

**POSTER SESSION FOR ASHA CEUs**  
**(15 minutes awarded for each session attended)**

**Diane Simpson “Growing Montana Telepractice”**

Diane Simpson served on the MSHA board in 2013 as Past President . During that time, she advocated for the passage of SB230 allowing telepractice in Montana. Diane worked with MSHA lobbyist, Abigail St. Lawrence to craft responses to rules and regulations for telepractice proposed by the Montana Board of Speech Pathology and Audiology. She became the first SLP in Montana to participate in a pilot program for telepractice. Diane was the 2014 recipient of the ASHA Foundation’s Louis M. DiCarlo Recent Clinical Achievement Award for her work in telepractice in the state of Montana. She spent two 1/2 years (2014-2017) providing telepractice services in Montana. Diane Simpson and Rachel Stansberry have provided training for SLP’s interested in telepractice.

Disclosures: No relevant financial or nonfinancial disclosures

**Abstract:**

Growing Montana Telepractice discusses the history of SB230 allowing telepractice in Montana. It explains the law and telepractice rules and regulations for our state. It describes what equipment is needed for both practitioner and client as well as learning about platform requirements. Key points needed to get started providing telepractice services will be discussed. The most recent studies concerning the efficacy of telepractice will be shared. Rachel Stansberry and Diane Simpson will reveal future steps to continuing the growth of telepractice in Montana.

**Learning Objectives:**

1. Participants will be able to explain crucial aspects of the law and regulations surrounding telepractice.
2. Participants will be able to describe the equipment needed for both practitioner and client.
3. Participants will be able to describe the results of the most recent efficacy studies concerning telepractice.
4. Participants will be able to discuss the answers to the most frequently asked questions concerning telepractice in Montana.

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**Amy Glaspey “A Cross-Linguistic Conversion of a Dynamic Assessment of SSD: Construct, Survey, and Model**

Amy M. Glaspey, Ph.D., CCC-SLP, is professor at the University of Montana. Her research interests include dynamic assessment and treatment of speech sound disorders. She teaches courses in clinical phonetics, articulation and phonological disorders, and speech sound disorders clinic.

Financial Disclosure: Dr. Glaspey received a salary from the U of Montana for providing this presentation

Nonfinancial Disclosure: Dr. Glaspey is currently on the Board for MSHA

**Abstract:**

The purpose of the current study is to advance a methodological framework for dynamic assessment of SSD in Canadian-French based on principles of dynamic assessment developed for American-English (Glaspey, 2012). The current framework was developed through a multiphase process including a construct analysis, an SLP survey, and model. This presentation will include a sample hierarchical scale for use with Canadian-French speakers that employs a graduated prompt approach. Examples illustrating the complexities of test design will be shown. Cross-linguistic similarities and language specific differences will be highlighted. Survey results will be summarized and a model will be presented.

Learning Objectives:

1. Participants will be able to describe the difference between static and dynamic assessment.
  2. Participants will be able to describe basic differences between English and French phonological systems.
  3. Participants will be able to discuss implications for clinical practice with bilingual children.
  4. Participants will be able to explain challenges of modeling a test in one language to another language.
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## **Jennifer Schoffer Closson / Jenna Griffin “Always, Sometimes, Never: What does this really tell us?”**

**Jennifer Schoffer Closson** is the Director of Clinical Education for the Communicative Sciences and Disorders Department at the University of Montana. Her primary area of interest is autism through the lifespan. Schoffer Closson took a particular interest in Likert scales because they are commonly used as a measure for skills that are hard to define, such as social skills.

**Jenna Griffin** is a clinical educator in the department of Communicative Sciences and Disorders at the University of Montana, and serves as co-director of the Big Sky Aphasia Program (BSAP). One area of research interest includes creating aphasia-friendly materials that clearly and operationally define impairment-based and participation-based restrictions for persons with aphasia and TBI.

Disclosures: **Jennifer Schoffer Closson** has a financial relationship with the U of M and receives a salary for this presentation, and has a nonfinancial disclosure as a MSHA volunteer, committee member and for advocacy.

Disclosures: **Jenna Griffin** has no relevant financial or nonfinancial disclosures

Abstract:

Likert scales are commonly used in speech-language pathology and audiology practices. Beyond using these scales to self-rate during the intake process; many clinicians will use Likert scales as a measurement tool for goals. Likert scales are commonly used in diagnostic tools and to conduct research, and are frequently used as interval or ratio level data, when in fact they are nominal or ordinal and should be interpreted as such. This study demonstrates that a question containing a Likert scale can result in varied interpretation by individuals. Alternative approaches to operationally define Likert scales in speech-language pathology will be discussed.

