Articulation & Phonological Intervention

Semester	1		
Course Code:	SLTH 21221		
Course Name:	Articulation & Phonological Intervention		
Credit Value:	1		
Compulsory (Core)/ Optional/ Auxiliary	Optional (SLT)		
Hourly Breakdown of learning activities (to add up to 50 notional hours for each credit)	Theory hours	Practical hours	Hours of independent learning
	15	20	15

Course Aims/ Intended Learning Outcomes:

By the end of this course, students will be able to:

➤ Recall the key considerations within the speech and language therapy assessment for children with articulation and phonology difficulties.

➤ Apply current evidence-based therapy approaches for children with articulation and phonology difficulties.

➤ Critically evaluate the applicability of the current evidence-base and best practice guidelines for children with articulation and phonology difficulties to the local socio-cultural and linguistic realities.

➤ Discuss intervention for children with articulation and phonology difficulties with reference to the ICF model, Psycholinguistic model and other relevant theoretical frameworks.

Course Content : (Main topics, Sub topics)

Topic 1: Review of assessment considerations

- Assessment of articulation difficulties in children
- Assessment of phonological difficulties in children

Topic 2: Intervention for articulation disorders

- Articulation therapy approaches/techniques:
  -Motoric approaches
  -Linguistic approaches or phonological/language-based approaches
  -Contextual Utilization Approaches
  -Use of instrumentation
- Approaches for selecting initial therapy targets:
  -Developmental
  -Non-developmental/theoretically motivated: complexity, dynamic systems, systemic
  -Client-specific
  -Degree of deviance and impact on intelligibility
  -ICF framework

-Psycholinguistic model and other theoretical frameworks
- Intervention/target strategies:
  -Horizontal
  -Vertical
  -Cyclical
- Current local and international evidence-based practice in working with children with articulation difficulties

Topic 3: Intervention for phonological difficulties
- Phonology therapy approaches/techniques, with a special focus on:
  -Whole Language approach
  -Phonological Contrast Therapy: minimal oppositions, maximal oppositions, treatment of the empty set, and multiple oppositions
  -Cycles approach
  -Core Vocabulary approach
  -ICF considerations
  -Psycholinguistic model and other theoretical frameworks
- Current local and international evidence-based practice in working with children with phonological difficulties

Teaching/ Learning Methods:

- Lectures
- Videos
- Practical sessions
- Small group discussions
- Whole-class discussions
- Self-directed learning activities
- Client discussions
- Tutorials
- Speech data transcription exercises
- Speech sample analysis exercises
- Case study exercises

Assessment Strategy:	
Continuous Assessment 0%	Final Assessment 100%
	SEQ-100%

Recommended Reading:

- Bernthal, J., Bankson, N. W., & Flipsen, P., Jr. (2017). Articulation and phonological disorders: Speech sound disorders in children. New York, NY: Pearson.
- Bleile, K. (2002). Evaluating articulation and phonological disorders when the clock is running. *American Journal of Speech-Language Pathology, 11,* 243–249.

- Dodd, B. (2005). Differential diagnosis and treatment of children with speech disorder. London, England: Whurr.

- Dodd, B., Holm, A., Crosbie, S., & McIntosh, B. (2006). A core vocabulary approach for management of inconsistent speech disorder. *International Journal of Speech-Language Pathology, 8,* 220–230.

- Fabiano-Smith, L., & Goldstein, B. A. (2010). Phonological acquisition in bilingual Spanish–English speaking children. *Journal of Speech, Language, and Hearing Research, 53,* 160–178.

- Gierut, J. A. (1989). Maximal opposition approach to phonological treatment. *Journal of Speech and Hearing Research, 54,* 9–19.

- Gierut, J. A. (1990). Differential learning of phonological oppositions. *Journal of Speech and Hearing Research, 33,* 540–549.

- Gierut, J. A. (1992). The conditions and course of clinically induced phonological change. *Journal of Speech and Hearing Research, 35,* 1049–1063.

- Gierut, J. A. (2007). Phonological complexity and language learnability. *American Journal of Speech-Language Pathology, 16,* 6–17.

- Glaspey, A. M., & Stoel-Gammon, C. (2007). A dynamic approach to phonological assessment. *Advances in Speech-Language Pathology, 9,* 286–296.

- Grunwell, P. (1987). Clinical phonology (2nd ed.). London, England: Chapman and Hall.

- Hitchcock, E. R., McAllister Byun, T., Swartz, M., & Lazarus, R. (2017). Efficacy of electropalatography for treating misarticulations of /r/. *American Journal of Speech-Language Pathology, 26,* 1141–1158.

- Hodson, B. (2010). Evaluating and enhancing children's phonological systems: Research and theory to practice. Wichita, KS: PhonoComp.

- Howell, J., & Dean, E. (1994). Treating phonological disorders in children: Metaphon—Theory to practice (2nd ed.). London, England: Whurr.

- McNeill, B. C., & Hesketh, A. (2010). Developmental complexity of the stimuli included in mispronunciation detection tasks. *International Journal of Language & Communication Disorders, 45,* 72–82.

- Prezas, R. F., & Hodson, B. W. (2010). The cycles phonological remediation approach. In A. L. Williams, S. McLeod, & R. J. McCauley (Eds.), *Interventions for speech sound disorders in children* (pp. 137–158). Baltimore, MD: Brookes.

- Rvachew, S., & Bernhardt, B. M. (2010). Clinical implications of dynamic systems theory for phonological development. *American Journal of Speech-Language Pathology, 19,* 34–50.

- Storkel, H. L. (2018). The complexity approach to phonological treatment: How to select treatment targets. *Language, Speech, and*

Hearing Sciences in Schools, 49, 463–481.

➢ Weiner, F. (1981). Treatment of phonological disability using the method of meaningful minimal contrast: Two case studies. *Journal of Speech and Hearing Disorders, 46,* 97–103.

➢ Williams, A. L. (2000a). Multiple oppositions: Case studies of variables in phonological intervention. *American Journal of Speech-Language Pathology, 9,* 289–299.

➢ Williams, A. L. (2000b). Multiple oppositions: Theoretical foundations for an alternative contrastive intervention approach. American *Journal of Speech-Language Pathology, 9,* 282–288.

➢ Williams, A. L. (2003a). Speech disorders resource guide for preschool children. Clifton Park, NY: Delmar Learning.

➢ Williams, A. L. (2003b). Target selection and treatment outcomes. *Perspectives on Language Learning and Education, 10,* 12–16.

➢ Williams, A. L., McLeod, S., & McCauley, R. J. (2010). Direct speech production intervention. In A. L. Williams, S. McLeod, & R. J. McCauley (Eds.), *Interventions for speech sound disorders in children* (pp. 27–39). Baltimore, MD: Brookes.

➢ World Health Organization. (2001). International classification of functioning, disability and health. Geneva, Switzerland: Author.

➢ Yavas, M., & Goldstein, B. (1998). Phonological assessment and treatment of bilingual speakers. *American Journal of Speech-Language Pathology, 7,* 49-60.

