



LSVT LOUD[®] Professional Webinar Series

Title: **Office Hours: Determining Baseline Goals in LSVT
LOUD**

Presenters: Elizabeth Peterson, MA, CCC-SLP
Jessica Galgano, PhD, CCC-SLP

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OFFICE HOURS:
DETERMINING BASELINE GOALS IN
LSVT LOUD®



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Greetings from....

Elizabeth Peterson, MA, CCC-SLP
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Plan for Webinar

Logistics

- Handout attached
- Additional information for CEUs at the end of the presentation (instructor bios, disclosures)

Brief presentation of determining baseline goals in LSVT LOUD

Discussion of your questions about determining baseline goals in LSVT LOUD

We encourage your participation and hope our new Office Hours format will facilitate it more effectively

Complete survey at the end of the webinar (5 minutes or less to complete)

Information on CEUs

- This webinar is offered for 0.1 CEUs. CEUs available only for Live version of webinar, not the On-demand version.
- Attendance for the full hour is required to earn CEUs.
- The LSVT Global webinars are **NOT** ASHA registered CEUs, but **they can be used for self-reported CEU credit** as non-registered CEUs. That is, the credit can count towards your CE maintenance progress.
- Completion of the webinar **will not be** reported to the ASHA CE registry by us and cannot be added to the ASHA CE registry by you. It will be your responsibility to retain documentation of completion just as you do with any other non-registered CE activity.

Information on CEUs

- You will receive a certificate after completion of the webinar which will include your name, date of the webinar and the number of hours earned. It may take 1-2 weeks for certificates to be emailed.
- For more information on including non-ASHA registered CEUs for certification maintenance, visit ASHA's website: <http://www.asha.org/Certification/Certification-Maintenance-Frequently-Asked-Questions--Earning-Professional-Development-Hours/#earnASHA>
- Licensing requirements for CEUs differ by state. Check with your state licensing board to determine if your state accepts non-ASHA registered CEU activities.

How to ask questions LIVE:

1. Type in the **QUESTION BOX** on your control panel
2. Raise your hand! (*Click on the hand icon.*)
 - Your name will be called out
 - Your mic will be unmuted (make sure your mic is unmuted as well)
 - Then ask your question out loud
3. Email info@lsvtglobal.com if you think of questions later

Learning Objectives

Upon conclusion of this webinar, speech-language pathology participants will be able to:

- Provide examples of measures and tools to include during an assessment for LSVT LOUD
- Describe equipment options that can be used to collect assessment data and quantify changes over time
- Provide examples of short-term and long-term functional goals

Polling Question 1

LSVT LOUD

Goal for People with PD

Patient will use a louder voice habitually in everyday living.

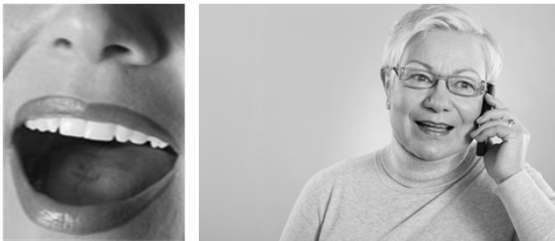
Patient's louder voice will last over time.

The Daily Exercises in LSVT LOUD
are tools to facilitate
improved loudness

They are not the end goal of
therapy

Improved FUNCTION is the goal!

LSVT LOUD Example



Treatment Exercise: " long ah" Treatment Goal: louder voice in conversation

Questions to ask to help determine
goals

What are the things that YOU want to
improve?

What things in life bring you JOY?

What do you want to KEEP doing, even
with PD?

Functional Speech Goal Examples:

“Real-World” Goals – Patient DRIVEN!

