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Vanderbilt SLP Journal Club: Neurodiversity and Speech-Language Pathology - Thinking Differently

Mary Alice Keller, MA, CCC-SLP

Moderated by:
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Neurodiversity and Speech Pathology - Thinking Differently

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Vanderbilt University

07/18/19

Learning Outcomes

After this course, participants will be able to:

- Define the term neurodiversity.
- Describe relationship of neurodiversity to the disability movement.
- Identify strategies to improve their clinical practice using the concept of neurodiversity.

Outline

- Introduction
- Terminology
- Neurodiversity
- History of Autism
- Clinical Strategies
- Case Study
- Questions

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Introduction



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Terminology



Disability

Umbrella term covering **impairments, activity limitations, and participation restrictions**

- Impairment: problem in body function or structure
- Activity Limitation: difficulty encountered by an individual in executing task or action
- Participation Restriction: problem experienced by an individual in involvement in life situations

Disabilities. (2017, October 05). Retrieved from <https://www.who.int/topics/disabilities/en/>

Models of Disability

- Medical Model
- Social Model

Medical Model

- Difficulties are the result of the impairment
- To become less disabled the problem must be fixed

Social Model

- Difficulties are the result of society's reaction to impairment
- Society should accommodate, accept

Neurodiversity

What is Neurodiversity?

- Judy Singer
- Disorder vs. Difference
- Universal Design (school and workplace)

continued

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Neurodiversity and Speech Pathology

- Common diagnoses treated
- Disorder vs. difference
- Diagnosis and treatment

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History of Autism

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History of Autism

1943	• Kanner paper
1944	• Asperger paper
1949	• “Refrigerator mother”
1952	• Childhood Schizophrenia DSM-I
1964	• Lovaas ABA
1980	• DSM-III Infantile Autism

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History of Autism

1980	• Infantile autism - DSM
1991	• Autism special education category
1999	• Judy Singer neurodiversity
2009	• 1/110 incidence (up from 1/150 in 2007)
2012	• 1/88 incidence
2013	• Autism subcategories combined in DSM-V
2016	• 1/68 incidence



Other Communities

- Stuttering community
- Deaf community



Clinical Strategies

How Does This Affect Speech Pathology?

- Patient quality of life
- Identity language
- Goal writing
- Recommendations/Referrals

Quality of Life

- Individual's understanding of diagnosis
- Acceptance - self and others
- Identity - many factors and identities within one person
- Clinician's rapport with client/family
- Supporting the whole person

Identity Language

- Use person first language
- Follow others' leads
- Ask directly

Goal Writing

- Strengths
 - “What do you do best?”
 - “What is your favorite thing about yourself?”
- Areas of concern
- Parent/patient input
- Transition focused
- Solution focused therapy

Recommendations

- Consider *why* you are making recommendation
 - What is the goal?
- Is the client/family on the same page?
- What is the priority level of the recommendation (for client and for therapist)?

Using the Models of Disability

- Be aware
- Adjust treatment where possible/necessary
- Discuss with clients when appropriate
- Remain client-focused

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Case Study



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World Health Organization

International Classification of Functioning







THE ICF MODEL

In the ICF, functioning and disability are multi-dimensional concepts, relating to:

- the **body functions and structures** of people, and impairments thereof (functioning at the level of the body);
- the **activities** of people (functioning at the level of the individual) and the activity limitations they experience;
- the **participation** or involvement of people in all areas of life, and the participation restrictions they experience (functioning of a person as a member of society); *and*
- the **environmental factors** which affect these experiences (and whether these factors are facilitators or barriers).

The ICF conceptualises a person's level of functioning as a dynamic interaction between her or his health conditions, environmental factors, and personal factors. It is a biopsychosocial model of disability, based on an integration of the social and medical models of disability.

As illustrated in Figure 1, disability is multidimensional and interactive. All components of disability are important and any one may interact with another. Environmental factors must be taken into consideration as they affect everything and may need to be changed.

World Health Organization. How to use the ICF: A practical manual for using the International Classification of Functioning, Disability and Health (ICF). Exposure draft for comment. October 2013. Geneva: WHO





How is the ICF organised?

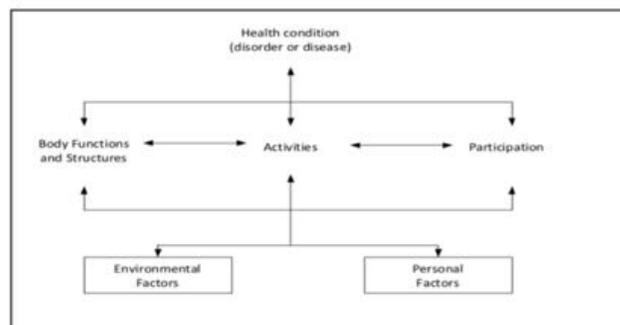
ICF organises information in two parts. Part 1 deals with functioning and disability while part 2 covers contextual factors. Each part has two components:

- **Functioning and Disability:**
 - Body Functions and Body Structures
 - Activities and Participation
- **Contextual Factors:**
 - Environmental Factors
 - Personal Factors.

