



## The Role of a Speech-Language Pathologist

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As people age, they often struggle with loss of independence and resent the need to depend more and more on others to perform routine daily activities. People with progressive disorders of communication or cognition resulting from neurological conditions such as dementia, Parkinson's disease, or cerebrovascular accidents are often even more dependent on others. Many patients find themselves in an assisted living (AL) facility because it is too risky for them to live on their own. Their deficits create serious health and safety risks.

These residents can receive direct rehabilitative services from a speech-language pathologist (sometimes informally referred to as a speech therapist). A speech-language pathologist (SLP) evaluates, diagnoses, and treats disorders of communication, cognition, and swallowing throughout the lifespan.

At Genesis Rehab Services, the speech-language pathologist works with the facility's interdisciplinary team to increase the independence, safety, and quality of life of those residents who have disorders of communication, cognition, and swallowing. Depending on the

nature of the deficits exhibited during an evaluation, the SLP can work with residents to improve their ability to communicate their needs to caregivers, learn how to solve problems in a new environment, and use strategies to improve orientation and memory. In some cases, the resident's goal is to be able to live with an optimal amount of independence within the AL facility, and at other times, the goal is to improve enough to return home.

### Improving Health and Safety

Cognitive disorders that cause poor memory and contribute to a lack of concern for safety may lead some residents to engage in risky behaviors. An SLP works closely with physical and occupational therapists to help such residents learn safety precautions that prevent falls and teach them how to avoid other environmental hazards. Patients with memory deficits have more difficulty learning, but through specific teaching techniques used by the SLP, they may better be able to reach their goals in physical and occupational therapy. Often, just modifying the environment slightly can make a big impact on safety. For example, the AL resident who can't recall that he must always use a chair with arms to help him when sitting and standing in the dining room may remember his correct chair if a colorful place mat is put on the table in front of the chair with arms. He will remember the color but not the need for the armchair that helps him safely sit and stand.



Photos: Alice Cabrera Elspas, Photographer, ASHA

### Enhancing Quality of Life

The presence of a swallowing disorder (dysphagia) can create a high risk for malnutrition and infection (due to aspiration of food or liquid into the lungs) regardless of an individual's living environment. Dysphagia can be

caused by a variety of different medical conditions in the elderly population. Elders may suffer from chronic respiratory infections, weight loss, skin breakdown, or increasing weakness that affects all of their activities of daily living (ADLs). An SLP treats swallowing disorders by recommending altered food or liquid consistency, teaching the resident strategies to compensate for the problem, and practicing exercises with the resident to improve swallowing function. Treatment of dysphagia can greatly reduce a patient's risk for various medical problems and hospitalizations while improving overall health and potential to remain independent.

Dysphagia can affect quality of life by causing multiple health problems and by leading to diet restrictions. If someone is struggling to chew and swallow, coughs throughout meals, or has diet restrictions, eating becomes a chore rather than the pleasurable social activity that it should be. By treating swallowing disorders, not only can the SLP improve a patient's health and safety, but the patient may be able to advance to less restrictive diets and eat with greater ease. Meals are enjoyed and quality of life is improved.

Many residents in an AL facility enjoy a better quality of life than they would at home or in a nursing home because they can be more independent and have more opportunities for socialization. The ability to form relationships and fully participate in activities can be hindered if an AL resident has a communication impairment. Those who experience some form of communication disorder benefit from skilled speech-language interventions to improve their use of the spoken and written language. Speech-language treatment goals can include increasing verbal and written expression, improving comprehension of spoken or written language, increasing a person's ability to be understood, or finding strategies or alternative methods to communicate with staff, healthcare professionals, family, or peers. In the AL setting, disorders of communication can affect quality of life by hindering an individual's ability to learn daily routines or to enjoy human relationships and socialization.

### **Maintaining Function**

One of the greatest challenges of the SLP in the AL setting is in finding ways to help patients maintain the function that they gained when they met their goals and were discharged from skilled speech-language or swallowing interventions. In home care, the clinician may rely on a caregiver. In a nursing home, she might set up a restorative or maintenance program by training nursing aides to cue a patient or practice an exercise program

with them. The speech-language pathologist can often rely on other members of the interdisciplinary team to help an individual maintain his function after therapy has stopped. In AL facilities, communication strategies and safe swallowing guidance from the SLP are integrated into residents' daily routines. This ensures that the interdisciplinary team can help maintain each resident's highest level of independence for as long as feasible.

A patient with dysphagia needs to learn precautions and strategies during swallowing treatment and often needs to use such precautions on an ongoing basis. An

SLP may need to train dietary, nursing, and activities department personnel to provide the appropriate therapeutic diet, give cues if needed, and recognize symptoms of dysphagia so they can be addressed promptly. Nursing staff may also need training in adequate oral care before and after meals or supervision during meals, especially on a dementia unit. It is important that the interdisciplinary staff of an AL facility are familiar with the nature of swallowing deficits

and the risks involved, and in how they can help minimize risks for certain patients.

Patients with cognitive or communication deficits may regress after treatment stops if they do not receive adequate stimulation. Family members, nursing staff, the activities department, and even other residents can help provide opportunities for individual patients to engage in activities that will allow them to practice communication and cognitive skills. The SLP can discuss various activities that may be especially beneficial to patients and can offer ways that an activity may be modified to allow a particular resident to be able to participate more fully. Nursing and dietary departments can be trained about ways to facilitate more successful communication with a resident. If a patient is not able to practice a home exercise program on her own, she may agree to work with other residents to practice communication or cognitive tasks together. By pairing a resident with cognitive deficits with one whose cognition and communication are more intact—and who has expressed an interest in helping—both residents will benefit.

Working in an AL facility presents a unique set of challenges for a speech-language pathologist. Having a consistent presence in the facility is imperative to be an effective member of the interdisciplinary team. The SLP needs to be creative and innovative to help patients meet their goals and to make the greatest impact on their levels of independence, safety, health, and quality of life. ALC

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