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A Benchmark Portfolio Evaluating the Fluency Disorders Components of SLPA 967: Motor Aspects of Verbal Communication

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A Benchmark Portfolio Evaluating the Fluency Disorders Components of
SLPA 967: Motor Aspects of Verbal Communication

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Spring 2021

SLPA 967 BENCHMARK PORTFOLIO

ABSTRACT

In Spring 2021, the Department of Special Education and Communication Disorders deployed the first iteration of a co-taught course titled “Motor Aspects of Verbal Communication” (SLPA 967). The students enrolled in this course were graduate students working towards a master’s degree in speech-language pathology. Historically, the topics in this course were taught in three standalone courses: fluency disorders, voice disorders, and motor speech disorders. In this newly developed course, the three instructors of those courses combined their expertise to engage students in an integrated course to promote critical thinking and clinical problem-solving. This portfolio documents the teaching and learning that resulted from the portion of the course specific to fluency disorders.

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1. OBJECTIVES

1.1 Objectives of the Peer Review Course Portfolio

My goal for this portfolio is to document students' success in achieving the course goals and objectives. As I am restructuring the course with my co-instructors, I would also like to assess and document student engagement and learning with a problem-based learning approach and examine how those practices help students achieve the course goals and objectives. I am committed to reducing lecture time so that I can devote a large portion of my synchronous class time to applied clinical problems. I foresee using this portfolio to document my teaching and systematically develop a course where the goals, methods, and assessment are aligned. This portfolio provides an overview of the course content that I was responsible for teaching (i.e., the third of the course that focuses on fluency disorders).

1.2. Course Description

The course I focus this portfolio on is a five-credit graduate course called "Motor Aspects of Verbal Communication" (SLPA 967). This is a required course for graduate students in our two-year clinical master's program for speech-language pathology. This course covers content related to communication disorders that have a motor involvement including fluency disorders, voice disorders, and motor speech disorders. It is a co-taught course, and I am one of three primary instructors. This course builds on material from undergraduate courses of normal speech development. The course content aligns with the accreditation standards put forth by the Council on Academic Accreditation in Audiology and Speech-Language Pathology. Through successfully completing this course, students meet the competency standards needed to practice as speech-language pathologists.

This is a new course being offered for the first time in Spring 2021. Historically, the content covered in this course was siloed in three separate courses—each a two-credit standalone course in fluency disorders, voice disorders, and motor speech disorders. I taught the fluency disorders course in its standalone form for the first time in Spring 2020. Our program has since reimagined its graduate curriculum to integrate courses that have similar assessment and treatment principles, which started in Fall 2020. The purpose of the new curriculum is to engage students in course material in a similar way to how they engage in clinical practice: they evaluate a client for whom they know has difficulties with communication (but the exact diagnosis is typically unknown at the time of referral), conduct a differential diagnosis process where they identify the specific type of communication disorder that the client presents with, and provide evidence-based recommendations and treatments. As such, this is a new combined course that covers communication disorders with a motor basis.

1.2.1 Course Goals

The overarching mission for this course is to train graduate speech-language pathology students to be competent, independent, effective clinicians who can successfully and holistically evaluate and treat any client that comes to them with a suspected speech disorder. Their ability to do so is the foundation upon which their clinical practice stands. To this end, the specific course goals align with the standards put forth by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology, detailed in Table 1.

Table 1. *Course goals and the CAA standard they align with.*

Course Goal	CAA Standard
1 Demonstrate knowledge of the nature of communication and swallowing processes including the etiology, characteristics, underlying anatomical and physiological characteristics, acoustic characteristics, psychological characteristics, developmental nature, linguistic characteristics, and cultural characteristics of the disorders and differences of motor speech, voice and resonance, fluency, and AAC	3.1.2B
2 Demonstrate knowledge of the principles of identification and prevention of disorders and differences associated with motor speech, voice and resonance, fluency, and AAC	3.1.3B
3 Demonstrate knowledge and skills in assessment across the lifespan for disorders and differences associated with motor speech, voice and resonance, fluency, and AAC	3.1.4B
4 Demonstrate knowledge and skills in intervention for disorders and differences associated with motor speech, voice and resonance, fluency, and AAC	3.1.5B
5 Demonstrate knowledge and skills applicable to professional practice	3.1.6B

To achieve these five course goals, I have outlined the following course objectives.

Students will be expected to:

Table 2. *Course objectives and the specific course goals they align with.*

Course Objective	Associated Course Goal
A Contrast characteristics of fluency, motor speech, and voice/resonance disorders	1, 2
B Conduct clinical procedures to identify and assess fluency, motor speech, and voice/resonance disorders	1, 2
C Integrate assessment principles for motor aspects of verbal communication	3
D Evaluate various treatment approaches for disorders of fluency, motor speech, and voice/resonance	4
E Develop methods for communicating clinical content with various stakeholders	5

1.2.2 Rationale for Course Selection

I chose this course for my portfolio for two primary reasons. First, there was already a transition underway with this course as it shifted from a standalone course on fluency disorders

to a collaborative, integrated course with other speech disorders. As such, I needed to rethink the structure and content of my portion of the course to ensure that there would be continuity across my content area (fluency disorders) and the other areas that are simultaneously covered (i.e., voice disorders, motor speech disorders,). As my co-instructors and I started from the ground up and developed this course from scratch, we had the opportunity to enact backward design as we built this course.

Second, my course evaluations from Spring 2020 when I taught the standalone fluency disorders course for the first time indicated that there was much that needed improvement. Students reflected that they did not appreciate the lecture-based format of the course. Specifically, they felt that the lectures were repetitive of the textbook and not an effective use of class time. Many students stated that they wanted more application activities during class where they could “get their hands dirty” with clinical problems that they could *not* learn from the book. While reading these critical reviews of my course was cognitively and emotionally difficult for me, I *do* understand their perspective and respect students’ desire for a more challenging course that would ultimately train them to be better clinicians.

When considered together, these two motivations for choosing this course for my portfolio allowed me to strategically plan for a more problem-based learning environment that places the onus on students’ active learning rather than an instructor’s passive transmission of information during lectures. Creating this portfolio has allowed me to document my effort in refining content delivery and to identify effective instructional strategies and assessment approaches.

1.2.3 Linking Course Elements to Broader Curriculum

It is well-documented that speech-language pathologists report feeling ill-equipped to treat stuttering (the most common type of fluency disorder). This is possibly linked to the fact that cognitive, emotional, and social factors related to stuttering often require the clinician to counsel the client, and many speech-language pathologists do not feel confident providing counseling. Given that stuttering only affects 1% of the population, students often do not have enough clinical exposure to clients who stutter during their graduate training to feel comfortable with it. Lastly, many people who stutter experience frequent relapse following a period of treatment-related gains, which can be confusing and frustrating for both client and clinicians.

