Welcome to SHAV 2026!

Directions on CE Submissions

CE must be submitted through the member portal by April 14th, 2026. After that date, the CE Administrator will submit CE to ASHA and AAA. It may take a few weeks to show on your CE transcript. If you select that you affirm that you intend to earn ASHA CEUs for the course, your CE information will be sent to ASHA. In order to earn ASHA CEUs, you must complete a self-reflection and identify how you will use the information you learned during each presentation at the conference in the future. All attendees will be able to view their attendance and professional development hours on their member portal. Please note that some sessions were not offered for CE (i.e. Board of Audiology/Speech-Language Pathology session with Mrs. Kelli Moss). However, these sessions do count for professional development hours.

ASHA CE
APPROVED PROVIDER

Speech-Language-Hearing Association of Virginia

Various Levels

1.25 ASHA CEUs

Monday, March 30, 2026

Presentation Number: 1
Session Track: Professional Issues
Presentation Title: Clarity Under Pressure: Burnout, Imposter Syndrome, and Boundaries
Presenter(s): K. Todd Houston, PhD, CCC-SLP, LSLS Cert. AVT
Session Time: 8:00 - 9:00 AM
Introductory
Professional

Session Summary: Helping professionals do not burn out because they 'aren't resilient enough.' Most often, they burn out when the demands of the work (caseload, complexity, documentation, conflict, and constant decision-making) outpace the resources available (time, staffing, autonomy, recovery, and support). In speech-language pathology and audiology, this capacity mismatch can show up as over-functioning, boundary drift, and a steady loop of impostor thoughts-especially in high-stakes environments where evaluation, parent/patient emotions, and compliance pressures are constant.
In this keynote, participants will learn a practical, nervous-system-informed toolkit built around micro-scripts: short, rehearsable sentences designed for high-pressure moments when emotions are high and time is short. Using a simple SOS Model (Sense It, Own It, Shift It, Live It), participants will practice translating stress signals into clear next steps, protecting clinical relationships without over-explaining, and setting boundaries that preserve both quality and sustainability. The session blends current workforce and well-being data with immediately usable language routines for common hot moments: accusatory emails, emotionally charged meetings, telepractice concerns, and the 'one more thing' workload trap.

Time-Ordered Agenda:

3 minutes: Introductions and intention setting

12 minutes: Why this matters: current workforce signals (burnout, attrition, caseload/workload data) and what 'capacity mismatch' looks like

12 minutes: Burnout drivers and the invisible labor load; key myths that keep helpers over-functioning

9 minutes: Imposter loop + boundary drift: how stress amplifies self-doubt and over-explaining

16 minutes: Micro-scripts toolkit: SOS Model, rules of use, and ready-to-use scripts for conflict, time pressure, and boundaries.

8 minutes: 2-minute rehearsal + if-then plan; closing commitments and brief Q&A/next steps

Learning Outcomes:

1. Identify common drivers of burnout in speech-language pathology and audiology (e.g., caseload/workload, paperwork, conflict, and limited autonomy) and describe how these interact with capacity and recovery
2. Define micro-scripts and the SOS Model (Sense It, Own It, Shift It, Live It) and explain how short, rehearsable language routines can improve boundary-setting and reduce escalation in high-pressure moments
3. Apply at least three micro-scripts to realistic scenarios (e.g., accusatory parent/patient communication, meeting hijacks, and 'one more thing' requests) and create one if-then plan to rehearse and use within the next week

AAA/ASHA CE Offering: 0.1 ASHA/AAA
Special Considerations: N/A

Disclosures

Financial: Dr. Houston is receiving an honorarium for the presentation. Additionally, travel and hotel accommodations and conference registration are provided by SHAV.

Non-financial: There are no relevant non-financial relationships to disclose.

Presentation Number: 2
Session Track: Audiology
Presentation Title: Capacity-Safe Audiology Teams: Practice & Team Management
Presenter(s): K. Todd Houston, PhD, CCC-SLP, LSLS Cert. AVT
Session Time: 9:30 - 10:30 AM
Intermediate
Professional

Session Summary: Audiology teams are managing a growing “stress stack”: high emotional load, compressed schedules, complex troubleshooting loops, and constant decision density. Burnout and turnover are rarely the result of “caring too much”—they are often a signal that demand has outgrown the system that carries it. This session introduces a practical, systems-first approach to capacity building in audiology settings using the Capacity-Safe Practice Model (Clarity, Protocols, Communication, Boundaries, Huddles, Recovery) and the SOS framework (Sense It, Own It, Shift It, Live It). Participants will leave with ready-to-use micro-scripts, decision rules, and team routines that protect outcomes while strengthening culture and reducing burnout risk.

