

# Speech-Language Pathology

Communication and Swallowing Support

## S-LPs . . .

- have expertise in the areas of communication and swallowing
- work directly with clients, caregivers and other communication partners
- are governed by a regulatory college (CASLPO) in Ontario and must meet regulatory requirements to practice (# of clinical hours and continuing education)
- have a protected title (Speech-Language Pathologist, Speech Pathologist, Speech Therapist, S-LP)
- work with Communication Disorders Assistants (CDAs) in a supervisory role

## Main areas of S-LP

- **Speech**
- **Voice**
- **Swallowing**
- **Cognitive-communication**
- **Language**

## S-LP services . . .

- can self-refer or be referred by your doctor
- begin with an initial screening or assessment
- analysis of the strengths, needs and functional implications
- treatment may be direct, consultation-based or a combination

## Speech-Language Pathology and Parkinson's Disease

### Why is communication important?

- We are social beings
- When our ability to communicate changes it disrupts:
  - our definition of ourselves
  - our connection to the world
- Can lead to feelings of frustration, isolation, loss of control and even depression

### Who can benefit?

- speech therapy can be beneficial at all stages of PD
- new evidence suggests “the earlier the better”
- slow the progression of the disease through the mechanism of neuroplasticity (brain reorganization)

- to be aware of and identify changes in communication and swallowing
- train family and caregivers to support through all stages
- put environmental modifications or assistive devices (technology) in place

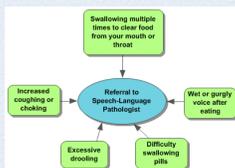
## What kind of therapy is helpful?

- tailored to the individual
- monitoring vs. direct therapy vs. consultation
- working with the same clinician over time can be beneficial

## Swallowing

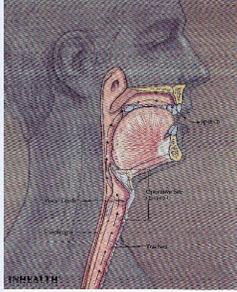
## Socializing while eating can be difficult and potentially unsafe

- If you or your family notice any of the following symptoms during mealtimes - referral should be made to a S-LP



## What is really going on?

- swallowing is a very complex movement
- tendency to regularly swallow slows down
- rocking-rolling motion of the tongue
- muscle strength of swallow is reduced
- you may not be aware of your swallowing difficulties



### Assessment and treatment must be done by a qualified professional

- clinical assessment
- x-ray may be needed to visualize the swallow to guide treatment recommendations
- IF exercises would be helpful, must be tailored to specific difficulty

### What can you do?

- Focus during mealtimes
- Concentrate on an effortful swallow
- Make diet modifications (in consultation with a S-LP)
- Sit with good posture
- Take smaller bites without rushing

### Interesting news out of London Health Sciences

- chewing gum for 30 minutes before eating to improve saliva management and swallowing
- allows for improved function for 30 minutes after finishing chewing gum
- gums acts as a sensory cue to improve sensory motor memory
- not for individuals who a) are bedridden and b) for whom choking is a concern

## Speech and Voice

### Parkinson's disease can reduce your ability to be understood

- Sensory-perceptual deficits - you may not be aware to what extent your speech and voice have changed
- 89% of people with PD have disordered speech (Logemann et al, 1978)
- 4% receive speech treatment (Mutch et al, 1986, Hartelius & Sveenson, 1994)

### You may experience . . .

- quiet voice
- hoarse and breathy voice quality
- imprecise speech
- difficulty controlling speech rate
- speech lacks emotional tone
- hard to initiate speech

### Assessment may include . . .

- history-taking
  - oral mechanism examination
  - speech tasks (such as oral reading)
  - voice tasks (such as phonation)
- \*\*referral from an ENT is required for voice**

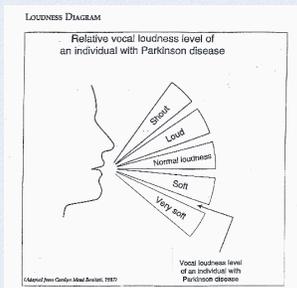
## Treatment

- tailored to the individual - needs and strengths
- must support client's goals and fit client's communication environment
- exercises - e.g. lips, tongue, sound-based, pacing
- strategies - used by client or by communication partner
- assistive devices

## Lee Silverman Voice Treatment

- evidenced-based treatment - "gold standard" randomized controlled trial
- goal is use of louder voice automatically in daily communication and long-term carryover
- set protocol of 4 days per week for 4 weeks
- short, intense, high effort therapy

## Think Loud!



## What can you do?

- modify the environment to make communication as easy and effortless as possible
- introduce your topic
- maximize the hearing of frequent communication partners
- take breaths often while speaking
- exaggerate your speech movements

## Cognition

- altered language skills
- difficulty understanding non-verbal cues
- slowness of thought (bradyphrenia)
- may result in a delayed and sometimes confused response in conversation

## Intervention for cognition involves . . .

- Training client and communication partners to:
  - choose best time to communicate
  - reduce distractions
  - speak slowly and clearly with short, simple phrases
  - ask yes/no questions
- S-LPs can tailor strategies that capitalize on remaining function and teach more natural and fulfilling conversation

## Assistive technology

- |                         |                               |
|-------------------------|-------------------------------|
| • <u>High tech</u> :    | • <u>Low tech</u> :           |
| • amplification systems | • communication boards        |
| • dictation software    | • picture-symbol books        |
| • voice output devices  | • written communication cards |

## Technology in action

- Tim Horton's example
- must be tailored to the person and their communication environment

## Commitment for therapy: Time

- given the individuality of people with PD, treatment must also be individualized
- **swallowing:** mainly environment management - typically see some results after a few sessions and able to move to monitoring more quickly
- **speech and voice:** dependent on severity, support for practice and goals - ++ variability in treatment amount and frequency

## Commitment for therapy: Financial

- limited publicly-funded programs in Durham Region, mainly focused on swallowing
- private S-LP rates: \$120 to \$180 per hour
- private services may be funded by extended health insurance plans, personal payment and occasionally through the support of community charities/agencies (quite variable throughout the province and even within Durham Region)

## Collaboration is key!

- **Individuals affected by PD and S-LPs working together to better meet the needs of the community in Durham Region**

*To discuss your specific needs:*

905-723-3061 [speech@beyondslp.ca](mailto:speech@beyondslp.ca)

