



Community of Practice Series: Speech Language Pathologist Community of Practice

Dated: May 10th, 2022

Rajani FASD Assessment and Diagnostic Clinic Training Services: Speech-Language Pathologist Community of Practice

Introduction

Rajani FASD Assessment and Diagnostic Clinic Training Services provides training, mentorship, and support to Alberta FASD diagnostic clinics (alongside tailored training for out-of-province FASD clinics).

Rajani Clinic Training Services wanted to bring together clinicians within their respective disciplines (Speech-Language Pathology, Psychology and Occupational Therapy) who are part of a multidisciplinary FASD clinic team to discuss FASD assessments (with a focus on pre-school aged children).

FASD assessment and diagnosis can be valuable at any age. A diagnosis can support an individual, family and caregivers to understand the individual's needs, strengths and recommended supports to strengthen the child/youth success. Early intervention and accurate diagnosis may support children in obtaining health, education, and vocational services that are tailored to their unique needs. Research also demonstrates that early diagnosis of FASD is associated with fewer adverse outcomes (challenges or difficulties such as mental health disorders, substance use, homelessness, justice involvement) later in life (Streissguth, et. al., 2004).

Speech-Language Pathologist Community of Practice

On May 10th, 2022, a virtual Community of Practice (CoP) was held with 12 Speech-Language Pathologists in attendance. Prior to this CoP, a survey was sent to 22 Alberta FASD Clinics and completed by 16 Speech-Language Pathologists. The distribution nationwide that completed the survey was as follows:

Alberta – 12	Ontario – 1
Manitoba – 1	Labrador – 2

The goals of the Community of Practice were:

1. Create the opportunity for Speech-Language Pathologists to connect.
2. To ensure consistency in application of the Canadian FASD Diagnostic guidelines.
3. To determine if consensus could be reached for an optimum battery of assessment tools in preschool aged children.
4. Collect data to support other clinic teams.
5. Assess interest in future Community of Practice meetings.

Clinics Currently Assessing Preschool Aged Children:

Thirteen clinics in Alberta were represented. (Some clinicians sit on more than one FASD diagnostic clinic) Of these 13, there are currently 5 clinics completing FASD assessments for preschool aged children.

- *Note: One Alberta clinic identified "rarely, we will assess a 5-year-old if they are moving or in crisis, etc."*

Key themes from the Community of Practice & Calls to Action:

1. **There is a need for SLP's who are assessing for FASD to have the opportunity to connect and knowledge share.**

- Develop a contact information list for SLP's that is continually updated.
 - Continue Communities of Practice for SLP's
2. **SLPs are utilising a variety of testing tools in each age category. We have not identified a consistent battery of tests being used for assessments.**
 - Continue to try a develop a consistent battery.
 - (See detailed survey results below.)
 3. **Tests available to SLP's do not have good psychometrics.**
 4. **Utilization of clinical judgement when interpreting Canadian Diagnostic Guidelines**
 - FASD-specific training for SLP's interested in assessing FASD.
 - Survey notes: *Would you use clinical judgement to consider a domain impaired when tests do not indicate impairment? 75% respondents 'noted' yes, the remaining 25% of respondents noted 'no', commenting that clinical judgement is used 'rarely', or when supported by other information gathered in the assessment process.*
 5. **Diagnostic Nomenclature – Standardized definitions would support in creating consistency in terminology use when a domain is impaired.**
 - Speech-Language & Audiology Canada (SAC) Resource *"New Criteria and Terminology for Childhood Language Disorder in Canada"* recommends utilizing the CATALISE Consortium recommended terminology (McIntyre et. al., n.d.)
 6. **No consensus was reached for an optimum battery of assessment tools in preschool aged children.**
 - SLP's are utilising a variety of testing tools in each age category. We have not identified a consistent battery of tests being used for assessments.

Assessment Tool Recommendations

Although consensus was not reached, the benefits of the following alphabetized testing tools were discussed:

