The Speech and Language Protocol

This valuable book addresses the common problems faced by speech-language pathologists, offering solutions and strategies for more effective service delivery.

Stephanie LoPresti introduces 'The Protocol,' a child development-based approach that merges principles from developmental psychology and speech-language pathology. The book covers a wide range of speech and language issues, including receptive, expressive, pragmatic, feeding, and play development, making it a versatile resource for clinicians. It is designed to be easy to use, with movable elements that adapt to a child's progress from short- to long-term milestones and goals. It emphasizes the concept of the zone of proximal development, ensuring that clinicians work with clients just above their current level of functioning, leading to meaningful progress.

Accompanied by downloadable worksheets to assess progress, it will be an essential resource for all speech and language pathologists, particularly those working with young children. It will also be useful to students and educators in the field of speech-language pathology seeking evidence-based strategies for working with clients, as well as healthcare professionals, researchers, and educators interested in child development and language acquisition.

Stephanie LoPresti, MS CCC-SLP TSSLD, is a seasoned Certified Speech-Language Pathologist with a decade of diverse experience spanning medical and academic settings. With expertise in conducting comprehensive evaluations and implementing evidence-based interventions, she excels in managing caseloads, supervising clinical staff, and collaborating with multidisciplinary teams. Currently based in the United States, Stephanie's career has seen her impact the lives of clients from infancy to adulthood, specializing in areas such as autism spectrum disorders, dysphagia, and medically complex conditions across various regions including New York, Colorado, and California. For more personal details and to follow her journey, you can visit her website http://www.itsremotelyspeech.com and follow her on Instagram @itsremotelyspeech

Contents

level of performance before the incident, event, or gradual decline if we are addressing a progressive disease (e.g. Alzheimer's dementia, Amyotrophic Lateral Sclerosis, or Parkinson's disease).

Following my graduation from Southeastern Louisiana University, I took a job in Boulder County of Colorado working in one of their international elementary schools and further headstart programs for preschoolers. For those of you who are not familiar with the United States Head Start program, it is a "program run by the United States Department of Health and Human Services that provides comprehensive early childhood education, health, nutrition and parent involvement services to low-income children and families" (*Head start services*, 2023). I can still remember the first day working as a speech-pathologist, listening to the children rehearsing for a play of which I could hear from my small office that overlooked the beautiful foothills of Boulder county's mountains. What stood out in this particular position was my exposure to children who were international in their backgrounds. I was blessed to work closely with children of various ethnic backgrounds whose parents spoke both English and many of which required translation. The Head Start children I serviced could also have attributed to my interest in 'typical child development.' I spent many hours rifling through old treatment textbooks in order to put together my own 'screeners' whenever I received a Head Start referral for potential speech and language services. In fact, as I write about this experience, I recall that I utilized these screeners to format my written assessments as many of the younger population can be rather 'untestable' by standardized testing protocol standards. I still recall my sense of pride with the completion of these reports, as I was able to provide teachers, aides, and family members with invaluable information on where their child lies in relation to their same-age peers.

From my work in Colorado, I finished up my clinical fellowship year in subacute and long-term care facilities, first in Houston, Texas, and last on the shore of New Jersey. This shift was rather intentional, as I sought to be "competent" in any setting that I was placed in, and this setting was one in which I had, admittedly, no experience prior to the second half of my clinical fellowship (CF) year. To provide context, a clinical fellowship year in the United States is the first 36 weeks in which a speech-pathologist graduate is working under the supervision or mentorship of a more seasoned speech-pathologist. The idea is that you will gain access to another speech-language pathologist to ask questions and to review your documentation as well as clinical service delivery. While my first experience working in the SNF (skilled nursing facility) was under supervision, I do feel that I learned the documentation and methods by shadowing the speech-pathologist I was taking over for. As you may imagine, much of my caseload encompassed working on dysphagia, dementia, dysarthria, and

