

# Dysarthria



## What are person-centered functional goals?

- Goals identified by the client, in partnership with the clinician and family, that allow participation in meaningful activities and roles

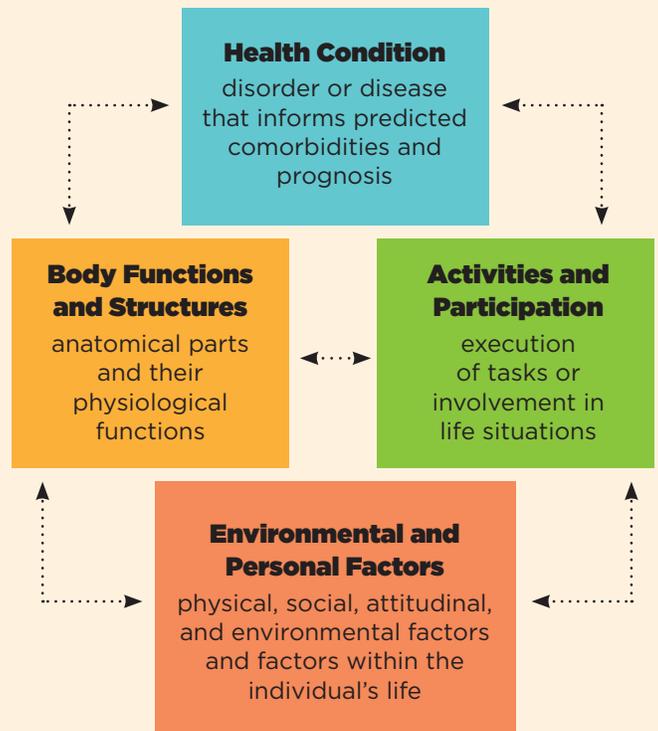
## Why target person-centered functional goals?

- To maximize outcomes that lead to functional improvements that are important to the individual
- To optimize the individual's potential to participate in meaningful activities
- To facilitate a partnership that ensures the individual and family have a voice in the care received and outcomes achieved
- To demonstrate to the payers the value of skilled services

## What is the ICF, and how does it help?

The International Classification of Functioning, Disability and Health (ICF)—developed by the World Health Organization (WHO)—is a framework to address functioning and disability related to a health condition within the context of the individual's activities and participation in everyday life.

## ICF: International Classification of Functioning, Disability and Health



# Person-Centered Focus on Function: Dysarthria

## Case study

### Health Condition: Parkinson's disease with hypokinetic dysarthria

#### Assessment Data

##### Body Functions and Structures

- Rigidity of articulators
- Lingual tremors
- Reduced range of motion of articulators
- Poor respiratory support
- Monopitch
- Monoloudness
- Strained, breathy vocal quality
- Imprecise articulation
- Fluctuating rate of speech
- Difficulty initiating verbal productions
- Speech intelligibility<sup>a</sup>: 65%
- Functional hearing, vision, cognition, mobility

##### Activities and Participation

- Wife reports increased social isolation from frequent breakdown in communication resulting from reduced speech intelligibility.
- Patient reports<sup>b</sup> greater difficulty conversing over the telephone than in face-to-face conversations.
- Patient reports quickly fatiguing in verbal communicative contexts.

##### Environmental and Personal Factors

- Age: 57
- Motivated to communicate effectively with his children who live in different cities
- Hesitant to use technology to augment communication
- Reduced motivation for social communication due to stigma associated with speech intelligibility
- Had benefitted from SLP services previously but is currently discouraged given progression of disease
- Unable to communicate well in the presence of background noise

#### Clinical Reasoning

What impairments most affect function, based on clinician assessment & the individual's self-report?

What activities are most important to the individual in the current or discharge setting?

What environmental/personal factors are facilitators or barriers to participation in the current or discharge setting?

#### Goal Setting

##### Person-Centered Functional Goals

###### Long-Term Goal:

Without external cues, Mr. J will use functional communication skills for social interactions with both familiar and unfamiliar partners.

###### Short-Term Goals:

- With moderate verbal cues from communication partners, Mr. J will increase respiratory support to produce intelligible phrase-level utterances.
- Mr. J will use a low-tech system with occasional cues to augment speech production in challenging environments (e.g., in the presence of background noise).
- Without cues, Mr. J will consistently initiate requests for appropriate environmental modifications (e.g., reduce background noise, use videoconferencing for phone calls) to improve communicative effectiveness.

<sup>a</sup> Measured by sentence intelligibility subtest of the Assessment of Intelligibility of Dysarthric Speech (Yorkston & Beukelman, 1981)

<sup>b</sup> Reported on Communication Effectiveness Index-Modified (CETI-M; Yorkston, Beukelman, Strand, & Bell, 1999)

For clinical and documentation questions, contact [healthservices@asha.org](mailto:healthservices@asha.org).

The interpretation of ICF and examples above are consensus based and provided as a resource for members of the American Speech-Language-Hearing Association.