

KASA Knowledge-Based Assessment: Acquired Language Disorders

1. Succinctly describe (1-2 pages) auditory comprehension of a spoken message. Use models of auditory comprehension to explain what happens when a word leaves the speaker's mouth to point of message comprehension. For each of these aspects of processing and comprehension, indicate what area or areas of the brain are critically involved, and indicate the degree to which there is hemispheric specialization for each aspect of processing if applicable. (IV.B. & IV.F.)

2. Succinctly describe (1-2 pages) the process of speech and language production using a modeling approach. Your description should include: intent, linguistic-symbolic planning (syntax, lexical/semantics, morphology, phonology), motor planning, motor programming, and execution. For each level of production, indicate what area or areas of the brain are critically involved, and indicate the degree to which there is hemispheric specialization for each aspect if applicable. (IV.B. & IV.F.)

3. In 1-2 pages,
 - a) discuss some common etiologies/causes of acquired language disorders/aphasia (IV.C.1) and
 - b) describe clinical characteristics related to etiology and onset of acquired language disorders/aphasia along with factors influencing severity of the disorder (i.e., mild vs. severe impairment, focal vs. diffuse) (IV.C.1 & IV.C.2)

4. Case Study:

Case study: You are the inpatient rehab SLP assigned to assess a 48-year-old right-handed male who suffered a CVA (stroke) in the posterior inferior frontal lobe adjacent to the motor cortex with partial extension into the temporal lobe seven days earlier. While reviewing the chart, you learn that the patient was working as an electrician for a major construction company when co-workers recognized his speech became slurred and he was unable to hold his tools. They called 911 and the patient was transported to the hospital where he was given tPA immediately; tPA is a medication that helps dissolve the clot and lessen the severity of brain damage. While in the intensive care unit, the acute care SLP reported good participation and motivation. His past medical history reveals high blood pressure and diabetes for which he takes medication. No prior history of stroke, brain injury, or dementia. He currently lives at home with his spouse and two children ages 8 and 10. His spouse is an elementary school teacher. The patient has a brother who lives in the area and visits often. They all enjoy taking their children to soccer games and socializing together. The patient is an avid sports fan. Currently, the patient is non-fluent (telegraphic speech), able to put 2 - 3 words together (primarily content words), has occasional word finding difficulty, uses hand gestures, and demonstrates the ability to follow simple two-step commands. He does get frustrated at times when he cannot express his thoughts and/or understand others. His family is supportive but also get frustrated at times when unable to understand what the patient is asking. Even so, everyone is remaining motivated with good participation. He will be receiving physical, occupational, and speech therapy over the next four weeks while in the inpatient rehab unit. Your job is to complete a comprehensive evaluation of

his expressive and receptive communication skills, develop a therapy plan, and provide a prognosis. The patient's goal is to return to his job and previous social activities.

- a. Describe an appropriate non-standardized assessment of the four communicative modalities (e.g., speaking, listening, reading, and writing) and include hypothetical objective results that are compatible with the description offered above. HINT: 1) keep in mind what you learned, and resources provided regarding person/patient centered functional assessment; 2) how might you informally assess the four communicative modalities (specific examples for each).
- b. What standardized test instrument(s), subtest(s), etc., would you select and why? Indicate the characteristics of the test or tests that make it appropriate for this patient and for your purpose.
- c. State two appropriate long-term goals and one short-term goal for each long-term goal and describe specific management strategies that would be appropriate for reaching those goals. For example, a long-term goal for auditory comprehension will need to be accompanied by a short-term goal for auditory comprehension, etc. (see example below):
 - Long Term Goal 1
-Short Term Goal 1
 - Long Term Goal 2
-Short Term Goal 2

Recall from the examples shared during lecture that long-term goals are more general and measurable (over a longer period) while short-term goals are more specific and measurable (over a shorter period). Short term goals are small steppingstones to help the patient make it to their ultimate long-term goal.

- d. Describe this patient's prognosis for attaining functional communication, including reference to etiology, the time since onset, and all relevant clinical features.
- e. If your patient spoke a different language and/or had a different cultural background than your own, describe the steps you would take to make sure you account for language and culturally based aspects of performance.