Child Language Disorders: Intervention and Management

Semester	1
Course Code:	SLTH 21203
Course Name:	Child Language Disorders: Intervention and management
Credit Value:	3
Compulsory (Core)/ Optional/ Auxiliary	Optional (SLT)

Hourly Breakdown of learning activities (to add up to 50 notional hours for each credit)	Theory hours	Practical hours	Hours of independent learning
	45	34	71

Course Aims/ Intended Learning Outcomes:

At the end of this module students will be able to:
- ➢ Identify appropriate goals
- ➢ Apply interventions to pediatric population of wide age range, with a variety of diagnoses, and in a variety of settings.
- ➢ Describe family systems theory.
- ➢ Describe factors to consider identifying appropriate interventions and how to measure outcomes.

Course Content:

Topic 1 – Introduction to Intervention

- Definition & purpose of intervention
- Models of language disorders and its application to intervention
- Identifying appropriate goals & writing SMART goals
- ICF and intervention (functional vs. impairment based approaches)

Topic 2 – General Management of different diagnoses

- Autism spectrum disorders & Social pragmatic disorder
- ADHD (Behavioural, environmental, review medications)
- Traumatic Brain Injury (TBI)
- Seizure disorders

Topic 3 - Main Approaches to Intervention

- Clinician-directed interventions (ABA, Discrete Trial training)
- Child-centered interventions (Natural language stimulation techniques, Communication temptations)
- Hybrid interventions (Focused language stimulation, pre-linguistic milieu)
- Advantages and disadvantages of each of these three types of interventions

Topic 4 – Family-centered interventions

- Overview of family systems theory
- Parent-based interventions (Hanen)

Topic 5 - ASD Interventions

- ASD Interventions (Review ABA, Discrete trial training, PECS, TEACCH)
- Social interventions (social stories, social scripts)

Topic 6 - Interventions for Advanced Language & Literacy

- Colourful Semantics
- Adapted Books
- Multisensory learning
- Reading and writing

Topic 7: Identifying appropriate interventions & measuring Outcomes

- Factors to consider when identifying interventions
- Measuring outcomes of interventions

Topic 8 - Working with children with language disorders in a school setting

- Care pathway pertaining to school setting and referral processes
- School based MDT management for language and literacy problems of school aged children
- Working as a team member in a school setting
- Different service delivery models in a school setting
- IEP

Topic 9: Working with children with language disorders in a clinic/hospital setting

- Review referral processes for various diagnoses
- Review MDT management for various diagnoses

Teaching/ Learning Methods:

- ➢ Lectures
- ➢ CFAs
- ➢ Video-based
- ➢ CAL/Class discussions
- ➢ Presentations

Assessment Strategy:

Continuous Assessment - 0%	Final Assessment: 100%
	SAQ- 50% IEP Assignment - 25% OSCE - 25%

Recommended Readings:

- Language Disorders from Infancy Through Adolescence: Listening, Speaking, Reading, Writing & Communicating – 5th Edition (2018)
- Kamhi, A. G., & Catts, H. W. (2012). *Language and reading disabilities* (3rd ed.). Baltimore, MD: Pearson.
- Andrews, D., & Mahoney, W. (n.d.). Children with School problems- A Physician's Manual (2nd Edition).
- Calculator, S. N. & Jorgensen, C. M. (1994). Including Students with Severe Disabilities in Schools: Fostering Communication, Interaction, and Participation. School-Age Children Series.
- Snowling, M. & Stackhouse, J. (1996). Developmental dyslexia. Dyslexia, speech, and language: A practitioner's handbook
- Eucation First Sri Lanka- Ministry of Education; Sri Lanka. (2013).
- UNICEF. (2015). *Country Study : Out of School Children in Sri Lanka , Summary Report UNICEF Sri Lanka*.

Websites

- https://afirm.fpg.unc.edu/afirm-modules
- https://autismnavigator.com/
- https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd
- https://www.understood.org/
- https://dyslexiaida.org/
- https://education.go.ke/
- http://nie.lk/

Adult Language Disorders; Intervention and Management

Semester	1		
Course Code:	SLTH 21213		
Course Name:	Adult Language Disorders; Intervention and management		
Credit Value:	3		
Compulsory (Core)/ Optional/ Auxiliary	Optional (SLT)		
Hourly Breakdown of learning activities (to add up to 50 notional hours for each credit)	Theory hours	Practical hours	Hours of independent learning
	50	45	55

Course Aims/ Intended Learning Outcomes:

At the completion of this course student will be able to,

➢ Demonstrate the ability to evaluate and apply a variety of current intervention approaches to those with acquired language disorders of acute onset and progressive types across a range of settings.

➢ Develop an intervention plan for an individual or a group by relating the choice of synchronize, non-synchronize or hybrid methods within an intervention approach to the patient's impairment, based on protocols or best practice guidelines.

➢ Analyze and appraise a formulated intervention plan to include patient engagement, holistic care and related considerations.

Course Content:

Unit 1: General therapy considerations and aphasia intervention

- Neurological principles underlying aphasia therapy:
- Physiological, structural and behavioral mechanisms of recovery
- Spontaneous recovery, Rehabilitation versus re-learning
- Principles of language intervention (treatment considerations; cultural linguistic, education literacy)
- ICF and language intervention
- Synchronized, non-synchronized and Hybrid approaches in language intervention
- General intervention approaches based for;
  o Nonverbal
  o Single word level
  o Sentence level
- Discourse level

- Specific interventional approaches
  - Treatment for word finding difficulties and expressive language
    - Gestural Facilitation of Naming (GES) / VAT
    - Melodic Intonation Therapy (MIT)
    - Constraint Induced Therapy (CIT)
    - Semantic Feature Analysis (SFA)
    - Schuell's Stimulation Approach to Rehabilitation (Spoken Language Comprehension)
    - Response Elaboration Training (RET)
    - Verb Network Strengthening Treatment (VNeST)
    - Cueing Hierarchy Treatment
    - Treatment for syntax and discourse
    - Production Program for Aphasia (SPPA)
    - Treatment of Underlying Forms (TUF)
  - Treatment for reading and writing
  - Multiple Oral Reading (MOR)
  - Oral Reading for Language in Aphasia (ORLA)
  - Copy , Anagram and Recall Treatment (CART)

    - Partner training, Life participations and functional communication approaches
  - Community Aphasia Groups
  - Life Participation Approach to Aphasia (LPAA)
  - Supported Communication Intervention (SCI)
  - Conversational Coaching
  - Script Training
  - Reciprocal Scaffolding Treatment (RST)

  - Multimodal treatment
    - Promoting aphasia communication effectiveness (PACE)
    - Visual action therapy (VAT)
- Evidence based practice and best practice guidelines for intervention in adult language disorders

Unit 2: Intervention techniques for other (Dementia/RCCD/TBI) acquired language disorders

- Principles related to RCCD management
- General approaches for RCCD
  - Auditory attention tasks
  - Divided attention and memory task
  - Working memory and attention task
  - Visual attention and memory task
  - Deductive reasoning task

