Speech-Language Pathology In Mental Health
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GOALS OF PRESENTATION
- Intake process
- Levels of care
- SLP involvement
- Profile case types and outcomes

Referral Process
Access Mental Health
- Adults
- Children
Screening and Intake
- Contact within 48 hrs
- Process complete within approximately 2 weeks

Child and Adolescent Mental Health Program (CAMHP)
Community Agencies

CAMHP Levels of Care
COMMUNITY CLINICS
- NW – Foothills
- NE – Sunridge (Collaborative Care 0-5)
- S – South Calgary Health Centre

CAMHP Levels of Care
Outpatient Clinics
(Richmond Road Diagnostic & Treatment Centre (RRDTC))
- Mental Health Specialty Services
  - Treatment Resistant ADHD
  - Mood & Anxiety Disorders
  - Oppositional Defiant Disorder/Conduct Disorder
  - Diagnostic
  - Eating Disorders

CAMHP Levels of Care
Elective Admissions
- Mental Health Patient Care Unit (Alberta Children's Hospital)
  - Day Treatment
  - Inpatient
- Young Adult Program (Foothills Hospital)
- Adolescent Day Treatment Program (Holy Cross)
<table>
<thead>
<tr>
<th>Typically Presenting Disorders</th>
<th>Goals</th>
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</thead>
<tbody>
<tr>
<td>- Attention Deficit Hyperactivity Disorder (ADHD)</td>
<td>- Diagnostic Clarity (Primary SLP Role)</td>
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<tr>
<td>- Autism Spectrum Disorders</td>
<td>Review previous assessments and diagnoses and complete further assessments in order to provide our impressions to rule in/rule out specific diagnoses</td>
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<tr>
<td>- Learning and Developmental Disorders</td>
<td>- Medication review/consult (Secondary SLP Role)</td>
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<tr>
<td>- Behaviour</td>
<td>Assess and develop an understanding of difficult behaviours, and provide recommendations for a positive shift across settings</td>
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<tr>
<td>- Oppositional Defiant Disorder/Conduct Disorder</td>
<td>- Behavioural Support and Management (Primary/Secondary SLP Role)</td>
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<tr>
<td>- Mood Disorders</td>
<td>Work with the family on developing a positive shift at home</td>
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<tr>
<td>- Anxiety/Depression</td>
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<td>- Selective Mutism</td>
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<thead>
<tr>
<th>Case Studies</th>
<th>Case Study 1</th>
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<tbody>
<tr>
<td>- Presenting concerns at home and at school</td>
<td>Patient</td>
</tr>
<tr>
<td>- Goals of Admission or Clinic Assessment</td>
<td>- Female, C.A=8,2</td>
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<tr>
<td>- SLP role relative to the above goals</td>
<td>- Grade 2</td>
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<td></td>
<td>- Living with biological parents and two younger brothers</td>
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<td>- Living and attending school in Calgary area.</td>
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<tr>
<th>Presenting Concerns</th>
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<tr>
<td>School</td>
<td>Home</td>
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<tr>
<td>- Anxiety</td>
<td>- Shy and quiet, but speaks more easily than at school</td>
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<tr>
<td>- Phobia of speaking</td>
<td>- Bathroom avoidance but not to the same extent as school (e.g. must ask and get permission before using the bathroom)</td>
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<td>- Specific phobia around use of washrooms</td>
<td>- Self-conscious and easily embarrassed.</td>
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<td>- At times refusing to attend school</td>
<td>- Won’t draw attention to herself (e.g. won’t tell others when she is hurt)</td>
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<tr>
<td>- Possible learning difficulties</td>
<td></td>
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<tr>
<td>- Slow to start and complete school work</td>
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SLP Role Relative to Goals of Admission

Diagnostic Clarity
- Review psychoeducational assessment and determine the extent to which communication ability may be contributing to: a) learning difficulties, b) fear of speaking (selective mutism)

SLP Role Relative to Goals of Admission

Speech and Language Assessment:
- Average understanding of spoken language
- Gaps in verbal expression (complex sentence structure, narratives)
- Gaps in verbal reasoning

SLP Role Relative to Goals of Admission

Behavioural/Intervention Strategies for Home and School
- Providing a positive communication environment
  - Speaking desensitization hierarchy
  - Concrete model/outline for all speaking activities
  - Diagnostic therapy to determine scaffolds needed
  - Visual aides and content organization for oral and written language activities.
  - Prompting and modeling of required responses
  - Home practice for narrative activities.

