April 9, 2021

8:00 am - 9:00 am
Session 1
A Catalyst for Change Towards a More Culturally Responsive CSD: Moving From Awareness to Action
Kia Johnson, PhD, CCC-SLP, University of Houston

Recent events within our country have raised noticeable awareness to the longstanding issues of racially driven biases and inequities within the field of communication sciences and disorders. Following this increased awareness is the opportune moment to act and disrupt traditional systems to create a more inclusive and equitable career for current and future professionals in communication sciences and disorders. This keynote address will provide strategies utilizing basic premises of advocacy, leadership, and professional development to motivate micro- and macro-activism within the profession.

At the end of this session, participants will be able to:
- Describe the impact of racially-driven biases and inequities on the profession
- Describe the differences between cultural competence, cultural humility, and cultural responsiveness
- Define advocacy and explain how it relates to cultural humility
- List at least one microlevel and macrolevel strategy for activism within the profession

Level of Learning: Intermediate | Track: Multi-Interest

9:15 am - 10:45 am
Session 2
Getting the Most out of Your MBSS
Meg Stresen-Reuter, CCC-SLP, Diamond Diagnostics Mobile Dysphagia Consultation Specialists, Bracco Diagnostics, Inc.

Patient and environmental factors, and our own lack of experience can result in a missed opportunity to obtain a thorough and readable image during a modified barium swallow study (MBSS). In mobile dysphagia practice, collaborating with SLPs about patient and environmental factors, and our own responsibilities, has provided a broad range of experience in getting the most out of an MBSS. This session aims to teach tips and tricks of the trade to avoid pitfalls during imaging and capture essential elements during the MBSS.
At the end of this session, participants will be able to:

- Name three patient or environmental factors that limit imaging
- Name three tools every fluoroscopy suite should have handy
- Identify three conditions when special imaging is essential
- List three ways to recruit radiology staff to improve imaging

Level of Learning: Intermediate | Track: Medical

9:15 am - 10:45 am
Session 3

_Invisibility in Children’s Books- Why Who You see Matters_
Shontaye Glover, MS, CCC-SLP, Private Practice

This session will discuss issues of diversity and the impact of underrepresentation in children’s literature. Participants will identify the effects of invisibility for marginalized and minoritized groups and will explore the benefits of using inclusive picture books to help children navigate our increasingly diverse society. The latter part of this presentation will specifically focus on how speech language pathologists can implement inclusive picture books in therapy.

At the end of this session, participants will be able to:

- Analyze the current purview of diversity in children’s literature
- Determine the impact of underrepresentation in picture books for minoritized groups
- Identify and apply key components to create a diverse library for literacy-based therapy

Level of Learning: Introductory | Track: School-Based/SLPA

9:15 am - 10:45 am
Session 4

_Starting Life in the NICU, Part 1_
Jennifer Casteix, CCC-SLP, The University of Arizona

The National Survey of Children’s Health estimates that 10 percent of children under five years in the US have complex or special health care needs. Many children with these complex needs who receive early intervention services begin their lives in the neonatal intensive care unit (NICU). While in the NICU, these infants require significant medical and developmental support to promote best outcomes. During this session, we will explore the NICU environment and the professionals who utilize interprofessional practice to support these tiniest humans. We will discuss reasons an infant may require a NICU stay, including neonatal abstinence syndrome and prenatal exposure to alcohol. We will identify signs of feeding readiness and how speech-language pathologist’s support infant feeding and families. Finally, we will review the parent experience and ways to support transition from in-hospital to home-based services.
At the end of this session, participants will be able to:

- Name and describe two medical concerns frequently seen in infants in the NICU
- List two results of prenatal exposure to alcohol in infants that can lead to poor feeding
- Explain one way speech-language pathologists can support families as they navigate the NICU environment

**Level of Learning:** Intermediate | **Track:** Pediatric/SLPA

9:15 am - 10:45 am

**Session 5**

**Support Personnel and ASHA Certification for Assistants**

Eileen Crowe, MA, ASHA; Lisa Wolf, BA, ASHA

Examine the history of assistants and ASHA and the ASHA assistant certification program. Additionally, explore trends in the states relating to the laws and regulations governing support personnel, their evolving role and on-line resources available on the roles and supervision of both audiology and speech-language pathology support personnel. Through scenarios, attendees will explore the impact of support personnel in various practice settings.

At the end of this session, participants will be able to:

- Examine the ASHA assistant certification program
- Discuss support personnel initiatives in states
- Examine support personnel trends nationwide and ASHA resources available on support personnel

**Time Ordered Agenda:**

9:15-9:25 Introduction and Overview
9:25-9:35 ASHA Assistant Certification Program
9:35-9:50 ASHA Scope of Practice, Education, and Supervision of SLPAs and Audiology Assistants
9:50-10:00 ASHA Practice Portal and Use of Support Personnel
10:00-10:10 Telesupervision and COVID-19
10:10-10:30 ASHA Networks, Nationwide Trends, and ASHA Resources
10:30-10:45 Scenarios

*This session qualifies for the required ASHA supervision credits.*

**Level of Learning:** Intermediate | **Track:** Multi-Interest

11:15 am - 12:45 pm

**Session 6**

**Cluttering and What to Do About It**

Lynne Hebert Remson, PhD, Board Certified Stuttering Specialist, LLC
Cluttering—that other fluency disorder. We know something is going on when we hear it, but what exactly is it? And what can we as SLPs do about it? The term “cluttering” has long been associated with stuttering, language disorders, speech production difficulties and a host of other communication difficulties. This session will explore the current understanding of the nature of cluttering based on the concept of lowest common denominator and the core characteristics of cluttering as proposed by Ken St. Louis. This discussion will also explore the relationship between stuttering and cluttering as well as other speech-language disorders. A detailed approach to differential diagnosis, therapeutic assessment and intervention will be described based on the research of Kathy Scaler Scott and David Ward. Sample IEP goals will be offered.

At the end of this session, participants will be able to:
- Define Cluttering based on the Lowest Common Denominator model.
- Describe a protocol for differential diagnosis of cluttering
- Identify components of an appropriate treatment plan for cluttering
- Design appropriate treatment goals

**Level of Learning**: Intermediate  |  **Track**: Multi-Interest

11:15 am - 12:45 pm
Session 7

*Starting Life in the NICU, Part 2: After Discharge*
Jennifer Casteix, CCC-SLP, The University of Arizona

The National Survey of Children’s Health estimates that 10 percent of children under five years in the US have complex or special health care needs. Many children with these complex needs who receive early intervention services begin their lives in the neonatal intensive care unit (NICU). During Part 1, we reviewed staffing and culture in the NICU, infants and families and the ways in which the SLP supports infants and their caregivers during the NICU stay. In Part 2, we will discuss the transition the families experience from constant care and oversight to life at home, and the role the SLP plays in supporting infants and their families in feeding and communication development. Lastly, we will describe Life Course Theory and the influence being born premature may have on a person throughout their lifetime.