- Cognitive stimulation therapy
- Environmental modifications
- External Memory Aids
- Specific approaches for RCCD
  - Intervention techniques for neglect
    - Scanning therapy
    - Metacognitive strategy training
    - Lighting/turns/guides and anchors
  - Intervention techniques for TBI memory and Cognition
    - Attention process therapy
    - Intervention for memory and dementia
    - Spaced retrieval therapy
    - Memory Training Program
  - Intervention for Discourse level
    - Metaphor therapy
    - Sentence Elaboration/ RET
    - Treatment for Underline forms
  - Intervention for dementia
    - Environmental modifications
    - Montessori-based treatment
    - Reality orientation
    - Reminiscence therapy
    - Stimulation presence therapy
    - Validation therapy
    - Memory attention therapy
    - Cognitive stimulation approaches

Unit 3: Broader considerations in rehabilitation

- General considerations in intervention
  - Employment issues and social dynamic changes
  - Rehabilitation for community functions
  - Issues in generalization and maintenance
  - Quality of life and related concepts in aphasia
- Considerations in long-term rehabilitation for degenerative language disorders
  - Family dynamics and assistance in communication changes across situations
  - Quality of life related communication goals (social network / develop autobiographies /journaling methods)
- Conducting group therapy and support groups for clients and caregivers
- Multidisciplinary team approach in the management of adults with language disorders

- Counselling and guidance for adults with language disorders and their families

Teaching/ Learning Methods:

- Lectures,
- Invited lectures,
- Compulsory formative assessments (CFA),
- PBLs,
- Case studies,
- Small group discussions,
- Group and individual assignments,
- Speech Lab

Assessment Strategy:

Continuous Assessment: 0%	Final Assessment 100 %
Details:	Details: SAQ 50% OSCE 50%

Recommended Reading:

- Byng, S., Swinburn, K. & Pound, C. (1999). *The Aphasia Therapy File*. Psychology Press, UK.
- Carlomango, S. (1994). *Pragmatic Approaches to Aphasia Therapy*. Whurr, UK.
- Carlson, D. J. (1990). *Word Finding*. Imaginart Press, USA.
- Chamberlin, M. A., Neumann, V. & Tennant, A. (Eds.) *Traumatic Brain Injury Rehabilitation*.
- Chapman and Hall, UK.
  Chapey, R. (2013). *Language intervention strategies in aphasia and related neurogenic*
- *communication disorders*. Williams and Wilkins: Baltimore.
- Code, C. & Muller, D. (1995). *Treatment of Aphasia: from Theory to Practice*. Whurr, London.
- Darley, F., Elman, R. J. (1999). *Group Treatment of Neurogenic Communication Disorders*. Butterworth Heinemann, USA.
- Fawcus, M., Kerr, J., Whitehead, S., & Williams, R. (1990). *Aphasia Therapy in Practice: Comprehension.* Winslow, London.

- Goodglass, H. & Caplan, E. (1980). *The Assessment of Aphasia and Related Disorders*. Lea and Febiger, USA
- Helme-Estherbrooks, N. & Holland, A. (1998). *Approaches to the Treatment of Aphasia*.
  Singular Publishing Group, USA.

- Lesley, J. & Kaiser, W. (1996). *Living with aphasia: Aphasia a social approach.* Chapman and Hull: London.
- Lesser, R. & Perkins, L. (2003). *Cognitive Neuropsychology and Conversational Analysis in Aphasia*. Whurr Publishers: London.

- Lesser, R. & Milroy, L. (1993). *Linguistics and Aphasia.* Longman: London
- Lyon, J. G. (1998). *Coping with Aphasia*. Singular Publishing Group.
- McDonald, S., Togher, L. & Code, C. (Eds.) (1999). *Communication Disorders Following Traumatic Brain Injury.* Psychology Press, UK.

- Murdoch, B. E. (1990). *Acquired Speech and Language Disorders*.
- Parr, S., By, S., & Gilpin, S. (1997). *Talking about Aphasia*. OUP, UK.
- Papathanasiou, I., Coppens, P., & Davidson, B. (2017). Aphasia and related neurogenic communication disorders: Basic concepts, management, and efficacy. *Aphasia and related neurogenic communication disorders*, *2*, 3-12.

- Pound, C. et al (2000). *Beyond Aphasia*. Speechmark, UK.
- Powell, T. & Malia, K. (2003). *The Brain Injury Workbook, exercises for cognitive rehabilitation*. Speechmark, London. 109
- Stroke Survivor and Caregiver Resources (1998). *The Road Ahead: A Stroke Recovery Guide*. National Stroke Association, USA.
- Wallace, G. L. (1996). *Adult Aphasia Rehabilitation*. Butterworth-Heinemann, USA. Whitworth, A.,
- Webster, J. & Howard, D. (2005). *Assessment and Intervention in Aphasia – A Clinician's Guide*. Psychology Press, USA.

- WHO (1999). *Promoting Independence Following a Stroke*. WHO.

Augmentative and Alternative Communication (AAC)

Semester	1		
Course Code:	SLTH 212322		
Course Name:	Augmentative and Alternative Communication (AAC)		
Credit Value:	2		
Compulsory (Core)/ Optional/ Auxiliary	Optional (SLT)		
Hourly Breakdown of learning activities (to add up to 50 notional hours for each credit)	Theory hours	Practical hours	Hours of independent learning
	43	30	27

Course Aims/ Intended Learning Outcomes:

At the end of this module students will be able to:

➢ Describe basic terminology and concepts related to AAC.
➢ Describe various aspects to consider when selecting an appropriate AAC system for an individual.
➢ Apply their knowledge to use various types of AAC systems with both child and adult populations.
➢ Apply communication partner training strategies when using an AAC system with an individual.

Course Content:

Topic 1 –Introduction to AAC

● Overview of AAC
● Types of AAC (Unaided AAC & Aided AAC)
● Purposes of using AAC
● Child populations that would benefit
● Adult populations that would benefit
● Dispelling the Myths of AAC
● ICF and AAC
● EBP

Topic 2 – Unaided AAC

● Types of unaided AAC
● Populations that would benefit from unaided AAC

Topic 3 – Aided AAC

● Low-Tech Aided systems (Tactile objects, communication books, communication

boards, alphabet boards, e-tran)
- Mid-Tech AAC systems
- High-Tech AAC systems (Mobile-based)
- Populations that would benefit from aided AAC

Topic 4 – AAC for Pediatrics/Adults with developmental disabilities

- Factors to consider during assessment (e.g., motor, vision, cognition)
- Adapting assessments (e.g., for physical difficulties, age, vision etc)
- AAC specific communication assessments
- Incorporating the multi-disciplinary team in AAC assessment
- Considerations for presentation and organization
- Considerations for representation
- Considerations for vocabulary
- Communication partner training strategies
- Factors to consider in AAC selection (cultural, socio-economic, access, practical, family preference)
- Incorporating AAC into everyday activities

Topic 5 - Literacy and AAC

- Introducing reading to school-age children who have complex communication needs
- Introducing ways to access writing for school-age children who have complex communication needs (Keyboards, low-tech alphabet boards)
- Incorporating AAC into a school setting

Topic 6: AAC for Adults

- Review factors to consider during assessment with adults (cultural, personal)
- Review adapting assessments (e.g., for physical difficulties, age, vision, etc) & MDT
- AAC specific assessments
- Degenerative conditions & AAC
- Review considerations for presentation and organization
- Review considerations for representation
- Review considerations for vocabulary
- Communication partner training strategies
- Factors to consider in AAC selection (socio-economic, comfort level with technology, access, practical – AAC as an augment)
- Incorporating AAC into home/community/work settings

Teaching/ Learning Methods:

- ➢ Lectures
- ➢ CFAs
- ➢ FAs

	➢ Video Observation
	➢ AAC lab hands on practice with equipment
	➢ Discussions
	➢ Class presentations
	➢ Questions on CAL

Assessment Strategy:

Continuous Assessment - 0%	Final Assessment: 100%
	AAC Presentation 100%

Recommended Readings:

➢ Beukelman, D.R. & Mirenda, P. (5th Ed.) (2020). Augmentative and Alternative Communication: Supporting Children and Adults with Complex Communication Needs. Baltimore: Paul H. Brookes Publishing.