It is my mission to inspire clinicians to readily meet the unique challenge of stuttering therapy rather than shy away from it. To do this, I believe that students need to relinquish their desire to be the “expert” in a therapeutic relationship. Instead, they can maximize their clients’ change outcomes by entering a therapeutic relationship dedicated to learning about stuttering through their clients’ eyes. I hope they leave this course identifying as a fluent ally—someone who respects the stuttering experience, doesn’t try to “fix” their clients’ speech patterns but rather helps their clients towards self-acceptance (which inadvertently reduces struggled speech), and strives to reduce environmental barriers that get in the way of stutterers’ ability to live healthy, productive, engaged lives. I understand that I cannot achieve this goal by giving students a set of tools that may perpetuate the “fluency fallacy” (that increased fluency leads to increased life satisfaction); those tools will inevitably fail them and their clients. Instead, I am dedicated to teaching students how to think critically and creatively about stuttering. This desire stems from my personal and professional experiences with stuttering.

2. TEACHING METHODS AND COURSE ACTIVITIES

2.1 Teaching Methods and Activities: Within-Class

This class met for 90 minutes three times a week. There was a total of 1,080 minutes devoted to fluency disorders over the course of the semester. Each class period included lecture followed by small group work. Due to class size restrictions resulting from COVID-19 precautions, half of the students attended in-person and the other half attended remotely on Zoom for the Monday class, then the groups switched for the Wednesday class, and everyone was remote on Zoom for the Friday class.

Each class period began with some form of content delivery lasting around 45 minutes. Through a short lecture on a specific topic, video of the topic, or both, students were introduced to the topic of the day. This focused content delivery ensured that students had the information they needed to engage in applying the new information to an experiential learning activity or clinical case.

The small group work that followed lecture entailed either an experiential learning activity, clinical case, or small group discussion about a focused set of questions. For example, an experiential learning activity during the first week on foundations of stuttering, students learned about the different types of stuttering-like speech disfluencies and practice producing each type of disfluency. They engaged in discussion with their peers in their small group and practiced using the different types of disfluencies in their speech during the discussion. This gave them firsthand experience of “putting stuttering in their own mouths” so they could start to understand the behavioral, affective, and cognitive experiences involved. An example small group activity during the second week on assessment of stuttering, students watched recordings of people who stutter and analyzed their stuttering behaviors.

Together, this class structure (lecture followed by active learning) was intended to promote students' active engagement with the material. Once they have received the foundational knowledge via lecture or video in class (together with the assigned reading completed before class), they then had dedicated time to apply and analyze the new information and skills. By doing so, I hope to have maximized the likelihood that they met the course learning objectives in a deeper way than what I did in the previous semester during which were driven by instructor-led lectures. Students submit one piece of evidence of their experiential learning activities each week. I utilized rubrics to evaluate student engagement and learning.

There was a midterm and final exam completed during a scheduled time. These formal assessments offer a structured, objective way to assess whether students were meeting the course learning requirements set forth by ASHA/CAA.

2.2 Teaching Methods and Activities: Outside of Class

This was a five-credit course, so students were expected to spend 15 hours outside of class each week. Students were assigned one or two readings to complete before each class, and were provided a reading guide for each source so students knew what to focus on while they were reading. Final grades were comprised of work done outside class, including:

- (1) *Weekly reading quizzes* – A random set of 10 questions were presented to the student out of a bank of 20 questions. These questions were based on the assigned readings from the previous week. Quizzes were worth 10 points each.
- (2) *Experiential learning activities and reflections* – There were two experiential learning activities that students completed related to fluency disorders. For the first activity, students learned how to pseudostutter, and then were asked to pseudostutter with three unfamiliar listeners out in the “real world” (e.g., store clerk, server, librarian).

Pseudostuttering is when someone simulates stuttering in a persuasive way, which serves various clinical purposes. Students self-selected an accountability partner who accompanied them during these pseudostuttering interactions. After the three interactions, students wrote a reflection about the affective, behavioral, and cognitive components of the experience. For the second activity, students self-selected a peer from the class to record a role-play scenario in which they were the clinician, and their peer was the client. As the clinician, the student was tasked with coaching the client how to use a variety of speech strategies to either increase fluency or modify moments of stuttering. Students submitted a video recording of the role-play scenario, along with a reflection about the experience. Each of these experiential learning activities were worth 10 points each.

- (3) *Client education products* – Students created two products intended to educate a potential client with a fluency, voice, or motor speech disorder about a clinical topic of interest. These products could have been brochures, infographics, video recordings, or other items as long as they were client friendly. The goal of this assignment was to give students experience distilling scientific evidence into client-friendly terms so that they are effective in providing evidence-based care. Each product was worth 50 points.
- (4) *Small group case studies* – There were two small group case study assignments that students completed related to fluency disorders. Small groups of four students were created by the instructors. The first small group case study aligned with the “Fluency Assessment” module of the course. Each group of students was provided a recorded speech sample and assessment data for a hypothetical client. The group had to work together to analyze the speech sample and assessment data and write the first half of an evaluation report which included a synthesized case history, description of the assessment

tasks, and summary of the assessment data. The second small group case study aligned with the “Fluency Intervention” module of the course. The same group of students worked together to create a treatment plan for the same client they assessed for the first activity. Each assignment was worth 20 points and was meant to be a formative experience as they prepared to complete their own case study independently (next item).

(5) *Independent case study* – Each student worked progressively through a case study over the course of the semester. They worked independently through all aspects of clinical assessment and decision-making, culminating in a written evaluation report and treatment plan. The components of this report and treatment plan mirrored the structure they had previous experience with while completing the small group case studies. One-third of the students completed a case study for a client with a fluency disorder (while the other two-thirds of students completed a case study for a client with either a voice disorder or motor speech disorder). Students submitted parts of their report throughout the semester so that their final report was a culmination of work they had done over the previous months. The final case study was worth 100 points.

(6) *Exams* – There was a midterm and final exam, each completed at a scheduled time. These exams were administered synchronously via Canvas, with Zoom monitoring. The exams included multiple choice, true/false, and short answer questions that addressed the material covered to that point. Students were allowed to use one double-sided sheet of notes during the exam. Each exam was worth 75 points.

Student performance was assessed using a grading rubric (except the quizzes and exams) that was provided to them ahead of time.

2.3 Rationale for Teaching Methods

It is not possible for me to teach students everything they need to know to be an expert in stuttering therapy within one course. Certainly, students need to acquire a sturdy foundation of knowledge so they are not clueless when a person who stutters appears on their caseload, but their ability to problem solve future cases rests on their curiosity and knowing where to go for sound information. Therefore, it is my deepest hope that my course sparks students' curiosity in this complex, historically misunderstood condition so that they are committed to expanding their understanding beyond the bounds of the classroom. To this end, I have curated a pool of materials that expose students to many different perspectives in the stuttering world. Stuttering research and therapy has a long and tangled history with loud voices on both sides of many empirical and clinical debates (e.g., Is stuttering caused by nature or nurture? Should clients learn to control their stuttering or relinquish control and stutter openly? Should progress be measured with reduction in overt disfluencies or improved quality of life?). As such, I have selected readings written by different authors, rather than using a single textbook. This will help students learn about the different perspectives in the field so they can develop their own. I also believe it is important for students to hear many examples of stuttering to (a) train their ear to identify stuttering behaviors, and also (b) normalize the experience of listening to people who stutter so they become desensitized to the differences in stutterers' speech patterns. I have selected podcasts and videos of people who stutter for them to listen to throughout the course to achieve this goal.