Learning Objectives:

1. Attendees will learn about Likert scale use and misuse in the field of speech-language pathology.

2. The attendees will learn about the information obtained by using Likert scales.
  3. The attendees will describe future research directions using Likert scales.
  4. Attendees will be able to describe ways to operationally define Likert scales to avoid terms like “somewhat agree” and “strongly agree”.
  5. Attendees will be able to discuss alternatives to use instead of Likert scales, when appropriate.
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## **Catherine Off / Jenna Griffin “Essential Allies: Caregiver Education & Wellness in an Intensive Comprehensive Aphasia Program”**

**Catherine Off** is an associate professor, principal investigator of the Brain Research for Aphasia and Intensive Neurorehabilitation (BRAIN) Lab, and co-director of the Big Sky Aphasia Program at the University of Montana. Her research focuses on treatment intensity and dosage relative to aphasia and brain injury rehabilitation.

**Jenna Griffin** is a clinical educator and adjunct assistant professor at the University of Montana, and serves as co-director of the Big Sky Aphasia Program. Her areas of interest include evidence-based practice for acquired neurologic disorders, and investigation of principles of neuroplasticity such as intensity and dosage for aphasia rehabilitation.

Disclosures: **Catherine Off** has a financial relationship with the U of M and receives a salary for this presentation, and has a nonfinancial disclosure as the Committee Chair of the Academy of Neurologic Communication disorders and Sciences, Clinical Aphasiology Convergence

Disclosures: **Jenna Griffin** has no relevant financial or non-financial disclosures

### Abstract:

Outcomes for the intensive comprehensive aphasia program (ICAP) model have focused primarily on the person with aphasia (PWA). The impact of caregiver education and wellness on the recovery process is crucial to understand how this holistic model of healthcare influences the PWA's life participation. Evidence suggests that providing education and training to caregivers of PWA will improve the communication between the caregiver and the PWA, and improve quality of life and psychosocial well-being for both the caregiver and the PWA. This paper will detail an education and wellness model for caregivers of PWA in an ICAP. Preliminary caregiver interviews and weekly probes will be presented regarding caregiver education and training.

### Learning Objectives:

1. Describe the impact that caregiving for persons with aphasia (PWA) can have on the caregiver.
  2. Discuss the nature of phenomenological research (a qualitative research approach).
  3. Describe the three primary themes that characterized the lived experiences of caregivers of PWA who participated in a caregiver education and wellness program in the context of an intensive comprehensive aphasia program (ICAP)
  4. Describe the features that characterize/define an intensive comprehensive aphasia program (ICAP).
  5. Describe the impact that this caregiver education and wellness program has on the caregiver in the context of an ICAP.
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## **Ginger Collins “Language-Literacy Enrichment to Prevent Literacy Failure: SLP Participation at Tier I”**

Ginger Collins, PhD, CCC-SLP is an Associate Professor in the Department of Communicative Sciences and Disorders at the University of Montana. Her teaching and research interests are in the areas of school-age language and literacy and she conducts research to examine motivational interventions to improve language/literacy success in adolescents. Dr. Collins’ research interests also involve service delivery models.

Disclosures: No relevant financial or nonfinancial relationships to disclose.

\*\*\*Student collaborators\*\*\*

**Rachel Friez** is a first-year graduate student at the University of Montana pursuing a Masters of Science degree in in Communicative Sciences and Disorders, where she also completed a Bachelor of Science degree in in Communicative Sciences and Disorders. Miss Friez is currently delivering Tier I and II interventions through a classroom-based language enrichment program at a local elementary school as part of her clinical practicum.

Disclosures: No relevant financial or nonfinancial relationships to disclose.

**Brooke Horton** is currently enrolled in the Master of Science program in Communicative Sciences and Disorders at the University of Montana. Miss Horton completed a Bachelor of Science in both Psychology and Business Finance at Montana State University as well as a Post-Baccalaureate leveling program in Communication Sciences and Disorders at the University of Wisconsin-Madison. Miss Horton delivers Tier I and II interventions at a local elementary school as part of her clinical practicum.

Disclosures: No relevant financial or nonfinancial relationships to disclose.

Abstract:

Under the Response-to-Intervention model, language-literacy deficits will be identified early, and Tier II interventions will be introduced to prevent failure. In some cases, the school-based speech-language pathologist (SLP) will be involved in Tier II interventions. However, despite SLPs’ unique knowledge of the linguistic demands in academic settings, they are rarely involved in Tier I support. We will present a model for how SLPs can be involved in Tier I prevention at the third-fourth grade level.

Learning Objectives:

1. Participants will be able to describe the SLP’s role in Tier I of the RTI model
2. Participants will be able to identify potential barriers to SLP-teacher collaborations
3. Participants will be able to identify methods and benefits of SLP-teacher collaborations