COGNITIVE COMMUNICATION/MOTOR SPEECH ASSESSMENT COMPONENTS

REFERRAL QUESTIONS

BACKGROUND

Client and Family member Interview/Relevant Case History: Information gathered or information provided in the following areas:

- Medical Diagnosis
- Onset and course of current Speech/Language/Cognitive difficulties
- Pharmacological factors/medication: current and immediate past
- Educational background and premorbid intellectual levels
- Degree of Motivation
- Impact of current communication problems on daily life including work
- Previous services

ASSESSMENT FINDINGS

Hearing screening: Used to examine hearing adequacy overall and for purposes of ascertaining likely effects on the day’s results; follow ASHA guidelines.

Behavioral Observations:

- Observe and describe the individual’s ability to attend to, perceive, organize and remember verbal and nonverbal information, to reason and to solve problems.

- Observe and describe the individual’s executive and self-regulatory control over cognitive, language and social skills functioning (ie, set goals, plan, initiate and inhibit, self-monitor and self-evaluate, solve problems, think and act strategically).

Use of standardized and nonstandardized measures sensitive to cultural and linguistic diversity to describe the quantitative and qualitative features of the individual’s cognitive-motor speech performance, selected with consideration for ecological validity, including —

A. Cognitive Communication

- Analyze the cognitive and communicative demands of relevant social, academic and/or vocational tasks and to identify possible facilitative effects in modification of those tasks.
• Speech/Language Sample in contexts indicated as areas of concern:
  Listen for anomia, circumlocution, paraphasias, neologism (jargon),
  phonemic substitutions, perseveration, telegraphic speech etc. Calculate
  intelligibility.
• Formal testing to assess receptive/expressive language, type and
  frequency of error and communicative characteristics using published
  tests such as:

  - Minnesota Test for Differential Dx of Aphasia
  - Boston Diagnostic Battery of Aphasia
  - Western Aphasia Battery
  - Reading Comprehension Battery of Aphasia

• Cognitive Skills Assessment including:

  - Attention/concentration: length, consistency
  - Memory: working/immediate, short, long
  - Judgment and Reasoning
  - Abstract skills
  - Emotional Characteristics

B. Motor Speech/Differential Diagnosis of Dysarthria versus Apraxia

• Exam of the structure and function of the oral motor mechanism in non-
  speech and speech activities including assessment of muscle tone, symmetry, muscle strength, motor steadiness and speed, range, and accuracy of motor movements, informal swallowing evaluation
• Speech sample including:

  - Informal conversational sample
  - Structured reading passage
  - Stimulability
• Auditory perceptual and/or instrumental assessment of speech characteristics including assessment of the phonatory-respiratory system (pitch, loudness, vocal quality), resonance, articulation, rate and prosody, type and consistency of errors.
• Identification of potential for effective compensatory techniques and strategies including the use of augmentative and alternative communication (AAC), and associated barriers and facilitators

C. Assessment of Other Systems to rule out co-occurring problems such as:

• Limb Apraxia
• Oral Apraxia
• Dyslexia
• Dysgraphia
• Dyscalculia
• Agnosia

SUMMARY (INTERPRETATION)

Include information about:

  o Addressing the referral questions
  o Overall summary of the findings including strengths and challenges
  o A diagnosis if applicable including type and severity of cognitive communication and/or motor speech disorder or difference.

RECOMMENDATIONS

Recommendations may include:

  o Follow-up service, or further assessments to cognition/language/motor speech status and ensure appropriate intervention and support.

  o Intervention: If recommended, include information concerning frequency, estimated duration, and type of service delivery. In addition, state specific treatment approaches (if recommended), degree of family involvement, suggestions regarding reinforcements.

  o Referral for supportive services or other therapies (ie AAC eval, Physical Therapy, Occupational Therapy, psychological evaluation

  o Any citations and/or handouts as needed
PROGNOSIS

OTHER

Documentation may include a portfolio of the adult’s communication samples (ie. Transcripts, audiotaped or videotaped speech samples)

REPORT DISTRIBUTION (CC LIST)

Adapted from 2010 ASHA Preferred Practice Patterns / SC