

3-20-2017

# The SLPs Role in Caring for the Adult and Geriatric Populations

Courtney M. Andrews

*East Tennessee State University*, [andrewscm@etsu.edu](mailto:andrewscm@etsu.edu)

Follow this and additional works at: <https://dc.etsu.edu/etsu-works>



Part of the [Geriatrics Commons](#), and the [Speech Pathology and Audiology Commons](#)

---

## Citation Information

Andrews, Courtney M.. 2017. The SLPs Role in Caring for the Adult and Geriatric Populations. *21st Annual Louis A. Cancellaro Primary Care Conference*, Johnson City, TN. <https://www.etsu.edu/com/cme/louis2017.php>

This Presentation is brought to you for free and open access by the Faculty Works at Digital Commons @ East Tennessee State University. It has been accepted for inclusion in ETSU Faculty Works by an authorized administrator of Digital Commons @ East Tennessee State University. For more information, please contact [digilib@etsu.edu](mailto:digilib@etsu.edu).

---

# The SLPs Role in Caring for the Adult and Geriatric Populations



---

---

---

---

---

---

---

---

# An SLPs Role in Caring for the Adult and Geriatric Populations

COURTNEY M. ANDREWS, MA, CCC-SLP  
DEPARTMENT OF AUDIOLOGY AND SPEECH PATHOLOGY  
EAST TENNESSEE STATE UNIVERSITY

---

---

---

---

---

---

---

---

## Disclaimer

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

---

---

---

---

---

---

---

---

## Outline

- ▶ Introduction
- ▶ General roles of an SLP
- ▶ SLPs role with patients commonly seen in primary care
- ▶ Treatment
  - ▶ How an SLPs 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,



---

---

---

---

---

---

---

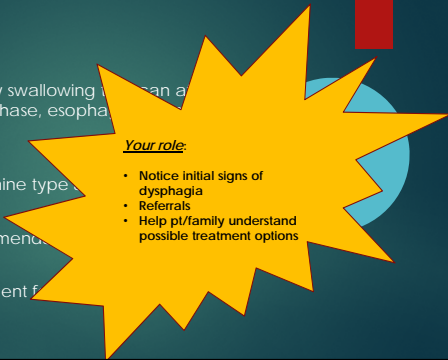
---

## Dysphagia

- ▶ **Dysphagia** is difficulty swallowing and can affect oral phase, pharyngeal phase, esophageal phase or a combination
- ▶ Evaluate and determine type of dysphagia
- ▶ Make dietary recommendations
- ▶ Provide direct treatment for dysphagia

**Your role:**

- Notice initial signs of dysphagia
- Referrals
- Help pt/family understand possible treatment options



---

---

---

---

---

---

---

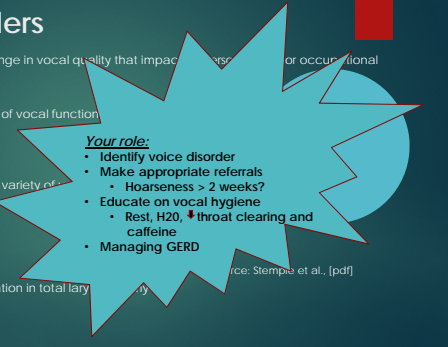
---

## Voice Disorders

- ▶ A **voice disorder** is any change in vocal quality that impacts personal or occupational functioning
- ▶ Comprehensive evaluation of vocal function
  - ▶ Listen
  - ▶ Visualize vocal cords
- ▶ Provide voice therapy for a variety of disorders
  - ▶ Hygienic
  - ▶ Symptomatic
  - ▶ Physiologic
  - ▶ Eclectic
- ▶ Work to restore communication in total laryngectomy
  - ▶ Electrolarynx
  - ▶ Esophageal speech
  - ▶ TEP prosthesis

**Your role:**

- Identify voice disorder
- Make appropriate referrals
  - Hoarseness > 2 weeks?
- Educate on vocal hygiene
  - Rest, H<sub>2</sub>O, ↓throat clearing and caffeine
- Managing GERD



