' to reduce excessive movement during tasks
  - Use of non-nutritive sugarless spray candy at intermittent intervals as a reward

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BEHAVIOR MODIFICATIONS (CONT.)

- Errorless Learning
  - Use of prompts -most-to-least - to elicit only correct responses
  - Prompted trials are followed by less prompted trials until the child demonstrates mastery of the skill.
- 80/20 rule
  - Try to incorporate known information when teaching new tasks in order not to increase complexity too rapidly
- Vary types and levels of prompts and cues (e.g., phonemic, tactile, written, gestural) to use depending on the severity of the student's deficits .

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SESSION STRUCTURE MODIFICATIONS (CONT)

- Seat modifications to reduce hyperactivity and impulsivity
  - Therapy ball
  - Disco seat
  - Wedge cushion
  - Zuma Rocker
- Use of sensory manipulatives in sessions
  - squeeze/shake
- Use of sensory breaks
  - 2-3 min move to music/jumping jacks

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SESSION MATERIAL MODIFICATION

- Goal complexity as well as selection of materials requires the consideration of the client's maintaining factors (see above) plus
  - Be at the client's level
  - Contain relevant information/pictures
  - Contain no distractions
- What might be the problem?

Paul went to play his new video game. He looked for it next to the TV but it wasn't there.

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COMPLEXITY VS. DIFFICULTY

- Complexity
  - Objective determination based on consideration of the linguistic organization demanded by the task
- Difficulty
  - Perception of how easy or difficult task is depends on
  - Information processing characteristics as well as skills and attitudes of the individual
- When the degree of complexity is consistent the same act may be more difficult for some people vs. others
  - Degree of performance demand can be manipulated systematically when planning goals for different clients

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LINGUISTIC CONTEXTS

- Create a linguistic context that is obligatory for the targeted structures
- Model target structures directly in words or sentences
- Elicit linguistic structures by modeling indirectly during conversations with client in cooperative session activities
- Elicit linguistic structures by reenacting parts of narratives with the support of (e.g., books, worksheets etc)

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NONLINGUISTIC CONTEXTS

- Session Materials (School Age)
  - Animated films
  - YouTube videos/clips
  - Graphic Novels
  - Comic books
  - Picture books
  - Non-fiction Passages (Continental Press)

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PROMPTS VS. CUES

- **Prompt**
  - Verbal request to perform an action
- **Cue**
  - Nonverbal signals given to client
- Frequency
  - How often?
- Intensity
  - How much?

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TYPES OF CUES

- **Visual**
  - Picture cards
  - Photos
  - Comics
- **Written**
  - Text support
- **Gestures**
  - Motioning up or down
  - Spreading hands to indicate size
- **Tactile/placement** cues are used to manipulate structures to produce a response
  - Placing palm in front of mouth and blowing to demonstrate /f/ sound
  - Showing how to pucker lips together to illustrate /b/
  - Using a Q-tip to touch alveolar ridge to show production of /l/ sound

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TYPES OF PROMPTS

- **Phonemic**
  - First sound/syllable to help with the word
- **Semantic**
  - Short descriptions that will aid the client in producing the desired word/definition ('its long and its green and it grows in the garden)
- **Cloze sentences**
  - 'You sleep on a ____"
  - The continent in the middle of a map made up of 4 letters is ___"
- **Question prompt** follow up makes it easier for the client to respond to the original question
  - "Do you think…? Where is…?"

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LEVELS OF SUPPORT

- What level of support will be provided?
  - Minimal prompts (1 repetition)
  - Moderate prompts (2-3 repetitions)
  - Maximum prompts (4+ repetitions)
- Hand over hand support
  - Partial –placing the client's hand in the general area of target but they can touch target with their finger/s
  - Full- placing the client's hand on the target

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STRATEGIES OF ASKING FOR HELP

Help (Sign) hold up or point to
I need help (verbalize)
I need help with ___ (specific)
I don't understand
Please repeat (word, sentence, question)
Can you explain ____?
I don't know where to find the ____(e.g., answer)
Can you show me first?
Can you give me a hint?
Can you start a sentence for me?
I am confused
I have trouble focusing

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LANGUAGE INTERVENTIONS: ARE THEY REALLY THAT DIFFERENT FOR CHILDREN WITH FASD?