SLP Role Relative to Goals of Admission

Family and School Support
- What explains her presentation?
  - Phobia of speaking (selective mutism)
  - Expressive language difficulties which exacerbates speaking phobia
  - The above two elements limit opportunities for verbal discourse practice.

SLP Role Relative to Goals of Admission

Family and School Support
- What are reasonable expectations?
  - Give Amy opportunity to speak after others have spoken first.
  - When Amy shows speaking hesitation provide prompts instead of allowing anxiety to build.
  - Provide both verbal and non-verbal communicative opportunities.

Case Study 2

Patient
- Male, C.A = 12.5
- Grade 7
- Living with biological mother and 15 year old sister (sees biological father approx. once a month), daily contact with maternal grandparents
- Living in rural area

Admitting Diagnoses
- Autistic Disorder, Anxiety Disorder Not Otherwise Specified, Attention Deficit Hyperactivity Disorder (Combined Type), Developmental Coordination Disorder, Learning Disorder Not Otherwise Specified and Enuresis.
Presenting Concerns

Home:
- Behaviour and compliance
- Fears, worries, anxiety
- Sibling rivalry
- Sleep
- Frustration level – harm to self, others, property
- Poor social skills

Presenting Concerns

School
- Attention, impulsivity, immaturity
- Disruptive – verbal, noises, laughter
- Harming statements
- Poor social skills

SLP Role Relative to Goals of Admission

Diagnostic Clarity
- Review previous speech and language assessment
  - Moderate to severe receptive and expressive language delay
  - Severe deficit in word knowledge
  - Flat affect showing minimal verbal initiation
  - Little interest in verbal interactions
  - Extreme difficulty constructing meaning in the absence of visual referents
  - Poor use of meaningful eye contact and facial expression
  - Little or no reciprocal interaction

SLP Role Relative to Goals of Admission

To provide the school and family with strategies to support patient's continued language and social development at school and in the home environment.
- Observation
- Consultation – unit staff (nursing), teacher, family
- Collaboration with team members for diagnostic therapy sessions

SLP Role Relative to Goals of Admission

2. Medication Review
- Providing observations

SLP Role Relative to Goals of Admission

3. Behavioural/Intervention Strategies for Home and School
  - Appropriate school programming
  - Educating/coaching mom (Autism/MR)
  - Predictable structure and routine
  - Emotions strip
  - Role-playing difficult situations/problems (self-generated) with scripting and visual strategies
  - Social stories
SLP Role Relative to Goals of Admission

4. Family Support
   - Educating/coaching mom on realistic expectations and how to promote and encourage appropriate communication
   - Teaching in the moment
   - Using concrete simplified language in a familiar context with visual referents.
   - Provide structure and routine

Discharge Diagnoses
- Autistic Disorder, Anxiety Disorder Not Otherwise Specified, Attention Deficit Hyperactivity Disorder (Combined Type), Developmental Coordination Disorder, Learning Disorder Not Otherwise Specified, Mild Mental Retardation.

Case Study 3

Patient
- Tom, age 14
- Only child in a single parent household, Parent sharing home with three other adults for financial reasons
- Easy baby, milestones at typical ages

Diagnoses
- ADHD

Presenting Concerns Based on Team Observation
- Could some of his behavior be related to difficulty understanding language/expectations?
- Are his language and social profiles consistent with ASD?
- Is it possible that this child is showing some signs of psychosis?
- Is his difficulty describing his emotions secondary to expressive language concerns?

Presenting Concerns

Home
- Acting out
- Stealing at home and in community
- Using illicit drugs
- Selling his ADHD medications
- Refusing to do chores, shower, brush teeth

School
- Biggest Concern: current performance not matching perceived potential
- Quality of work at school is grade-level appropriate when it is completed
- Many modifications and strategies in place on IPP but ineffective and wanted input for further strategies
- Described as a "loner," "awkward social skills," "passive"
- No previous SLP involvement
- Passive refusal to do work as well as truancy issues

SLP Role Relative to Goals of Clinic Assessment

1. Diagnostic Clarity
   - SLP completed formal (CELF4, TLC-E) and informal ax (3 hr school observation/ collaboration)
   - All scores WNL (within 1 SD of average) but took long time to respond
   - Testing behaviours – needed choices and some control of situation. Actively refused at first,
   - Functional communication skills did not match test results
   - Motivated to interact with others but strategies used were similar to those of younger children