Time-Ordered Agenda:
5 minutes: Welcome, framing, and goals: standards aren’t the problem—systems are
10 minutes: Burnout & the audiology “stress stack”: demand, emotional load, and leaky systems
7 minutes: Micro-scripts: what they are, why they work, and where they matter most
8 minutes: SOS framework in practice: de-escalation, expectation setting, and next-step language
13 minutes: The Capacity-Safe Practice Model (6 systems) with clinic examples and quick tools
9 minutes: High-leverage team routines: RACI for ownership, If-Then rules, huddles, and boundary language
5 minutes: Communication as safety: SBAR, interprofessional handoffs, and same-message teamwork
3 minutes: 7-day practice experiment, 30–60–90 roadmap, takeaways, and Q&A wrap

Learning Outcomes:
1. Identify system drivers that contribute to burnout and turnover risk in audiology teams
2. Apply the Capacity-Safe model and SOS framework to common clinic scenarios
3. Implement one leadership and communication tool within the next 7 days

AAA/ASHA CE Offering: 0.1 ASHA/AAA
Special Considerations: N/A

Disclosures

Financial: Dr. Houston is receiving an honorarium for the presentation. Additionally, travel and hotel accommodations and conference registration are provided by SHAV.

Non-financial: There are no relevant non-financial relationships to disclose.

Presentation Number: 3
Session Track: School-Based Issues
Presentation Title: Help! I Need Somebody: The Benefits of SLPAs
Presenter(s): Gabrielle DeFazio, M.S., CCC-SLP and Emily Johnson, MS, CCC-SLP
Session Time: 9:30 - 10:30 AM
Introductory
Professional

Session Summary: Although the need for speech pathologists is not unique, it is even more stark when analyzing the need in the private special education day school setting. Per the 2024 ASHA Schools Survey, roughly two percent of school speech pathologists work in a special day or residential school. Due to the specialized and intensive nature of the private day school setting, job postings for certified speech pathologists may remain open for extended periods. To bridge the service gap, it is necessary to consider utilizing assistant and support personnel. The positive impacts of speech pathology assistants in a private day school will be outlined, including information related to caseload, responsibilities, and positive impact for both the speech pathologist and speech pathology assistants.

Time-Ordered Agenda:
5 minutes - Introductions and Disclosures
15 minutes- Overview and Background
25 minutes - SLPA experiences and Discussion
10 minutes - Material sharing
5 minutes - Conclusion and questions

Learning Outcomes:
1. Identify strategies to incorporate the use of support personnel to assist with working at the top of the SLP license
2. Compare scope of practice and daily tasks between SLPs and SLPAs
3. Review shared materials and brainstorm ways to incorporate into their daily routine

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: Supervision

Disclosures

Gabrielle DeFazio
Financial: Salaried employee of The Faison Center.
Non-financial: Member of SHAV Honor's Committee.

Emily Johnson
Financial: Salaried employee of the Faison Center.
Non-financial: Emily has no relevant non-financial relationships to disclose.

Presentation Number: 4
Session Track: Adult Medical
Presentation Title: Social Determinants of Health and the Importance of Health Literacy
Presenter(s): L. Renee Garrett, MSEd, CCC-SLP, CBIS
Session Time: 9:30 - 10:30 AM
Intermediate
Professional

Session Summary: The Healthy People project defined health disparities as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage" and notes that disparities, "adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." The Institute of Medicine provided the most accepted definition of health care disparities: "differences in the quality of health care that are not due to access-related factors or clinical needs, preferences or appropriateness of intervention." As speech language hearing scientists, educators and advocates, our role encompasses understanding how these disparities impact the lives, care, and treatment of our patients.