Children's communication Checklist- Second Edition (CCC-2)
 Clinical Assessment of Pragmatics (CAPs)
 Clinical Evaluation of Language Fundamentals Preschool- Third Edition (CELF-P:3)
 Clinical Evaluation of Language Fundamentals- Fifth Edition (CELF-5)
 Comprehensive Assessment of Spoken Language- Second Edition (CASL-2)
 Comprehensive Receptive and expressive Vocabulary Test- Third Edition (CREVT-3)
 Expressive One-Word Picture Vocabulary- Fourth Edition (EOWPVT-4)
 Expressive Vocabulary Test- Third Edition (EVT-3)
 Functional Assessment of Verbal Reasoning & Executive Strategies- Adult Version (FAVRES-A)
 Listening Comprehension Test- Second Edition (LCT-2)
 Oral and Written Language Scales- Second Edition (OWLS-2)
 Peabody Picture Vocabulary Test- Fifth Edition (PPVT-5)
 Preschool Language Scale- Fifth Edition (PLS-5)
 Receptive-Expressive Emergent Language Test- Fourth Edition (REEL-4)
 Renfrew Bus Story- North American Version
 Rossetti Infant Toddler Scale
 Social Language Development Test- Adolescent: Normative Update (SLDT-A:NU)

Social Language Development Test- Elementary: Normative Update (SLDT-E:NU)

Test of Integrated Language & Literacy Skills (TILLS)

Test of Problem Solving- Third Edition Elementary: Normative Update (TOPS-3 E: NU)

Test of Problem Solving- Second Edition Adolescent: Normative Update (TOPS 2:NU)

In some clinics, access to assessment tools is what determines which tools are used not necessarily which ones are the best to use. This is something that will need to be addressed, to support best practice.

Considerations for FASD Clinics & Clinic Coordinators

1. This report and accompanying Community of Practice reports can be used by FASD Clinics during annual clinic evaluation.
2. Provide opportunities for individual multidisciplinary clinic teams to connect outside of clinic day and share strengths, challenges and opportunities related to assessment.
3. Explore barriers that may exist within your clinic for assessing pre-school aged children.
4. Ensure appropriate assessment tools are available to SLPs.

Detailed Survey Results

Assessment Tools:

The following are the available tests being used in the clinics. The first column represents the number of responses from the clinics using the assessment tool.

Language Domain

0-3 Months	
1	Receptive-Expressive Emergent Language Test - Fourth Edition (REEL-4)
3-18 Months	
2	Receptive-Expressive Emergent Language Test - Fourth Edition (REEL-4)
1	Rossetti Infant Toddler Scale
18- 36 months	
3	Receptive-Expressive Emergent Language Test - Fourth Edition (REEL-4)
2	Preschool Language Scale - Fifth Edition (PLS-5)
1	Clinical Evaluation of Language Fundamentals Preschool - Third Edition (CELF-P:3) All subtests
1	Rosetti Infant Toddler Scale
36 months – 6 years	
7	Clinical Evaluation of Language Fundamentals Preschool - Third Edition (CELF-P:3) All subtests
6	Social Language Development Test- Elementary: Normative Update (SLDT-E:NU)
4	Clinical Evaluation of Language Fundamentals- Fifth Edition (CELF-5) All subtests
4	Peabody Picture Vocabulary Test - Fifth Edition (PPVT-5)
3	Clinical Evaluation of Language Fundamentals - Fifth Edition (CELF-5) Core Language Only
3	Expressive Vocabulary Test - Third Edition (EVT-3)
3	Test of Problem Solving - Third Edition Elementary: Normative Update (TOPS-3 E: NU)
2	Clinical Evaluation of Language Fundamentals Preschool - Third Edition (CELF-P:3) Core Language Only
2	Preschool Language Scale - Fifth Edition (PLS-5)
2	Renfrew Bus Story - North American Version
1	Comprehensive Assessment of Spoken Language - Second Edition (CASL-2) Supralinguistic Tests Only
1	Children's Communication Checklist - Second Edition (CCC-2)
1	Oral and Written Language Scales - Second Edition (OWLS-2)
1	Test of Integrated Language & Literacy Skills (TILLS)
7-18 Years	
10	Clinical Evaluation of Language Fundamentals - Fifth Edition (CELF-5) All subtests
9	Test of Problem Solving - Second Ed. Adolescent (TOPS-2: A)
8	Social Language Development Test - Elementary: Normative Update (SLDT-E:NU)
7	Social Language Development Test - Adolescent: Normative Update (SLDT-A:NU)
7	Peabody Picture Vocabulary Test - Fifth Edition (PPVT-5)
6	Test of Problem Solving - Third Ed. Elementary: Normative Update (TOPS-3 E: NU)
5	Clinical Evaluation of Language Fundamentals - Fifth Edition (CELF-5) Core Language Only
5	Expressive Vocabulary Test - Third Edition (EVT-3)
3	Oral and Written Language Scales - Second Edition (OWLS-2)
3	Renfrew Bus Story - North American Version

