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Vanderbilt SLP Journal Club: Using the WHO "Patient-Centered Focus on Function" Format with Limited English Proficiency Children

Charles Hausman, MS, CCC-SLP
Christine Zinzilieta, MS, CCC-SLP

Moderated by:
Amy Natho, MS, CCC-SLP, CEU Administrator, SpeechPathology.com

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Using the World Health Organization Patient Centered Focus on Function with Limited English Proficient Children: A Diagnostic/Treatment Protocol

Course Presenter(s): Christine Zinzilieta, M.S., CCC-SLP, Charles Hausman, M.S., CCC-SLP

Acknowledgments: Anna Kulaski, M.S., CCC-SLP

Learning Outcomes

After this course, participants will be able to:

- Describe the elements of the WHO model and how to establish a plan to collect data within this framework.
- Describe how to customize the framework of the WHO model for use with limited English proficient (LEP) children in families whose first and/or primary language is not English.
- Describe how to use data to set intervention targets for LEP children.

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LEP – Special Considerations Development of the Protocol

- How to reliably assess language skills in LEP patients?
  - Limitations of standardized assessments
  - Limitations of information
- Clinician/parent/interpreter relationship:
  - Bridge cultural gaps/misunderstandings
  - Mutually respectful
- Timing
  - Length of diagnostic session
  - Follow-up visits vs wait list

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LEP Dx Protocol

Similarities and Differences in Assessing Communication for LEP Families and Primary English Speaking Families

- Parent Interview
- Standardized Assessment
  - It is important to note that normative data for this assessment tool was obtained for English speaking children only; therefore, any information obtained from this assessment should be used for descriptive purposes. Standard scores, if reported should be interpreted with caution.
- Additional Assessments
- Clinical Observation / Parent report
  - play
  - functional communication
- Recommendations

7

Clinical Decision Making:
What Are Our Goals and How Do We Get There?

- Promote functional communication in natural settings
- Provide parent education
- Access (additional) community/school services

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Clinical Decision Making and Evidence Based Practice

Key Steps in EBP Process

1. Frame clinical questions
2. Find evidence
3. Assess evidence
4. Make clinical decision

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PCFOF

(Person Centered Focus on Function) – WHO

What are person-centered functional goals
Goals identified by the child, in partnership with the clinician and family that allow participation in meaningful activities and roles.

Why target person-centered functional goals?
-to maximize outcomes that lead to functional improvements that are important to the child and/or family.
-to optimize the child's potential to participate in meaningful activities.
-to facilitate a partnership that ensures the child and family have a voice in the care received and outcomes achieved
-to demonstrate the value of skilled services to payers

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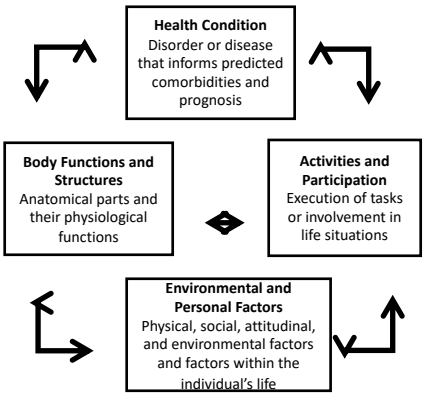
PCFOF (Person Centered Focus on Function)

What is the ICF, and how does it help?
The International Classification of Functioning, Disability and Health (ICF) was developed by the World Health Organization (WHO).
It provides a framework to address a child's functioning and disability related to a health condition within the context of that person's activities and participation in everyday life.

ICF: International Classification of Functioning, Disability and Health.



Web search:

-person centered focus on function + ASHA

-ICF + ASHA

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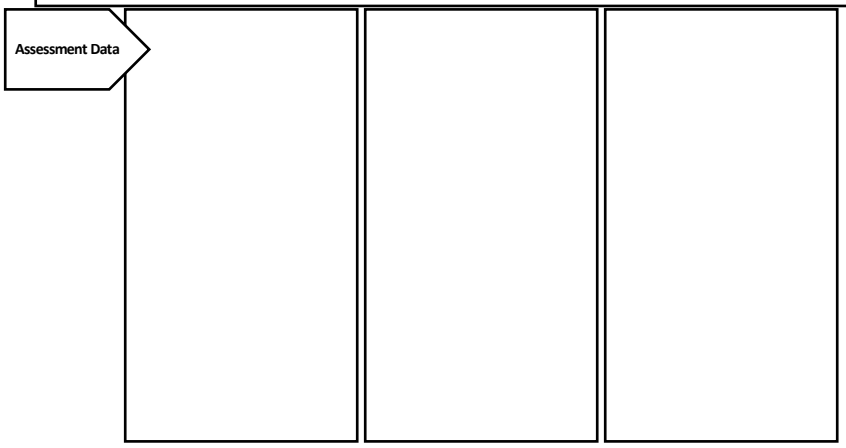
Health Conditions: Specific Language Impairment
Case Study(original template)



Person Centered Focus on Function:
Step 1- Assessment Data

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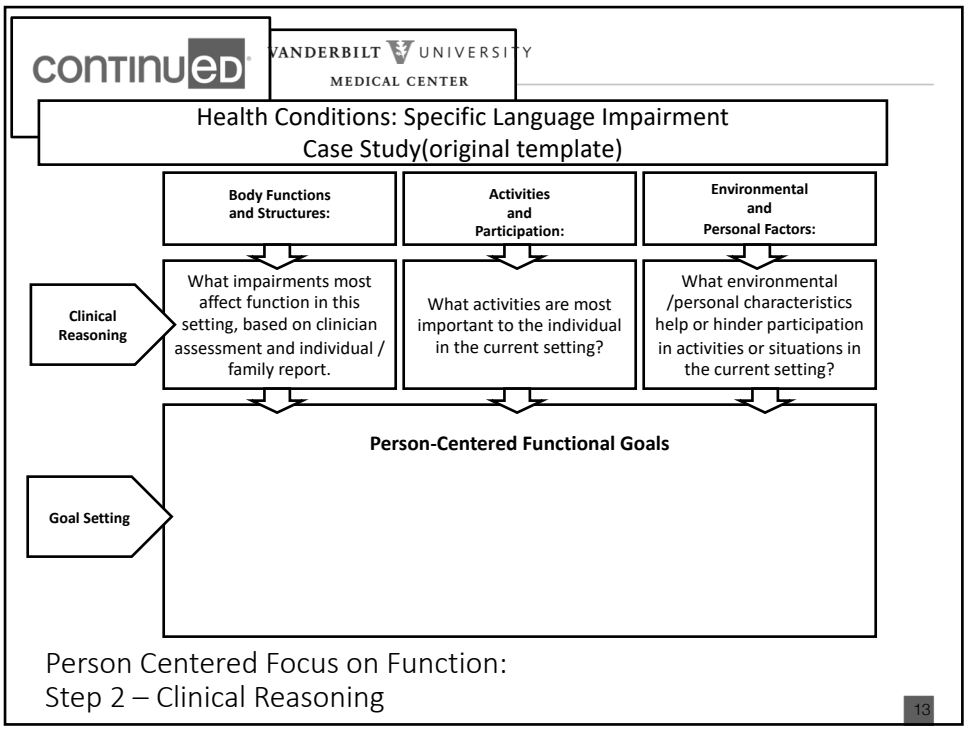
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VANDERBILT UNIVERSITY MEDICAL CENTER
Health Conditions: Specific Language Impairment
Case Study(original template)
Body Functions and Structures:
Activities and Participation:
Environmental and Personal Factors:
Clinical Reasoning
What impairments most affect function in this setting, based on clinician assessment and individual / family report.
What activities are most important to the individual in the current setting?
What environmental /personal characteristics help or hinder participation in activities or situations in the current setting?
Person-Centered Functional Goals
Goal Setting
Person Centered Focus on Function:
Step 2 – Clinical Reasoning
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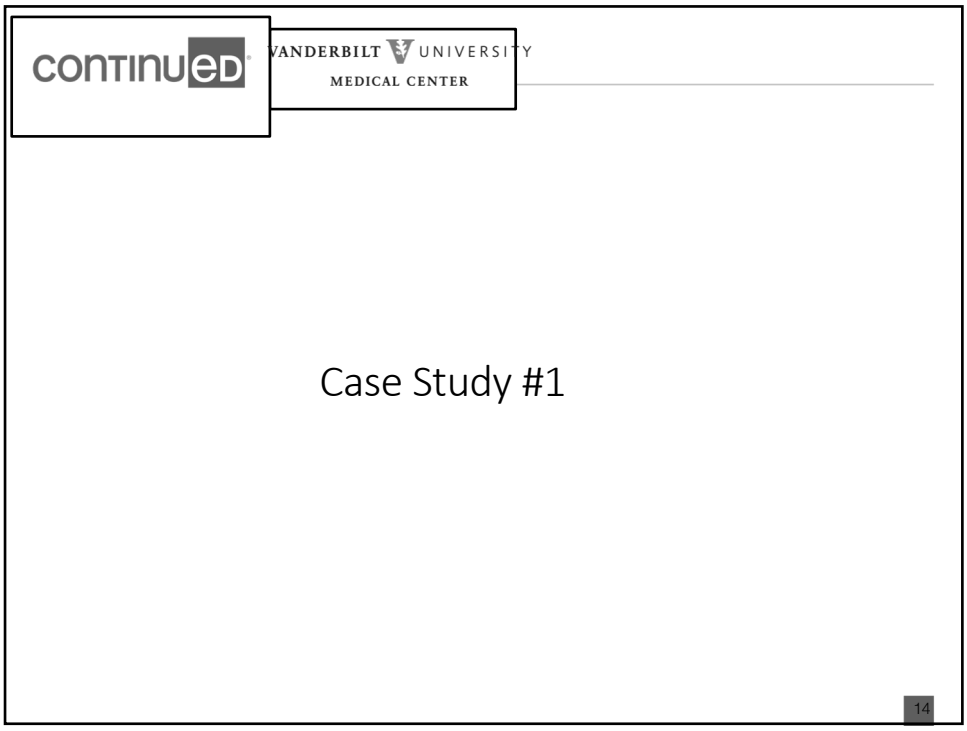
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Case Study #1
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Case Study #1: MMH
Initial Evaluation-Patient Hx