At the end of this session, participants will be able to:
- Describe one way transition from the NICU to home can be difficult for families.
- Demonstrate one feeding technique to utilize with an infant who is having difficulty with bottle feeds.
- Describe one feeding technique to utilize with an infant who is having difficulty transitioning past smooth pureed food.
- List two components of Life Course Theory.

**Level of Learning**: Intermediate  |  **Track**: Pediatric/SLPA
**Session 8**

*The Impact of Cultural and Linguistic Diversity on Stuttering*

Kia Johnson, PhD, CCC-SLP, University of Houston

While cultural and linguistic diversity are often considered in other areas of speech-language pathology, the impact to service delivery for individuals who stutter is often forgotten. However, as the United States continues to grow in cultural and linguistic diversity, it is imperative that clinicians consider how these factors influence how suspected cases of developmental stuttering are evaluated and addressed. Recent research findings suggest that children who are culturally and/or linguistically diverse with typical fluency can present with speech disfluencies and related factors that closely mimic aspects of developmental stuttering. Thus, how clinicians approach assessments must be reconsidered in a more culturally responsive way. This session will review related research and provide clinical implications for these findings as well as other multicultural considerations that have the potential to impact assessments for developmental stuttering.

At the end of this session, participants will be able to:

- Discuss research findings related to bilingualism, speech disfluencies, and developmental stuttering
- List at least two culturally-related characteristics that can impact a stuttering assessment
- Provide at least two ways to make a traditional stuttering assessment protocol more culturally responsive

**Level of Learning:** Intermediate  |  **Track:** Multi-Interest

**Session 9**

*The Medical Speech-Language Pathologist’s Role in Delirium*

Jessica Lasky, CCC-SLP,

Delirium is an increasingly common medical complication that medical speech-language pathologists are being expected to identify and also expected to assess if treatment is indicated. Delirium is a complex neurological process with many long-term outcomes. In this session, the medical speech-language pathologist will be able to identify screening and assessment tools used to identify delirium, they will be able to assist physicians and the medical team in management of delirium and they will be able to provide patients and family education about delirium.

At the end of this session, participants will be able to:

- Identify three types of delirium
- Identify three different screening tools for delirium
• Describe patient/family education on delirium
• Describe the SLPs role in identification and treatment of delirium

**Level of Learning:** Intermediate | **Track:** Medical

1:45 pm - 3:15 pm
Session 10

*An Early Intervention Team Shares How to Address Functional Practice*

Cynthia Fangman Farrell, CCC-SLP, Northern Arizona University

Early intervention (EI) in speech-language pathology requires evidence-based, comprehensive assessment and intervention services in a team setting that supports family engagement within their natural environment (ASHA, 2008). Arizona’s early intervention’s (AzEIP) key principles include “infant and toddlers learn best through everyday experiences and interactions within familiar people in familiar contexts” (AzEIP, 2019). What do these learning activities and opportunities look like in functional, natural settings? Let a “real-life” Early Intervention Interprofessional Team share how they meet this practice goal. This session will discuss team roles/responsibilities, practice procedures, and functional strategies that meet this early intervention principle. There will also be time for the AzEIP Interprofessional team panel to answer questions regarding early intervention service provision.

At the end of this session, participants will be able to:
• Identify roles and responsibilities of speech-language pathologists in early intervention.
• List two teaming procedures that would support early intervention service provision principles.
• Describe two best practice strategies to provide learning activities and opportunities in the family’s natural environment.

**Instructional Level:** Introductory | **Track:** Multi-Interest

1:45 pm - 3:15 pm
Session 11

*Creating Equity-Centered Organizational Change: What’s My Role in Increasing Diversity?*

Aileen Wong, AuD, CCC-A; Nicole Marrone, PhD, CCC-A; Rui Hernandez, MA, CCC-SLP, from University of Arizona

The purpose of this session is to prompt reflection and thoughtful planning related to organizational change that holds diversity, equity and inclusion as important elements of sustainability. This session will provide concrete examples of capacity-building efforts in speech, language and hearing sciences. We will facilitate dialogue among participants regarding their contribution in enhancing services for Arizona’s diverse communities. Participants will identify opportunities for change within their environments and identify how to leverage their strengths and influence to further efforts related with diversity, equity and inclusion.

At the end of this session, participants will be able to:
• Describe concrete examples that have brought about organizational change.
• Summarize important considerations related to the approach defined in the capacity-building efforts towards organizational change to enhance equity.
• List partners for creating organizational change centered on diversity, equity, and inclusion.

Level of Learning: Introductory | Track: Multi-Interest

1:45 pm - 3:15 pm
Session 12

Educating Future Medical SLPs: Bridging the Gap Between University and Clinical Practice
Kathleen Cazzato, MA,CCC-SLP, University of Arizona; Aubrey Dunlap, MS, CCC-SLP, Banner Health, Arizona State University; Laura Wolford, PhD, CCC-SLP, Midwestern University; Joshua Breger, CCC-SLP, Arizona State University, Honor Health; Victoria Contento, CCC-SLP, Banner Health

In the ever changing medical landscape, preparation of speech-language pathologists to work in hospital and other medical settings has become a complex and multi-faceted process. Preparation of our future medically based speech-language pathologists requires a combination of robust and meaningful coursework, critical thinking through case study presentation, knowledge of integration with an interdisciplinary team and clinical preparation with a high level of mentorship and individualized training. The purpose of this session is to have a dynamic discussion including what education in medical speech-language pathology currently involves, how it can improve and how universities, hospitals/medical facilities, and practicing of speech-language pathologists can work together to prepare our next generation of medical of speech-language pathologists.

At the end of this session, participants will be able to:
• Describe what is covered in graduate level coursework in the area of medical speech-language pathology
• Describe methods in which universities have adapted programs to include an increased emphasis and training in medical speech-language pathology
• State limitations with graduate preparation in medical speech-language pathology
• Describe ways in which universities and practicum settings across healthcare environments can integrate efforts to promote improved training and educational opportunities in medical speech-language pathology

Level of Learning: Intermediate | Track: Medical

1:45 pm - 3:15 pm
Session 13

Evaluation and Eligibility: Exploring Requirements and Research for School SLPs
Marie Ireland, MEd, CCC-SLP, BCS-CL, Virginia Department of Education
Speech-language pathologists must understand the many requirements for evaluation and eligibility for SLPs services that federal and state law set forth for US schools. Comprehensive evaluation and documentation of all required eligibility criteria can help school speech-language pathologists combat overidentification, high speech-language pathologist caseloads and civil rights concerns. This session will integrate federal and state regulations with best practice and the latest research in the field. Case studies will highlight the need for professionals to differentiate educational and medical regulations and requirements and provide opportunities to discuss communication with families and others.