Examples of health disparities that impact our roles include mortality, life expectancy, mental health, burden of disease, health insurance, food security and access to care. When applying the Social Determinants of Health (SDOH) model, we can identify how our own implicit bias impacts how we determine methods of both assessment and treatment. Goals were identified by the Centers for Disease Control and include raising public and provider awareness of racial/ethnic disparities in care, improving the capacity and number of providers in underserved communities, and increasing the knowledge base on causes and interventions to reduce disparities. Most states began enacting legislation around 2015. However, the National CLAS standards were established in 2000 by the U.S. Department

Time-Ordered Agenda:
5 minutes - Disclosures, Introduction, Review Learner Objectives
15 minutes - Defining health disparities and healthcare disparities
5 minutes - Social Determinants of Health (SDOH) model review
10 minutes - Identifying implicit bias
15 minutes - SDOH examples
5 minutes - Resources
5 minutes - Q&A

Learning Outcomes:
1. Define the difference between health disparities and healthcare disparities
2. List three examples of health disparities using the Social Determinants of Health model.
3. Identify two modifiable factors to reshape clinician's implicit bias related to healthcare.

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: Diversity, Equity, and Inclusion

Disclosures

Financial: Renee is the owner/founder of BrainBridge Connect, LLC. She is an adjunct faculty instructor for James Madison University and Old Dominion University. As the host of "Brainstorms: Functional Neurorehab for SLPs, Renee receives financial compensation from SpeechTherapyPD. She received travel and hotel accommodations for her SHAV presentations.

Non-financial: Renee is the secretary for the Communication Disorders Foundation of Virginia.

Presentation Number: 5
Session Track: Pediatric SLP
Presentation Title: SLPs, PD, and AAC...Oh My!
Presenter(s): Dr. Kristen Monroe, SLPD, CCC-SLP
Session Time: 9:30 - 10:30 AM
Intermediate
Research

Session Summary: Speech-language pathologists (SLPs), augmentative and alternative communication (AAC) users, and their caregivers have long faced challenges to the successful implementation of AAC systems. Ideally, caregivers close to the AAC user are fully engaged in this process using a family-centered approach to intervention (Mandak et al., 2017). However, SLPs report a lack of relevant training in this area (Mandak & Light, 2018; Mandak et al., 2020). Recently, solution-focused brief therapy (SFBT), traditionally from the field of psychology, has crossed over into healthcare practice (Zhang et al., 2018). The present study sought to create and disseminate PD rooted in evidence-based instructional strategies to introduce SFBT as an intervention approach with AAC users and their caregivers. The study was designed to measure a change in SLPs' knowledge related to SFBT and evaluate SLPs' perception of SFBT as an acceptable and feasible intervention approach with AAC users as well as their perception of their coaching skills before and after completion of a training module related to SFBT.

The following presentation will explore study outcomes including changes to knowledge and perception of SFBT approach with AAC users. Additionally, implications for effective PD and learning will be explored. Attendees will have the opportunity to learn counseling techniques that were instructed as a part of the PD in order to begin immediately using these family-centered approaches with their clients upon returning to work! Finally, directions for future research and clinical implications will be discussed.

Time-Ordered Agenda:
5 minutes: Introduction and Disclosures
10 minutes: Introduction/Research Questions
5 minutes: Methods and Data Analysis
10 minutes: Findings
10 minutes: Clinical Implications
20 minutes: Key Take Aways for Clinical Practice and Future Research (opportunities for practice of skills)

Learning Outcomes:
1. Define solution-focused brief therapy (SFBT) and describe one application to use with AAC users
2. Describe three elements of effective adult instruction techniques
3. Practice solution-focused scaling in a hypothetical scenario

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Financial: Kristen Monroe is a full-time salaried employee of the Children's Hospital of Richmond at VCU.

Non-financial: Kristen Monroe is a coordinator for the SHAV AAC Group. Additionally, the work presented in this presentation was completed in partial fulfillment of the requirements for the Doctor of Speech-Language Pathology degree at Nova Southeastern University.

Presentation Number: 6
Session Track: Professional Issues
Presentation Title: Your Strengths Are the Advocacy Strategy
Presenter(s): Dr. Jeanette Benigas, PhD, SLP
Session Time: 9:30 - 11:00 AM
Introductory
Professional

Session Summary: Speech-language pathologists are increasingly affected by system-level issues, such as workforce shortages, administrative demands, and regulatory requirements, that directly affect access to care, income, and clinician well-being. While many clinicians recognize these challenges, they often feel unsure how to engage in advocacy or believe it requires formal leadership roles, additional credentials, or significant personal sacrifice. Research from organizational psychology and healthcare leadership shows that understanding one's strengths is linked to higher engagement, clearer professional roles, and sustained leadership behaviors, including advocacy (Harter et al., 2002; Rath & Conchie, 2008).