Maintain voice for teaching/lecturing or other job responsibilities

Be understood at church/restaurant

Read to children/grandchildren

Be understood on the telephone

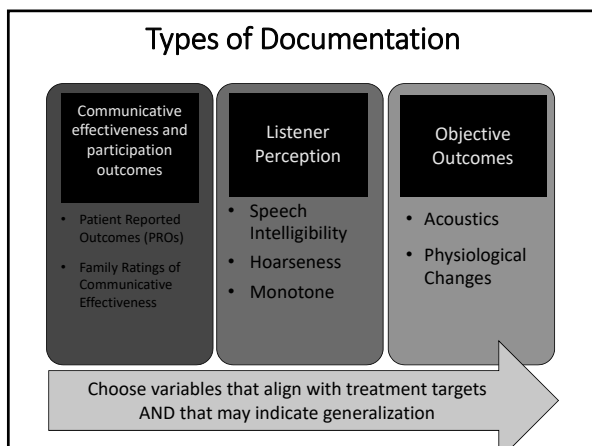
Communicate with care partners

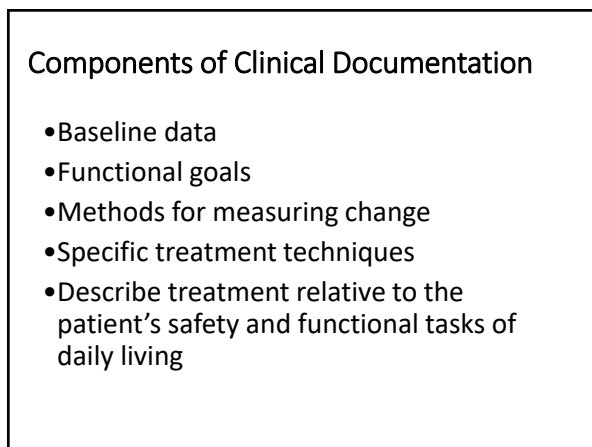
Converse with spouse and family without being asked to repeat all the time

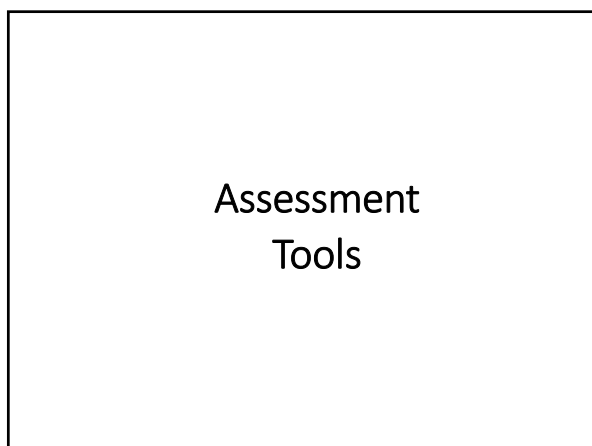
Question on “Big Picture” Goal Setting:

Q: I’m working with a patient who has Atypical PD. We are in Week 3 of treatment but I have not been able to get my patient to maintain his loudness beyond a 1-sentence utterance level. Should I continue at a 1-sentence utterance level in Week 3 even though we should be at a paragraph level?

Polling Question 2







Initial Interview
(can send ahead of time)
General identifying, medical, speech
and swallowing information

Impact of speech and voice on
daily functional communication

Ask questions so you can plan tasks
to foster “magical calibration moments”

Evaluation Protocol
Do not use cues to “LOUD”

Maximum duration sustained vowels
Maximum fundamental frequency range
Reading of the “Rainbow Passage”
Conversation
Word generation task
Dual task

Evaluation Protocol

STIMULABILITY TESTING

Perceptual Scales

Multiple individuals can fill out perceptual scales

e.g., Visual analog scale,
Voice Handicap Index (Jacobson et al, 1997)

The Communicative Participation Item Bank – General Short Form

Instructions:
The following questions describe a variety of situations in which you might need to speak to others. For each question, please mark how much your condition interferes with your participation in that situation. By "condition" we mean ALL issues that may affect how you communicate in these situations including speech conditions, any other health conditions, or features of the environment. If your speech varies, think about an AVERAGE day for your speech -- not your best or your worst days.

	Not at all (3)	A little (2)	Quite a bit (1)	Very much (0)
1. Does your condition interfere with... ...talking with people you know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your condition interfere with... ...communicating when you need to say something quickly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your condition interfere with... ...talking with people you do NOT know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your condition interfere with... ...communicating when you are out in your community (e.g. errands, appointments)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your condition interfere with... ...asking questions in a conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your condition interfere with... ...communicating in a small group of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your condition interfere with... ...having a long conversation with someone you know about a book, movie, show or sports event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your condition interfere with... ...giving someone DETAILED information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your condition interfere with... ...getting your turn in a fast-moving conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your condition interfere with... ...trying to persuade a friend or family member to see a different point of view?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Baylor et al, 2013

Questions on Assessment:

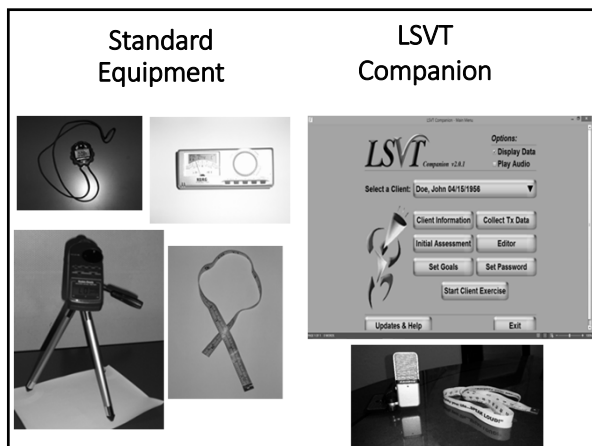
Q: My patient rated herself worse on the VHI post-assessment despite having made nice gains in loudness across all four weeks of treatment. Do you have any comments on why this may have occurred?