At the end of this session, participants will be able to:

- Identify specific requirements for evaluation and eligibility in schools
- List all required steps for eligibility with team members to ensure IDEA compliant decision making
- Identify differences between educational identification and clinical diagnosis

**Level of Learning:** Intermediate  | **Track:** Pediatric

3:45 pm - 5:15 pm
Session 14

**AI & Speech Pathology Informatics: Is the Future SLP a Bot?**
Amna Fares, CCC-SLP; Anita Murcko, MD, from Arizona State University

Informatics is the connection between clinical expertise, data analytics and technology (American Medical Informatics Association, 2020). Artificial Intelligence can help clinicians think and perform better by completing simple and repetitive tasks. However the innovation and direction must come from the human, the creative genius and expert at extracting insight. This session will cover the basics of informatics, artificial intelligence and the role of the speech-language pathologist by introducing where we stand and what we can learn from our colleagues across various clinical domains. Teletherapy, mobile apps, EHRs, genomic data and eHealth competencies are all topics of interest and relevance. What does the modern SLP need to know about technology, information science and the future of healthcare?

At the end of this presentation, participants will be able to:

- Define Informatics and Artificial Intelligence.
- Describe three subsets of Informatics-- Clinical Informatics, Bioinformatics, and Public Health Informatics.
- Summarize current informatics research studies that are of relevance to speech-language pathologists.
- Identify areas of growth within our field, including but not limited to, clinical decision support technology, eHealth competencies and future research.

**Level of Learning:** Intermediate  | **Track:** Multi-Interest
3:45 pm - 4:45 pm
Session 15

**Got CCCs? Now What? Specialty Certifications and Programs for the Medical SLP**

Alisa Wang, MS, CCC-SLP, CLC, NTMTC, Cardon’s Children’s Medical Center; Sarah Glenn, MS, MBA, CCC-SLP, BCS-S, CBIS, Rehab Services Senior Manager, Banner Gateway Medical Center

This interactive session will provide an overview of specialty certifications and ASHA programs that allow medical speech-language pathologists to further advance their careers. Certifications discussed will include BCSS, CBIS, ASHA’s Leadership Development program, IBCLC and NTMTC.

At the end of this presentation, participants will be able to:
- Identify steps involved in pursuing different specialty certifications and programs
- Identify benefits of different specializations for the medical speech-language pathologist

**Level of Learning:** Intermediate  |  **Track:** Medical

4:45 pm - 5:15 pm
Session 15

**The Journey Toward Finding Your Inner Voice**

Sherril Howard, CCC-SLP, Private Practice

In my 37 years of practice, I have learned that many voice problems are not solely physiological, but often have an underlying emotional component. Three physical aspects are necessary for the production of voice, but we also have an inner voice; one hidden from sight. Learning methods to access our inner voice and teaching this to our clients, can be a life changing experience. Through learning to access our inner self, we release inner tensions that block our true voice which can lead to sending forth a voice that is healing to ourselves and others. Techniques used include quieting our mind, breath work, expressing gratitude and more. This session honors the late Dr. Daniel Boone, world renowned voice specialist from the University of Arizona, who after reviewing this presentation said he was thrilled to see our profession expanding beyond just the physical aspect of voice.

Learner Outcomes: At the end of this session, participants will be able to:
- Identify three aspects to physical voice production
- Recognize the existence of our inner voice
- Practice methods to help access our inner voice

**Level of Learning:** Introductory  |  **Track:** Multi-Interest

3:45 pm - 5:15 pm
Session 16

**Memory, Sensory and Play: Feeding Groups That Enhance Interactions With Food**
Cindy Herdé, MA, CCC-SL/CKTP, Talk Eat Play, PLLC, Nicklaus Children's Hospital

The purpose of this session is to illustrate how sensory and memory are related and its effects on feeding in the pediatric population. We will identify ways to create food-related opportunities to alter sensory experiences positively as well as outline the curriculum and feasibility of a group-based program for children with sensory-based pediatric feeding disorders.

At the end of this session, participants will be able to:

- Describe how sensory is related to memory formation, retention, and retrieval
- List minimal four strategies to create positive memories between food and sensory play
- Implement effective and engaging activities for implementation within a pediatric feeding group setting

**Level of Learning:** Introductory | **Track:** Multi-Interest

3:45 pm - 5:15 pm
Session 17

**Elicitation Strategies: When “Repeat After Me” Isn’t Working**
Amy Graham, CCC-SLP, Graham Speech Therapy, LLC

Not all speech sound disorders are created equal, and therefore children with phonological and/or motor speech deficits may require different strategies for elicitation of target phonemes to improve intelligibility. Speech-language pathologists must be equipped with a variety of elicitation techniques and know which will be most effective for individual children and their specific speech sound disorder. This session will focus on a number of specific elicitation techniques, including visual, verbal, tactile, semantic and kinesthetic cues, to help improve a child’s stimulability and practical strategies for implementation during in-person and virtual therapy. The presenter will go into detail to offer ideas about how to elicit some of the more challenging speech sounds and provide case examples using videos to help explain and demonstrate helpful elicitation strategies. A brief overview of differential SSD diagnosis and rationale for specific phonological and articulation approaches will be reviewed, as well as how speech-language pathologists can manipulate the therapeutic environment to promote generalization will also be discussed.

At the end of this session, participants will be able to:

- Identify at least two new elicitation techniques for target phonemes
- Describe how multisensory cueing can benefit children with speech sound disorders
- Discuss how these elicitation techniques may be used both during both in-person and teletherapy

**Level of Learning:** Intermediate | **Track:** Pediatric/SLPA
April 10, 2021

Session 18

Differential Diagnosis of Childhood Apraxia of Speech
Amy Skinder-Meredith, PhD, CCC-SLP, Washington State University

This session will provide information on the nature of childhood apraxia of speech (CAS) and how to differentially diagnoses CAS from other speech sound disorders. CAS often co-occurs with additional challenges, such as difficulty with expressive language and literacy. Assessment will be covered in a manner that will allow the participant to determine the relative contribution of each of these factors, which will allow the clinician to plan treatment accordingly. Furthermore, CAS will present differently depending on the stage of motor speech development the child is in. Knowing which measures to use for each stage will also be addressed.

At the end of this session, participants will be able to:

- Describe the important elements of an assessment for a child with CAS.
- Describe the relative contribution of various factors to a child’s speech sound disorder (e.g., phonologic delay, articulation disorder, dysarthria, and apraxia).
- Plan treatment based on assessment results.