This session reframes advocacy as a natural part of clinical work rather than a separate or specialized role. Participants will learn how increased self-awareness, using commonly known frameworks such as CliftonStrengths, the Enneagram, or the Myers-Briggs Type Indicator, can help clinicians identify advocacy approaches that fit their communication style, values, and comfort with risk (Judge et al., 2013). The focus is on practical use of these tools to support action, not on personality labels.

Through a case-based narrative, Dr. Benigas describes her progression from clinician and academic to founder of the national grassroots advocacy movement, Fix SLP, demonstrating how aligning personal strengths with a clear mission can lead to meaningful policy change. The session concludes with practical strategies clinicians can use to incorporate advocacy into their existing professional roles in sustainable and effective ways.

Time-Ordered Agenda:
5 minutes - Introduction
10 minutes - Strengths Framework
10 minutes - Your Strengths
10 minutes - Audience Enneagram
10 minutes - Understanding Types
20 minutes - Your Story
15 minutes - Bigger Lesson
5 minutes - Call to Action
5 minutes - Q&A

Learning Outcomes:

1. Identify their personal professional strengths using at least one validated framework and explain how those strengths influence their communication style, decision-making, and tolerance for advocacy-related risk
2. Analyze how individual strengths can be strategically applied to advocacy efforts within speech-language pathology, including workplace, state, or systems-level change, without requiring formal leadership roles or additional credentials
3. Evaluate the effectiveness and sustainability of strengths-based advocacy engagement within speech-language pathology

AAA/ASHA CE Offering: 0.15 ASHA/AAA
Special Considerations: N/A

Disclosures
Financial: Dr. Jeanette Benigas receives royalties from Medbridge, Northern Speech Services, and Health Professions Press. She is being provided an honorarium, travel reimbursement, and hotel accommodations for this presentation. Jeanette is the owner of Fix SLP.

Non-financial: Jeanette has no relevant non-financial information to disclose.

Presentation Number: 7
Session Track: Audiology
Presentation Title: AI in Hearing Aids: Demystifying the Black Box
Presenter(s): Brian Taylor, AuD
Session Time: 10:45 - 11:45 AM
Intermediate
Professional

Session Summary: Suddenly, artificial intelligence is everywhere, including hearing aids. This course attempts to demystify the three applications of AI in hearing aids by providing a working framework that clinicians can use to better understand how AI might augment or replace certain features and clinical tasks.

Time-Ordered Agenda:

Learning Outcomes:

1. Define artificial intelligence as it applies to hearing aids
2. Describe how AI is implemented in modern hearing aids
3. Apply a working framework that allows clinicians to better understand AI in hearing aids along with its advantages and limitations

AAA/ASHA CE Offering: 0.1 ASHA/AAA
Special Considerations: Ethics

Disclosures
Financial: Brian Taylor is employed by WS Audiology and receives a salary from them. Additionally, travel arrangements were provided by SHAV; registration to the SHAV conference was waived for this presentation.

Non-financial: There are no relevant non-financial relationships to disclose.

Presentation Number: 8
Session Track: School-Based Issues
Presentation Title: Sorting Out the Differences: Makeup vs. Compensatory Services
Presenter(s): Jill Barton, MS, CCC-SLP
Session Time: 10:45 - 11:45 AM
Intermediate
Professional

Session Summary: Help me, I'm new here! I have over 55 students on my caseload roster! How am I going to serve this many students? Where am I going to find extra time in the schedule to provide the extra services my students are entitled to, since they have been without an SLP? The school-based Speech Language Pathologist works hard with each student to achieve success, but when new caseloads are acquired, each student may need makeup or compensatory IEP minutes. This session will examine the definitions of makeup time and compensatory time, explore and discuss case law and state requirements, and provide activities for participants to collaborate with peers using various scenarios.