➢ Lloyd, L., Fuller, D., & Arvidson, H. (1997). *Augmentative and Alternative Communication: Handbook of principles and practices*. Boston, MA: Allyn & Bacon.

➢ Beukelman, D., Yorkston, K., & Reichle, J. (2000). *Augmentative and alternative communication for adults with neurogenic and neuromuscular disabilities*. Baltimore, MD: Paul H. Brookes Publishing Co.

➢ Light, J., Beukelman, D. & Reichle, J. (2003) *Communicative competence for individuals who use augmentative and alternative communication: From research to effective practice*. Baltimore, MD: Paul H. Brookes Publishing Co.

➢ Reichle, J., Beukelman, D., & Light, J. (2002) *Exemplary practices for beginning communicators: Implications for AAC*. Baltimore, MD: Paul H. Brookes Publishing Co.

➢ Mirenda, P. & Iacono, T. (2008) *AAC for Individuals with Autism Spectrum Disorders*. Baltimore, MD: Paul H. Brookes Publishing Co.

➢ Soto, G. & Zangari, C. (2009). *Practically speaking: Language, literacy, and academic development for students with AAC needs.* Baltimore, MD: Paul H. Brookes Publishing Co.

➢ Light, J. & McNaughton, D. (2009). *Accessible Literacy Learning: Evidence-based reading instruction for individuals with autism, cerebral palsy, Down syndrome, and other disabilities*. San Diego, CA: Mayer Johnson

➢ Websites:
➢ https://aac-rerc.psu.edu/index.php/pages/show/id/44
➢ https://aacliteracy.psu.edu/

Intellectual Developmental Disorders (IDD) – A lifespan approach

Semester	1		
Course Code:	SLTH 21241		
Course Name:	Intellectual Developmental Disorders (IDD)- A life span approach		
Credit Value:	1		
Compulsory (Core)/ Optional/ Auxiliary	Optional (SLT)		
Hourly Breakdown of learning activities (to add up to 50 notional hours for each credit	Theory hours	Practical hours	Hours of independent learning
	20	10	20

Course Aims/ Intended Learning Outcomes:

Student should be able to

- ➢ Define the term IDD and its characteristics, features of communication impairments related to IDD and DS
- ➢ Describe the severity of classifications according to the features presented in IDD
- ➢ List different service opportunities for this group in the community
- ➢ Outline a range of appropriate approaches and methods for assessment for communication skills in this group
- ➢ Outline different Intervention and management approaches across the life span for various client population - ASD, DS, CP, ADHD
- ➢ Describe the role of different professionals in the MDT involved in the management with this client group
- ➢ Outline the role of an SLT in providing opportunities in employment for persons with intellectual impairment

Course Content:

Unit 01 – Introduction to IDD

    1.1 Main causes and characteristics of IDD

    1.2 Features of communication impairments

    1.3 Severity of classifications

    1.4 IDD in DS across the life span

    1.5 Impact of IDD on communication skills across the life span

    - ICF Classification

Unit 2 – Introduction to service provision in the community

    2.1 Vocational training

    2.2 Employment Opportunities

Unit 3 – Overview of the Assessments

    3.1Specific assessment for the client groups

            -informal and formal

            -direct and indirect methods

    3.2 Adaptations specific for this population related to assessment

Unit 4 – Intervention and Management

    4.1Specific intervention approaches

            - Review on AAC

            -Makaton Signs

            -Total communication

            -Whole language approach

    4.2   Access to community life

            -accommodations at different settings

    4.3Managing challenging behaviors

            ABC Forms

            Sexuality

            Aggression

    4.4 MDT involvement

Unit 5- Understand the role of a SLT in providing employment opportunities

    5.1 Transition and preparation for employment

    5.2 Vocational training

    5.3 Road to employment

  5.4 Advocacy

Teaching/ Learning Methods:

- Lectures,
- Tutorials,
- Video based learning,
- PBL,
- FA(Group work),
- FiLM

Assessment Strategy:	
Continuous Assessment… %- None	Final Assessment 100%
	Group assignment 100%

Recommended Reading:

- Crew, N. M. & Zola, I.K & Associates (2001). Independent Living for Physically Disabled People: iUniverse, USA.
- Dare, A. & O'Donovan, M. (2009). Good Practice in Caring for Children with Special Needs (3rd Edition). Drake, R.E., Bond, G. R., & Becker, D.R. (2012). Individual Placement and Support: An Evidence-Based Approach to Supported Employment (Evidence-Based Practices) (1st Edition). Oxford University Press; USA.
- Duchan, J. F. (1995). Supporting Language Learning in Everyday Life.
- -Wehman, P. (2012). Life Beyond the Classroom: Transition Strategies for Young People with Disabilities (5th Edition). Brookes Publishing: USA.
- -Swanson, S.J. (2011). Supported Employment: Applying the Individual Placement and Support (IPS) Model to Help clients compete in the Workforce (2nd Edition). Hazelden Publishing: USA.

Websites

- LDA website
- DSM-V manual- section on IDD

Clinical Rotation 3 in SLT

Semester	1		
Course Code:	SLTH 21255		
Course Name:	Clinical Rotation 3 in SLT		
Credit Value:	5		
Compulsory (Core)/ Optional/ Auxiliary	Optional (SLT)		
Hourly Breakdown of learning activities (to add up to 50 notional hours for each credit)	Theory hours	Practical hours	Hours of independent learning
	Adult: 30	Adult: 120 Pediatric: 108 Other: 72	Adult: 50 Pediatric: 120

Course Aims/ Intended Learning Outcomes:

At the end of this clinical rotation the students should be able to,

➢ Analyze available medical and other assessment findings of a child or adult with a cognitive-language or social impairment to develop a short-term or long-term intervention plan including suitable intervention approaches.

➢ Perform individual or group therapy sessions, undertaking blocks of therapy based on available evidence to formulate an intervention plan that includes child/adult client's needs and promotes holistic care.

➢ Demonstrate the ability to make informed clinical decisions.

➢ Plan and perform intervention sessions through face to face and telehealth sessions.

➢ Engage the patient and caregiver within a collaborative, flexible and evolving rehabilitation plan.

➢ Manage an assigned caseload efficiently.