2	Children's Communication Checklist - Second Edition (CCC-2)
1	Clinical Evaluation of Language Fundamentals Preschool - Third Edition (CELF-P:3) All subtests
1	Comprehensive Assessment of Spoken Language - Second Edition (CASL-2) Supralinguistic Tests Only
1	Listening Comprehension Test - Second Edition (LCT-2)
1	Test of Integrated Language & Literacy Skills (TILLS)

18 + Years	
6	Clinical Evaluation of Language Fundamentals - Fifth Edition (CELF-5) All subtests
5	Peabody Picture Vocabulary Test - Fifth Edition (PPVT-5)
4	Expressive Vocabulary Test - Third Edition (EVT-3)
3	Clinical Evaluation of Language Fundamentals - Fifth Edition (CELF-5) Core Language Only
2	Functional Assessment of Verbal Reasoning & Executive Strategies - Adult Version (FAVRES-A)
2	Social Language Development Test - Adolescent: Normative Update
1	Comprehensive Assessment of Spoken Language - Second Edition (CASL-2) Supralinguistic Tests Only
1	Comprehensive Receptive and Expressive Vocabulary Test - Third Edition (CREVT-3)
1	Expressive One-Word Picture Vocabulary - Fourth Edition (EOWPVT-4)
1	Oral and Written Language Scales - Second Edition (OWLS-2)
1	Test of Problem Solving - Second Edition Adolescent: Normative Update (TOPS 2:NU)

Comments	
<ul style="list-style-type: none"> • I complete a hearing screen on all clients. • For preschoolers- I typically do a 50-utterance language sample as well as I get the caregiver(s) to complete the Descriptive Pragmatic Profile and Pre-Literacy Screen from the CELF-P2/CELF-P3. I find these criterion referenced checklists provide good information about everyday functioning. • Test of Narrative Language 2 (TNL-2) (x 2 responses) • For CELF-5, I complete the receptive portions only. • CELF-5 Metalinguistics (x 3 responses) • With regards to the TOPS:2, I will include observations of their language skills, e.g., word finding difficulties, perseveration of previous answers or questions, responses not relevant to the given question, etc. in my report to supplement or support the language test results and to also provide appropriate recommendations. • Language for Behaviour and Emotions (criterion referenced tool with strategies and activities to support). • DLTA - Word Sequences and Sentence Imitation • MT Wilga High Level Language Test with adults (x 2 responses) 	

Executive Function

No assessment tools listed for 0-3 mos., 3-18 mos., 18-36 mos.

36 months – 6 Years	
2	Test of Problem Solving - Third Ed. Elementary: Normative Update (TOPS-3 E: NU)

7-18 Years	
8	Test of Problem Solving - Second Ed. Adolescent (TOPS-2: A)
7	Test of Problem Solving - Third Ed. Elementary: Normative Update (TOPS-3 E: NU)
1	Executive Functions Test - Elementary: Normative Update (EFT-E: NU)

18+ Years	
3	Test of Problem Solving - Second Ed. Adolescent (TOPS-2: A)

Adaptive Behaviour, Social Skills, and Social Communication:

No assessment tools listed for 0-3 mos., 3-18 mos., 18-36 mos.

36 months – 6 Years	
4	Social Language Development Test - Elementary: Normative Update (SLDT-E:NU)
3	Clinical Evaluation of Language Fundamentals - Fifth Edition (CELF-5)

7-18 Years	
7	Social Language Development Test - Elementary: Normative Update (SLDT-E:NU)
7	Social Language Development Test - Adolescent: Normative Update (SLDT-A:NU)
7	Clinical Evaluation of Language Fundamentals - Fifth Edition (CELF-5)
1	Clinical Assessment of Pragmatics (CAPs)
1	Test of Pragmatic Language - Second Edition (TOPL-2)

18+ Years	
3	Clinical Evaluation of Language Fundamentals - Fifth Edition (CELF-5)
2	Social Language Development Test - Adolescent: Normative Update (SLDT-A:NU)
1	Clinical Assessment of Pragmatics (CAPs)

Comments	
<ul style="list-style-type: none">• CELF-5 Pragmatic Profile• Our psychologist usually administers some of these tests. I typically will use the checklists from CELF-5 to informally assess social communication. I also do a fairly extensive interview with the caregivers for this brain domain.• I have also created checklists that parents fill out prior to the assessment regarding social skills and problem-solving skills.• I find that the SLDT - Social Language Development Test is very time consuming and not always indicative of true social skills function. I no longer use this tool but have in the past. I am still looking for a tool to evaluate social skills more accurately and is very interested to learn from other SLPs.	