2.4 Changes from Previous Year

The structure of the course this year inspired a much more engaged and active learning environment than the previous year. While my focus the previous year (my first year of teaching)

was to deliver content to the students, my focus this year was to support students in their application of their knowledge. I strategically built-in time for small group discuss during every class period and provided more clinical case examples. From the side conversations I had with students while I was rotating between the groups during small group discussions, I gleaned that students were thinking harder and deeper than they were the previous year.

3. ANALYSIS OF STUDENT LEARNING

Together with my co-instructors, we chose to evaluate student learning in a several ways. The most objective and time efficient graded assignment were the weekly quizzes and the two exams, all of which were deployed on Canvas and thus we could leverage the use of auto-grading. All other assignments were graded using rubrics that were provided to students before the submission deadlines. All students achieved competency across the five course goals, with two students requiring remediation activities for the fluency evaluation content.

3.1 Analysis of a Subset of Students and Assignments

One of my biggest hopes for this course was to motivate students to work holistically with clients who stutter rather than having a unitary focus on increasing speech fluency. This holistic approach would involve integrating affective, cognitive, and behavioral aspects in their conversations with clients as well as their therapy planning. One way to examine whether students developed a well-rounded appreciation for the internal experience is of stuttering is to look at their written work. In particular, students wrote a reflection after completing three interactions with unknown listeners while they intentionally pseudostuttered. They also wrote a treatment plan for their hypothetical client with a fluency disorder. In Appendix A, I have provided some examples of students' written work that demonstrates their increased empathy

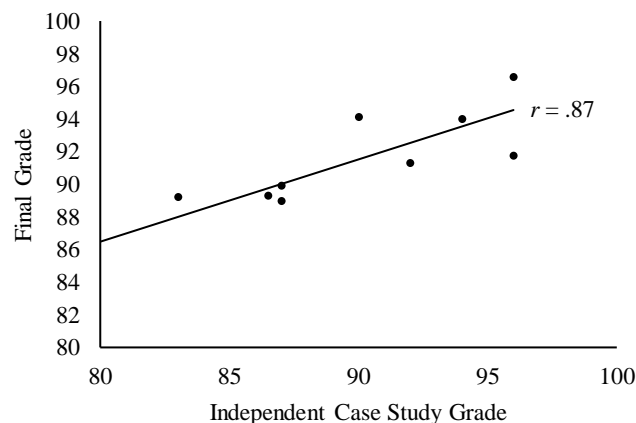
towards the internal experience of stuttering, and holistic treatment goals that target overall participation and quality of life, rather than decreasing overt stuttering severity.

3.2 Analysis of Grades and Grade Trends

3.2.1 Clinical Case Studies

The most clinically relevant graded assignment that students completed in this course was working through case studies of hypothetical clients with fluency disorders. Students worked through cases in small groups of four students and co-created clinical reports for those clients. The instructional team provided significant written feedback to promote this formative learning experience. The average score for these small group case studies was 91.43% (SD = 3.08%). Students were encouraged to utilize the extensive written feedback as they worked through another case study independently. The average score for these individual case studies was 89.00% (SD = 5.71%), which reflects a non-significant drop of 2.43% from the formative to the summative projects, $t(9) = 1.48$, $p = .17$, with scores that had a fairly weak correlation ($r = .46$). Interestingly, there was a strong positive correlation between independent case study grades and final grades in the course ($r = .87$), demonstrated in Figure 1.

Figure 1. *Correlation between independent case study grade and final course grade*



3.2.2 Quizzes and Exams

Students completed weekly Canvas quizzes, which were similar in format to the midterm and final exams administered on Canvas. The grades on the two fluency-focused quizzes covering content that then appeared on the midterm exam were not correlated (Figure 2), but the grades on the two fluency-focused quizzes covering content that then appeared on the final exam were moderately correlated (Figure 3).

Figure 2. *Correlation between grades on two fluency quizzes that covered the same content that appeared on the midterm*

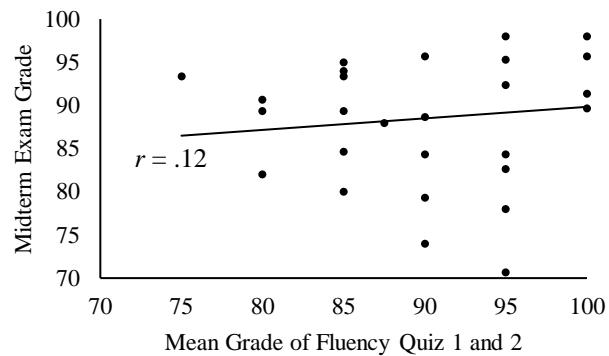
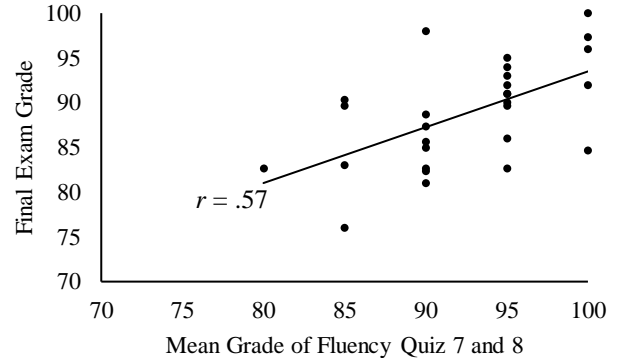


Figure 3. *Correlation between grades on two fluency quizzes that covered the same content that appeared on the final exam*



3.3 Student Perceptions

Because one of my main goals for the course this year was to increase student engagement and active learning, there were several items on the end-of-semester course evaluations that I was particularly interested in comparing between last year and this year. Table 3 highlights the items of interest. The only aspect that was significantly different between years was the first item: “I feel challenged to learn a lot in this course.”

Table 3. Comparison of end-of-semester course evaluation ratings for items related to student engagement between 2019 and 2020.

	Spring 2019	Spring 2020	<i>t</i> -test
I feel challenged to learn a lot in this course.	3.70 (1.22)	4.91 (0.31)	$t(30) = 3.21, p = .003$
Course activities effectively promote my learning and interest in the subject.	4.15 (0.81)	3.91 (1.04)	$t(30) = 0.72, p = .48$
The learning tools support my learning.	3.55 (1.00)	3.91 (0.70)	$t(30) = 1.06, p = .30$
I am invited to be an active participant in my learning.	4.25 (0.64)	4.09 (0.70)	$t(30) = 0.65, p = .52$
I have opportunities to learn with and from other students in this course.	4.35 (0.59)	4.45 (0.52)	$t(30) = 0.47, p = .64$

Note. Values reflect means (SD)

I was also interested in comparing which aspects of the course students found most and least beneficial to their learning between last year and this year. Table 4 highlights the top-rated aspects that were most beneficial, and table 5 highlights the top-rated aspects that could use improvement. The tables compare responses from last year and this year.