- Use testing to identify strengths, weaknesses and learning styles
- Use findings to prioritize therapy goals
- Basic Language Targets:
  - Oral Language
    - Vocabulary Size
    - Sentence Length
  - Pragmatic Language
    - Turn Taking
    - Initiation
    - Topic Maintenance
    - Accepting Boundaries

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LANGUAGE INTERVENTION: SUPPORTING THE CORE CURRICULUM

- Supporting Classroom Subjects
  - Language Arts
  - Social Studies
  - Science
  - Health
- Thematic
  - Seasons
  - Holidays
  - Famous events
  - Relevant to classroom topics

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LANGUAGE INTERVENTION TARGETING 'HIDDEN DEFICITS'

- Narrative Abilities
  - Microstructure
    - Content & Form
  - Macrostructure
    - Story Grammar (Stein & Glenn, 1979)
- Problem Solving
  - Predicting
  - Inferencing
  - Answering Negative Questions
  - Determining Causes

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LANGUAGE INTERVENTIONS: TARGETING 'HIDDEN DEFICITS' (CONT)

- Social Communication
  - Interpersonal Negotiation & Conflict Resolution
  - Compromise & Cooperation
  - Perspective Taking
  - Gestalt Processing
  - Ability to make and keep friends
- Executive Function Skills
  - Task Initiation
  - Self-Regulation
  - Management and Organization

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THE BIGGIE: SOCIAL COMPETENCE

- Gresham, Sugai & Horner, 2001
    - Social competence represents judgments and evaluations of social skills within and across situations
- Children with FAS have compromised social competence
  - Impaired Pragmatics
  - Impaired Social Cognition
  - Impaired Gestalt Processing
    - Knowledge
    - Application

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THE BIGGIE: SOCIAL COMPETENCE (CONT)

- Teach Early (Children's Books)
  - Pookins Get's Her Way (Helen Lester)
  - When Sophie Gets Angry -- Really, Really Angry (Molly Bang)
  - It Was You, Blue Kangaroo! (Emma Chichester Clark)
  - Three Snow Bears (Jan Brett)
  - http://csefel.vanderbilt.edu/documents/booklist.pdf
- Be Consistent
- Put it in context
- Peer tutors
- Do they understand why its important?
  - Rote acquisition vs. thinking about it
  - Teaching perspective taking starting from the basics
    - Internal states vocabulary

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THE BIGGIE: SOCIAL COMPETENCE (CONT)

- Incorporate it into curriculum
  - Listening/Reading Comprehension
    - Summarize main ideas
    - Make inferences
    - Predict outcomes
    - Multiple Interpretations
    - Draw conclusions
    - Generalize
  - Narrative Development
    - From wordless picture books → Reading for Comprehension
    - Story order
    - Story cohesiveness

GET PARENTS ON BOARD!

- Parent Education
  - Clear/Simple
  - Role Play
- Written Home Plan Development
  - Short
- Implementation
  - Easy (e.g., Charts, Collection Forms)
  - Reasonable
- Provide/Share Materials
  - Uniform across the board

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CONCLUSION

- Focus on functionality
  - Build up strengths
  - Teach to recognize and compensate for weaknesses
- Ultimate Long Term Goal:
  - Not always academically based*
  - Best outcomes for independent daily functioning

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SMART SPEECH THERAPY RESOURCES

- Best Practices in Bilingual Literacy Assessments and Interventions
- Comprehensive Literacy Checklist For School-Aged Children
- Dynamic Assessment of Bilingual and Multicultural Learners in Speech Language Pathology
- Differential Assessment and Treatment of Processing Disorders in Speech Language Pathology
- Practical Strategies for Monolingual SLPs Assessing and Treating Bilingual Children

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MORE SELECT HELPFUL RESOURCES

- The Checklists Bundle
- General Assessment and Treatment Start Up Bundle
- Multicultural Assessment Bundle
- Narrative Assessment and Treatment Bundle
- Introduction to Prevalent Disorders Bundle
- Social Pragmatic Assessment and Treatment Bundle
- Psychiatric Disorders Bundle
- Fetal Alcohol Spectrum Disorders Assessment and Treatment Bundle
- Assessment Checklist for Preschool Aged Children
- Assessment Checklist for School Aged Children
- Speech Language Assessment Checklist for Adolescents
- Differential Diagnosis of ADHD in Speech Language Pathology
- Creating Functional Therapy Plan
- Selecting Clinical Materials for Pediatric Therapy
- Social Pragmatic Deficits Checklist for Preschool Children
- Social Pragmatic Deficits Checklist for School Aged Children
- Language Processing Deficits Checklist for School Aged Children

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