DOB: 1/5/2016

Date of Initial Evaluation: 5/10/2017 (16 months)

Primary Language: Arabic

Family History: Unremarkable.

Prenatal History: Unremarkable

Birth History: Unremarkable

Prior Medical History: As noted in MR: Gastroesophageal reflux diseas, Laryngomalacia, Term infant, Psudoestropia (alignment of the eyes is straight – but they appear crossed)

Specialized Services: Not applicable.

Education History: at home with mother-limited opportunities for peer interactions.

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Case Study #1 MMH – Initial Evaluation
Clinical Observation/Parent Report

-transitioned appropriately from the waiting room to the dx room via stroller. Once removed from the stroller MMH explored the tx room by crawling and/or pulling up (at table or chair).

-Independent play: consists primarily of exploration of toys through mouthing , holding and banging items on the floor or table and throwing.

-Functional play: allowed HOH support with some resistance to 'put in' and 'dump out'; indicates preference for toys (piggy bank coins) – reaches for coins when out of reach / held by parent; vocally protests when father plays 'keep away'

-Pretend play: does not demonstrate

-People Play: removes cloth from clinician's face 'peek a boo', limited eye gaze / does not imitate face expression or change facial expression.

-Gestures: limited – reaches toward preferred items, responds to 'up' or 'bye-bye' routines, does not point.

-Verbal communication: uses 1-2 words – 'baba' (father) per parent report

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Case Study #1: MMH – Initial Evaluation
Assessment Data

DAYC-2	
Receptive Language: Raw Score: 10 Age Equivalent: 10 months	Expressive Language: Raw Score: 11 Age Equivalent: 9 months

Receptive Language	Expressive Language:
Receptively MMH is able to demonstrate the following: -responds with appropriate gestures to 'up', 'bye-bye' or other routines -moves body to music -briefly stops activity when told 'no'	Expressively MMH is able to demonstrate the following: -laughs out loud -produces three or more consonants -produces string of consonant-vowel sounds -uses word for parent or caregiver discriminately ('baba') -spontaneously says familiar greeting and farewells
Receptively MMH is unable to demonstrate the following at this time: -follows simple spoken commands -responds to 'where' questions -when asked, will point to five or more familiar persons, animals, or toys	Expressively MMH is unable to demonstrate the following at this time: -uses inflection patterns when vocalizing -has a word, sound, or sign for 'drink' -uses at least five words -says one word that conveys entire thought

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Case Study #1: MMH – Initial Evaluation
Results and Recommendations

SUMMARY OF FINDINGS/IMPRESSIONS:

Receptive /Expressive language delay

Delay in early attending / early cognitive skills that are needed for functional communication skills.

