

ASSESSMENT
in
SPEECH-LANGUAGE
PATHOLOGY

A Resource Manual

Seventh Edition

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Preface

Assessment in *Speech-Language Pathology: A Resource Manual, Seventh Edition* offers students and professionals user-friendly information, materials, and procedures for use in the assessment of communicative disorders. Many reproducible forms, sample reports, and quick-reference tables are provided. Materials published previously but unavailable in a single source, as well as materials developed specifically for this work, are included.

Beginning with the inaugural edition of *Assessment in Speech-Language Pathology: A Resource Manual*, which was first published in 1992, the authors have strived to provide readers with information that is current, relevant, and practical. Every edition has been thoroughly reviewed and updated to provide accurate and applicable information to reflect current practice in our ever-evolving profession. This seventh edition is no exception. New to this edition:

- Reorganized and expanded content on psychometric principles of assessment
- A new chapter describing an assessment from start to finish
- New information on assessment via telepractice
- New information on play-based assessment
- New information on sharing electronic medical information
- Reorganized and expanded content on medical and psychological conditions associated with communicative disorders
- Corrected use of the phonetic symbols /ɹ/ for standard English nontrilled “r” and /r/ for trilled “r”
- Several new tables and figures throughout to improve ease of understanding content
- Several new forms and worksheets for assessment
- Chapter-by-chapter content updates to reflect current research and practice
- Updated and new recommendations for published assessment tools, sources of additional information, online resources, and apps
- Multiple links to online assessment resources, including free materials and standardized testing materials
- Online access to downloadable forms and other materials
- For professors, a bank of test questions, lecture slides, and learning activities

Assessment in Speech-Language Pathology: A Resource Manual, Seventh Edition is divided into two major sections. Part I covers preparatory considerations prior to initiating an assessment. Chapter 1 features professional expectations for clinicians, psychometric principles, and methods of assessment. Chapter 2 provides an overview of a complete assessment from beginning to end. Chapter 3 provides information for working with multicultural clients. Chapter 4 reviews audiometric principles that

are among the expected competencies of speech-language pathologists. Chapter 5 presents descriptions of numerous medical and psychiatric conditions associated with communication disorders.

Part II provides resources for assessing communicative disorders and dysphagia. Chapter 6 includes resources relevant to all diagnoses. Chapters 7 through 16 include resources for specific concerns: speech sound disorders, spoken language, written language, autism and social communication disorders, augmentative or alternative communication, fluency disorders, voice and resonance disorders, acquired neurogenic language disorders, acquired neurogenic speech disorders, and dysphagia. Each chapter provides an overview of assessment, special considerations, normative data, guidelines for determining a diagnosis, and multiple forms for guiding data collection.

Each chapter references many of the most used published tests and resources for assessing the given disorder. When presented as a list, tests are sorted alphabetically by acronyms first, then full test names, to be consistent with how we usually refer to these tests in our professional conversations.

Multiple links are provided for online testing materials, including some standardized tests. Several researchers in our profession have generously made their materials available for clinicians to download or use online free of charge. Keep in mind that these materials are copyrighted and are intended strictly for clinical use unless stated otherwise.

Each chapter includes recommended sources of additional information. Because the Internet is a dynamic environment, some sites or apps may no longer exist or may have changed since this edition was published.

Purchase of this textbook includes digital access to the content through the PluralPlus companion website. Forms and other materials found throughout the text are available in downloadable format to meet individual clinical needs.

Assessment in Speech-Language Pathology: A Resource Manual, Seventh Edition is a valuable resource for beginning and experienced clinicians. No other manual provides such a comprehensive package of reference materials, explanations of assessment procedures, practical stimulus suggestions, and hands-on worksheets and forms.

Foundational Information for Assessment in Speech-Language Pathology

- **Overview of Assessment**
- **Professional Expectations for Clinicians**
 - Code of Ethics
 - Code of Fair Testing
 - Practices in Education
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Before venturing into the assessment process, it is necessary to gain an understanding of the underlying principles and philosophies of assessment in speech-language pathology. The foundations of assessment are fundamental to all meaningful and useful assessments. This chapter will define assessment, present professional expectations of clinicians, describe psychometric principles, and describe multiple methods for gathering assessment information.

Overview of Assessment

Assessment is the systematic process of obtaining information and then using that information to make a judgment or a decision about something. Speech-language pathologists use assessment information to make professional diagnoses, judge prognoses, identify the need for referral to other professionals, identify the need for treatment, determine the focus of treatment, determine the frequency and length of treatment, and make decisions about the structure of treatment (e.g., individual versus group sessions, treatment with or without caregiver involvement). Ultimately, clinical decisions are based on information derived from an assessment process.