Table 4. Comparison of aspects of the course that were most beneficial to students between 2019 and 2020.

Spring 2019	Spring 2020
Course learning materials and tools (20%)	Timely and useful feedback for improvement (27%)
Quality interactions with students (20%)	Engagement in assignments or projects (18%)
Active learning opportunities (15%)	Active learning opportunities (18%)
Engagement in assignments or projects (15%)	
Instructor communication (15%)	

Note. Values in parentheses reflect percentage of students who endorsed that item

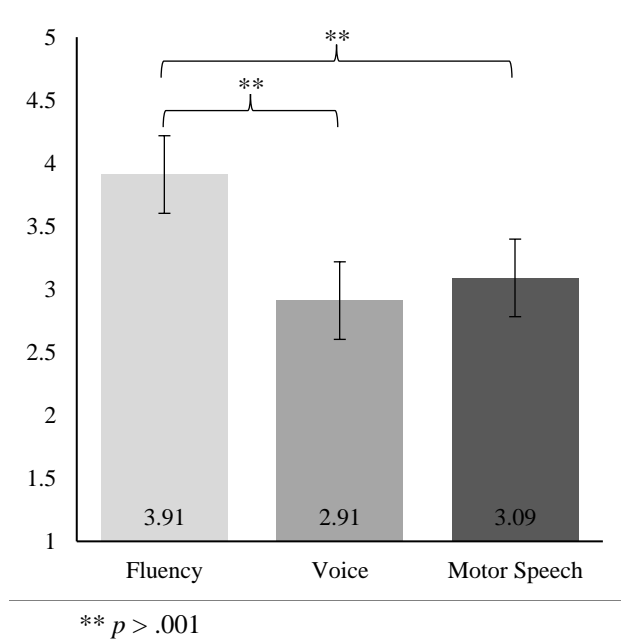
Table 5. Comparison of aspects of the course that were *least* beneficial to students between 2019 and 2020.

Spring 2019	Spring 2020
Course learning materials and tools (40%)	Course learning materials and tools (36%)
Active learning opportunities (15%)	Course challenge (27%)
Other (COVID shift to remote learning; 15%)	

Note. Values in parentheses reflect percentage of students who endorsed that item

For this year's co-taught course, the instructional team was interested in identifying any disparities in students' confidence in working with the three types of populations that were covered in the course (fluency disorders, voice disorders, motor speech disorders). As seen in Figure 1 below, students reported significantly higher confidence in treating clients with fluency disorders when compared to treating clients with voice disorders ($t(10) = 4.28, p = .002$) and motor speech disorders ($t(10) = 3.61, p = .005$).

Figure 1. 2020 end-of-semester student ratings of how confident they are in their ability to conduct an assessment and provide intervention for each of the three disorders covered in the course.



4. REFLECTION ON THE COMPLETED COURSE

4.1 What was Successful and Why?

This course was successful in increasing opportunities for engaged learning. Students were provided more opportunities to learn from each other in pairs and small groups, and the assignments were more scaffolded and applied than I had done in the previous standalone iteration of the course. My portion of this course was also successful in helping students understand and prioritize the holistic experience of stuttering and its treatment, including the internal features which are difficult to grasp. This counters the status quo in stuttering therapy which is to unitarily focus on a speaker's overt speech disfluencies—an approach that often fails clients who stutter and creates a frustrating and problematic therapy experience for both the client and the clinician. I believe that I was successful in achieving this goal because of (a) the increased class time I dedicated to talking about the internal experience, (b) the exposing students to various personal accounts of the lived experience of stuttering, and (c) asking students to “put stuttering in their own mouth” by learning to pseudostutter and then doing it with unfamiliar listeners.

4.2 Future Plans for the Course

This was the first time that my co-instructors and I taught this course. The most consistent end-of-semester feedback we received from students was that there was simply too much information covered in this course. This included too much information covered during class time, and too much required readings/assignments completed outside of class. We will take this input forward as we work to streamline and reduce the content load for upcoming iterations of the course. As an instructional team, we would also like to create more integration activities where students are challenged to think about the commonalities and differences across assessment

and treatment for fluency, voice, and motor speech disorders. We would also like to incorporate more opportunities for peer-to-peer feedback, as this can be a useful learning experience in and of itself. We intend to utilize peer-to-peer feedback for the individual case study projects in forthcoming years.

4.3 Summary of Portfolio Experience

Participating in the Peer Review of Teaching Program inspired me to be more strategic, intentional, and reflective of not just the course I described in this portfolio, but my other course as well. I benefited from hearing about the variety of instructional and organizational practices that other instructors used to maximize student engagement and streamline grading and communications. I also widened my perspective on what constitutes “learning” by creatively looking at student progress and trends across the semester. I look forward to incorporating the new approaches I learned in this process and continuing to hone my pedagogical skills to maximize student learning and engagement across my courses.

APPENDIX A: SAMPLES OF STUDENT WORK

1. Selected excerpts from students’ pseudostuttering reflections that focus on increasing their empathy for stutterers’ internal experience with stuttering:

“This experience was incredibly helpful for me to begin to understand how someone who stutters might feel in one of these situations. I remember when we were first assigned this learning experience, I did not want to do it at all because I was so scared. These feelings of anxiety and fear helped me understand why people who stutter might choose to avoid various interactions. I knew this experience would be beneficial so I gave it my best shot. I realized that I will never fully understand what it is like to stutter ,and that this assignment was a just a small glimpse of the experience, but this is a step to help me be more empathetic in my conversations with clients. There are so many different emotions surrounding stuttering and feelings of fear.

“This experience will serve me as I work with people who stutter in the future by providing me a little window into their world. It has given me the ability to be a more empathetic, skilled clinician who looks at stuttering through a holistic lens, rather than putting the focus on only the overt behaviors. I will never fully understand what it is like to be a person who stutters, but I can now see experiences through their paradigm to better create therapy activities that challenge and support future clients in ways I would have never considered if I had not participated in this pseudostuttering experience.”

“This experience has enabled me to reconsider how I treat fluency disorders and not only focus on the fluency aspect, but also the emotional and psychological side. I need to respect my clients’ experiences and boundaries and take a more holistic approach when considering fluency treatment.”

“This experience has helped me to understand only a glimpse of what people who stutter may experience. In the three interactions of pseudostuttering, I was surprised by the amount of anxiety I had even hours before the interactions. This has helped me understand the possible psychological effects that people who stutter may have, more than I understood in the past. Now that I have completed this assignment, this will help me to serve those who stutter by helping me focus more on just the treatment of disfluencies.”

