Referrals to Cleft Lip and Palate Teams: Practices of School-Based Speech-Language Pathologists

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Abstract

CLP is a complex condition and can have a far-reaching impact on an individual. Collaboration between the school-based SLP and the CLP team will ensure holistic treatment of the child. A paucity of literature exists regarding school-based SLP's referrals to cleft palate teams. This research describes and explores the referral practices of school-based SLPs to CLP teams.

Introduction

Cleft lip and palate (CLP) has been determined to be the second most common birth defect in the United States, affecting 1 in every 940 births (Parker et al., 2010). CLP is a complex condition and can have a far-reaching impact on an individual, including a variety of impairments and delays. The team approach is the accepted best practice for children with CLP. Children presenting with VPD may also be on caseloads. By the time a child enters school, primary surgeries are typically completed (ACPA, 2018), and in most instances the child has been enrolled in speech and language intervention (Ruscello, 2017).

Approximately 25% –34% of school-age children with CLP have compensatory sound production errors (Kaiser et al., 2017). Due to the variable and comprehensive impact of a CLP on the child, it is clear that the school-based SLP has an important role to play in assessment and intervention of children with repaired CLP and VPD.

Collaboration between the school-based SLP and the CLP team will ensure holistic treatment of the child. However, making a referral to a CLP team may present a challenge to the school-based SLP due to a variety of reasons, such as insufficient training and limited experience. According to Vallino et al. (2019), a good referral is both best practice and an obligation to the client. The purpose of this research is to explore and describe the referral practices of school-based SLPs to CLP teams.

Disclosure & Acknowledgements

Researchers Rachael Buckles, B.B.A., Allison Burrows, B.S., Caitlyn Deel, B.S., Elizabeth Holley, B.A., Ellen Monroe, B.A., Olivia Page, B.S., and Brenda Louw, D. Phil., have no relevant financial or nonfinancial conflicts of interest to report for this study.

We gratefully acknowledge our respondents for their participation and Dr. L. Vallino for her expert opinion.

Methods

Research Design: An exploratory, descriptive design with quantitative and qualitative analysis was used to explore and describe the referral practices of school-based SLP's to CLP teams.

Materials: A survey was developed within the ICF (WHO, 2001) framework. The survey was divided into five content sections: CLP and VPD on caseloads, education on CLP and VPD, referral practices, barriers encountered by the SLP when referring to a CLP team and a demographics section. The survey was comprised of twenty-six questions with a response format of yes/no questions, select-all-that-apply, multiple choice, fill-in-the-blank, and an open-ended question. A secure online survey system, Survey Monkey™, was utilized to administer the survey.

Procedure: IRB approval was obtained and permission was provided for posting the survey to ASHA Special Interest Groups (SIG) 5 and 16. The survey was sent to all registered members of both SIG 5 and SIG 16. After the initial request for participation, two reminder emails were sent to increase response rate.

Respondents: A total of 57 practicing school-based clinicians acted as respondents. The majority of respondents obtained a master's degree, with 1 holding a doctorate. Not all respondents answered each question, leading to different *n* throughout the results.

Data Analysis: Descriptive and thematic analysis were used to analyze the data.

Results

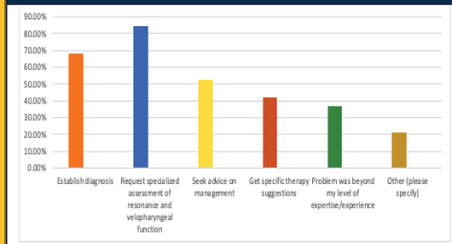

Figure 1 (*n*=19): Reasons for Referrals

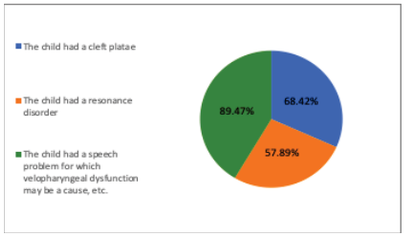

Figure 2 (*n*=19): Primary Clients Referred

Table 1: Referral Information

Have Made a Referral to a CLP Team (*n*=47)	
No	Yes
58.70%	41.30%
Received Info on How to Make a Referral (*n*=47)	
No	Yes
57.45%%	42.55%
Source of Information (*n*=18)	
Continuing Education Event	66.67%
Inservice Training	66.67%
Consultation with Colleague	94.44%

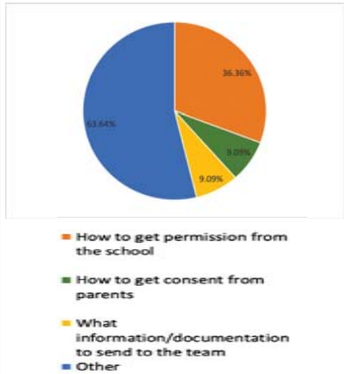

Figure 3 (*n*=11): Barriers to referrals from school SLPs to CLP teams

Table 2 (=27): Response Themes

Themes	Number of Comments (56)
Child already in team	9
Method of Referral	7
Barriers	4
Team Collaborations (Positive Experiences)	11
Team Collaboration (Negative Experiences)	3
Team Follow up	8
Family Involvement	6
Working with Clients w/ VPI	6
Cleft Palate Training	2

Discussion

Summary: VPD was the main reason for making a referral to a CLP team *(89.72%),* which validates the response that clients mostly referred had suspected VPD (89.47%). Making a team referral was not common practice, as 58.7% had never made a CLP team referral in the schools, which could be attributed to the low incidence of the disorder. ENTs (51.06%) were the preferred choice of referral vs a CLP team (25.53%).Barriers to making CLP team referrals varied and obtaining permission from the school was experienced by some respondents (36.36%). Respondents made valuable comments and the most frequent (11/56) centered on positive experiences with working with CLP teams.

Limitations: The small *n* (57) limits the generalization of results, but could also point the lack of referral practices from school-based SLP's to CLP teams.

Future Directions: The process of making referrals to CLP teams and collaboration between school-based SLPs and CLP teams needs to be addressed in graduate training and CE. According to Vallino et al., (2019) such communication enhances care, bridges the perceived gap between school-based SLPs and CLP teams, and will ensure that children with CLP and VPD receive the best care possible.

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