➢ Compile patient reports and clinical documentations.

➢ Demonstrate basic communication skills to work in a clinical setting

➢ Demonstrate skills of collaborative learning

Corse content:

Adult appointment:

• Information gathering for developing a therapy block including long-term and short-term rehabilitation goals

• Types of language/ cognitive-language disorders; Aphasia (dysphasia) post stroke, Primary Progressive Aphasia (PPA) Right Cognitive Communication Disorder (RCCD), Dementia, language impairments post Traumatic Brain Injury (TBI)

• General and specific intervention techniques for impairments specified above

• Intervention for adults with acquired language impairments in (i) acute (ii) out-patient/ rehabilitation settings (iii) home-based settings

• Aphasia group therapy

• Counselling for sharing therapy prognosis and plans

• Material development and information sharing

• Multidisciplinary engagement

• Report writing and other documentation

Pediatric appointment:
- Information gathering for developing a therapy block including long-term and short-term goals
- Interventions for children diagnosed with delayed speech & language, autism spectrum disorder, specific learning disabilities, Developmental language disorders, social pragmatic disorder, ADHD, seizure disorder, TBI, other syndromes
- Assessment & intervention for children, adolescents and adults with intellectual and developmental disabilities (IDD) and Down syndrome.
- Interventions in an (i) out-patient clinic, (ii) school setting, (iii) home-based
- Group interventions for children
- Counselling parents and sharing therapy prognosis and plans
- Material development and information sharing
- Work within a multidisciplinary team approach
- Report writing and other documentation

Teaching/ Learning Methods:
- ➢ Clinical teaching – 250h
- ➢ Simulation-based skills development sessions –50h
- ➢ Tutorials and small group discussions – 15 hours
- ➢ Student seminars and case presentations – 15hours

Assessment Strategy:

Continuous Assessment 50%	Final Assessment 50%
Assessment of Clinical Competency (ACC) (40%) Portfolio (10%)	OSCE-50%

Recommended Reading:
- ➢ As recommended by specialty-supervisors/teachers

Cleft Lip & Palate-Assessment & Management

Year and Semester	Year 2/Semester 2		
Course Code:	SLTH 22322		
Course Name:	Cleft Lip & Palate-Assessment & Management		
Credit Value:	2		
Compulsory (Core)/ Optional/ Auxiliary	Optional (SLT)		
Hourly Breakdown of learning activities (to add up to 50 notional hours for each credit)	Theory hours	Practical hours	Hours of independent learning
	40	40	20

Course Aims/ Intended Learning Outcomes:

By the end of this course, students will be able to:

➢ Recall the basic concepts and causes of maxillofacial anomalies and explain the embryological development of maxillofacial structures and its neurophysiologic functions.

➢ List the anatomy and physiology of the oro-facial structures related to cleft lip and palate.

➢ Demonstrate skills in phonetic transcription of cleft type speech characteristics using the International Phonetic Alphabet (IPA) and interpretation and analysis of the phonetic variations.

➢ Demonstrate the use of a range of formal standardised, adapted, informal, dynamic and computer-based assessments for children with cleft lip and palate, with additional reference to the ICF model.

➢ Discuss the multi-disciplinary team (MDT) approach to management of children with cleft lip and palate.

➢ Apply current evidence-based therapy approaches for children with cleft lip and palate/velopharyngeal insufficiency (VPI).

➢ Critically evaluate the applicability of the current evidence-base and best practice guidelines for children with cleft lip and palate/VPI to the socio-cultural and linguistic realities of the local context with reference to the ICF model.

Course Content : (Main topics, Sub topics)

Topic 1: Cleft lip & palate
- Embryology – Development of palate, lip and nose
- Causes – genetic, environmental and other causes
- Types and classification of cleft lip and palate (CLP)
- Velopharyngeal inadequacy
  - Definition, causes and classification
  - Compensatory articulation
  - Assessment and management of VPI
- Associated problems
  - Communication disorders
  - Feeding problems
  - Dental problems
  - Psychological problems
- Syndromes associated with cleft palate

Topic 2: **Assessment in CLP**
- Assessment of cleft lip / palate and its sequelae
  - Early identification of speech and language disorders associated with the CLP groups
  - Subjective assessment
  - Objective assessment
- Phonetic transcriptions and interpretation of cleft type speech characteristics
- Identify relevant assessment methods based on age groups and associated communication defects
- Describe relevant evidence for use of various assessments

Topic 3: **Intervention in CLP**
- Early intervention
- Multidisciplinary approach to management
- Speech therapy (specific and general approaches and techniques)
- ICF and children with CLP
- Current evidence-based practice (EBP) in CLP
- Critical review of EBP to the local context
- Clinical practice in Sri Lanka and in the international context relevant to CLP
- Specialist clinical pathways and MDT clinical services
- Surgery
- Prosthesis

Teaching/ Learning Methods:

- Lectures
- Speech data transcription exercises of audio/video speech data
- Speech sample analysis exercises of audio/video speech data
- Observation and discussion on video material
- Practical sessions
- Small group discussions

	➢ Whole-class discussions ➢ Self-directed learning activities ➢ Client discussions ➢ Practical demonstrations ➢ Simulated client assessment and intervention ➢ Clinical observations ➢ Tutorials

Assessment Strategy:

Continuous Assessment 0%	Final Assessment 100%
	SEQ-100%

Recommended Reading:

➢ Albery, L. & Russell, J. (1994). Cleft Palate Source Book. Winslow, London.

➢ Golding-Kushner, K. I. (2001). Therapy Techniques for Cleft Palate Speech and Related Disorders. Singular, Canada.

➢ Grunwell, P. & Sell, D. (2001). Speech and Language Characteristics. In A. C. H. Watson, D. Sell and P. Grunwell (Eds.). Management of Cleft Lip and Palate. Whurr.

➢ John, A., Sell, D., Harding-Bell, A., Sweeney, T. & Williams, A. (2006). CAPS-A - A validated and reliable measure for auditing cleft speech. Cleft Palate-Craniofacial Journal, 43, 272- 288.

➢ Kummer, A. W. (2001). Cleft Palate and Craniofacial Anomalies. Singular, Canada.

➢ McLeod, S., & McCormack, J. (2007). Application of the ICF and ICF-Children and Youth in children with speech impairment. *Seminars in Speech and Language, 28*(4), 254-264.

➢ Russell, I. & Sell, D. (1998). The GOS-CLAPA Therapy Project — Principles and Techniques of Speech Therapy Treatment. CLAPA.

➢ Sell, D. (2008). Speech in the unoperated or late operated patient. In M. Mars, A. Habel and D. Sell. Cleft Lip and Palate Management in the Developing World. John Wiley.

➢ Sell, D. (2008). Speech therapy and cleft lip and palate in the Developing World context. In M. Mars, A. Habel and D. Sell. Cleft Lip and Palate Management in the Developing World. John Wiley.

➢ Sell, D., Harding, A., & Grunwell P. (1994). A screening assessment of cleft palate speech: "GOS. SP.ASS." European Journal of Disorders of Communication, 29, 1-15.

