

KASA Knowledge-Based Competencies: Fluency Disorders

Knowledge or Skill Area		Competencies	Course(s) Where Competency is Acquired
No.	Description		
IV.B.	Knowledge of basic human communication and swallowing processes, including the appropriate <i>biological, neurological, acoustic, psychological, developmental, linguistic and cultural bases.</i>	<ol style="list-style-type: none"> Will demonstrate knowledge of the neurological basis and the physiology of speech motor control [<i>biological, neurological bases</i>]. <u>Question 1:</u> Describe succinctly (1-2 pages) the neurological bases and physiological processes of how normal speech is produced Will demonstrate knowledge of normal nonfluent speech patterns in children and adults [<i>acoustic, psychological, developmental and linguistic bases</i>]. <u>Question 2:</u> 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.” Will demonstrate knowledge of cross-cultural and cross-linguistic differences that may impact on verbal expression [<i>linguistic and cultural bases</i>]. <u>Question 3:</u> How do cultural and linguistic background factors affect fluency? Give examples for each of these factors. 	242,350,474, 475,476,404, 542, 571
IV.C.	Knowledge of communication and swallowing disorders and differences, including the appropriate <i>etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.</i>	<ol style="list-style-type: none"> Will demonstrate knowledge of the etiologies of various types of fluency disorders, including stuttering, cluttering, neurogenic and psychogenic fluency disorders, etc. [<i>etiologies, anatomical/physiological, and acoustics and developmental correlates</i>]. <u>Question 4:</u> 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. Will demonstrate knowledge of the onset, development and clinical characteristics of fluency disorders [<i>characteristics, psychological, developmental, and linguistic and cultural correlates</i>]. <u>Question 4:</u> Indicates both classical and contemporary theories of stuttering and critique each theory in terms of onset, development, and clinical characteristics of fluency disorders. 	242,475,476, 571
IV.D.	Current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders including consideration of <i>anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.</i>	<ol style="list-style-type: none"> Will demonstrate knowledge of differential diagnosis in children among childhood normal disfluency, normal second language disfluency, stuttering, and various other types of fluency disorders [<i>anatomical/physiological, psychological, developmental, and linguistic and cultural correlates</i>]. <u>Question 6a:</u> 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. Indicate the formal and informal assessment tools and procedures that may be used to derive qualitative and/or quantitative data needed for differential diagnosis. 	242,404, 475,476, 478, 571

		<p>2. Will demonstrate knowledge of clinical assessment principles and procedures. In particular, how would you determine severity of dysfluency, rate of speech and covert fluency [<i>characteristics, acoustics, developmental, psychological, and linguistic and cultural correlates</i>]. <u>Question 6b:</u> Based on the reported information and your expected results from additional assessment, what etiological factors may be causing the client’s problem with his/her speech? Which clinical sign/symptoms led you to your conclusions?</p> <p>3. Will demonstrate knowledge of integrating information gathered, taking age-related and cross-cultural differences into account that enable appropriate clinical decisions, goals/objectives, and recommendations to be formulated [<i>psychological, developmental, and linguistic and cultural correlates</i>]. <u>Question 6d:</u> 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?</p> <p>4. Will demonstrate knowledge of the role of family involvement in the prevention and intervention strategies for young children and adolescents [<i>psychological, developmental, and linguistic and cultural correlates</i>]. <u>Question 6c:</u> According to ASHA Division IV, Fluency Task Force on School Services, and given the new changes in IDEA, briefly describe the role of a speech-language pathologist in the intervention process. 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.</p>	
IV.F.	Knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.	<p>1. Will demonstrate knowledge of making differential diagnosis and generate an intervention plan utilizing published research (e.g., normative data and a weighted formula, decision-stream for intervention, classification of fluency disorders, and WHO’s ICF). <u>Question 5:</u> Use the published normative data and the 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.</p> <ul style="list-style-type: none"> • Ambrose and Yairi’s normative data and weighted formula • Zebrowski’s decision-stream for intervention • Tsao & Weismer Interspseaker variation • Riley’s SSI-4; Van Riper’s stuttering severity profile • Yaruss & Quesal’s OASES and WHO’s ICF 	475, 500, 571