Time-Ordered Agenda:
5 minutes - Introductions
15 minutes - Definitions of makeup time
15 minutes - Explore and discuss case law and state requirements
15 minutes - Case Study activities
10 minutes - Q&A

Learning Outcomes:
1. Contrast makeup time and compensatory time
2. Identify specific case law and state requirements regarding makeup and compensatory time
3. Analyze situations in which to best support students with makeup vs. compensatory time

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Financial: Jill Barton receives income from Atlanta Public Schools and her private practice, Talking To You Too, LLC. She received a financial honorarium and travel/hotel accommodations from SHAV for this presentation.

Non-financial: Jill Barton is a ASHA State Education Advocacy Leaders (SEAL) member for Georgia, a site visitor for the ASHA Council of Academic Accreditation, and a member of the ASHA MTSS Member Advisory Group.

Presentation Number: 9
Session Track: Adult Medical
Presentation Title: Dysphagia in Head and Neck Cancer: Continuity and Care Across Virginia
Presenter(s): Dr. Vrushali Angadi, PhD, CCC-SLP and Holly Hess, MS, CCC-SLP
Session Time: 10:45 - 11:45 AM
Introductory
Professional

Session Summary: Head and neck cancers and their treatments, including surgery, radiation, and chemotherapy, may result in profound changes in swallowing, placing patients at risk for malnutrition, aspiration, and reduced quality of life. Dysphagia is one of the most common and debilitating consequences, arising from tissue fibrosis, neuromuscular weakness, and structural alterations. In Virginia, where rates of head and neck cancer are higher than national averages, the burden is amplified by geographical and socioeconomic challenges. Many patients live in Appalachian regions with limited access to specialized care, barriers to telehealth, and reliance on regional centers and skilled nursing facilities. This creates significant strain on acute and long-term care settings.

Speech-Language Pathologists (SLPs) are indispensable members of the interdisciplinary cancer care team, supporting patients through every stage of treatment and survivorship. Their role begins with pre-treatment education and extends to ongoing assessment, rehabilitation, and counseling, ensuring continuity of care across transitions from inpatient hospitalization to skilled nursing facilities to home. By framing education and counseling as therapeutic interventions, SLPs help patients adapt to their “new normal,” while providing strategies to maintain nutrition, safety, and quality of life.

This presentation will review the impact of oncologic treatment on swallowing function, highlight evidence-based strategies for intervention, and provide clinicians with practical resources, including patient handouts and clinical tools, that can be readily implemented in practice. The goal is to foster collaboration across healthcare settings, reduce gaps in continuity of care, and ultimately enhance outcomes for individuals with head and neck cancer in Virginia’s diverse communities.

Time-Ordered Agenda:
10 minutes: Purpose, background, and burden of dysphagia in head and neck cancer (setting the stage; why this matters for patients and clinicians).

12 minutes: Impact of cancer treatments on swallowing (surgery, radiation, chemotherapy) with functional and psychosocial consequences.

12 minutes: Role of the speech-language pathologist across care settings (pre-treatment education, acute care, rehabilitation, survivorship; reframing counseling as therapy).

12 minutes: Barriers and resources (geographic and socioeconomic challenges, rural access, role of education and handouts, interdisciplinary strategies).

14 minutes: Implications for practice and future directions (empowering clinicians, preparing students, fostering collaboration, Q&A).

Learning Outcomes:
1. Identify the impact of head and neck cancer treatments on swallowing physiology and describe the consequences for function and quality of life
2. Explain evidence-based strategies for assessment, intervention, and counseling that support safe and effective swallowing across care settings
3. Apply approaches to improve continuity of care, including standardized documentation, caregiver education, and regional collaboration.

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: Diversity, Equity, and Inclusion

Disclosures

Dr. Vrushali Angadi
Financial: Dr. Angadi receives a salary from Radford University.
Non-financial: There are no relevant non-financial relationships to disclose.

Holly Hess
Financial: Holly Hess receives a salary from the University of Virginia Health Systems.
Non-financial: There are no relevant non-financial relationships to disclose.

