

KASA Knowledge-Based Assessment: Fluency

1. Describe succinctly (1-2 pages) the neurological bases and physiological processes of normal speech articulation. Your description should include but not be limited to an indication of what area or areas of the brain are critically involved in the speech motor control process. (IV.B.1)
2. Define and describe the term “fluency” in terms of the physiological processes and the perceptual aspects of the speech signal. Describe the normal nonfluent speech characteristics commonly observed in youngsters whose language is rapidly expanding and in adults who are experiencing “stage fright.” Your response to this question should be one or two paragraphs. (IV. B. 2)
3. How do cultural and linguistic background factors affect fluency? Give examples for each of these factors. (IV. B. 3)
4. Define the term “fluency disorders.” In a page or two, describe the etiologies of fluency disorders in terms of 3-P (Predisposing, Precipitating, and Perpetuating) factors, and do so in a way that indicates you (a) know both classical and contemporary theories of stuttering and (b) are able to critique each theory in terms of onset, development, and clinical characteristics of fluency disorders. (IV. C.1 & 2).
5. Use the published normative data and assessment and intervention models listed below to state how you (a) make a differential diagnosis between childhood, normal disfluency and beginning stuttering, (b) generate an early intervention plan, (c) reach a clinical decision on rate control, and (d) document treatment progress. (IV.F)
 - Ambrose and Yairi’s normative data and weighted formula
 - Zebrowski’s decision-stream for intervention)
 - Tsao & Weismer Interspeaker variation
 - Riley’s SSI-4; Van Riper’s stuttering severity profile
 - Yaruss & Quesal’s OASES and WHO’s ICF
6. Case study 1: The client is a 35-year-old female who self-referred with a presenting complaint regarding her “speech clarity.” She indicates that others have complained about not being able to understand her well because “she talks too fast.” She reports that she is very good in physics and has been a high school teacher for 10 years. She is not afraid of talking in front of the class or strangers. She cannot understand why people have trouble understanding her. The client indicates a history of “mild” head injury in her childhood; she was in a coma for a week. During the case history interview, you hear a few sounds inconsistently being slurred during the moments of rate acceleration. You also note that the client has a tendency to repeat at the phrase level and seemed to be off subject from time to time during conversation.
 - a. Briefly describe the kinds of information and evidence that you will need to obtain/gather in order to make a differential diagnosis of the client. Specify the formal

- and informal assessment tools and procedures that may be used to derive qualitative and/or quantitative data needed for differential diagnosis. (IV.D. 1, 2, 3)
- b. Based on the reported information and your expected results from additional assessment, what etiological factors may be causing the client's problem with her speech? Which clinical sign/symptoms led you to your conclusions? (IV. D. 3, 4)
 - c. State one to two primary goals and objectives to address the client's speech concerns. What intervention plan might you use to address these goals and objectives? (IV. D. 3, 4)
7. Case Study 2: Karen is a 5 years old female who was born and raised in a Spanish speaking family with three other older siblings. Spanish is the dominant language used at home. Mom reported that Karen started stuttering at the age of 3 whenever she got excited. Her speech was characterized by occasional word and phrase repetitions with some syllable repetitions. No family history of stuttering was reported. Karen's stuttering became notable after entering Kindergarten where English was formally introduced to her for the first time. According to Mom, Karen is an outgoing person who loves to talk. However, it was noted that she has lately become very quiet in school. Mom is seeking a 2nd opinion regarding the decision on Karen's qualification for receiving school speech services.
- a. Briefly describe the kinds of information and evidence that you will need to obtain/gather in order to make a differential diagnosis of the client. Specify the formal and informal assessment tools and procedures that may be used to derive qualitative and/or quantitative data needed for differential diagnosis. (IV.D. 1, 2, 3)
 - b. Based on the reported information and your expected results from additional assessment, what etiological factors may be causing the client's problem with her speech? Which clinical sign/symptoms led you to your conclusions? (IV. D. 3, 4)
 - c. Briefly describe the role of a speech-language pathologist in the intervention process per ASHA Division IV, Fluency Task Force on School Services recommendations, and new changes in IDEA. More importantly, list and briefly describe three potential factors that would qualify a child who stutters to receive school services. Also, briefly describe how you may present your decision to the family and school administration. (IV. D. 4)
 - d. State one to two primary goals and objectives to address the client's speech concerns. What intervention plan might you use to address these goals and objectives? How will you get the family involved in your intervention plan? (IV. D. 3, 4)