REAL LIFE ANALYSES

Case Study #1- SLI

I received a referral of an eighth-grader, named Samuel, whose family had recently immigrated to the Sacramento area from Uzbekistan. Eighth grade would be over in one week, and the school wanted an assessment of Samuel's language skills so that if he had SLI, they could send him to ninth grade with an IEP. I learned that Samuel said his first word in Uzbeki at two years of age; his mother said that in Uzbeki, "Samuel was slower to talk than all of his siblings." Samuel had also struggled in school in Uzbekistan. The current ESL teacher stated that Samuel was always in trouble with the other kids; and that even the other Russians yell at him."

Questions

1. Identify two possible etiologies of Samuel's language difficulties. (2)
2. A. List the core characteristics of each disorder/condition that you have identified. B. Which of these disorders does Samuel demonstrate? (4)
3. What other information would be helpful to know? How would you go about getting it? (2)
4. Do you think Samuel has a language difference or SLI? Justify your position. (2)

Case Study # 2 & 3 - (Assessment & Intervention)

I was asked to evaluate the language skills of Sarah S., a monolingual English-speaking five year-old girl entering kindergarten at my school. Sarah's biological mother had abused alcohol and drugs throughout her pregnancies with each of her five children. The mother was abusive to Sarah and her siblings, and they were removed from her custody and placed in foster care. By the age of 5 Sarah had been in six different foster homes. She had a history of bedwetting, tantrums, middle ear infections, and other medical and emotional problems.

Assessment Questions:

Outline how you would go about obtaining assessment data for Sarah that address the following questions:

a. On what basis would you decide whether or not Sarah has a language problem? (3)

b. What are some probable causes or cause-related factors of Sarah's problems? (2)

c. What areas of language would you assess? What specific assessing instruments/approaches would you use? Justify your decision. (3)

d. What other (non-language) types of information would you possibly need before making a definite diagnosis? (2)

<u>Case Study # 3</u> (See above)

<u>Intervention Questions</u>

1. Rule in/rule out analysis of two possible etiologies of Sarah's problems. (3)
2. Based on the etiology that you have ruled in, what are some specific language issues that Sarah may experience? (3)
3. Write out (a) two intervention targets for Sarah; (b) and two specific procedures and or techniques for each target. (4)

<u>Case Study # 4 – LD</u>

Quang, a Vietnamese-speaking high school freshman, was struggling in school. He was getting Ds in Geometry and Geography, and had other academic difficulties as well. Quang was born in Texas and moved to California as a preschooler. The high school team was concerned about him and wondered if he had a learning disability. However they thought that his difficulties might be due to the fact that Vietnamese was his primary language (although Quang says he mostly speaks English now). Teacher records indicated that Quang could not spell basic words such as *chair, stomach, curtain* and that his auditory memory was quite poor. Quang was also a very poor reader.

<u>Questions</u>

1. Identify two possible etiologies of Quang's language difficulties. (2)
2. <u>A</u>. List the core characteristics of each disorder/condition that you have identified. <u>B.</u> Which of these disorders does Quang demonstrate? (4)
3. What other information would be helpful to know? How would you go about getting it? (2)
4. What do you think is Quang's "true diagnosis? Justify your position. (2)

<u>Case Study # 5 – MR</u>

Jessica R. was a first-grade girl with Down syndrome and accompanying cognitive-linguistic deficits. She was highly unintelligible and demonstrated difficulty even when trying to say simple CVC words. Jessica was becoming quite frustrated in the classroom where she would sometimes throw tantrums because of her difficulties communicating. The SLP recommend that she receive training in sign language in conjunction with regular speech therapy. However, Jessica's mother, a physician, was very opposed to the recommendation.