2. Selected excerpts from students’ individual case study evaluation reports that focus on targeting the internal experience of stuttering (rather than the overt disfluencies):

	Selected Interview Questions	Long Term Goal	Rationale for Goal
Student A	<ul style="list-style-type: none"> • What kinds of tips or tricks have you learned in school to help you get words out? How do you feel when you use these tips? • Lots of kids who have trouble getting their words out get teased. Does this happen to you? What do you do when this happens? 	Noah will participate in academic, home, and social settings to achieve a level of personal satisfaction in his communication with a variety of	Individuals who stutter often experience negative thoughts and feelings about their stuttering which can ultimately impact their self-efficacy and participation. By working to improve Noah’s fluency and his attitude towards his communication, Noah might feel less inhibited by his stuttering and


	<ul style="list-style-type: none"> • Are there some speaking situations that are more difficult to talk in? What situations are easier to talk in? • How do you feel about your speech? How do your parents feel about your speech? 	<p>conversational partners.</p>	<p>he may be able to fully participate in the activities of his choosing with various partners.</p>
Student B	<ul style="list-style-type: none"> • Do you ever think that you have any trouble talking? When does it happen? Is it different at different times? • Do your parents ever say anything or give you advice? • Have you learned to use any helpers or “tricks” to get words out? Do you sometimes avoid certain words? • Lots of kids who have trouble talking get teased or picked on. Does that ever happen to you? What do you do when it happens? 	<p>Noah will increase his knowledge and acceptance of stuttering in order to adopt healthy attitudes toward communicating across various contexts and communication partners.</p>	<p>Through targeting this objective, Noah will develop appropriate vocabulary that can be used as a shared reference between him and the clinician when learning about fluency strategies in the future. Developing knowledge about his speaking and stuttering can be highly motivating to a child and promotes an internal locus of control. Development of this knowledge may also lead to Noah feel less afraid and embarrassed about his stutter, thus reducing negative attitudes toward communication</p>
Student C	<ul style="list-style-type: none"> • You indicated that you hope to feel better about your communication and want to be more accountable for using good communication skills. Can you elaborate on this for me? • Please describe the feelings you feel when you experience speech difficulties. • What are you hoping to get out of speech-language therapy now? • Why are you seeking speech-language services now? 	<p>Julie will participate in desired communicative contexts (i.e., personal, social and work) to a personal degree of fulfillment as indicated by Julie.</p>	<p>As indicated in her case history information, Julie feels that her speech is limiting her from participating in social and work events...Cognitive behavioral therapy using an Automatic Thought Record will be targeted to help Julie reduce the negative thoughts and feelings she experiences during difficult communication situations with the goal of reducing the emotional arousal she feels during those speaking situations.</p>
Student D	<ul style="list-style-type: none"> • Does your speech differ across settings? • Are there certain speaking situations you want to target? • What negative reactions have you encountered after speaking? • How do you feel about your speech? 	<p>Julie will speak comfortably across a variety of contexts with both familiar and unfamiliar listeners.</p>	<p>Julie is currently experiencing a notable impact across a variety of situations due to stuttering, consequently resulting in a negative perception of herself that evokes anxiety, decreased confidence, and avoidance of frequently occurring communicative situations. As a person who stutters, the ability for Julie to speak comfortably across a variety of contexts will positively impact her overall quality of life.</p>


APPENDIX B: SYLLABUS


SLPA 967: MOTOR ASPECTS OF VERBAL COMMUNICATION
Course Syllabus | Spring 2021


Program Affiliation: Special Education and Communication Disorders
Class Meetings: Mondays, Wednesdays, and Fridays 1:00PM-2:25PM; 321 BKC
Credit Hours: 5
Instructors: Angela Dietsch, Judy Harvey, Naomi Rodgers

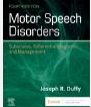
COURSE RESOURCES


Email


Canvas


Zoom


Google Drive


Duffy Text

COURSE DESCRIPTION

This course examines motor speech, voice/resonance, and fluency disorders including acquired and developmental etiologies, symptoms, assessment, and evidence-based clinical management. Upon successful completion of this course, it is expected that students will:

Learning Objectives	Associated Learning Goal
A) Contrast characteristics of motor speech, voice and resonance, and fluency disorders	1, 2
B) Conduct clinical procedures to identify and assess motor speech, voice/resonance, and fluency disorders	1, 2
C) Integrate assessment principles for motor aspects of verbal communication	3
D) Evaluate various treatment approaches for disorders of motor speech, voice/resonance, and fluency	4
E) Develop methods for communicating clinical content	5

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) requires that all students must acquire specific knowledge and skills in a variety of areas. Students enrolled in this course will be exposed to material sufficient to develop competency in the acquisition of the following knowledge and skills:

ASHA/CAA Standard	Evidence	Remediation Plan
<p>3.1.2B: Foundations of Speech Language Pathology Practice</p> <ul style="list-style-type: none"> Demonstrate knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases Demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span Demonstrate knowledge of the nature of communication and swallowing processes that include etiology, characteristics, underlying anatomical and physiological characteristics, acoustic characteristics, psychological characteristics, developmental nature, linguistic characteristics, and cultural characteristics of the disorders or differences including: <ul style="list-style-type: none"> speech sound production (including articulation, motor planning, and execution) fluency and fluency disorders voice and resonance (including respiration and phonation) augmentative/alternative communication modalities 	<p>The benchmarks are (1) an average of at least 75% across the two items per topic area below AND (2) a minimum of 82.5% in the overall course grade:</p> <p><i>Fluency:</i></p> <ul style="list-style-type: none"> Quiz 1 Experiential learning: pseudostuttering <p><i>Voice/Resonance:</i></p> <ul style="list-style-type: none"> Quiz 3 Experiential learning: voice log <p><i>Motor Speech:</i></p> <ul style="list-style-type: none"> Quiz 5 Experiential learning: intelligibility 	<p>Specifics will be determined by the instructor(s) but may include: additional study of the material with re-writing of questions on the quiz, an oral exam with the instructor, a written product (paper or project) that demonstrates this standard, or other measure. No change to course grade will be given for remediation.</p>