Level of Learning: Intermediate | Track: School-Based

Session 19

Evaluation of Voice and Voice Disorders Across Practice Settings, Part 1
Julie Barkmeier-Kraemer, PhD, CCC-SLP, University of Utah

A comprehensive evaluation of the voice requires both instrumental and non-instrumental methods. The majority of speech-language pathologists involved in the evaluation and treatment of such individuals may not have access to the kind of equipment used for voice evaluations conducted within national voice centers. This session will present the objectives and recommended methodology for completing a comprehensive voice evaluation with and without instrumental procedures to guide comprehensive voice evaluation approaches across professional practice settings.

At the end of this session, participants will be able to:

- List relevant components of the voice assessment important to identifying the presence/absence, nature, and severity of a voice disorder for comparison over time and for treatment outcomes
- Describe basic equipment necessary for a voice assessment in a variety of settings
• Describe appropriate measures of voice used to test hypotheses about and track voice change over time or related to treatment

**Level of Learning:** Intermediate | **Track:** Medical

8:00 am - 9:30 am

Session 20

**SLP-SLPA Teams: Balancing Supervision Requirements With the Real World**

Jeff Meeks, EdD, CCC-SLP Northern Arizona University; Amy Hill, MA, CCC-SLP, Light Street Special Education Solutions

SLP-SLPA teams are becoming more common as a greater number of SLPAs receive licenses and pursue ASHA certification. For many SLPs, working with an SLPA is new territory and they often lack a clear understanding of the role they play as the SLPA’s supervisor. In addition, many SLPAs are recent college graduates and lack the experience to know what to expect of their supervisor. This dynamic can create challenges related to unknown and unmet expectations. This session addresses ASHA and AZDHS expectations for supervision, the unique roles of each profession, common concerns from the field, and practical solutions. Presenters will use direct instruction as well as a forum format where experienced SLP-SLPA teams will share their everyday challenges and solutions.

At the end of this session, participants will be able to:

• Describe the unique roles SLPs and SLPAs play in service delivery
• Describe the supervision requirements for SLPAs and related documentation
• Problem-solve common SLPA supervision challenges

**Time Ordered Agenda:**
8:00 - 8:10 Poll of attendees regarding roles and topics of concern/interest
8:10 - 8:40 Review of SLPA supervision requirements and updates ASHA vs AZDHS
8:40 - 9:00 SLP/SLPA teams (roles, collaboration, communication)
9:00 - 9:30 SLP/SLPA team panelists and question/answer

This session qualifies for the required ASHA supervision credits.

**Level of Learning:** Introductory | **Track:** Multi-Interest

8:00 am - 10:00 am

Session 21

**Don’t Settle for Mediocrity - Simple Ways to Make 2021 a Year to Thrive!**

Gyl Kasewurm, AuD, Private Practice

2020 was a year of many disruptions and everyone was forced to live with changes caused by those disruptions. But, if you review history, you will discover that embracing disruption can lead to personal
and professional growth. Dr. Kasewurm will share simple ways to improve your work and personal lives so that your profession becomes a source of joy and provides the resources to help you realize your dreams.

At the end of this session, participants will be able to:

- Outline a simple tracking system to keep personal and business goals on track
- Define simple ways to attain a positive work/life balance
- List five specific disruptions and how to harness them for personal and professional growth

**Level of Learning:** Intermediate  |  **Track:** Audiology

10:00 am - 11:30 am
Session 22

*Compelling Case Studies: PROMPT in Action*

Amy Clark, CCC-SLP, Children's Minnesota

PROMPT is an acronym for Prompts for Restructuring Oral Muscular Phonetic Targets. PROMPT trained speech-language pathologists assess and treat individuals holistically by approaching communication as an interaction of the physical-sensory, cognitive-linguistic and social-emotional domains within the Conceptual Framework. This session will describe and demonstrate how PROMPT is implemented in clinical practice. Interactive case studies will highlight key aspects of PROMPT assessment and treatment. In addition, case studies will demonstrate how evidence-based PROMPT research is linked to clinical practice, meets individual client’s needs and facilitates for optimal functional communication outcomes.

At the end of this session, participants will be able to:

- Identify movement patterns as they apply to the System Analysis Observation (SAO) and Motor Speech Hierarchy (MSH)
- Identify treatment priorities as they apply to the Motor Speech Hierarchy (MSH)
- List and explain key aspects of PROMPT assessment and treatment

**Level of Learning:** Intermediate  |  **Track:** Multi-Interest

10:00 am - 11:30 am
Session 23

*Educational Relevance for Single Speech Sound Errors*

Kelly Farquharson, PhD, Florida State University

What do the “new” speech sound norms tell us about speech sound development? How do we use this information diagnostically? In a school-based setting, how can we use this information to help with determining educational relevance? These questions, and many related ones, will be discussed in this
Although it is true that some children with SSDs do not exhibit educational need for specially designed instruction, this is not the case for all of these children. In this session, we will discuss practical strategies to adapt assessment, treatment and collaborative practices to appropriately determine educational need in line with federal and state laws and regulations. Three case studies will be reviewed: one in which academic need is exhibited, one in which social-emotional need is exhibited and one in which neither are exhibited.

At the end of this session, participants will be able to:

- Explain how to interpret normative data for speech sound production
- List three ways in which a single speech sound error may be educationally relevant
- Describe an appropriate assessment battery for a child with a speech sound disorder

**Level of Learning:** Intermediate  |  **Track:** School-Based/SLPA

10:00 am - 11:30 am  
Session 24  
*Evaluation of Voice and Voice Disorders Across Practice Settings, Part 2*  
Julie Barkmeier-Kraemer, PhD, CCC-SLP, University of Utah

A comprehensive evaluation of the voice requires both instrumental and non-instrumental methods. The majority of speech-language pathologists involved in the evaluation and treatment of such individuals may not have access to the kind of equipment used for voice evaluations conducted within national voice centers. This session will present the objectives and recommended methodology for completing a comprehensive voice evaluation with and without instrumental procedures to guide comprehensive voice evaluation approaches across professional practice settings.

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- List relevant components of the voice assessment important to identifying the presence/absence, nature, and severity of a voice disorder for comparison over time and for treatment outcomes
- Describe basic equipment necessary for a voice assessment in a variety of settings
- Describe appropriate measures of voice used to test hypotheses about and track voice change over time or related to treatment

**Level of Learning:** Intermediate  |  **Track:** Medical

10:30 am – 11:30 am  
Session 25  
*Using TeleAudiology to Increase Patient Access to Care*  
Suzanne Younker, AuD, Your Hearing Network
Telehealth is gaining traction as fast as technology and legislation will allow. Expansion into audiology healthcare is no exception. This session discusses applications of full-service teleAudiology as an effective solution to expanding patient access to hearing care, the current status of TeleAudiology laws and rules for reimbursement, patient satisfaction outcomes with TeleAudiology services and clinical implementation options and procedures.