ICF puts every person in a context:

functioning and disability are results of the interaction between the health conditions of the person and their environment.

World Health Organization. How to use the ICF: A practical manual for using the International Classification of Functioning, Disability and Health (ICF). Exposure draft for comment. October 2013. Geneva: WHO

Box 1: The ICF Model: Interaction between ICF components


WHO 2001, 18

World Health Organization. How to use the ICF: A practical manual for using the International Classification of Functioning, Disability and Health (ICF). Exposure draft for comment. October 2013. Geneva: WHO

Case Study 1

Patient S.

5 year old with ASD & language disorder

 			
	Body Functions and Structures	Activities and Participation	Environmental
Assessment Data	<p>Diagnosis: autism Cognition: unknown Speech and Language:</p> <ul style="list-style-type: none"> • Profound lang. disorder • Uses physical proximity, reaching, leading by hand, signs, visual symbols and device (trialing) to communicate • Attends to vocalizations and signs • Inconsistently responds to name and follows routine directions 	<p>Activity and Participation</p> <ul style="list-style-type: none"> • Relies on caregivers to anticipate needs • Participates in therapy by facial expressions, vocalizations, physical activity, gestures, signs, and high tech AAC • Plays near peers but does not engage with them • Does not use objects functionally 	<p>Environmental and Personal Factors</p> <ul style="list-style-type: none"> • 5 years, 2 months old • Motivated by toys/objects (cars, trains) and preferred foods • Motivated to communicate, especially request • Supportive family: siblings and grandparents • Family very involved in their church • Etiquette important to family

 			
	Body Functions and Structures	Activities and Participation	Environmental
Clinical Reasoning	<p>What impairments most affect function in the current setting or at discharge, based on the clinician assessment & the individual's self report?</p>	<p>What activities are most important to the individual in the current or discharge setting?</p>	<p>What personal/environmental characteristics help or hinder participation in activities or situations in the current or discharge setting?</p>

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Person Centered Functional Goals	
Goal Setting	<p>Long-term goal: S. will use a total communication system to communicate functionally and participate in social activities with family, peers, and unfamiliar adults 80% of the time in home, school, and church settings by August 2019 after receiving outpatient therapy and caregiver training.</p> <p>Short-term goals:</p> <ol style="list-style-type: none">1.2.3.

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<h2>Case Study 2</h2>	
<p>Patient P. 17 year old patient with ASD</p>	

 			
	Body Functions and Structures	Activities and Participation	Environmental
Assessment Data	<p>Diagnosis: autism Cognition: typical Speech and Language:</p> <ul style="list-style-type: none"> • Normal articulation and receptive/expressive language • Average academic performance • Deficits in pragmatic language based on standardized testing and clinical observations 	<p>I</p> <p>Activity and Participation</p> <ul style="list-style-type: none"> • Lives at home with parents • Has lost two jobs due to difficulty with social skills • Difficulty making and retaining friendships • Interested in dating 	<p>Environmental and Personal Factors</p> <ul style="list-style-type: none"> • 17 years old • Interested in history and video games • Motivated to communicate about preferred topics • Supportive family • Attends a large public high school

 			
	Body Functions and Structures	Activities and Participation	Environmental
Clinical Reasoning	<p>What impairments most affect function in the current setting or at discharge, based on the clinician assessment & the individual's self report?</p>	<p>I</p> <p>What activities are most important to the individual in the current or discharge setting?</p>	<p>What personal/environmental characteristics help or hinder participation in activities or situations in the current or discharge setting?</p>

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Person Centered Recommendations	
I	Areas to address:
	1. Employment
	2. Friendships
	3. Dating
Recommendations	Recommendations based on goal areas:
	1.
	2.
	3.

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Further Reading

- Baron-Cohen, S. (2019, April 30). The Concept of Neurodiversity Is Dividing the Autism Community. Retrieved from <https://blogs.scientificamerican.com/observations/the-concept-of-neurodiversity-is-dividing-the-autism-community/>
- Prizant, B., & Fields-Meyer, T. (2015). *Uniquely Human*. London: Souvenir Press.
- Robison, J. E. (2008). *Look me in the eye: My life with Asperger's*. Random House.
- Silberman, S. (2016). *Neurotribes: The legacy of autism and the future of neurodiversity*. New York: Avery, an imprint of Penguin Random House.

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Further Reading

- Donaldson, A. L., Krejcha, K., & Mcmillin, A. (2017). A Strengths-Based Approach to Autism: Neurodiversity and Partnering With the Autism Community. *Perspectives of the ASHA Special Interest Groups*, 2(1), 56-68. doi:10.1044/persp2.sig1.56
- Keller, M. A. (2018, April 1). Is This Normal? Retrieved from <https://leader.pubs.asha.org/doi/10.1044/leader.FMP.23.042018.8>

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Questions

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