<p>3.1.3B: Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences</p> <ul style="list-style-type: none"> • Demonstrate knowledge of principles and methods of identification of communication and swallowing disorders and differences • Demonstrate knowledge of principles and methods of prevention of communication and swallowing disorders 	<p>The benchmarks are (1) an average of at least 75% across midterm and final exams AND (2) a minimum of 82.5% in the overall course grade.</p>	<p>Same as above</p>
<p>3.1.4B: Evaluation of Speech, Language, and Swallowing Disorders and Differences</p> <ul style="list-style-type: none"> • Demonstrate knowledge and skills in assessment across the lifespan for disorders and differences associated with: <ul style="list-style-type: none"> • Articulation • fluency • voice and resonance • augmentative/alternative communication 	<p>The benchmarks are (1) at least 75% on each of the following items AND (2) a minimum of 82.5% in the overall course grade:</p> <ul style="list-style-type: none"> • Quiz 2 (fluency) • Quiz 4 (voice) • Quiz 6 (motor speech) • midterm exam • final case project 	<p>Same as above</p>
<p>3.1.5B: Intervention to Minimize the Effects of Changes in the Speech, Language and Swallowing Mechanisms</p> <ul style="list-style-type: none"> • Demonstrate knowledge and skills in intervention with individuals across the lifespan to minimize the effect of disorders and differences on the ability to participate as fully as possible in the environment: <ul style="list-style-type: none"> • Articulation • fluency • voice and resonance • augmentative/alternative communication 	<p>The benchmarks are as follows:</p> <p>(1) at least 75% on each of the following items:</p> <ul style="list-style-type: none"> • independent case project • final exam <p>(2) an average of at least 75% across the two items per topic area below:</p> <p><i>Fluency:</i></p> <ul style="list-style-type: none"> • Quizzes 7-8 • Experiential learning: stuttering tx <p><i>Voice/Resonance:</i></p> <ul style="list-style-type: none"> • Quizzes 9-10 • Experiential learning: voice tx <p><i>Motor Speech:</i></p> <ul style="list-style-type: none"> • Quizzes 11-12 • Experiential learning: motor speech tx <p>(3) a minimum of 82.5% in the overall course grade</p>	<p>Same as above</p>
<p>3.1.6B: General Knowledge and Skills Applicable to Professional Practice</p> <ul style="list-style-type: none"> • Demonstrate engagement in contemporary professional issues and advocacy • Demonstrate professionalism and professional behavior in keeping with the expectations for a speech-language pathologist • Demonstrate interaction skills and personal qualities, including counseling and collaboration • Demonstrate self-evaluation of effectiveness of practice 	<p>The benchmarks are (1) an average of at least 75% across the three client education products AND (2) a minimum of 82.5% in the overall course grade</p>	<p>Same as above</p>

Students will demonstrate knowledge and understanding through a range of activities including: classroom lectures, demonstrations, activities, and discussions; assigned readings; homework assignments; and written examinations (short answer, essay, multiple choice, and true/false questions) requiring integration of information, problem solving, and critical thinking abilities with a focus on application of the information within a clinical context. Successful demonstration of competency in the required standards will be assessed using the criteria in the Standards and Evidence table above. Records of these knowledge competencies are maintained in the Curriculum Mapping feature of the student tracking system (TyphonGroup™) for SLP students.

COURSE FORMAT

Consistent with a graduate level course, we will build upon the foundational knowledge (*remember* and *understand* per Bloom's Taxonomy) you have from previous coursework and the assigned readings so you get to the point of being able to utilize this information in clinical decision-making. An interactive approach will include class activities and discussion, case studies, experiential learning, quizzes, and exams, which provide opportunities to *apply* the knowledge to case studies, *analyze* literature, *evaluate* progress, and *create* clinical reports and treatment plans. Every activity has been designed to support clinical decision-making as we move through these levels. We will use the Canvas platform for this course.

- This class requires preparatory work on your part *before each class meeting*. This most often will take the form of reading the assigned text, reviewing outlines and PowerPoints, searching out your own information on the current topic, looking at specific videos or websites, etc.
- The class meeting time belongs to all of us, and we'll use this time primarily to emphasize key concepts that may be difficult to grasp from reading alone, address questions, and do individual and group work that will explore and apply the information you have reviewed prior to class. Your active participation in discussions and activities will help solidify your grasp of the material so you can use it in clinical situations, and will help the instructors determine which areas might need additional

review or emphasis. You also will develop self-monitoring skills regarding where you are in your learning. There are three ways of not knowing (Affoo, 2017), and you'll want to consider these as you prepare for class, activities, and exams:

- o You don't know but it's common knowledge (check with your resources or your colleagues)
- o You don't know but an expert might (check with your instructors or other faculty)
- o Nobody knows (yet)
- There is no attendance policy for the class. You are all adults, and we know that sometimes life happens. Further, we recognize that individuals who are sick should stay home, especially in the face of a pandemic. At the same time, we know that regular engagement with a course, via physical classroom attendance, remote synchronous attendance, and engagement with the course materials and assignments, are key to students' abilities to be successful in that course. Every day in a class is important and you are responsible for all of the information covered. *Please communicate promptly with instructors if you need to deviate from your scheduled attendance rotation or other engagement for quarantining or other extraordinary circumstances*, as well as with your colleagues to make arrangements for missed notes.
- Some people learn best by reading information, others by listening, still others by visualizing or manipulating things in a hands-on format. It is our responsibility to try to teach to ALL of the learning styles represented in this classroom, which means some activities may be more or less appealing to you than others. It also means that we all have to be patient with everything; often what we get from things is proportional to what we put into them. Activities are carefully planned and there are lessons to be taken away from each of them.

REQUIRED TEXTBOOK

The required textbook for the course is:

- Duffy, J. R. (2020). *Motor Speech Disorders: Substrates, differential diagnosis, and management (4th ed.)* Elsevier.

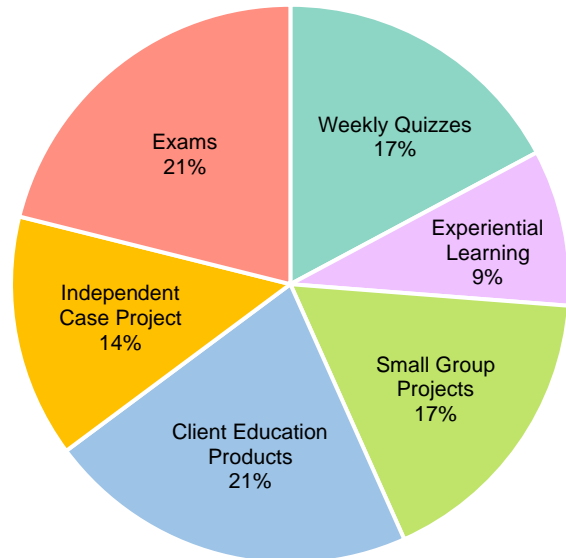
This textbook will be used during the motor speech disorders modules. Required readings for the fluency and voice/resonance modules have been compiled from various textbook chapters and papers. These will be posted as PDFs on Canvas in their respective modules.

LEARNING EVALUATION AND GRADING CRITERIA

You will have the opportunity to earn up to 700 points in this course through the various learning activities and assessments.

FINAL GRADE COMPOSITION

Item	Points per Item	Quantity	Total Points
Weekly Quizzes	10	12	120
Experiential Learning	10	6	60
Small Group Projects	20	6	120
Client Education Products	50	3	150
Independent Case Project	100	1	100
Exams	75	2	150
Extra Credit	5-15		25
Total Possible Points:			700



WEEKLY QUIZZES

There will be 12 weekly quizzes based on the assigned readings. The readings will either be from the assigned textbook or pdfs posted to Canvas. Quizzes will be available on Canvas for several days prior to their due dates on Fridays at 11:59pm. Quizzes are open-book but must be completed *independently* and within 30 minutes once you open the quiz. Each quiz is worth 10 points, for a total of 120 total possible points.