➢ Sell, D., Harding, A., and Grunwell, P. (1998). Speech Assessment GOS.SP.ASS. '94 and '98 — a Training Video of Speech Characteristics. CLAPA.

Motor Speech Disorders in Children-Intervention

Year and Semester	2		
Course Code:	SLTH 22312		
Course Name:	Motor Speech Disorders in Children-Intervention		
Credit Value:	2		
Compulsory (Core)/ Optional/ Auxiliary	Optional (SLT)		
Hourly Breakdown of learning activities (to add up to 50 notional hours for each credit)	Theory hours	Practical hours	Hours of independent learning
	40	40	20

Course Aims/ Intended Learning Outcomes:

By the end of this course, students will be able to:

➢ Recall the key considerations within the speech and language therapy assessment for children with motor speech disorders (dysarthria and CAS/DVD).

➢ Apply current evidence-based therapy approaches for children with motor speech disorders (dysarthria and CAS/DVD).

➢ Critically evaluate the applicability of the current evidence-base and best practice guidelines for children with motor speech disorders (dysarthria and CAS/DVD) to the local socio-cultural and linguistic realities.

➢ Discuss intervention for children with motor speech disorders (dysarthria and CAS/DVD) with reference to the ICF model, Psycholinguistic model and other relevant theoretical frameworks.

Course Content : (Main topics, Sub topics)

Topic 1: Review of assessment considerations

- Assessment of dysarthria in children
- Assessment of CAS/DVD in children

Topic 2: Intervention for developmental dysarthria

- Intervention approaches/techniques including:

    - Speech Systems Approach/Subsystems Approach

    -Lee Silverman's Voice Therapy

-Improving Speech Intelligibility

-Motor Learning Principles

-Cueing Systems

-Feedback Systems Using Technology

-Aac And Improving Communication

-Multidisciplinary Team Work

-ICF Considerations

-Psycholinguistic model and other theoretical frameworks

- Evidence-based practice and best-practice guidelines: international and local perspectives
- Current local and international evidence-based practice in working with children with developmental dysarthria

Topic 3: Intervention for CAS/DVD

- Intervention approaches/techniques including:

  -Motor programming approaches: Nuffield Dyspraxia Program (NDP3), Dynamic Temporal and Tactile Cueing (DTTC), Rapid Syllable Transition Training (ReST)

  -Linguistic approaches: Cycles approach, Integrated Phonological Awareness (IPA)

  -Combination approaches

  -Rhythmic (prosodic) approaches: melodic intonation therapy

  -Cueing systems: PROMPT, Cued Articulation,

  -Generalisation

  -Improving speech intelligibility

  -Review AAC in the management of CAS/DVD

  -Multidisciplinary team work

  -ICF considerations

  -Psycholinguistic model and other theoretical frameworks

- Evidence-based practice and best-practice guidelines: international and local perspectives; collaborative and interdisciplinary research

- Current local and international evidence-based practice in working with children with CAS/DVD

Teaching/ Learning Methods:

- Lectures
- Videos
- Practical sessions
- Small group discussions
- Whole-class discussions
- Self-directed learning activities
- Client discussions
- Tutorials
- Speech data transcription exercises
- Speech sample analysis exercises
- Case study exercises

Assessment Strategy:

Continuous Assessment 0%	Final Assessment 100%
	SEQ-100%

Recommended Reading:

- Davis, B. L. & Velleman, S. L. (2000). Differential diagnosis and treatment of developmental apraxia of speech in infants and toddlers. *Infant-Toddler Intervention: The Transdisciplinary Journal, 10* (3), 177-92.
- Maas, E., Gildersleeve-Neumann, C. E., Jakielski, K. J., & Stoeckel, R. (2014). Motor-based intervention protocols in treatment of childhood apraxia of speech (CAS). *Current Developmental Disorders Reports, 1,* 197-206.
- McLeod, S., & McCormack, J. (2007). Application of the ICF and ICF-Children and Youth in children with speech impairment. *Seminars in Speech and Language, 28*(4), 254-264.
- McNeill, B. C., Gillon G. T., & Dodd B. (2009b). Effectiveness of an integrated phonological awareness approach for children with childhood apraxia of speech (CAS). *Child Language and Teaching Therapy, 25*(3), 341-366.
- Murray, E., McCabe, P., & Ballard, K. J. (2012). A comparison of two treatments for childhood apraxia of speech: Methods and treatment protocol for a parallel group randomised control trial. *BioMed Central Pediatrics, 12*(1), 112-121.
- Murray, E., McCabe, P. & Ballard, K. J. (2014). A systematic review of treatment outcomes for children with childhood apraxia of speech. *American Journal of Speech-Language Pathology, 17,* 1-19.
- Shriberg, L. D. (2010). A neurodevelopmental framework for research in childhood apraxia of speech. In B. Maassen & P. van Lieshout (Eds.),

Speech motor control: New developments in basic and applied research (pp. 259-270). Oxford, UK: Oxford University Press.

➢ Strand, E. A., McCauley, R. J., Weigand, S., Stoeckel, R. & Baas, B. (2013). A motor speech assessment for children with severe speech disorders: Reliability and validity evidence. *Journal of Speech, Language, and Hearing Research, 56,* 505-520.

➢ Williams, A. L., McLeod, S. & McCauley, R. (2010). Interventions for Speech Sound Disorders in Children. Baltimore, MD. Brookes Publishing.

➢ Williams, P., & Stephens, H. (2010). The Nuffield Center Dyspraxia Programme. In A. L. Williams, S. McLeod, & R. J. McCauley (Eds.), *Interventions for speech sound disorders in children* (pp. 159-178). Baltimore, MD: Brookes.

➢ World Health Organization (2001). International Classification of Functioning, Disability and Health. Geneva, Switzerland: Author.

➢ Yorkston, K. M., Strand, E. A. & Kennedy, M. R. (1996). Comprehensibility of dysarthric speech: Implications for assessment and treatment planning. *American Journal of Speech- Language Pathology, 5*(1), 55-66.

Motor Speech Disorders in Adults: Intervention and management

Semester	2		
Course Code:	SLTH 22303		
Course Name:	Motor Speech Disorders in Adults; Intervention and management		
Credit Value:	3		
Compulsory (Core)/ Optional/ Auxiliary	Optional (SLT)		
Hourly Breakdown of learning activities	Theory hours	Practical hours	Hours of independent learning
	50	45	55

Course Aims/ Intended Learning Outcomes:

At the completion of this course student will be able to,

➢ Demonstrate the ability to evaluate and apply a variety of current intervention approaches to those with motor speech disorders of acute onset and progressive types across a range of settings.

➢ Develop an intervention plan for an individual or a group by relating the choice of intervention approach to the impairment based on protocols or best practice guidelines

➢ Analyze and appraise a formulated intervention plan to include patient engagement and related considerations.