Presentation Number: 10
Session Track: Pediatric SLP
Presentation Title: Feasibility of Perceptual Voice Analysis in 2 Year Olds
Presenter(s): Nyah Smallwood, MS, CF-SLP, Dr. Dana Childress, PhD, Dr. Suzanne Meldrum, PhD, & Dr. Victoria Reynolds, PhD CCC-SLP
Session Time: 10:45 - 11:45 AM
Introductory
Research

Session Summary:
Background
Perceptual voice analysis is the “gold standard” for assessing dysphonia. Clinicians use the Consensus Auditory-Perceptual Evaluation of Voice (CAPE-V) as a standardized assessment tool for the auditory-perceptual evaluation of voice. Due to the underlying cognitive and language skills required, the CAPE-V protocol is typically utilized with individuals aged 5 and older. Currently, toddlers with voice abnormalities are assessed using perceptual judgments on spontaneous utterances without the use of a protocol. This paper explores the feasibility of adapting the CAPE-V to include developmentally appropriate task stimuli and methods of eliciting vocal targets within two-year-olds.

Methods
Evaluations were completed in the home environment or clinical setting. Task stimuli were elicited in a play-based, child-led context. Vocal targets include /a/, /i/, /u/, /o/, “hi”, “bye”, “mama”, “papa”, and multiple-syllable words/utterances. The REEL-4 and PVOS were administered with parents/caregivers simultaneously.

Results
These data are preliminary, which demonstrate that each participant was able to produce each target, including a multi-syllabic utterance as a proxy for a connected speech sample. However, the current participants present with typically-developing communication skills; these findings may not generalize to toddlers with language delays or disorders.

Conclusion
Individuals younger than 5 years old are often not evaluated for voice disorders unless concerns relate to airway patency. The development of a protocol containing developmentally appropriate speech tasks and methods of eliciting vocal targets has the potential to provide better outcomes for children with voice disorders, including earlier identification of voice disorders, initiation of therapeutic services, and improved quality of life.

Time-Ordered Agenda:
5 minutes- Introductions and Disclosures
10 minutes- Background to the Project and Introduction to the research Question
15 minutes- Methods and Results
15 minutes- Discussion
5 minutes- Clinical Implications
10 minutes- Wrap up and Questions

Learning Outcomes:
1. Describe the reasons that toddlers may require voice evaluations, including dysphonia presentation, nature, and severity, as well as the underlying medical conditions
2. Evaluate the properties of perceptual voice assessments and link these to developmental expectations for expressive language in the two-year-old population
3. Rank the benefits of expanded perceptual evaluation of voice in two-year-olds, in comparison to standard practices of a binary decision based on spontaneous utterances

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Nyah Smallwood
Financial: Nyah has no relevant financial relationships to disclose.
Non-financial: Nyah has no relevant non-financial relationships to disclose.

Dana Chilldress
Financial: Dr. Childress has no relevant financial relationships to disclose.
Non-financial: Dr. Childress has no relevant non-financial relationships to disclose.

Suzanne Meldrum
Financial: Dr. Meldrum has no relevant financial relationships to disclose.
Non-financial: Dr. Meldrum has no relevant non-financial relationships to disclose.

Victoria Reynolds
Financial: Dr. Reynolds has no relevant financial relationships to disclose.
Non-financial: Dr. Reynolds has no relevant non-financial relationships to disclose.

Presentation Number: 11
Session Track: Audiology
Presentation Title: Evidence-Based Tinnitus Assessments Current Best-Practices and Novel Applications
Presenter(s): Dr. Kenneth Morse, Au.D./Ph.D.
Session Time: 1:15 - 2:45 PM
Intermediate
Professional

Session Summary: The goal of this session is to provide attendees with the knowledge to prioritize different types of tinnitus assessments for their clinical practice. To achieve this goal, this session will support attendees to differentiate between different types of tinnitus assessments and connect the results of different types of tinnitus assessments with tinnitus management strategies. Current evidence and clinical practice guidelines based will be discussed to support the clinical applications of each type of tinnitus assessment discussed. We will discuss behavioral, psychoacoustic, self-reported, and objective assessments of tinnitus.

Time-Ordered Agenda:
0-5 min: Introduction, presentation objectives
6-65 min: Linking current tinnitus assessments with clinical decision making
- 6-35 min: Behavioral assessments
- 36-45 min: Psychoacoustics
- 46-65 min: Self-report questionnaires

66-75 min: The advantages/limitations of current tinnitus assessments
76-90 min: Future directions: AEPs as a complement to current tinnitus assessments

Learning Outcomes:
1. Differentiate between behavioral, psychoacoustic, self-reported, and objective tinnitus assessments
2. Describe advantages and limitations of behavioral, psychoacoustic, self-reported, and objective tinnitus assessments
3. Describe how potential future applications of tinnitus assessments can address current limitations

AAA/ASHA CE Offering: 0.15 ASHA/AAA
Special Considerations: N/A

Disclosures
Financial: Dr. Morse receives a salary from West Virginia University. For this presentation, he received complimentary conference registration, travel arrangements, and hotel accommodations from SHAV.