At the end of this session, participants will be able to:

- Describe how TeleHealth fills a void in patient hearing care
- List two facts about TeleHealth rules and laws
- Identify practice scenarios where this modern method of hearing care is beneficial

**Level of Learning:** Introductory | **Track:** Audiology

12:45 pm - 2:15 pm
Session 26

*Bringing Joy to Communication With AAC*
Anne Page, CCC-SLP, Beautiful Speech Life

Augmentative Alternative Communication can be challenging. This session will provide a basic understanding of AAC with a user friendly approach. The importance of bringing joy to communication for our students/clients with the most complex communication needs will be examined and explored. The importance of presuming competence, learning through play, utilizing core vocabulary and fringe vocabulary and language modeling will be explored at length. After completing this session participants will have a better understanding of how to move forward AAC in the pediatric and school setting.

At the end of this session, participants will be able to:

- List four important components of implementing AAC.
- Define and list an example of language modeling for AAC.
- List a minimum of six core vocabulary words.

**Level of Learning:** Introductory | **Track:** Pediatric/SLPA

12:45 pm - 2:15 pm
Session 27

*Vagal Nerve Injury and Dysphagia: Assessment and Treatment Planning*
Julie Barkmeier-Kraemer, PhD, University of Utah

The vagal nerve contributes significantly toward the normal sensorimotor pharyngoesophageal swallow during deglutination. This session will offer speech-language pathologists guidance on clinical approaches toward problem-solving vagal sources of injury and associated signs and symptoms. Pertinent literature and recent research findings from the author’s lab will be presented to support prevalence and
associated pathophysiology of dysphagia in those with vagal injury. Case examples will be used to illustrate and to engage the audience in problem-solving exercises.

At the end of this session, participants will be able to:

- Identify and describe signs and symptoms of vagal nerve injury evidence during a clinical dysphagia examination
- Identify and describe visual perceptual and quantitative measures associated with the pathophysiology of dysphagia in those with vagal nerve injury
- Solve case examples of patients with vagal nerve injuries referred for assessment of dysphagia.

Level of Learning: Intermediate  |  Track: Medical

12:45 pm - 2:15 pm
Session 28

**Building and Maintaining Collaborative Relationships With Diné Families**

Davis E. Henderson, PhD, CCC-SLP; Fe Murray, EdD, CCC-SLP. from Northern Arizona University

As communication experts, audiologists, speech-language pathologists and speech-language pathologist assistants have deep knowledge of the processes of effective communication. However, this knowledge is often biased toward the mainstream western culture that permeates communication sciences and disorders training programs across the USA. Clinicians will often arrive at their work setting with little understanding about the diverse cultural landscape in which they will practice. As a consequence, significant communication breakdowns occur that often interfere with the most basic activities of the profession, resulting in over/under-identification, inappropriate treatment targets and with significant miscommunications with their clients/patients/students and their caregivers. This session will dive into the cultural values of the Diné (Navajo), using situational storytelling and case studies from the perspective of a cultural outsider and a cultural insider, to expose potential pitfalls and barriers, possible explanations for the breakdowns and functional solutions to the situations presented.

At the end of this session, participants will be able to:

- Name three ways to practice cultural reciprocity with Diné families
- List several personal goals for moving toward cultural humility with Diné families
- Identify community resources to provide cohesive culturally appropriate intervention

**Level of Learning:** Introductory  |  **Track:** Multi-Interest

12:45 pm - 2:45 pm
Session 29

**Be the Change for Students Who Have Hearing Loss**

Donna Smiley, PhD, CCC-A, American Speech-Language-Hearing Association
There are many opportunities for professionals to work collaboratively to improve outcomes for children who have hearing loss. This session will focus on maximizing collaborative efforts as they relate to providing accommodations, sharing diagnostic and educational information, technology selection and family counseling for students who have hearing loss. This session will be of particular interest to professionals working in the school setting as well as those that may serve children in a clinic-based setting.

At the end of this session, participants will be able to:

- Describe ways to collaborate and communicate with other professionals and to justify time in their schedules for this activity
- Identify diagnostic and educational information related to a specific student that needs to be shared between professionals
- Formulate technology plans for students needs in multiple settings

**Level of Learning:** Intermediate | **Track:** Audiology

2:45 pm - 4:15 pm
Session 30

**Using ACT With Older Students Who Stutter**

Lynne Hebert Remson, PhD, Board Certified Stuttering Specialist, LLC

Probably the most daunting aspect of stuttering therapy for speech-language pathologists is dealing with the social-emotional distress associated with stuttering. Cognitive-behavioral therapies have proven helpful in recent years; more and more speech-language pathologists are using cognitive therapies to address the Affective Component in the ABCs of stuttering (cognitive, behavioral, affective).

Cognitive therapies are used to guide persons who stutter in identifying and modifying negative thoughts and feelings about speaking as a way to improve effective communication. Improved fluency becomes a secondary benefit. Developed more than 30 years ago by clinical psychologist Steven C. Hayes, Acceptance and Commitment Therapy (ACT) is a particular form of cognitive-behavioral therapy that has seen a resurgence in psychotherapy and counseling. ACT therapy is a client-centered approach that promotes mindful action guided by personal values to reduce suffering and improve quality of life.

Speech-language pathologists who treat individuals who stutter are beginning to see the implications for their clients and have begun exploring this approach to managing feelings, beliefs and behaviors related to stuttering that interfere with effective communication. This presentation will introduce the principles of ACT therapy and extend them to a framework specifically designed for working with adolescents who stutter.

At the end of this session, participants will be able to:

- Identify the six processes of psychological flexibility that form the basis for ACT
- Identify the components of the DNA model for adolescents
• Describe activities for promoting mindfulness and committed action based on values as an intervention strategy for adolescents who stutter

**Level of Learning:** Intermediate | **Track:** Pediatric

2:45 pm - 4:15 pm

**Session 31**

*Influence of Assessment Type When Evaluating Individuals With Mild TBI*

Jessica Brown, PhD, CCC-SLP; Kristen Ackley, MS, CCC-SLP, from University of Arizona

Individuals with mild traumatic brain injury (mTBI) report acute and persistent deficits, which impact daily living. Speech-language pathologists (SLPs) are tasked with characterizing these deficits through evaluation. Many evaluation options exist for clinicians, including self-report, standardized and ecologically-valid assessment approaches. Each of these measurement types provides unique, relevant information; however, each also has unique limitations. For instance, a heavy reliance on self-report measures may result in a delay of documentation for injuries, as this may not occur until an individual notes increased difficulty in performing daily activities. Similarly, client performance may differ based on measurement type. For example, individuals with mTBI often perform within normal limits on standardized assessments, despite endorsing a high number of deficits on self-report measures. Therapy to remediate these deficits may be needed, but this information may not be apparent from the results of a single measure; therefore, therapy may be delayed or not occur. In this session, we will directly compare the clinical use of three distinct assessment approaches (i.e., self-report, standardized cognitive-linguistic testing and ecologically-valid testing), summarizing data from 14 individuals with mTBI. We will discuss findings in the context of functional outcome measures (e.g., vocational outcomes) and information obtained from interview. Finally, we will consider clinical parameters faced by SLPs (e.g., a lack of materials and time) and discuss ways to adapt this procedure for clinical use.