EXPERIENTIAL LEARNING REFLECTIONS

In weeks 2, 4, 6, 9, 11, 13 you will engage in an experiential learning activity and submit a reflection based on that experience. These weeks align with each disorder type such that you will submit two experiential learning activities for each population across the course of the semester. While you may be asked to complete the activity with a partner, your reflection should be written and submitted independently. Experiential learning reflections will be graded by the instructor responsible for that week's content using a common grading rubric. There will be a total of six experiential learning reflections, each worth 10 points, for a total of 60 possible points.

SMALL GROUP PROJECTS

In weeks 3, 5, 7, 10, 12, 14, you will work through a case study within a group of four peers. These weeks align with each disorder type such that you will submit two small group projects for each population across the course of the semester. One representative

from each group will submit the assignment on behalf of the group. All students will be required to complete peer evaluations for each project. Small group projects will be graded by the instructor responsible for that week’s content using a common grading rubric. There will be a total of six small group assignments, each worth 20 points, for a total of 120 possible points.

CLIENT EDUCATION PRODUCTS

You will create three client education products over the course of the semester. One product will be created for each disorder. One must cover assessment, one must cover treatment, and one may be a topic of your choice. These client education products can take various forms such as brochures, infographics, video recordings, or other items as long as they are client-friendly. The due dates are scattered throughout the semester; the first one will be due in week 7, the second will be due in week 10, and the third will be due in week 12. Each client education product will be worth 50 points, for a total of 150 possible points. See the “Client Education Products” module on Canvas for topics, guidelines, and rubric.

INDIVIDUAL CASE PROJECT

Each student will progressively work through a case study over the course of the semester. You will work independently through all aspects of clinical assessment and decision-making, culminating in a written evaluation report and treatment plan. You will be given a case history of a hypothetical client who may have a fluency, voice/resonance, or motor speech disorder. By the start of week 7, you will submit your initial impression of the diagnosis and what assessments you would need to complete a comprehensive assessment. By the start of week 10, you will submit your scored assessments and what you would do to assess stimulability. You will be assigned to complete a peer review for a peer with a different case than yours, which will be due by the end of week 10. By the end of week 14, you will submit a full clinical report including case history summary, assessment results, impressions, and treatment recommendations. This project is worth a total of 100 points. See the “Individual Case Study” module on Canvas for information, guidelines, and rubric.

EXAMS

A midterm and a final exam will be each be worth 75 points for a total of 150 points. These exams will be administered synchronously via Canvas, with Zoom monitoring. The exams will include multiple choice, true/false, and short answer questions that address the material covered to that point. For the midterm, you will be allowed to use ONE 8.5x11 sheet of notes (front and back). For the final, you will be allowed to use TWO 8.5x11 sheets of notes (front and back). Students must upload their note sheets immediately after submitting the exam. The midterm will be administered during normal class time in week 8 (see tentative course schedule below). The comprehensive final exam will be administered on Thursday May 6 from 1:00-3:00PM per the University exam schedule.

EXTRA CREDIT

Several options for extra credit are available. Students can choose to complete however many extra credit assignments as they wish up to a maximum potential value of 25 points total. However, students can turn in a maximum of 15 potential extra credit points during week 14 in order to accommodate timely grading (so, to earn the maximum 25 points, some extra credit work must be turned in *before* week 14). See the “Extra Credit” module in Canvas for topics, guidelines, and rubric.

GRADING CRITERIA

The grading scale is based on 700 available points for the course and is as follows:

A	92.50 - 100%	B+	87.50 - 89.99%	C+	77.50 - 79.99%	D+	67.50 - 69.99%	F	< 60.00%
A-	90.00 - 92.49%	B	82.50 - 87.49%	C	72.50 - 77.49%	D	62.50 - 67.49%		
		B-	80.00 - 82.49%	C-	70.00 - 72.49%	D-	60.00 - 62.49%		

Note: Your hard work deserves our best feedback. We grade (1) using a de-identifying process with intra-rater reliability checks to avoid bias, and (2) in prescheduled blocks to devote our full attention to applying equal standards and useful, individualized feedback. Therefore, it is important that all work is available for grading during these blocks. Assignments are due by 11:59pm on the due date unless you have made other arrangements with the instructors ahead of time. Work turned in after the assigned deadline will be penalized 15% of available points, and an additional 15% of available points per each subsequent 24-hour window.

TENTATIVE COURSE SCHEDULE OF TOPICS, READINGS, AND ASSIGNMENTS

Unit	Week	Date	Topic	Pre-Class Preparation	Assignment(s) Due
Intro	1	Mon 1/25	Course Overview and Dx Framework	<i>Watch:</i> - Syllabus review and Canvas orientation video	
		Wed 1/27	Neuro Review	<i>Read:</i> - Duffy ch. 2	
		Fri 1/29	Anatomy and Physiology Review	<i>Read:</i> - Boone ch. 2 (pp. 19-50)	- Student perceptions survey (due Fri 11:59pm)
Foundations and Assessment	2	Mon 2/1	Fluency Foundations: Basic Phenomena	<i>Read:</i> - Guitar ch. 1 - Tichenor & Yaruss (2019)	
		Wed 2/3	Fluency Foundations: Lived Experience	<i>Read:</i> - Manning (2004) <i>Watch:</i> - Choose three videos (~1 hour) on the <i>Open Stutter</i> YouTube channel; complete reflection questions	
		Fri 2/5	Fluency Foundations: Etiological Factors	<i>Read:</i> - Smith & Weber (2017) - Yairi (2004)	- Quiz 1 (due Fri 11:59pm) - Experiential learning activity 1: Pseudostuttering (due Sun 11:59pm)
	3	Mon 2/8	Fluency Assessment: Preliminaries to Assessment	<i>Read:</i> - Guitar ch. 8	
		Wed 2/10	Fluency Assessment: Preschool and School-Age	<i>Read:</i> - Guitar ch. 9 (pp. 197-230) - Healey et al. (2004) <i>Watch:</i> - Complete stuttering severity analysis of one recorded video	
		Fri 2/12	Fluency Assessment: Adolescent and Adult	<i>Read:</i> - Manning ch. 4	- Quiz 2 (due Fri 11:59pm) - Small group project 1: Stuttering assessment (due Sun 11:59pm)
	4	Mon 2/15	Voice Foundations: Parameters of Phonation	<i>Read:</i> - Boone et al., ch. 2 (pp. 50-63) - Boone et al., ch. 6 (pp. 134-150)	
		Wed 2/17	Voice Foundations: Perceptual Features	<i>Read:</i> - Boone et al., ch. 3	
		Fri 2/19	Voice Foundations: Classifying Etiologies	<i>Read:</i> - Boone et al., ch. 4 - Boone et al., ch. 5 <i>Listen:</i> - complete CAPE-V measures on 3 recorded samples	- Quiz 3 (due Fri 11:59pm) - Experiential learning activity 2: Voice Log (due Sun 11:59pm)
	5	Mon 2/22	Voice Assessment: Acoustic Features	<i>Read:</i> - Boone et al., ch. 6 (pp. 151-182) - Patel et al. (2018) <i>Install (or confirm access on BKC computer):</i> - Praat freeware (link in Canvas)	
		Wed 2/24	Voice Assessment: Other Instrumental Evals	<i>Read:</i> - Lewandowski et al. (2018; pp. 909-914) <i>Watch:</i> - Praat tutorial (link in Canvas); complete acoustic measures on 3 recorded samples	