Course Content:

Unit 1: Management of Dysarthria

- General principles in dysarthria management
- ICF and Dysarthria management
- Dysarthria management options based on Medical, surgical and prosthetic approaches
- Intelligibility and comprehensibility related approaches
- Client oriented and caregiver-oriented approaches
- Subsystems approach
  - Management of articulation and prosody
  - Management of phonation and volume
  - Manage of respiration and resonance
- Specific therapy approaches in dysarthria
  - Non-speech oro-motor exercise (NSOME)
  - Integral Stimulation
  - Phonetic placemat

- – Phonetic derivation
- – Intelligibility drills
- – Minimal contrasts
- – Exaggerating consonants
- – LSVT
- – Rate modification to facilitate articulatory precision
- – Prosody level approaches : Intonation and pitch variation
- Identification of goals and formulating therapy plans
- Outcome measure strategies related to Dysarthria
- Conducting group therapy and support groups for clients and caregivers
- Evidence based practice in dysarthria management

Unit 2: Management of Apraxia of Speech

- General principles in the management of apraxia of speech in adults
- ICF and dyspraxia management
- Therapy considerations across dyspraxia types
- Dyspraxia – Intervention approaches
  - – Various approaches, facilitation techniques, speech techniques, generalization and improving speech intelligibility

  - – Articulatory–Kinematic Approaches
  - – Rate and Rhythm Control Approaches
  - – General Activities
- Specific approaches in dyspraxia
  - – Multiple Input Phoneme Therapy (MIPT) –
  - – Sound Production Treatment
  - – Speech Motor Learning (SML) Approach
- Use of apps and technology in management of Dyspraxia
- Identification of goals and formulating therapy plans
- Outcome measure strategies related to Dyspraxia
- Conducting group therapy and support groups for clients and caregivers
- Evidence based practice in apraxia intervention
- MDT approach in MSD management and referral system

Teaching/ Learning Methods:

- ➢ Lectures,
- ➢ Invited lectures,
- ➢ Compulsory formative assessments (CFA),
- ➢ PBLs,
- ➢ Case studies,
- ➢ Small group discussions,
- ➢ Group and individual assignments,
- ➢ Speech Lab

Assessment Strategy:	
Continuous Assessment 0%	Final Assessment 100%
Details:	Details: SAQ - 40% OSCE - 60%

Recommended Reading:

- Aronson, A. & Brown, J. (1975). *Motor Speech Disorders*. W B Saunders Co, USA.
- Donnell, F. J. (1985). *Clinical management of neurogenic communicative disorders*.
- Duffy, J. R. (1995). *Motor speech disorders.*
- Murdoch, B. E. (1995). *Acquired speech and language disorders.*
- Keith, R. L. & Thomas, J. (1989). *Speech Practice Manual for Dysarthria, Apraxia and Other Disorders of Articulation*. B C Decker Inc, USA.
- Stanley Thornes, UK. Murdoch, B. E. (1998). *Dysarthria: a psychological approach to assessment and therapy.* Stanley Thornes, UK..

Supporting Deaf & Hard-of-Hearing Community

Semester	2
Course Code:	SLTH 22333
Course Name:	Supporting Deaf & Hard-of-Hearing Community
Credit Value:	3
Compulsory (Core)/ Optional/ Auxiliary	Optional (SLT)

Hourly Breakdown of learning activities	Theory hours	Practical hours	Hours of independent learning
	45	33	72

Learning Outcomes:

By the end of this module, students will be able to:

➢ Demonstrate an understanding of the basic concepts and terminology related to Deaf or Hard-of-Hearing (HoH).

➢ Explain a range of appropriate assessment procedures and adaptations for audition, speech, language, communication and literacy skills for this client group across the life span (including informal and formal, direct and indirect methods).

➢ Critically evaluate available evidence-based therapy techniques used with this client group, based on the client's strengths and needs, type of amplification, socio-economic circumstances and its applicability to the family, educational and local societal contexts and apply a range of alternatives to primary speech communication in-line with international guidelines and with consideration for local needs.

➢ Demonstrate the ability to use basic signs of Sri Lankan sign language to undertake assessments with children who are Deaf or HoH and understand when and why signing may be appropriately introduced in therapy reflecting on the right to sign language for the Deaf community and its socio-cultural and political implications.

➢ Develop assessment and intervention plans for individual clients and for groups of clients within a clinical or educational context, displaying awareness of adaptations for the client's individual strengths and needs, connecting speech and language therapy goals with accessing the curriculum or beyond, with reference to the ICF framework.

➢ Identify types, parts, care and maintain of Amplification Devices and Assistive Listening Devices to maximize hearing environment

➢ Demonstrate an understanding of current theories and topical discussions on Deaf culture, deafness, sign language, issues of access and related topics and potential psychosocial impact of hearing loss/deafness on children and adults throughout the life-span.

Course Content:

Topic 1. Recap of basic concepts

1.1. Introduction to basic terminology and concepts in acoustics, frequency and intensity
1.2. Structure of the ear and types of deafness
1.3. Description of the features and aetiology of communication difficulties related to deafness; speech perception

Topic 2: Assessments

2.1. Audiological assessments
   - overview of tests
   - understanding the implications of test results on audition and on speech, language and literacy development and suitability for amplification
   - Indications for making referrals for hearing tests.
2.2. Speech and Language Therapy assessments including audition, speech, language and literacy skills for children, adolescents and adults
   - Adapting generic assessments introduced in previous modules to this client population
   - The use of formal and informal assessment tasks including local adaptations of test procedures and guidelines specific to the hearing loss.
2.3. Current EBP in assessments in speech and language therapy, local assessments, research, care pathways, practice standards, and innovative practice

Topic 3. Intervention, educational and employment Support

3.1. Importance of early intervention, key therapy approaches:
   - Auditory Verbal Therapy (AVT)
   - AVT programmes-e.g. AuSpLan
   - Auditory Oral/ Natural auditory oral approach
   - Speech reading training
   - Cued Speech and Cued articulation
   - Total Communication approach
   - Bilingualism
   - Sri Lankan Sign language and International Sign language
   - Makaton and similar systems of sign language
   - Sign-supported Sinhala/Tamil/ English
3.2. The impact of hearing loss on communication skills and probable disabling consequences for individual's across the life span

3.3 Current EBP in intervention in speech and language therapy, local assessments, research, care pathways, practice standards, and innovative practice

Topic 4. Amplification Devices and Assistive Listening Devices

   4.1.Types

   4.2. Parts

   4.3. Function

   4.4. Troubleshooting

   4.5. Care and maintenance

   4.6. Maximizing hearing environment

   4.7. Classroom management

Topic 5. Deafness and Deaf culture

   5.1.Current theories including oralism vs. sign language

   5.2. Topical debates

   5.3. Psychosocial impact of deafness across the lifespan

Teaching/ Learning Methods:

- Lectures
- Quizzes
- Small group activities
- Role paly activities
- Classroom discussions
- Self-directed learning activities
- ICF- related exercises
- Practical sessions including audiometry
- Speech and language therapy clinical placements at schools and centers – CR4
- Tutorials
- Visits to audiology clinics
- Forum discussions
- Classroom debates

Assessment Strategy:

Continuous Assessment	Final Assessment: 100 %

Details:	Details:
	
	  Assignment- 60%
	
	  SAQ paper- 40%

Recommended Reading:

- Christensen, K. M. (Ed.). (2000). Deaf plus: A multicultural perspective. San Diego, CA: Dawn Sign Press.
- Dalebout, S. (2009). Guide to Hearing and Hearing Loss: Assessment, Treatment, and Prevention. Praeger.