At the end of this session, participants will be able to:

• Describe and apply various assessment approaches.
• Identify the pros and cons of various evaluation approaches for clinical use.
• Analyze the data received from various assessment types.

**Level of Learning:** Intermediate | **Track:** Medical

2:45 pm - 4:15 pm

**Session 32**

*Feeding Therapy in the School Setting*

Dena Berg, MS, CCC-SLP, Arizona Advanced Therapy

The new consensus definition of pediatric feeding disorder (PFD) now encompasses four domains (medical, nutrition, feeding skill and psychosocial). With that change, the demand for feeding therapy in
school settings has increased. This session will cover common diagnoses that are associated with PFD, ideas for direct and indirect feeding therapy in the school setting, and how to improve quality of life at school for children with PFD. The session will also address how feeding goals can be supported by an IEP, how treatment in a school setting will be structured, and how to best advocate for children with PFD.

At the end of this session, participants will be able to:

- Name the four domains of Pediatric Feeding Disorder and common diagnoses that are associated with PFD
- Describe how PFD can be supported with direct therapy in the school setting
- Define the three components of Responsive Feeding Therapy (RFT) and how they relate to feeding therapy in the school setting
- Describe the school SLP’s role in feeding therapy and advocating for PFD

**Level of Learning:** Introductory | **Track:** School-Based

3:15 pm - 4:15 pm  
Sessions 33

*Arizona Assistive Technology Resources You Need to Know*

Heidi Lervik, MA, CRC, ATP, Northern Arizona University

Audiologists and speech-language pathologists often struggle to determine which assistive technology would best meet their patients’ needs. They spend valuable time researching equipment options which, in turn, limits important clinical time with the patient. Additionally, many patients purchase expensive equipment which is often unused or abandoned. Arizona Technology Access Program aims to address these issues by providing resources, demonstrations, complimentary loaner equipment and a possible financial loan resource for hearing aids, assistive listening devices and speech communication devices.

At the end of this session, participants will be able to:

- Identify the nine categories of technology AzTAP provides.
- Identify seven services and programs that AzTAP provides.
- Identify financial loan program resource AzTAP provides for assistive technology

**Level of Learning:** Introductory | **Track:** Audiology

**Poster Sessions**

Available April 9-10, 2021: Pre-recorded

Poster 1

*A Systematic Review of Treatment Adherence Strategies for Adult Populations*
Adherence to treatment recommendations provided by a speech-language pathologist (SLP) could improve patient outcomes and shorten intervention periods. Despite this, treatment adherence strategies and reporting methods are rarely reported or investigated in our literature. The primary purpose of this systematic review was to identify treatment adherence strategies used by adult populations that are commonly treated by SLPs (i.e., dysphagia, aphasia, traumatic brain injury (TBI), dysphonia and dysarthria). Inclusion and exclusion criteria were defined using the Population intervention comparison outcome (PICO) framework. A comprehensive literature search was performed in three databases (i.e., CINAHL, PubMed, Web of Science) using key terms. Briefly, the article selection process included 1) title and abstract screening, 2) full text review of remaining articles to identify those that met all eligibility criteria and 3) bibliography search of all selected articles to obtain additional relevant studies. Two investigators (AC and LC) independently screened and assessed all potential articles, and disagreement was resolved through consensus with a third investigator (RB). Study objective(s), disorder population (e.g., dysphagia), sample size, treatment type, adherence reporting method, and adherence metrics will be abstracted from each article. Study quality will be assessed using the JAMA Quality Rating Scheme. Relevant data will be summarized for each adult population of interest, in an effort to share knowledge across disorder areas.

At the end of this session, participants will be able to:

- Identify treatment adherence strategies that are used by individuals with dysphagia, aphasia, traumatic brain injury (TBI), dysphonia, and dysarthria
- Identify common patient reporting methods of treatment adherence used in SLP literature
- Brainstorm new adherence strategies for SLP interventions

Level of Learning: Intermediate

Poster 2

**Acceptance/Resistance to Stuttering Self-Disclosure: Perspectives of Adult Persons Who Stutter**

Julia Bosco, BS; Judith King, PhD, from Northern Arizona University

Research has shown that listeners tend to have negative perceptions of and reactions to persons who stutter (PWS) (Daniels, DE, Gabel, RM, Healey, EC, Kawai, N, 2007). However, several studies have established that adult listeners’ perceptions improve when PWS acknowledge their stutter (Byrd, CT, Cappellini, C, Gkalitsiou, Z, McGill, M, 2017). This acknowledgement is called “self-disclosure.” These studies also suggest that self-disclosure is beneficial to both the listener and PWS because the speaker does not struggle to avoid stuttering, and the listener does not try to interpret the speaker’s speech, thus offering both partners the opportunity to focus on the conversation (Maninelli, JM, 2019). While some PWS choose to self-disclose, others resist doing so, reporting it is “awkward; weird” and/or “doesn’t seem natural.” The purpose of this project is to investigate self-disclosure experiences and statements used by adult PWS. Eight PWS were interviewed and their responses regarding self-
disclosure were categorized into common themes. Recommendations are made for speech-language pathologists addressing clients’ concerns about stuttering self-disclosure.