RECOMMENDATIONS:

Speech-language therapy services. Recommended as follows:

TYPE: Individual therapy is recommended

FREQUENCY: consultative - s/l FUV with frequency TBD at end of each visit (initial appt scheduled for 6/21/2017)

-strategies for increasing functional play (put in / dump out) and social interaction (peek-a-boo) demonstrated and discussed for home practice.

-TEIS – contact information provided

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Case Study #1: MMH – Initial Evaluation Results and Recommendations (cont'd)

TREATMENT PLAN:

Long Term Goals Time Frame 5 months

Cognitive/Play Skills Long Term Goals:

Improve early attending skills and early cognitive skills needed for increasing functional communication.

Short Term Goals Time Frame 5 months

Cognitive/Play Skills Short Term Goals:

-MMH will demonstrate joint attention 10 x per session

-MMH will demonstrate communicate intent with affect, gesture and vocalizations at least 5 x per session.

-MMH will imitate a variety of actions to play purposefully with a toy (functional play) at least 10 x per session.

-MMH will imitate a variety of actions to play purposefully with another person (social games) at least 10 x per session.

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Case Study #1: MMH initial s/l FUV – 6/21/2017

SUBJECTIVE

Father reports that he has attempted to contact TEIS on 2 separate occasions and was unable to reach anyone.

Clinician encouraged father to continue to attempt to contact TEIS to request evaluation for eligibility for TEIS services.

MMH walked to treatment room from waiting room independently, pausing frequently, then smiling at clinician or father when encouraged to keep moving toward caregiver / clinician.

MMH participated in 'put in' / 'take out' play with clinician with a variety of toys. She attempted to 'put in' independently with frequent need for HOH support to complete 'release' of toy / object. She needed consistent HOH support /gestural cue to 'push' button to release balls from the bubble gum ball machine.

MMH explored toys by shaking and smiled when clinician imitated this action.

She needed consistent HOH support to 'give' toys to clinician.

Eye gaze continues to be infrequent and fleeting, even when objects of interest are brought to clinician's eye level. When eye gaze is established, MMH is beginning to respond / imitate clinician's 'smiles'.

Father reports that MMH throws toys or her bottle when she is 'done' with these items. Parent education completed for strategies to encourage understanding of 'all done' through modeling the word paired with sign and then encouraging MMH to 'give' items/objects vs. throwing items on the floor.

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Case Study #1: MMH s/l FUV #2 – 8/9/2017

Father reports that MMH has an initial appointment with TEIS for evaluation tomorrow.

Parents report that MMH says 'mama' and 'baba' (daddy) but does not use any other words / does not imitate words.

Parents also report that MMH follows routine commands at home (i.e. come here, give to mom / dad).

However, they also report that MMH does not consistently 'give' items to 'share' or 'show' others nor does she give items that she is 'done' with (she drops/throws them).

MMH was noted to imitate 'clap hands' and 'wave hi' (waves with both hands).

She imitated 'peek a boo' by raising a scarf over her face and then back down again.

She puts items 'in' with intermittent need for HOH support and takes items 'out' independently.

She needed consistent gestural cues and intermittent HOH support to 'push' / operate buttons on cause-effect toy.

Eye gaze continues to be emerging / inconsistent during play tasks. She consistently tracked items of interest to clinician's eye level.

MMH reaches for items of interest and pushes away items she does not want.

Eye contact during 'reach' or 'push away' is inconsistent.

Discussed with parents strategies to facilitate functional play, turn-taking play and people play.

Encouraging communication in the form of gestures (both in imitation and spontaneous use), appropriate eye gaze, modeling 1st signs (more / all done) and modeling 'first words'.

PLAN: Continue s/l FUV - Next appointment scheduled for 10/4/2017 at 11:00 am.

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Case Study #1: MMH s/l FUV #3 –11/28/2017

Father and mother report the following:

-MMH indicates acceptance by taking items / rejection by pushing items away.

-beginning to sign 'more' and 'all done' per parent report (not observed during today's session).