- Enns, C., Henner, J., & McQuarrie, L. (2021). Discussing Bilingualism in Deaf Children: Essays in Honor of Robert Hoffmeister. 1st Edition. Routledge.
- Estabrooks, W., McCaffrey Morrison, H., & MacIver-Lux, K. (2020). Auditory-Verbal Therapy: Science, Research, and Practice. Plural Publishing, Inc.
- Glickman, N. S. & Hall, W. C. (2018). Language Deprivation and Deaf Mental Health 1st Edition. Routledge.
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- Knoors, H. & Marschark, M. (2018). Evidence-Based Practices in Deaf Education (Perspectives on Deafness). Oxford University Press.
- Knoors, H. & Marschark, M. (2014). Teaching Deaf Learners: Psychological and Developmental Foundations (Perspectives on Deafness) 1st Edition. Oxford University Press.
- Marshark, M. & Knoors, H. (Eds.). (2018). Deaf Education beyond the Western World: Context, Challenges and Prospects for Agenda 2030. Oxford University Press.
- Marschark, M. & Spencer, P. E. (2003). Oxford Handbook of Deaf Studies, Language, and Education. Oxford University Press.
- .
- Pedley K, Giles, E. & Hogan, A. (Eds) (2005). Adult Cochlear Implant Rehabilitation Whorr London.
- Scheetz, N. (2011). Deaf Education in the 21st Century: Topics and Trends 1st Edition Pearson.
- Spencer, P. E. & Marschark, M. (2010). Evidence-Based Practice in Educating Deaf and Hard-of-Hearing Students (Professional Perspectives on Deafness: Evidence and Applications). 1st Edition. Oxford University Press.
- Spencer, P. E. & Marschark, M. (2006). Advances in the Spoken Language Development of Deaf and Hard-of-Hearing Children. Oxford University Press.

Websites

- http://www.asha.org/public/hearing/Hearing-Loss/
- http://www.asha.org/public/hearing/Hearing-Testing/
- http://www.asha.org/public/hearing/Treatment/
- http://www.asha.org/slp/schools/prof-consult/hearing-impaired/
- http://www.asha.org/policy/GL2004-00202/
- http://www.rcslt.org/speech_and_language_therapy/commissioning/deafness_plus_intro
- http://www.asha.org/Members/ebp/compendium/guidelines/RCSLT-Clinical-Guidelines--5-7-Deafness-and-Hearing-Loss.htm
- http://almacen-gpc.dynalias.org/publico/Clinical_Guidelines%20Speech%20Therapists.pdf

Clinical Rotation 4 in SLT

Semester	2		
Course Code:	SLTH 22345		
Course Name:	Clinical Rotation 4 in SLT		
Credit Value:	5		
Compulsory (Core)/ Optional/ Auxiliary	Compulsory		
Hourly Breakdown of learning activities (to add up to 50 notional hours for each credit)	Theory hours	Practical hours	Hours of independent learning
	Adult: 30	Adult: 120 Pediatric: 120 HI: 60	Adult: 50 Pediatric: 80 HI: 40

Course Aims/ Intended Learning Outcomes:

At the end of this clinical rotation the students should be able to,

➢ Analyze available medical and other assessment findings of a child or adult with a motor speech impairment, with a motor speech difficulty or hearing loss to develop a short-term or long-term intervention plan including suitable intervention approaches.

➢ Perform individual or group therapy sessions, undertaking blocks of therapy based on available evidence to formulate an intervention plan that includes child/adult client's needs and promotes holistic care.

➢ Apply a range of alternatives to primary speech communication in-line with international guidelines and with consideration for local needs including Sri Lankan sign language for clients who are Hard-of- Hearing.

➢ Demonstrate the ability to make informed clinical decisions.

➢ Demonstrate the ability to provide intervention sessions through face to face and telehealth sessions.

➢ Demonstrate the ability to sustain patient and caregiver engagement within a collaborative, flexible and evolving rehabilitation plan.

➢ Demonstrate an efficient management of own caseload.

➢ Demonstrate report writing and documentations skills.

➢ Demonstrate basic communication skills to work in a clinical setting

➢ Demonstrate skills of collaborative learning

Corse content:

Adult appointment:

- Information gathering for developing a therapy block including long-term and short-term rehabilitation goals
- Types of motor speech disorders; Dysarthria post stroke, Dysarthria in progressive conditions, Acquired Apraxia of Speech
- General and specific intervention techniques for impairments specified above.

- Intervention for adults with acquired language impairments in (i) acute (ii) out-patient/ rehabilitation settings (iii) home-based settings
- Group therapy
- Counselling for sharing therapy prognosis and plans
- Material development and information sharing
- Multidisciplinary engagement
- Report writing and other documentation

Pediatric appointment:

- Gather information to identity long-term and short-term intervention goals for a block of therapy with reference to the ICF model and/or other theoretical frameworks
- Conduct intervention for a range of paediatric clients with speech sound disorders; Articulation disorder (Hearing loss/Down syndrome/Cerebral palsy/Developmental delay), Phonological delay/disorder
- Use specific evidence-based intervention approaches and techniques for paediatric clients with speech sound disorders
- Undertake intervention for children with speech sound disorders in (i) clinic, (ii) school, and (iii) home-based settings
- Conduct individual and group therapy, as appropriate for the individual clients
- Collaborate with parents/caregivers and teachers in setting-up therapy goals and undertaking intervention
- Develop individualized low-cost therapy materials
- Work within a multidisciplinary team approach
- Modify own communication skills to suit individual clients, parents/caregivers and teachers
- Undertake reflection-in-action and reflection-on-action developing self-reflection skills
- Maintain clinical documentation

Hearing Impairment:

- Case history taking and gathering information through medical notes and other reports with the discussion of relevant professionals to identify long-term and short-term intervention goals for a block of therapy with reference to the ICF model and/or other theoretical frameworks
- Conduct a range of appropriate assessment procedures and adaptations for audition, speech, language, communication and literacy skills for this client group across the life span (including informal and formal, direct and indirect methods)
- Devise and engage intervention plans for individual clients and for groups of clients within a clinical or educational context, displaying awareness of adaptations for the client's individual strengths and needs, connecting speech and language therapy goals with accessing the curriculum or beyond, with reference to the ICF framework

- Apply Sri Lankan Sign language where appropriate
- Engage in a reflective case discussions or clinical case presentations under supervision

- Develop individualized low-cost therapy materials
- Work within a multidisciplinary team approach
- Modify own communication skills to suit individual clients, parents/caregivers and teachers
- Maintain clinical documentation

Teaching/ Learning Methods:
- Clinical teaching – 190h
- Simulation-based skills development sessions –50h
- Tutorials and small group discussions – 15 hours
- Student seminars and case presentations – 15hours
- CFAs - 20 h

Assessment Strategy:

Continuous Assessment 50%	Final Assessment 50%
Assessment of Clinical Competency (ACC) 40% Portfolio 10%	OSCE -50 %

Recommended Reading:
- As recommended by specialty-supervisors/teachers