Presenting Concerns

School
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SLP Role Relative to Goals of Clinic Assessment

2. Medication Review
   - On dexedrine for ADHD and was on medication for assessment. Always good to check each session if on/off meds as it can relate to consistency and validity of overall ax
   - There was no request from team to monitor this area
SLP Role Relative to Goals of Clinic Assessment

3. Behavioural/Intervention Strategies for Home and School
   - Modified expectations for homework and class participation (e.g. 1:1 for oral presentations when possible), homework completed after school at school
   - Importance of consistent expectations from mom
   - ADHD medications locked up and administered by school or parent only
   - Facilitation of referral to adolescent drug tx program

SLP Role Relative to Goals of Clinic Assessment

4. Family Support
   - SLP reviewed ax results with parent
   - Provided by family therapist on ongoing basis to facilitate child-parent relationship and for behaviour management strategies
   - SLP provided input to family therapist re: length of time it took him to process and respond to information

SLP Role Relative to Goals of Clinic Assessment

- Discharge Diagnoses
  - Oppositional Defiant Disorder
  - ADHD
  - Parent-Child Relational Problems
    (ASD was ruled out based on school observations, psychiatry and psychology input, and communication assessment. Psychosis ruled out by psychiatrist).

Case Study 4

Patient
- Andy, C.A. = 10.7
- Grade 5 BAT placement with IPP
- Living with biological mother (biological and adoptive fathers no longer involved; one brother living with adoptive father)

Admitting Diagnoses
- ADHD, ODD, Tourette’s Disorder, Asperger's Disorder

Presenting Concerns

Home
- Aggression
- Suicidal ideation
- Tactile and auditory sensitivities
- Impulsivity
- Poor social skills

School
- Aggression
- Anxiety
- Eating non-food substances
- Poor hygiene
- Tactile and auditory sensitivities
- Problems transitioning
- Tics
- Presenting as “in his own world”
- Unusual oral language
- Articulation problems
- Inconsistent academic skills
- Poor peer relationships
SLP Role Relative to Goals of Admission

1. Diagnostic Clarity
Speech and language assessment
- "normal" receptive and expressive language test scores
- determination of factors contributing to poor speech intelligibility
- short-term articulation therapy
- observation and scoring of the ADOS

2. Medication Review
- Providing observations

3. Behavioural/Intervention Strategies for Home and School
- Promoting a positive communication style
  - providing cueing about verbal and nonverbal aspects
  - promoting "expectant waiting"
  - modeling a calm, neutral manner of speaking
- Supporting team members' assessments and interactions with Andy
- Supporting positive peer interactions
- Recommending articulation follow-up for “th” and “r” sounds

4. Family Support
- What explains his presentation?
  - not Asperger's Disorder!
- What are reasonable expectations?
- What will assist him in being successful?
  - continuing with family therapy
  - reassuring Alex that the adults are in control
  - providing consistency and structure
  - providing social opportunities with typically developing peers
  - providing an environment that is “low” in emotion

Case Study 4

- Discharge Diagnoses
  PCRP
  Social Anxiety Disorder, query Tourette's Disorder
  ADHD
  mild ODD

Diagnosis and Reporting

- Primary goal is diagnostic clarity
- Use of the DSM-IV by the multidisciplinary team
  - role of the SLP in diagnosing communication disorders and autism spectrum disorders
  - DSM-IV "Communication Disorders" include:
    - Expressive Language Disorder
    - Mixed Receptive-Expressive Language Disorder
    - Phonological Disorder
    - Stuttering
    - Communication Disorder Not Otherwise Specified
Diagnosis and Reporting

- Role of the DSM-IV in school board coding for students

- How are DSM-IV language diagnoses determined?
  - comparison to cognitive testing
  - role of the SLP in deciding how the communication problem impacts a child's functioning
  - the contribution that diagnosing a communication disorder makes in understanding a child's other diagnoses

Diagnosis and Reporting

- Stand-alone SLP reports
  - results of formal tests
  - detailed description of clinical impressions
  - relationship of results and impressions to behavioural/emotional presentation

- MHPCU Diagnostic Feedback and Recommendations document

Questions?