even some CVA (cerebrovascular accidents) cases which yielded residual anomia and word-finding deficits. You may be thinking to yourself, how does The Protocol tie in here, as it is an entirely different part of life or scope rather? Intervention with the adult population again was based on functionality of both communication and swallowing (aka dysphagia). I was able to see the vast connection between dysphagia (swallowing) and meal consumption to social communication and connection. This clinical experience really solidified and set me up for success in my later work with pediatric dysphagia and feeding cases in which I served children in New York City's early intervention program. My work with the adults drew heavily on my psychology background, as not only do they need to be convinced that you are assisting them in a 'respectful' way, but rather that you can counsel and educate the families in the process to achieve real progress. Further on in my introduction, I will touch on the topic of 'point of interest' which has vastly impacted my service delivery to patients across the age span. This is evident in my adult population (as well as my pediatric population), as you can gain trust and develop real working relationships with clients. This is accomplished by discovering where they come from and what they did for a living, by acknowledging and really seeing what 'makes them tick.' As far as reference to the development of The Protocol while I have worked with the adult population, I have utilized successive approximation and progression from what an adult is currently able to swallow, advancing them to the least restrictive diet. This has also been evident with the motor speech progressions portion of The Protocol, as well as from a language perspective, to assist with word finding and anomia which is comorbid with clients who have aphasia.

From my work with adults in the skilled nursing facility, I was drawn back to working with my pediatric population. I had experienced my first position working with multi-disabilities children deep in Brooklyn where augmentative and alternative communication (AAC devices) and picture exchange communication systems (PECS) were being used. These children ranged from 8 years to 21 years of age (Bondy, 2023). This particular population was more of a clear representation of what I will reference later when we speak about Brown's Stages and further cognitive milestones, in which some children simply do not attain the later acquisitioning abilities. The scope and depth of practice and intervention with the children in this position were based on functionality of skills. I enjoyed assisting in offering the children their voice by teaching functional communication measures through the utilization of a very basic augmentative and alternative communication (AAC) device with associated contingencies. In thinking back on this experience, I learned the benefit of utilization of binary choice. Binary choice is basically the choice between two; while a child has a higher percentage of accuracy (50%), I would shift the location and position of objects in my

hands while providing this choice to identify if they were preferring one side or actually scanning the objects I was directing them to select. The population which is more cognitively impaired improved their functional communication skills vastly through a multi-modal approach to teaching skills. I learned the true value of going through the steps required to assist in attainment of a new skill. What does this look like? More discrete trials of "I push a button, I get the veggie stick" and various cause and effect of behavior. This particular setting was one in which I was able to work alongside Applied Behavioral Analysts (ABA) professionals, to glean the insights behind their training in a behavioral approach to teaching imperative skills. I will link information on Applied Behavioral Analysis below, as I do believe there is value in their work, and they have proven to be an important resource to me throughout my work as a speech-language pathologist across differing settings. While I was able to glean a depth of insights into this particular population, I felt the drive to return to the younger population, which led me to my next position in the field.

I had spent the better part of five years working in the Upper West Side of Manhattan at an organization which used to be known as United Cerebral Palsy (or UCP) and has since shifted to Adapt Community Network. In this particular position, I worked with children of varying abilities and disabilities in one of New York City's private preschools. This is when I 'took on' the job of working as the speech departments 'craft' consultant. I worked tirelessly to put together themed activities that coordinated with thematic and age-appropriate books for the children we served in the speech room. I had rather loved this position as I was able to use my creativity to develop a kind of curriculum for the children we served, utilizing the standard goals to enrich our child's learning with 'hands on' play and exploration. Direction following and prepositional phrases are riddled throughout the completion of a craft or activity. Besides my hobby of speech curriculum development in that position, I began seeing particular areas of need as it related to tracking of service delivery and even assessment with the younger population. The standard batteries that we utilized included Preschool Language Scale and Goldman Fristoe Test of Articulation to assess where a child needed intervention. However, for my seasoned speech-pathologists, we know that a large group of our clients are 'formally untestable,' and the standard score of 50 and below did not provide insight for educators, parents, or ourselves on 'steps to take' or a baseline of speech and language functioning. I recall complaining, probably ad nauseam to my colleagues, about the time spent to ascertain a score or rather functional measure of exactly where our children were in their speech and language development and a need for a tool to succinctly calculate this for us to lead to effective service delivery.