---

---

---

---

---

---

---

---

## 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: phonatory, respiratory, articulatory
- ▶ Conduct a comprehensive assessment
  - ▶ Determine type/severity
- ▶ Treatment approaches
  - ▶ Strengthen muscles
  - ▶ Training in compensatory strategies
  - ▶ Prosthetics/AAC
  - ▶ Family/caregiver training

**Your role:**

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

Source: Duffy (2005)

---

---

---

---

---

---

---

---

## Communicating with persons with motor-speech disorders

- ▶ Determine their language abilities
- ▶ Just because they have a communication disorder does not mean they can not 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)



Source: Kagan (2011)

---

---

---

---

---

---

---

---

# 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)

---

---

---

---

---


---

---

---



### Example cognitive therapy activities



**Cookie Theft Picture**

**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



1	A	B	C	D	Yes	No	How many?
2	E	F	G	H	How many?	How many?	How many?
3	I	J	K	L	M	N	Spoken?
4	O	P	Qu	R	S	T	Written?
5	U	V	W	X	Y	Z	.
6	What	When	Who	Why	How	Yes	No

---

---

---

---

---

---

---

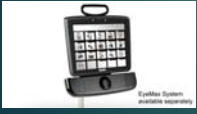

---

---

---

# AAC

▶ "High-Tech" Options



EyeMax System  
mobile equipment

---

---

---

---

---

---

---

---

# 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
- ▶ Conducts baseline screening
- ▶ Conducts post-concussion screening
- ▶ Works with schools to provide academic accommodations for injured players
- ▶ Provides data to team physicians to assist with return-to-play decisions

**Your role:**

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

Source: Salvatore et al., (2011)

---

---

---

---

---

---

---

---

## Gary Schealy ALS Clinic

- ▶ Interdisciplinary team coordination and delivery of care for our clients
- ▶ Team members include
  - ▶ PT/OT/SLP, RT, Neurologist, Pharmacist
- ▶ SLPS role:
  - ▶ Assess swallowing, speech
  - ▶ 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

- ▶ Ballard, K.J., Wambaugh, J.L., Duffy, J.R., Layfield, C., Mass, E., Mauzycki, S., McNeil, M.R. (2015). Treatment for acquired apraxia of speech: A systematic review of intervention research between 2004 and 2012. *American Journal of Speech-Language Pathology*, 24, 316-337.
- ▶ Cattell, C., & Halper, A. (1992). *Team approaches: Working together to improve quality*. Retrieved from <http://www.asha.org/uploads/downloads/aud/TeamApproaches.pdf>.
- ▶ Duffy, J.R. (2005). *Motor speech disorders: Substrates, differential diagnosis and management*. St. Louis, Missouri: Elsevier Mosby.
- ▶ Kagan, A. (2001). AFROM in action at the aphasia institute. *Seminars in Speech and Language*, 22, 216-228. DOI: <http://dx.doi.org/10.1055/s-0031-1288176>.
- ▶ O'Byrne, S.E., Waring, S.C., Culum, M., Hall, J., Lacritz, L., Massman, P.J., Lupo, P.J., Reich, J.S., Doherty, R. (2008). *Archives of Neurology*, 65, 1091-1095.
- ▶ Pompon, R.H., Burns, M., Kendall, D.L. (2015). *The ASHA Leader*, 40, 30-32. <http://leader.pubs.asha.org/article.aspx?articleId=2189213&url=04-3>.
- ▶ Salvatore, A.P., Fjordbak, B.S. (2011). Concussion management: The speech pathologists role. *Journal of Medical Speech-Language Pathology*, 19, 1-12.
- ▶ Stemple, J.C., Thomas, L.B. *Voice therapy: Following the Evidence Trail* [pdf document]. Retrieved from [www.ohio.edu/people/deanr/vocalfunction/exercise1.htm](http://www.ohio.edu/people/deanr/vocalfunction/exercise1.htm)

---

---

---

---

---

---

---

---

---

---

# Thank You!

---

---

---

---

---

---

---

---

---

---