At the end of this session, participants will be able to:

- Identify commonalities of perspectives of stuttering self-disclosure among PWS and apply those findings in clinical practice
- Describe the particular life experiences that may influence a PWS feelings about self-disclosure
- Compare and contrast attitudes of PWS with those of their communication partners after a verbal exchange

**Level of Learning:** Intermediate

**Poster 3**

**An Effective Feeding and Swallowing Assessment Tool for Schools**

Cynthia Fangman Farrell, CCC-SLP; Hayley Hill, BS; Shelby Roy, BS; Lindsey Vollmert, BA, from Northern Arizona University

Children with residual feeding and swallowing disorders are “showing-up” in our preschools and early elementary schools due to surviving prematurity and complex medical and genetic diagnosis in the past. The school speech-language pathologist (SLP) should take the lead in building a team approach in the identification to feeding and swallowing issues. Current protocols used to assess pediatric dysphagia are often challenging to administer in schools due to several factors. Primarily, it has been found that some protocols have substantial administration and scoring time. Additionally, they may offer limited team insight into children’s feeding and swallowing needs. Previous research has examined existing protocols, including the Oral-Motor and Feeding Evaluation (Arvedson, 1993), the Interdisciplinary Observation Form (Homer, 2014), and the Pre-Feeding Developmental Checklist (Evans Morris & Dunn-Klein, 1987) (Aldridge et al., 2019). Furthermore, Aldridge et al. (2019) outlined a series of recommendations for a comprehensive pediatric dysphagia protocol, including case history and observations of physical systems, pre-feeding readiness and feeding-skills. The current researchers utilized these recommendations to develop an assessment tool that includes all necessary components. The developed assessment tool was then administered to six preschool-aged children by multiple, trained evaluators to establish inter-rater reliability. This will provide school-based speech-language pathologists (SLPs) with a safe, efficient and comprehensive protocol that yields accurate diagnoses of feeding and swallowing disorders and identifies primary management areas. The authors propose that the developed tool will benefit school-based SLPs in the diagnosis and management of pediatric feeding and swallowing challenges.

At the end of this session, participants will be able to:

- Describe the need for an effective assessment and management protocols in the schools from an ethical and legal standpoint
Identify important components involved in the implementation of a school-based dysphagia assessment
Identify important team members involved in the implementation of school-based dysphagia assessment

**Level of Learning:** Intermediate

**Poster 4**

*Analyzing Conversations Between People With Aphasia and CSD Graduate Students*

Monica Scofield, BS; Emi Isaki, PhD, CCC-SLP, from Northern Arizona University

This study includes the analyses of unstructured conversation between five CSD graduate students and one adult with aphasia. Ten minutes of "getting to know you" interactions were analyzed for pause time after questions asked, types of questions asked, turn-taking and types of compensatory strategies used by the person with aphasia (PWA). This study was conducted to determine what skills are considered beneficial when speaking to a PWA.

At the end of this session, participants will be able to:

- Summarize effective communication abilities when interacting with people with aphasia
- Differentiate between positive and negative communication skills of graduate student clinicians
- Describe possible changes in coursework regarding interactions with patients with aphasia

**Level of Learning:** Intermediate

**Poster 5**

*Building Capacity for Increased Diversity in SLHS Through Leadership Training*

Aileen Wong, AuD, CCC-A, University of Arizona

A leadership development experience, LEAD-NOW, was created as a capacity-building effort for increasing diversity in the field of speech, language and hearing sciences. This independent study course encouraged students to explore topics at the nexus of leadership and diversity within the professions. Research reveals that the nation is becoming increasingly diverse and predicts that by the year 2065 no particular racial or ethnic group will be a majority (Pew Research Center, 2015; Vespa, Armstrong amd Medina, 2018). Demographic profile data from the American-Speech-Language-Hearing Association (2019) report that only 8.3 percent of members and affiliates are of a racial minority, a lower proportion when compared to our national demographic data at 27.6 percent (2010 U.S. Census). Training of diverse professionals committed to equity and inclusion is needed so that our future leaders may consider the importance of diversity and its multi-faceted impact on our profession. This poster describes a new independent study experience at the University of Arizona that seeks to build leadership skills in emerging student leaders, create networking and mentoring opportunities, and build career readiness and professional skills. This poster was characterized by three distinctive features:
intensive mentoring, collaboration with broad stakeholders and project-based/service-learning components. Curricular learning goals and objectives will be described along with pragmatic details about course design.

At the end of this session, participants will be able to:

- Describe demographic data for audiologists and speech-language pathologists and the relationship with state and national data.
- Summarize important considerations related to developing a leadership training experience.
- List activities that students can participate in to build leadership skills.
- List stakeholders and relevant target audiences for this type of programming.

**Level of Learning:** Introductory

Poster 6  
***Comparison of Five Test Instruments for Classification of OMD***  
Kaley Matthews; Juliet Weinhold, PhD, from Arizona State University

There are currently five validated and reliable evaluation instruments for the classification of orofacial myofunctional disorders (OMD) in individuals. Test instruments reviewed include: 1. Short evaluation of Orofacial protocol (ShOM, Correa et al., 2020:2); 2. Gouzland Orofacial Score (GOS 12, Gouzland, 2020); 3. MBGR Protocol of orofacial myofunctional evaluation with scores (MBGR, Marchesan et al, 2012); 4. orofacial myofunctional evaluation with scores (OMES, De Felicio et al., 2008) and 5. Orofacial myofunctional evaluation with scores - Expanded (OMES-E, De Felicio et al, 2010). These instruments have a range of similarities and differences in testing criteria for the classification of OMD. Main differences include implementation of different scoring systems, identification of different OMD related characteristics and distribution of different measurement ratios between physical aspects and functional movements. The goal of this summary is to present advantages and disadvantages of these five instruments while still emphasizing the validity and reliability of each instrument for identifying OMD characteristics in individuals.

At the end of this session, participants will be able to:

- Define OMD
- Identify a test instrument best suited for identification of OMD in patients with sleep disordered breathing or sleep apnea
- Differentiate between test instruments which emphasize structure and those which emphasize function
- Select a test instrument which best suits the clinical need for your clients

**Level of Learning:** Introductory

Poster 7
Examination of Workload Calculator Use By Arizona Speech-Language Pathologists
Michelle Thomas, MS; Sandra Stewart, CCC-SLP, from Northern Arizona University

The purpose of this survey research was to determine the extent to which Arizona-based school speech-language pathologists have used or would be willing to use available workload calculators and the policy effects of calculator use. The survey was deployed via the ArSHA website during spring 2020 and asked about (1) the use of available workload calculators by Arizona school SLPs; (2) the extent to which use resulted in adjustment to overall caseload by the districts they serve; and (3) the respondent’s future willingness to use a calculator to provide information about statewide workload to guide policy related to workload/caseload issues. Results will be presented in the context of workload-caseload issues present at the state and federal levels.