-does not indicate a desire for objects out of reach or out of sight with a reach and/or point gesture.

-imitates mother's actions during everyday routines / household chores.

-demonstrates understanding of routine commands and responds to her name 'when she wants to', father feels that MMH understands everything but is 'stubborn'.

Clinical observations:

-MMH needs consistent gestural prompts, HOH support and physical redirection for the following:

--to attend to verbal stimuli and objects (toys) of interest

--to demonstrate functional play / cause-effect play / people play.

-Eye gaze continues to be inconsistent.

--MMH was observed to visually track items of interest and reach toward them with open hand.

--She visually track items of interest brought to clinician's eye level and make appropriate eye contact with occasional smile.

-MMH does not yet hand items to an adult to request help, instead she will abandon toy for another toy.

-She needs HOH assistance to 'give' items and intermittent HOH assistance to 'put in' and 'take out'.

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Case Study #1: MMH s/l FUV #3 –11/28/2017

Recommendations

Speech-language therapy services as follows:

-Continue s/l FUV at VBWC next s/l FUV recommended for 8 weeks; declined by parent due to work schedule and then out of country – requested May appt (5/16/2018)

-continue with services currently provided through TEIS (developmental therapy 1x per week) and intent to pursue additional s/l therapy services through TEIS (pending hearing eval per parent report)

Discussed strategies for increasing functional communication:

-using gestures, HOH assistance for use of gestures, pairing words with gestures

-bringing objects of interest up to eye level

-assisting MMH in pointing / reaching for objects of interest placed just out of her reach

- 'tell me - show me - help me' strategy for following routine / simple directions

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Case Study #2

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Case Study #2: NS
Initial Evaluation-Patient Hx

DOB: 10/31/2011
Date of Initial Evaluation: 8/14/2015 (3yrs, 9 mos)
Primary Language: Spanish

Family History: Unremarkable.
Prenatal History: Unremarkable
Birth History: Unremarkable

Prior Medical History: frequent ear infections; P.E. tubes placed 1/2014

Specialized Services: Not applicable.

Education History: at home with mother and while father at work and older sister at school (attends kindergarten)

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Case Study #2 NS – Initial Evaluation
Clinical Observation/Parent Report

-transitioned appropriately from the waiting room to the dx room, holding mother's hand. Remained silently seated between parents for most of session despite frequent directives from mother to talk.

-Independent play: difficult to elicit spontaneous play; parents report that NS prefers to play alone, but will play with her older sister as long as sister agrees to play as NS wants

-Functional play: completed simple routine play tasks (i.e. cooking, feeding baby) when initiated by clinician, given frequent prompts from mother

-Pretend play: unable to determine at this time

-Pragmatic/Social interactions: smiled and nodded when spoken to by clinician and interpreter, frequently whispered and/or gestured to her mother to direct others or answer questions; did not actively interact with clinician or interpreter

-Verbal communication: reportedly speaks in 1-2 word sentences, but clinician and interpreter unable to verify at this time

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Case Study #2: NS
Initial Evaluation Assessment Data

Rossetti		
Language Comprehension: Basal: 27-30 mos Ceiling: n/a	Language Expression: Basal: 27-30 mos Ceiling: n/a	Play: Basal: 27-30 mos Ceiling: n/a
Receptive Language	**Expressive Language:**	**Play Skills**
Demonstrates the following: -responds to simple questions -identifies objects by function -understands location phrases, *all*, *one*	Demonstrates the following: -uses plurals and verb forms -refers to self by pronoun consistently -produces 2 sentence types -uses negation	Demonstrates the following: -uses a doll as a playmate -talks/verbalizes more around children -acts out familiar routines
Did no demonstrate at this time: -follow 2-3step unrelated commands -follow commands w/ 2 attributes	Did not demonstrate at this time: -express prepositions, first/last name -verbalize personal experiences -express physical states	Did not demonstrate at this time: -perform longer sequences of play -change ending of play routines -use one object to represent many

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Case Study #2: NS
Initial Evaluation Assessment Data

Westby Play Scale	
Language Stage V (2 yrs) -emerging to Stage VII (3 yrs)	Play Stage IV (2 ½ yrs) -emerging to Stage VII (3 yrs)