For an assessment to be beneficial, it must have foundational integrity. This integrity may be ensured if each assessment adheres to these principles:

- *A good assessment is thorough.* It should incorporate as much relevant information as possible so that an accurate diagnosis and appropriate recommendations can be made.
- *A good assessment uses a variety of assessment methods.* It should include a combination of interview and case history information, observations, and formal and informal testing measures.
- *A good assessment is evidence based.* It should rely on valid and reliable assessment approaches. Findings should accurately reflect the client's communicative abilities and disabilities.
- *A good assessment is tailored to the individual client.* Assessment materials that are appropriate for the client's age, gender, skill levels, and ethnocultural background should be used.

Professional Expectations for Clinicians

Speech-language pathologists have an obligation to maintain professional integrity and achieve the highest possible level of clinical expertise. Clinicians serve a diverse body of clients with communication or swallowing concerns. In their careers, individual clinicians commonly develop expertise for serving specific populations and disorders. Clinicians should only practice in areas in which they are competent. That said, it is important to differentiate between an internal feeling of imposter syndrome versus a true lack of knowledge or preparation. Our education and training programs have prepared us to succeed in this profession. There are countless resources available to us to help us provide competent and quality care to our clients. When feeling uncertain, seek knowledge by consulting experienced colleagues, reading books and journals, listening to podcasts, watching videos hosted by speech-language pathologists, and accessing the plethora of information available on reputable websites.

Clinicians also need to be aware of biases and prejudices that may be personally held or prevalent in society. Such biases and prejudices should never affect the client–clinician relationship or the assessment process. All clients should be treated with the utmost respect. It is the clinician’s responsibility to determine whether a communicative disorder exists and, if so, recommend a treatment plan that is in the best interests of the client. Negative feelings or attitudes should never affect clinical impressions or decisions.

Code of Ethics

The American Speech-Language-Hearing Association (ASHA) developed a *Code of Ethics* to clearly outline expectations of professional behavior and practice for speech-language pathologists. The requirements as stated in the code ensure the welfare of our clients and communities and protect the reputation and integrity of our profession. The principles of ethics in the code are reprinted on the following pages. For further information about the Code of Ethics, including preamble and terminology, visit the ASHA website at <https://www.asha.org/Code-of-Ethics>

The Code of Ethics provides an encapsulating framework for all professional activity. ASHA developed additional guidelines that exist within that framework. Multiple documents describe professional expectations ranging from general to specific. These are summarized below. We encourage all readers of this text to review these source materials, and other related materials, on the ASHA website.

- *Scope of Practice in Speech-Language Pathology*: This document presents a broad view of practice for speech-language pathologists, including definitions of speech-language pathology and speech-language pathologist, frameworks for practice, and professional and practice domains of service delivery. This document can be viewed at <https://www.asha.org/policy/sp2016-00343/>
- *Preferred Practice Patterns for the Profession of Speech-Language Pathology*: This document presents expectations for quality client care in general terms. The content includes requirements for provision of service and expected outcomes; screening, assessment, and intervention/consultation; clinical processes for client care; and documentation. This document can be viewed at <https://www.asha.org/policy/pp2004-00191/>
- *Position Statements*: These are over 40 statements that describe ASHA’s policies and stances on a variety of issues relevant inside and outside of our profession. For example, position statements exist for workload analysis for school-based speech-language pathologists, facilitated communication as a discredited technique, racism and racially motivated violence, and the role of speech-language pathologists in endoscopic evaluation of swallowing. Position statements can be viewed at <https://www.asha.org/policy>
- *Practice Guidelines and Knowledge & Skills*: These are recommended evidence-based standards for more defined areas of practice. Knowledge, skill, and competency expectations are described for a wide variety of situations. For example, guidelines or knowledge/skill statements exist for admission and discharge criteria, service provision for individuals with severe disabilities, Medicaid guidance for school-based speech-language pathologists, and service delivery to infants in the neonatal intensive care unit (NICU). These can be viewed at <https://www.asha.org/policy>

- *Practice Portal:* These are descriptions and evidence-based recommendations for specific areas of practice. Over 60 topics and issues are presented, each providing a moderately comprehensive overview and most providing roles and responsibilities of the speech-language pathologist, including assessment guidelines. Topics include accent modification, autism spectrum disorder, documentation in different settings, spoken language disorders, and pediatric feeding and swallowing. The practice portal can be viewed at <https://www.asha.org/practice-portal/>

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.

- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.

- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.

- C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.
- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

- P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

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Code of Fair Testing Practices in Education

The *Code of Fair Testing Practices in Education* was developed by the Joint Committee on Testing Practices (JCTP) to ensure ethical testing of all individuals regardless of ethnicity, age, gender, sexual orientation, disability, religion, linguistic background, or other personal characteristic. Speech-language pathologists are obligated to follow these guidelines. The guidelines in the code were developed primarily for use with commercially available and standardized tests in an educational setting. However, many of the principles also apply to informal testing situations and other settings.