At the end of this session, participants will be able to:
- Differentiate between caseload and workload
- Describe the contribution to district-level decisions that workload data can enable
- Access the ASHA calculator

Level of Learning: Introductory

Poster 8
Interprofessional Feeding and Swallowing Procedures in Schools: The Why Question
Cynthia Fangman Farrell, CCC-SLP; Hayley Hill, BS; Shelby Roy, BS; Lindsey Vollmert, BA, from Northern Arizona University

The purpose of this poster is to increase awareness of why feeding and swallowing procedures are needed in the schools. Eating and drinking are part of every student’s school day and affects their ability to learn. It has been reported that one child dies every five days from choking on food while attending school in the United States. (Archambault and Paskay, 2019). Some schools may lack protocols and procedures to identify student difficulties with eating and drinking activities at school. Under the Individuals with Disabilities Education Act (IDEA), schools have a responsibility to provide feeding and swallowing services. School-based speech-language pathologists (SLPs) play a central role in the identification, evaluation and management of students with feeding and swallowing disorders (ASHA, n.d.). In addition, Homer (2004) stated, “the keys to minimizing liability exposure are planning, procedures, training and proper execution” of procedures for any service provider involved in feeding and swallowing services in school settings. This includes interprofessional team responsibilities and roles of increasing school awareness and the identification of choking-related issues utilizing consistent, standardized feeding and swallowing assessment protocols. In this poster, the authors will also provide functional team-based choking prevention strategies. It is proposed that with increased awareness and preparation, school professionals and staff will be better prepared and protected against the life-threatening danger of choking-related fatalities. Empowered interprofessional teams will ensure
healthy mealtime and snack activities at school. Feeding and swallowing issues are not just a medical issue, but a survival, legal, and learning issue in our schools.

At the end of this session, participants will be able to:

- List the SLP role with feeding and swallowing issues in the schools
- List some ways that schools can be proactive in addressing feeding and swallowing difficulties at school
- Identify functional team-based choking prevention strategies that can be used at schools

**Level of Learning:** Introductory

Poster 9

**Juntos Somos Mejores: Building Research Capacity Through Collaborative Community Engagement**

Nicole Marrone, PhD, CCC-A, University of Arizona; Aileen Wong, AuD, CCC-A, University of Arizona; Brendaly Rodríguez, MA, Chula Vista Community Collaborative/Chula Vista Elementary School District; Naudy A. Ocasio Portalatín, BA, University of Arizona; David Lee, PhD, University of Miami

In the United States, hearing health care disparities exist for Hispanic/Latino adults age 50+ experiencing age-related hearing loss. In addition to the need for improved access to hearing intervention services for this population, there is a need for increased comparative effectiveness research to provide evidence for interventions that are relevant to the needs of this population. Traditional research processes have been siloed within disciplines and academia. New ways of doing patient-centered outcomes research emphasize patient partnership in the research process. Through engagement, patient partners have a seat at the table in prioritizing research questions. A Hispanic Hearing Healthcare Access Coalition (H3 Coalition) is being formed to engage stakeholders from diverse backgrounds on the topic of hearing loss interventions for Hispanic/Latino adults age 50+ and health care decision-making. Key stakeholders include those with lived experience, family members and representatives of organizations with interest in hearing intervention research. Formation of this type of group is timely given new options for hearing healthcare services following passage of the Over-the-Counter Hearing Aid Act. This poster session will describe efforts related to engagement and mobilization of key stakeholders who can provide insight on how comparative effectiveness research on hearing interventions can be maximally beneficial and relevant to community needs - most importantly including the perspectives of patients and families. Engagement activities and objectives will be described along with underlying strategies and principles utilized when collaborating with community members across multiple states and languages.

At the end of this session, participants will be able to:

- Describe statistics on hearing loss and hearing healthcare access related to Hispanic/Latinx communities experiencing age-related hearing loss
- List challenges around healthcare decision making encountered by patients and families
- Describe engagement strategies and principles when working in collaboration with medically-underserved communities
Cochlear implant (CI) users have significantly poorer Mandarin tone recognition than normal-hearing (NH) listeners. Both training and amplitude envelope enhancement following the pitch contour have been shown to improve Mandarin tone recognition with CIs. This study aimed to compare the effects of Mandarin tone recognition training with natural or amplitude-envelope-enhanced vowels on both the recognition scores and cue weighting of tone recognition with CI simulation. Thirty Mandarin-speaking NH listeners listening to a four-channel CI simulation were randomly assigned to receive training with amplitude-envelope-enhanced vowels, receive training with natural vowels and listen to natural vowels without training. For each group, there were five one-hour training or listening sessions on five days. Mandarin tone recognition scores with natural or amplitude-envelope-enhanced vowels and perceptual weighting of pitch contour and amplitude envelope cues in tone recognition were measured in the pre, post and retention-tests. The results showed that training with either natural or amplitude-envelope-enhanced vowels significantly improved Mandarin tone recognition with CI simulation, while listening only without training did not. Only the group trained with amplitude-envelope-enhanced vowels showed greater differences between Mandarin tone recognition with natural and amplitude-envelope-enhanced vowels in the post and retention-tests than in the pre-test. Perceptual weighting of both pitch contour and amplitude envelope cues barely significantly increased from pre- to post-test for all three groups. Listeners with greater reliance on amplitude envelope cues benefited more from amplitude envelope enhancement and tone recognition training. Tone recognition training with amplitude-envelope-enhanced vowels may improve the use of amplitude envelope cues by CI users.

At the end of this session, participants will be able to:

- Summarize the effects of training with amplitude-envelope-enhanced vowels on Mandarin tone recognition with CI simulation
- List the differences in perceptual weighting of pitch contour and amplitude envelope cues with and without CI simulation
- Describe the relationship between cue weighting and the benefits of amplitude envelope enhancement and Mandarin tone recognition training with CI simulation
Individuals with Parkinson disease (PD) experience speech and voice changes that negatively impact their social interactions with friends, family and colleagues, thereby reducing emotional well-being. The Lee Silverman Voice Treatment (LSVT) has many years of research to support its effectiveness, particularly in improving speech and voice in individuals with PD, as well as improving quality of life outcomes related to social and vocational communication activities. The purpose of this study is to expand on patient-reported outcome measures related to emotional well-being and communicative participation, specifically, patients’ attitudes/feelings about their speech and voice and impact of treatment, if any, on social communication interactions following LSVT delivered by graduate student clinicians in the University setting. Participants were recruited through the NAU Speech-Language-Hearing Clinic who had completed LSVT and asked to complete an online questionnaire addressing feelings/attitudes about speaking in social situations following LSVT, and their general feelings about the treatment delivered by graduate clinicians in a university setting. The data obtained from this research may improve delivery of LSVT by students and supervisors in a University Clinic, as well as ensure consideration and measurement of the construct of communication participation pre-/post-LSVT. Preliminary data indicate positive feelings and increases in social interactions following LSVT. All data will be collected and analyzed by the time of convention.

At the end of this session, participants will be able to:

- List and describe the patient-reported consequences of Parkinson disease on the social/emotional aspects of life and work
- List and describe the patient-reported changes in emotional well-being and communicative participation following LSVT
- List and describe the benefits and challenges reported by patients who received LSVT in a University Clinic setting

**Level of Learning:** Introductory