Interpretation, Diagnostic Nomenclature and Additional Thoughts

Q11: Do you assess and make a diagnosis of Speech Sound Disorder?

ANSWER CHOICES	RESPONSES	
Yes	56.25%	9
No	18.75%	3
Other (please specify)	25.00%	4
TOTAL		16

Comments
<ul style="list-style-type: none">• I only assess speech sounds/articulation if there is a significant issue.• I do not do formal testing; however, based on background information and through conversation I will make note of speech sounds errors and make a diagnosis.• I do not do formal speech sound assessment, but I will comment on informal observations if any difficulties are observed.• I do not formally assess this area, and typically do not provide any diagnostic information in this area. However, I will informally assess and note the errors if it impacts overall communication (e.g., intelligibility, socialization).

Q12: What cut-off do you use when considering impairment in a domain?

ANSWER CHOICES	RESPONSES	
Below the 3rd percentile	75.00%	12
Below the 5th percentile	0.00%	0
Other (please specify)	25.00%	4
TOTAL		16

Comments
<ul style="list-style-type: none">• In relation to the FASD diagnosis - 2 SD below the mean. If a child does fall below the 16th percentile but isn't 2 SD below the mean, I will still comment on the difficulties noted in the report.• 2 SD below the mean• I will typically follow at or below 2nd percentile; however, there are often times where I will use clinical judgement regarding scores based on performance in other areas of testing (e.g., narrative and conversational language, parent and school report, results of memory and processing testing, attention and anxiety rating scales).• below 16%ile

Q13: Do you use confidence intervals?

ANSWER CHOICES	RESPONSES	
Yes	43.75%	7
No	43.75%	7
Other (please specify)	12.50%	2
TOTAL		16

Comments
<ul style="list-style-type: none">• Not on a regular basis• I will make note of them; however, they are not used to inform the overall diagnosis.

Q14: Do you use the discrepancy in performance between composite scores to consider a domain impaired?

ANSWER CHOICES	RESPONSES	
Yes	81.25%	13
No	6.25%	1
Other (please specify)	12.50%	2
TOTAL		16

Comments

- I am aware of the using discrepancies between scores but haven't had to do this yet.
- No. I typically use the Critical Values for Discrepancy Comparisons Between Index Score Chart and the Prevalence of Index Score Discrepancies in the Normative Sample charts that the CELF-5/CELF-P3 uses. Once I have my percentage score, if the difference is less than 5%, it is considered "rare" according to the manual and I then count the domain. If the patient's scores (typically this is for the receptive and expressive index scores) are within the average range or borderline range, I am less likely to give the domain, but this outcome would still be discussed by the team. (Pages 155, 234 & 235) of the CELF-5 manual.

Q15: If you answered yes to the above question – Do you use a base rate that is below the 3rd percentile, and the lower of the two discrepant scores is at least one standard deviation from the mean?

ANSWER CHOICES	RESPONSES	
Yes	84.62%	11
No	15.38%	2
Other (please specify)	0.00%	0
TOTAL		13

Q16: When considering an impairment for a domain, do you use multiple scores below the clinical cut-off on subtests assessing higher-level language skills?

ANSWER CHOICES	RESPONSES	
Yes	81.25%	13
No	6.25%	1
Other (please specify)	12.50%	2
TOTAL		16

Comment

- I don't use score alone to indicate impairment. Information gathered throughout the assessment process is considered.

Q17: Do you use questionnaires alone to consider a domain impaired?

ANSWER CHOICES	RESPONSES	
Yes	6.25%	1
No	93.75%	15
Other (please specify)	0.00%	0
TOTAL		16

Q18: Would you use clinic judgement to consider a domain impaired when tests do not indicate impairment?

ANSWER CHOICES	RESPONSES	
Yes	75.00%	12
No	0.00%	0
Other (please specify)	25.00%	4
TOTAL		16

Comments
<ul style="list-style-type: none"> Only when clinical judgement is supported by other information gathered in the assessment process and the score is close to cut-off range. Rarely, if a client's scores are borderline but their functional skills are impaired significantly as to affect their quality of life. Dependent on the qualitative work I have done in the domain. I may note the discrepancies and then compare it to the experience of other team members to gain a more holistic perspective before rendering a decision.