Language Skills	Play Skills
Demonstrates the following: -expresses pragmatic functions in phrases, short sentences -produces morphological markers -asks 'wh' questions, including 'why'	Demonstrates the following: -recreates isolate routines with realistic props -represents limited schemes of impressive/traumatic events
Did not demonstrate at this time: -respond to 'why' questions appropriately -understanding/use of future tense	Did not demonstrate at this time: -produce play schemes with multiple steps -recreate play schemes with new outcomes -associative play

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Case Study #2: NS – Initial Evaluation Results and Recommendations

SUMMARY OF FINDINGS/IMPRESSIONS:

Receptive /Expressive language delay, immature play skills

RECOMMENDATIONS:

- Speech-language therapy services. Recommended as follows:

  TYPE: Individual therapy is recommended

  FREQUENCY: consultative - s/l FUV with frequency TBD at end of each visit.
- Practice strategies for reducing environmental demands, sequencing play schemes, engaging family members in play.
- Contact MNPS. Contact information provided; parents declined.

TREATMENT PLAN: (3 months)

Cognitive/Play Skills Long Term Goals:

NS will demonstrate the following skills 5x per session over 3 consecutive sessions:

1. Sequence 3 or more play schemes together (i.e. mix, bake, and serve cake)
2. Use a single toy to represent different items (i.e. block becomes phone or car) in play
3. Engages/incorporates others in play by allowing their ideas/preferences
4. Re-enacts routines in play with different endings.

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Case Study #2: NS initial s/l FUV – 8/28/2015

Arrived 20 minutes late due traffic.

- Parents continue to decline MNPS contact.
- Greeted clinician in waiting room with wave and smile; transitioned independently through hallway although she frequently looked to make sure mother was following.
- Minimal talking noted; quiet/whispered voice (clinician and interpreter struggled to fully hear). Observed to ask questions, comment, and answer y/n questions with parents. Responded to clinician's social overtures w/ smiles, eye contact, and head shakes/nods.

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Case Study #2: NS s/l FUV #1 – 12/15/2015

Mother reports that patient speaks more at home, but they are still worried.

NS does not speak to clinician, interpreter, or mother during this session despite mother's frequent insistence.

NS participates in art activity until clinician withholds desired item. She sits in her chair for the remainder of the session and actively avoids clinician's communication bids.

MNPS recommended again and Mother accepts contact information.

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Case Study #2: NS s/l FUV #2 – 1/2016

Completed updated assessment information with assistance from interpreter.

Preschool Language Scales, 5th Ed. (Spanish)

Auditory Comprehension SS: 71

Expressive Communication SS: 79

Recommendations:

1. Individual weekly sp/lang tx in L1.
2. Group sp/lang tx in L1.
3. Refer to MNPS.

Goals to be determined by treating clinician.

FUV scheduled in 3 months.

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Case Study #2: NS s/l FUV #3 – 4/2016

NS qualified for sp/lang services w/ MNPS and now attends pre-k program. Teacher reports that NS is quiet, but has a few friends who speak Spanish. NS does not talk in class, but watches her peers to learn class/school routines.

Mother reports that NS continues to speak Spanish more at home, but refuses to listen when her sister speaks English.

FUV scheduled in summer to monitor progress.

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Case Study #2: NS s/l FUV #4 - 6/2016

- Mother reports that patient tolerates English spoken by sister and new friend who recently moved across the street.
- Mother also reports that NS speaks more at home, but that she is still worried because NS is "shy."
- NS does not speak to the clinician but participates in all activities/tasks:
  - demonstrates flexible and imaginative play schemes,
  - follows multiple step directions in L1,
  - speaks in 8+ word utterances in L1 to mother and interpreter when clinician is not in the room.

FUV scheduled for fall to monitor patient's return to school.

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Case Study #2: NS s/l FUV #5 - 10/2016

- NS is not cooperative or responsive to the clinician or interpreter. For the entire session, she sits beside her mother and hides her face when addressed. She refuses to participate in previously enjoyed activities.
- Mother reports that NS cries every morning before going to school and still does not talk to anyone except 2 friends who speak Spanish.
- Mother reports that NS has destroyed 2 pairs of glasses by chewing on them at school and started biting her nails until they sometimes bleed.
- Clinician contacted pediatrician to recommend psychiatric referral.

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