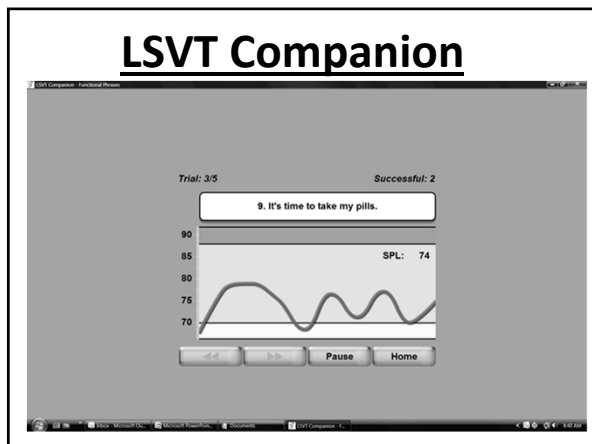
Q: I have spent time educating my referring neurologist on the importance of speech treatment early in the course of the disease and she has just started sending me referrals upon diagnosis! I am happy my conversations with her have helped but I want to make sure I'm collecting assessment data that will show change, especially for those patients who don't yet have much difficulty being heard and understood. What are your recommendations for tweaking or adding assessment tasks that will best be able to show change over time?

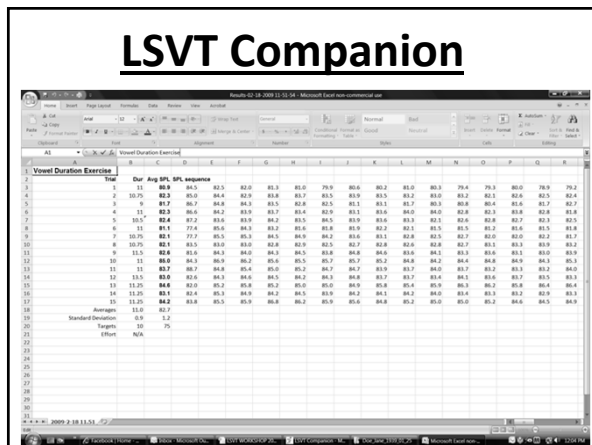
Polling Question 3

EQUIPMENT

- 1) Stop watch or timer
- 2) Digital sound level meter (SLM)
- 3) Orchestral tuner, pitch App
- 4) Tape recorder, digital recorder, voice recording App
- 5) LSVT Companion System, Clinician Edition
- 6) Others: Praat, Visipitch, etc.







3 Modes of Data Collection

- **Initial Assessment**
- **Collect Tx Data**
 - Clinician conducting treatment session
 - Clinician providing feedback
- **Start Client Exercise**
 - Independent client practice
 - Same functions as LSVT Companion, Home Edition

Key Features

- Automatically obtains calibrated SPL, F0 and duration for both LSVT assessment and treatment
 - No more SPL meter, F0 tuner and pencil and paper!
- Functions as a standalone software program
 - Allowing individuals with PD to progress through an entire treatment session

Setting Goals

- Feedback/success based on goals set by clinician
- Set goals after initial assessment
- Update goals as needed
- May need to adjust modal pitch for highs/lows

Demo

LSVT Companion System

Collecting Assessment Data

Setting Goals

Question on Equipment:

Q: My colleague showed me a sound level meter app that looks very easy to use and only costs \$3.99. Are sound level meter apps an acceptable option for collecting assessment and treatment data?

Polling Question 4

Goal Setting in LSVT LOUD

Person Centered Functional Goals

Examples: Short-Term Goals:

- With moderate verbal cues from communication partners, Mr. J will increase vocal amplitude to 75dB SPL to produce 100% intelligible phrase-level utterances.
- Mr. J will use increased effort (i.e., 7-9/10 via use of a likert scale) for functional loudness and 95% intelligibility without cues in challenging environments (e.g., in the presence of background noise) to improve communicative effectiveness.

Person Centered Functional Goals

Examples:

- **Long-Term Goal:**
 - Without external cues, Mr. J will use functional verbal communication skills for social interactions with both familiar and unfamiliar partners in a variety of contexts.

Example Goals for Young Onset or Early PD

- **Childcare**
 - Mrs. P will be able to communicate with adequate vocal amplitude and speech intelligibility so she can effectively communicate with her child.
- **Workplace**
 - Mrs. P will be able to increase and maintain adequate vocal loudness and intelligible speech by consistently using increased amplitude of volume so that she can perform her job as an attorney.