Q19: If you consider a domain impaired, what is the standardized language to describe impairments? (select all that apply)

ANSWER CHOICES	RESPONSES	
Delay	50.00%	8
Disorder	75.00%	12
Deficit	37.50%	6
Deficient	6.25%	1
Other (please specify)	37.50%	6
Total Respondents: 16		

Comments: (note: these statements are the responses provided by the respondents that completed the survey and are not intended to be used as a guide to what SLPS should or should not utilize)	
<ul style="list-style-type: none"> Below the age-expected range Difficulty Challenges Delay for the subtests but then disorder for the overall I will typically use "delay" to describe most areas of impairment, unless upon consultation with the psychologist we determine a Language Disorder. 	<ul style="list-style-type: none"> This is such a great question because I consider all 4 of these terms to mean very different things. To me a <ul style="list-style-type: none"> "delay" means they will eventually catch up, "disorder" means their test results have splits and are very scattered, and "deficit" to me means that they will likely not catch up and fall within the average range. I do not use the word "deficient". <p>So... depending on the test scores, I would use all 3 of these terms but the one I use the most is "deficit". I never use the term delayed when the patient is school age or older. I only really use this term with younger preschoolers. I struggle when psychologists and other S-LP's call a patient's language disordered when it is not.</p>

Q20: What do you base your decision on regarding your standardized language choice? (i.e., age, test used, etc.) (15 comments included)

Age	80%
Test Used	26.5%
Other	Always use disorder or challenge, amount of knowledge of language impairment history, DSM-V criteria, test used, commonly used vocabulary in our profession, guidance from the team & other SLP's, amount of knowledge of language impairment history, DSM-V criteria, test used, amount exposed to English, overall abilities (in conjunction with age) after reviewing the chart and talking to other team members (may watch an OT assessment to determine a child's level of functioning before deciding on a test).

Q21: If you found impairment in an area below the 3rd percentile, at what age would you use delay vs. disorder? (select all that apply)

ANSWER CHOICES	RESPONSES	
0-3 months	25.00%	4
3-18 months	25.00%	4
18-36 months	25.00%	4
36 months-6 years	43.75%	7
7-18 years	56.25%	9
18+	31.25%	5
Other (please specify)	37.50%	6
Total Respondents: 16		

Comments
<ul style="list-style-type: none"> • I always use the word deficit. • I am more likely to use disorder if the child is 10 or older. • Your range of 3-6 years is too big for me. I would typically only use "Delay" for children 5 and under. • I find it difficult to diagnose a 'language disorder' in children under the age of 6 as it is too early to determine if the child has delayed language vs. disordered language. • Becomes disorder after age 6.

Q22: At what age would you recommend interventions be provided by an SLP?

ANSWER CHOICES	RESPONSES	
0-3 months	43.75%	7
3-18 months	75.00%	12
18-36 months	62.50%	10
36 months - 6 years	68.75%	11
7-18 years	75.00%	12
18 +	37.50%	6
Other (please specify)	25.00%	4
Total Respondents: 16		

Comments

- If a child is determined 'at risk' for language delay/impairment/disorder; I would start parent coaching on the development of pre-verbal language skills as soon as possible. I see babies/toddlers in other clinics I work in, but we don't see them in our FASD clinic.
- However, intervention does not always need to be direct and can be through consultation. I do often recommend support by school personnel to work on social skills.
- There are no programmes that allow me to provide intervention.
- Consultation services need not be regular.

Autism Spectrum Disorder

Q.23 How often do you see features of Autism Spectrum Disorder (ASD) when testing children with FASD?

ANSWER CHOICES	RESPONSES	
All the time (75-100%)	0.00%	0
Very Frequently (50 - 75%)	0.00%	0
Frequently (25-50%)	0.00%	0
Sometimes (0-25%)	87.50%	14
Never	12.50%	2
TOTAL		16

Q24: Within which age category do you see features of ASD when doing your assessments?

ANSWER CHOICES	RESPONSES	
< 18 months	15.38%	2
18 months - 5 years	38.46%	5
6 years - 18 years	76.92%	10
18 +	23.08%	3
Total Respondents: 13		

Q25: Describe notable features of ASD you have seen when doing your assessments (10 responses)

- lack of eye contact,
- poor play skills,
- not playing with toys properly,
- preservative or absence of language
- impaired social communication including verbal and non-verbal attributes (socially awkward),

- social referencing,
- low auditory registration,
- poor receptive and expressive language skills,
- speech sound disorders (i.e., apraxia),
- atypical behaviours (i.e., echolalia, hand flapping, stim behaviour, etc.),
- theory of mind,
- rigidity (repetitive and restrictive behaviours with routines), and sensory seeking behaviour (oral).
- Difficulties with social communication, reports of sensory concerns
- When querying ASD, our team will do an ADOS before deciding on a primary diagnosis

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