<u>Questions</u>

1. Into which category of causes/factors would Jessica's MR fit? What level of severity would you predict? (2)
2. Based on your severity assumptions, what level of support do you think she would need in the future? (2)
3. What types of professionals would probably be involved with Jessica's evaluation? Justify your selection. (4)

4. Do you agree with the SLP's recommendation? How would you go about convincing Jessica's mother to accept the SLP's recommendation? (2)

Case Study #6- Autism

Tommy, a 2-year old boy was referred by his parents to the university speech and hearing clinic. Tommy's father, a pharmacist, shared with the SLP that "Tommy seemed so normal up till a few months ago. Suddenly he did not want hugs anymore and he stopped talking. He was doing so well, and now he hardly looks at us and plays with us. Something is wrong and we do not know what it is." After testing, the SLP realized that Tommy may be exhibiting symptoms of autism.

Questions

1. What specific condition on the ASD spectrum may Tommy be exhibiting? Support your answer. (2)
2. In order to confirm your suspicions, what are some other pieces of information you may need to obtain? (2)
3. Based on your interactions with the parents, it seems clear that they may not be ready to accept this diagnosis. What would you do to help the parents recognize and deal with this possibility? (4)
4. What therapeutic approach would you recommend? Support your decision. (2)

Case Study #7- Cerebral Palsy

Jarold S., a 15-year old high school student with severe cerebral palsy, was referred to the SLP for an assessment of his language and articulation skills. His mother had abused alcohol throughout her pregnancy. Jarold was born two weeks after he was due. Due to difficulties during the birth process, he was deprived of oxygen for ten minutes. When Jarold was in preschool, his father shot and killed his mother; Mr. S was put in prison. When I saw Jarold he was living with his grandparents, who had devoted their lives to taking care of him. Jarold used an electric wheelchair and communicated through a device called a Dynavox. Intelligible speech was extremely hard for him; he drooled, had very poor oral-motor coordination, and could not even say basic words with 3 or 4 letters. The SLP was called in to give a "second opinion" because his grandparents really wanted him to speak and not use his Dynavox.

Questions

1. List the biological and environmental factors that placed Jarold at risk for language learning problems. (2)
2. How might you work with Jarold and his grandparents to foster realistic expectations? (What kind of assessment information would you provide them to support your recommendations?) (4)
3. Should speech therapy goals for Jarold include clear intelligible speech? Why or why not? (2)
4. Outline two long-term therapy goals for Jarold. (2)

Case Study # 8 – Hearing Impairment

Five-year old Sharif F. was referred for difficulty understanding instructions, expressing thoughts, articulating words clearly, and having difficulty repeating. When Sharif was screened on a one-to-one basis in a quiet speech room, he was observed to be a bright rather shy child who did an excellent job on the language screening test given to him in English. Baffled at the reason for the referral, the SLP called his mother who said that whereas her husband spoke English to Sharif, she spoke exclusively Swedish to him at home. Sharif had never been to preschool. She had only been in kindergarten for nine days at the time of the referral. Mrs. F. stated that she was concerned about Sharif's hearing, not his language. She said that he had a bad concussion when he as about two years old, and that since then she had noticed that he didn't respond readily when she had called him. She thought that sometimes in noisy environments, he was reading her lips.

Questions

1. Outline a rule in/rule out analysis of two possible etiologies of Sharif's problems. (4)
2. What course of action would you take in this situation? (2)
3. How would you go about diagnosing his "true" condition? (Be specific about types of testing and information you would need). (2)
4. Based on the etiology that you have ruled in, what are some specific language and academic issues that Sharif may experience? (2)

Case Study – Difference or Disorder—**Class Discussion**

Alejandra V. is a cheerful Mexican fourth grader. She was referred for a language evaluation following teacher concerns regarding her low average functioning in her all-English classrooms. The SLP engaged Alejandra in a series of informal tasks and found that Alejandra expressed herself well and comprehended everything that was said to her. She also read fluently in English. A few quick measures of her information processing skills also revealed that these were within normal limits for her age. On consulting her schools files, it was discovered that Alejandra had been in predominantly Spanish-speaking classrooms up until nine months ago when the family moved and Alejandra transferred to her current school. Her records indicated successful classroom performance up until third grade.

Questions:

1. Based on this brief description, do you think that Alejandra has a language disorder or a language difference?
2. Outline a rule in/rule out analysis of two possible etiologies of Sarah's problems.
3. Based on the etiology that you have ruled in, what are some specific language issues that Sarah may experience?