Skilled Treatment Note Recommendations

- Includes the following information regarding the treatment session:
 - date;
 - location;
 - patient response;
 - objective data on progress toward functional goals with comparison to prior sessions;
 - skilled services provided (e.g., materials and strategies, patient/family education, analysis and assessment of patient performance, modification for progression of treatment);
 - session length and/or start and stop time, as required.

- All documentation should reflect skilled services. Unskilled services are not reimbursable.

Skilled Treatment Note Example

- Goal: Improve vocal loudness to a range of 70-80 dB SPL with 100% speech intelligibility of functional phrases with no verbal cues from listener.
- Unskilled treatment note: Pt continues to present with unintelligible speech. Treatment included conversational practice. Recommend continue POC.
- Comment: This treatment note does not provide objective details regarding patient's performance.
- Skilled treatment note: Pt continues to have reduced intelligibility of speech due to reduced vocal volume; unable to consistently make needs known without modeling and cues for loudness. Intelligibility at single-word level: 100%; phrase level: 80%. Pt benefits from SLP's verbal cues to increase loudness. Pt demonstrated improved self-awareness of effort levels needed for intelligible speech relative to last week's session.

Question on Goal Setting:

Q: I have a patient whose duration was much shorter at post-treatment. Do other clinicians run into this issue? What is the best way to document this change, since it was not an improvement?

Summary

- The main goal of LSVT LOUD is for a patient to automatically use a louder voice in daily living and to maintain this louder voice over time.
- Various measures and tools can be used during the assessment to provide a robust description of a patient’s baseline.
- Goals should be person-centered and focus on the impact of change on function.

Additional Questions from Clinicians

Q: I recently did an assessment with a client and he had a lot of difficulty with the “Low” exercise when I was collecting baseline data with no cues. It is ok to model or cue if they just can’t get the exercise without it?

Q: Roughly how many calibration questions should be asked during each drill section (Ahs, Ahs high/low, Functional sentences etc)?

Additional Questions from Clinicians

Q: I would like to ask a question in regards to severe slurred speech pre LSVT LOUD. I have a new referral for a pt with Parkinsons Plus and the main deficit with his speech is the slurriness versus loudness, would you recommend LSVT LOUD in this certain case? Can LSVT LOUD help the severe slurred speech?

Q: My question is about using LSVT LOUD with children with Down Syndrome. When I took the class, this was mentioned as a direction that LSVT LOUD was moving toward. I now have a student I would like to try LSVT LOUD on and I am wondering what research is out there.

Learning Opportunity Updates

- Online LSVT LOUD Certification Renewal Update
- LOUD for LIFE® Update
- Webinars for Certified Clinicians
On Demand™ & Live Options
•www.lsvtglobal.com -> Clinician Account -> Webinars
- Public Webinars for patients, family and others
- “Ask the Expert” Questions
email: info@lsvtglobal.com



NEXT Webinar: Tuesday, December 5th
8:00 P.M. EST!

Parkinson Disease: If it was Only a Motor Disorder!

Come with prepared questions or email webinars@lsvtglobal.com

Instructor Biographies

Elizabeth Peterson, M.A., CCC-SLP

Ms. Peterson received her master’s degree in Speech, Language and Hearing Sciences from the University of Colorado-Boulder. She began working with Dr. Lorraine Ramig’s research team while completing her master’s thesis. Ms. Peterson is LSVT LOUD certified and primarily delivers LSVT LOUD in the research setting. She has worked as a research associate at the National Center for Voice and Speech-Denver and the University of Texas Health Science Center, San Antonio. Ms. Peterson is currently involved in Dr. Ramig’s research investigating the short and long-term impact of LSVT LOUD on neural underpinnings of speech in Parkinson disease.

Jessica Galgano, Ph.D., CCC-SLP

Dr. Galgano received her doctoral degree in Biobehavioral Sciences from Columbia University in NYC. Dr. Galgano is involved in research in the area of neurologic communication disorders and the neurophysiologic underpinnings of normal, aging, and pathologic voice production using neuroimaging techniques such as EEG and fMRI. She is a faculty instructor at NYU Langone School of Medicine and is the Executive Director of Open Lines Speech and Communication in NYC, where she provides LSVT LOUD™ and other types of therapy to adults and children with a wide variety of speech and language diagnoses. Dr. Galgano conducted research with Dr. Ramig at Columbia University and is a faculty member and workshop leader for LSVT Global, Inc.

Disclosures

All of the LSVT LOUD faculty have both financial and non-financial relationships with LSVT Global.

Non-financial relationships include a preference for the LSVT LOUD as a treatment technique.

Financial Relationships include:

Ms. Peterson is an employee of and receives lecture honorarium and travel reimbursement from LSVT Global, Inc.

Dr. Galgano receives honorarium, consulting fees and travel reimbursement from LSVT Global, Inc.

Thank you!



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