Non-financial: Dr. Morse has no relevant non-financial relationships to disclose.

Presentation Number: 12
Session Track: School-Based Issues
Presentation Title: Friendship is not a social skill: Reframing connection in autism
Presenter(s): Dr. Erinn Finke, Ph.D., CCC-SLP
Session Time: 1:15 - 2:45 PM
Intermediate
Professional

Session Summary: Friendship is a fundamental human need, yet traditional definitions of friendship—rooted in neurotypical norms such as emotional disclosure, verbal reciprocity, and eye contact—often fail to capture the authentic relational experiences of autistic individuals and AAC users. This session reframes friendship through neurodiversity-affirming perspectives, first-person autistic accounts, and the Double Empathy framework, emphasizing shared interests, comfort, predictability, and parallel engagement as valid forms of connection. Using the Participation Model, participants will examine how environmental, social, and systemic barriers—not individual deficits—limit friendship participation. The session will translate theory into practice by exploring friendship-focused assessment, goal writing, environmental design, and AAC/technology supports that foster belonging without demanding sameness. Participants will leave prepared to advocate for and design supports that honor autistic definitions of friendship and promote genuine social participation.

Time-Ordered Agenda:
5 minutes: Welcome and framing the session

10 minutes: Why friendship matters (and why we get it wrong)

15 minutes: Autistic perspectives on friendship

15 minutes: Double Empathy Problem and Neurotype-matched friendships

25 minutes: Friendship-focused clinical practice

5 minutes: Closing and call to action

Learning Outcomes:

1. Evaluate traditional, deficit-based definitions of friendship and explain how neurodiversity-affirming and autistic-informed perspectives redefine reciprocity, closeness, and connection
2. Apply the Participation Model to friendship contexts to identify intrinsic and environmental barriers to social participation and generate context-sensitive supports that promote authentic peer relationships
3. Design friendship-focused clinical goals that prioritize shared interests, comfort, autonomy, and belonging rather than compliance with neurotypical social norms

AAA/ASHA CE Offering: 0.15 ASHA
Special Considerations: Diversity, Equity, and Inclusion

Disclosures
Financial: Dr. Finke received travel accommodations, hotel accommodations, an honorarium, and waived conference registration for her presentation.

Non-financial: Dr. Finke has no relevant non-financial relationships to disclose.

Presentation Number: 13
Session Track: Adult Medical
Presentation Title: Communication After Total Laryngectomy: Challenges, Resources, and Patient-Centered Care
Presenter(s): Dr. Vrushali Angadi, PhD, CCC-SLP and Holly Hess, MS, CCC-SLP
Session Time: 1:00 - 2:00 PM
Introductory
Professional

Session Summary: Total laryngectomy is a life-saving surgery for advanced laryngeal and hypopharyngeal cancers, but it results in permanent loss of natural voice. For speech-language pathologists (SLPs), particularly those serving rural and underserved regions of Virginia, there is a pressing need for expertise in communication rehabilitation. Patients often face barriers to accessing specialized services, creating gaps in follow-up care and limiting opportunities for training in alternative communication methods.

This presentation will focus exclusively on communication rehabilitation following total laryngectomy, highlighting the central role of SLPs in restoring voice and supporting patient identity, participation, and quality of life. Core topics will include candidacy and training for tracheoesophageal puncture with voice prosthesis, electrolarynx use, esophageal speech, and augmentative and alternative communication (AAC). Attention will also be given to device maintenance, accessories essential for successful rehabilitation, and strategies for advocacy and resource-sharing in rural contexts. Equally important, this session will explore the role of education and counseling as therapeutic interventions, empowering patients and caregivers to adapt and thrive. A focus will also be placed on training graduate students and early-career clinicians, bridging classroom knowledge with hands-on expertise to ensure continuity of care across settings.

Participants will leave with practical strategies, resource lists, and patient education handouts that can be directly applied in clinical practice. This session aims to build clinician confidence, expand regional collaboration, and ensure that all individuals living after total laryngectomy have access to effective, compassionate communication rehabilitation.