	Fri 2/26	Voice/Resonance Assessment: Integrating Findings	<i>Read:</i> - Colton ch. 2 <i>Watch:</i> - Importance of Comprehensive Evaluation: Why the Ear Isn't Enough	- Quiz 4 (due Fri 11:59pm) - Small group project 2: Voice assessment (due Sun 11:59pm)	
6	Mon 3/1	Motor Speech Foundations	<i>Read:</i> - Duffy ch. 1		
	Wed 3/3	Motor Speech Foundations	<i>Read:</i> - Duffy ch. 15		
	Fri 3/5	Motor Speech Foundations	<i>Read:</i> - Duffy ch. 4 (Flaccid Dys.; pp. 90-110) - Duffy ch. 5 (Spastic Dys.; pp. 118-125) - Duffy ch. 6 (Ataxic Dys. pp. 137-144) - Duffy ch. 9 (UUMN Dys.; pp. 213 -220)	- Quiz 5 (due Fri 11:59pm) - Experiential learning activity 3: Intelligibility (due Sun 11:59pm)	
7	Mon 3/8	Motor Speech Assessment	<i>Read:</i> - Duffy ch. 7 (Hypokinetic Dys.; pp.159-168) - Duffy ch. 8 (Hyperkinetic Dys.; pp. 183- 206) - Duffy ch. 10 (Mixed Dys.; pp. 227-245)	- Client education product 1 (due Mon 11:59pm)	
	Wed 3/10	Motor Speech Assessment	<i>Read:</i> - Duffy ch. 11 (AOS; pp. 257 – 279)		
	Fri 3/12	Motor Speech Assessment	<i>Read:</i> - Yorkston et al. ch. 12	- Quiz 6 (due Fri 11:59pm) - Small group project 3: Motor speech case study (due Sun 11:59pm) - Individual case project: Part 1 (due Sun 11:59pm)	
Intro to Tx	8	Mon 3/15	Tx Framework, Motivational Interviewing	<i>Read:</i> - Behrman (2006)	
	Wed 3/17	Midterm (everybody remote)			
	Fri 3/19	Principles of Motor Learning	<i>Read:</i> - Lemoncello & Van Leer (2011) - Maas et al. (2008)	*Note: This week, Wednesday in-person students come in-person on Friday instead	
Intervention	9	Mon 3/22	Fluency Intervention: Indirect preschool tx	<i>Read:</i> - Millard et al. (2008) - Yaruss et al. (2007)	- Group sign-up for a week 10 special populations topic
		Wed 3/24	Fluency Intervention: Direct preschool tx	<i>Read:</i> - Onslow et al. (2020) - de Sonneville-Koedoot et al., (2018)	
		Fri 3/26	Fluency Intervention: Classic Behavioral Approaches	<i>Read:</i> - Max & Caruso (1997) - Williams & Dugan (2002)	- Quiz 7 (due Fri 11:59pm) - Experiential Learning 4: Stuttering intervention (due Sun 11:59pm)
	10	Mon 3/29	Fluency Intervention: Cognitive-Behavioral Approaches (CBT and ACT)	<i>Read:</i> - Fry ch. 9 (CBT) - Beilby & Yaruss ch. 7 (ACT)	- Individual case project: Part 2 (due Mon 11:59pm)
		Wed 3/31	Fluency Intervention: Cognitive-Behavioral Approaches (ARTS)	<i>Read:</i> - Sisskin ch. 8 (ARTS)	
		Fri 4/2	Fluency Intervention: Special Populations	Prepare to present on your special population	- Peer review of individual case project (due Fri 11:59pm) - Quiz 8 (due Fri 11:59pm) - Small group project 4: Special populations handout (due Sun 11:59pm)
11	Mon 4/5	Voice Intervention: Therapeutic Considerations	<i>Read:</i> - Stemple (2005; pp. 131-137)	- Client education product 2	
	Wed 4/7	Voice Intervention: Behavioral Approaches	<i>Read:</i> - Boone et al. ch. 7		

	Fri 4/9	Voice Intervention: Behavioral Approaches	<i>Read:</i> - Boone et al. ch. 10 - Stemple et al. (2020) ch. 7 (pp. 268-273) <i>Watch:</i> - Voice Therapalooza: evidence and theory-based practice	- Quiz 9 (due Fri 11:59pm) - Experiential learning activity 5: Voice intervention (due Sun 11:59)
12	Mon 4/12	Voice Intervention: Medical/Surgical Approaches	<i>Read:</i> - Colton ch. 9	
	Wed 4/14	Voice Intervention: Special Populations	<i>Read:</i> - Boone et al. ch. 8 (pp. 243-251) - Sapienza & Ruddy (2018) ch. 7 (pp. 256-258) - Stemple et al. (2020) ch. 9 (pp. 409-489)	
	Fri 4/16	Voice Intervention: Special Populations	<i>Read:</i> - Stemple et al. (2020) ch. 8 - Stemple et al. (2020) ch. 7 (pp. 277-278)	- Quiz 10 (due Fri 11:59pm) - Small group project 5: case study tx justification (due Sun 11:59pm) - Client education product 3 (due Sun 11:59pm)
13	Mon 4/19	Motor Speech Intervention	<i>Read:</i> - Duffy ch. 17 (pp. 392-420)	
	Wed 4/21	Motor Speech Intervention	<i>Read:</i> - Yorkston et al., ch 5 (Respiration impairment) - Spencer, Yorkston, & Duffy (2003)	
	Fri 4/23	Motor Speech Intervention	<i>Read:</i> - Yorkston et al., EBP Guidelines for Dysarthria: Management of velopharyngeal function	- Quiz 11 (due Fri 11:59pm) - Experiential learning activity 6: Motor speech intervention (due Sun 11:59)
14	Mon 4/26	Motor Speech Intervention	<i>Read:</i> - Yorkston, Hakei, Beukelman, & Fager (2007)	
	Wed 4/28	Motor Speech Intervention	<i>Read:</i> - Wambaugh, J. (2006)	
	Fri 4/30	Motor Speech Intervention	<i>Read:</i> - Hanson, Yorkston, & Beukelman, (2004)	- Quiz 12 (due Fri 11:59pm) - Small group project 6 (due Sun 11:59pm) - Individual case project: Part 3 (due Sun 11:59pm)
Exam Week	Thurs 5/6	Final Exam 1:00-3:00PM (remote)		

