The SLPs Role in Caring for the Adult and Geriatric Populations

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The SLPs Role in Caring for the Adult and Geriatric Populations
An SLP’s Role in Caring for the Adult and Geriatric Populations

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Disclaimer

I DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as real or apparent conflict of interest in the content of the subject of this presentation.
Outline

- Introduction
- General roles of an SLP
- SLP's role with patients commonly seen in primary care
- Treatment
  - How an SLP's knowledge can help those in primary care
- New clinics at ETSU
- Discussion from client

Who am I?

General roles of a Speech-Language Pathologist

- Evaluate, diagnose and treat speech, language, voice, cognitive-communication and swallowing disorders in various populations
Additional responsibilities...

- Counsel patients and their families (Pompon et al., 2015)
- Coordinate with other team members (physicians, nurse practitioners, physical/occupational therapists, dietitians)
- Assess for the ability to use and write reports in support of augmentative-alternative communication (AAC) devices
- Conduct research

Where do adult-focused SLPs work?

- Acute care hospitals
- Rehabilitation hospitals
- Long term care facilities/skilled nursing facilities
- Private practice
- Home health
- Outpatient clinics
- Specialty centers for adults with acquired or developmental disabilities

Source: asha.org

Possible causes of speech, language, voice, cognitive or swallowing problems

- Acquired Brain Injury
  - Concussion/Mild Traumatic Brain Injury (TBI)
  - Cognitive Deficits
  - TBI
    - Aphasia, Dysarthria, Apraxia, Cognitive Deficits, Dysphagia
Causes continued

**Neurological Condition**
- Peripheral Nervous System
  - Myasthenia Gravis
  - Dysarthria, Dysphagia
  - Vocal Fold Paralysis
  - Voice disorder
- Central Nervous System
  - Parkinson's Disease
    - Dysarthria, Dysphagia
  - ALS
    - Dysarthria, Dysphagia
  - Dementia
    - Cognitive-Communication deficits, Aphasia, Dysphagia
  - Stroke
    - Aphasia, Apraxia, Dysarthria, Dysphagia, Cognitive Deficits

Dysphagia

- **Dysphagia** is difficulty swallowing that can affect the oral phase, pharyngeal phase, esophageal phase, or any combination

**Your role:**
- Notice initial signs of dysphagia
- Referrals
- Help pt/family understand possible treatment options

Evaluate and determine type

Make dietary recommendations

Provide direct treatment for the dysfunction

Voice Disorders

- **A voice disorder** is any change in vocal quality that impacts social or occupational functioning
- Comprehensive evaluation of vocal function
  - Listen
  - Videoband laryngoscopy
- Provide voice therapy for a variety of:
  - Injurious
  - Sympathomimetic
  - Poisoning
  - Parkinson's
- Work to restore communication in bilateral
  - Electrohyponasal speech
  - EPP speech

**Your role:**
- Identify voice disorder
- Make appropriate referrals
- Eg Harris, 3 weeks
- Educate on vocal hygiene
- Rest, H2O, throat clearing and caffeine
- Managing GERD

Source: Stemple et al. [pdf]
**Apraxia**

- **Acquired Apraxia of speech** is a motor speech disorder that impacts the brain's ability to program and relay motor commands from the brain to the mouth (ASHA.org).
- Primarily impacts articulation and prosody.
- Sometimes resolves quickly in the acute phase, however often is a chronic condition impacting communication.
- Goal of therapy is to achieve the highest level of functional communication possible.
- Treatment approaches (Ballard et al., 2015):
  - Articulatory-kinematic
  - Rate and or rhythm control
  - Augmentative-Alternative Communication (AAC).

**Dysarthria**

- **Dysarthria** is a motor speech disorder that results from weakness, paralysis, or incoordination in the muscles used for speech production.
- Can affect all systems: phonation, resonance, prosody, articulation.
- Conduct a comprehensive evaluation.
- Determine type/severity.
- Treatment approaches:
  - Strengthen muscles
  - Training in compensatory strategies for improved intelligibility
  - Prosthetics/AAC
  - Family/caregiver training.

Source: Duffy (2005)

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**Your role:**
- Identification
- Referrals
- Stroke/TBI?
- SLP
- Unknown cause?
- Neurologist
- Provide information on ways to improve communication
- AAC
- Compensatory strategies

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**Communicating with persons with motor-speech disorders**

- Determine their language abilities.
- Just because they have a communication disorder does not mean they can't understand.
- Encourage multiple modalities of communication (e.g., written, verbal).
- Be honest, if you don't understand something, ask them to repeat it.
- Encourage them to use compensatory speech strategies:
  - Slow rate
  - Increased volume
  - Over-articulation.
Aphasia

Aphasia is a communication disorder affecting the brain's ability to use and understand language.

- Conduct a comprehensive evaluation
  - Standardized or non-standardized assessment of receptive/expressive language
- Many treatment approaches to target aphasia
  - Language Impairment-Based Treatment
  - Activities/Participation-Based Treatment
  - Pragmatic Treatment

Source: asha.org

Living with Aphasia - Framework for Outcome Measurement (A-FROM)

Cognitive Deficits

- Deficits in attention, visual processing, memory, executive function, emotional behavior
- Complete comprehensive evaluation
  - Dementia staging (O'Brien et al., 2008)
- Develop treatment plan to meet each individual's needs
- Example treatment approaches
  - Compensatory memory strategies
  - Orientation training
  - Attention training (focused, alternating)
  - Executive function training (planning, organizing)

Source: Kagan (2011)
Example cognitive therapy activities

**Your role:**
- Identification
- Referrals
- SLP? Neurologist?
- Provide information on ways to improve communication
  - AAC
  - Compensatory strategies
  - Provide information in a way that they can understand

Communicating with persons with language or cognitive-communication disorders

- Determine their language abilities
- Provide information in a way that they will understand
- Receptive language deficits?
  - Speak slowly
  - Use shorter phrases
  - Ask simple questions/provide simple directions
  - Provide handouts for discussed information
- Expressive language deficits?
  - Use visuals e.g., pain scale
  - Encourage multiple communication modalities

AAC

*“No-Tech” Options*
**AAC**
- "High-Tech" Options

**SLPs role in getting AAC devices funded**
- Complete comprehensive evaluation
  - Speech intelligibility (%)
  - Speech rate
  - Expressive/receptive language skills
  - Cognitive abilities
- Write report for insurance companies
  - Why is this means of communication better than any others
  - Physical limitations (eye-gaze)

**New clinics at ETSU**
- Sports related concussion management clinic
- Interdisciplinary ALS clinic
Concussion Management

- Integral part of the concussion management team
- Conducts baseline screening
- Conducts post-concussion screening
- Works with schools to provide academic accommodations to concussed players
- Provides data to team physicians to assist with return-to-play decisions

Source: Salvatore et al., (2011)

Your role:
- Provide evidence-based recommendations on physical/cognitive rest
- Academic accommodations
- Referrals if needed
- Post-concussion syndrome

Gary Schealy ALS Clinic

- Interdisciplinary team coordinating the best course of care for our clients
- Team members include PT/OT/SLP, RT, Neurologist, Social Worker, Dietitian, Pharmacist
- SLP's role:
  - Assess swallowing, speech, and cognition
  - Make recommendations as appropriate (compensatory strategies, modified diet, AAC device)
  - Traditional dysphagia/dysarthria treatment not indicated

Your role:
- Identify early signs/symptoms of ALS
- Referrals
- Knowledge of disease progression and treatments including medications
- Resources from ALS association
- Counsel patients/caregivers

Meet Dale and Lisa Boyd!!
References


Thank You!