Time-Ordered Agenda:
10 minutes: Purpose, context, and objectives
12 minutes: Modes of alaryngeal communication
12 minutes: Pulmonary rehabilitation and device management
12 minutes: Counseling as therapy and patient-centered care
14 minutes: Training future clinicians, community links, and Q&A

Learning Outcomes:
1. Identify primary modes of alaryngeal communication and describe candidacy, training, and management considerations
2. Explain the role of pulmonary rehabilitation and device management in promoting health and quality of life after total laryngectomy
3. Apply counseling strategies and patient-centered approaches to support communication and swallowing while recognizing the importance of preparing future clinicians and ensuring continuity of care

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Dr. Vrushali Angadi
Financial: Dr. Angadi receives a salary from Radford University.

Non-financial: There are no relevant non-financial relationships to disclose.

Holly Hess
Financial: Holly Hess receives a salary from the University of Virginia Health Systems.
Non-financial: There are no relevant non-financial relationships to disclose.

Presentation Number: 14
Session Track: Pediatric SLP
Presentation Title: F.U.N. Fresh-Unique-New Ways to Increase Motivation in Therapy
Presenter(s): Kenzie VanDerwerker, MS, CCC-SLP
Session Time: 1:00 - 2:00 PM
Introductory
Professional

Session Summary: One of the most frustrating parts of therapy is students becoming uninterested and unmotivated in participating. If you aren't seeing generalization or progress happening as fast as you'd like, or you are finding that your students are becoming bored at therapy strategies- this presentation is for you! This presentation leaps into a few evidence based approaches to increase motivation in therapy along with several strategies to make therapy fun and motivating for students (and therapists too!).

Time-Ordered Agenda:
5 minutes: Introductions
10 minutes: Rationale
40 minutes: Treatment approaches and examples,
5 minutes: Conclusions

Learning Outcomes:
1. Discuss several case study of individuals with speech-language therapy deficits how to help plan for effective and inventive therapy
2. Utilize skills discussed in the presentation to implement innovative and effective therapy
3. Describe the various characteristics of dopamine inducing therapy techniques

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Financial: Kenzie has no relevant financial relationships to disclose.

Non-financial: Kenzie is currently serving on the CDF Board along with on the SHAV's conference committee. She has no other relevant non-financial relationships to disclose.

Presentation Number: 15
Session Track: Professional Issues
Presentation Title: Examining Social Media Through an Ethical Lens
Presenter(s): Sydney Bassard, MSP, CCC-SLP
Session Time: 1:15 - 2:45 PM
Introductory
Professional

Session Summary: Each year, more and more SLPs go to Facebook groups, Twitter, Instagram, and Tik Tok to find community and learn how to become better SLPs. As these platforms gain more professionals, we need to ask ourselves tough questions about how this has impacted our profession. Social media is here to stay for the time being, but SLPs can be smart consumers of information and resources presented to them. This presentation will discuss the ethics that surround engaging on social media, ways to leverage social media to improve client care, and ways to evaluate information on the internet.

Time-Ordered Agenda:

5 minutes – Welcome & Introductions

10 minutes – Understanding the Landscape: Why Social Media Matters in Our Professions

10 minutes – Ethical Frameworks and Professional Standards

20 minutes – Case Studies & Group Discussion

10 minutes – Knowing How Different Social Media Sites are Used

10 minutes – Building a Professional Online Presence

20 minutes – Policies, Legal Considerations, and Risk Management

5 minutes – Wrap-Up & Takeaways

Learning Outcomes:
1. List potential ethical violations that can occur on social media
2. Describe the pros and cons of SLPs engaging on social media platforms
3. Explain ways to use social media to advance client care

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Financial: An honorarium, vendor booth, and travel expenses were compensated to the speaker for this presentation. Sydney is the owner of The Listening SLP. She sells products on Teachers Pay Teachers and through her website.

Non-financial: Sydney has no relevant non-financial relationships to disclose.

Presentation Number: 16
Session Track: Professional Issues
Presentation Title: Using Biostatistics to Inform and Enhance Evidence-Based Decision Making
Presenter(s): Nathaniel B. Ellis, M.S., CCC-SLP
Session Time: 1:15 - 2:45 PM
Intermediate
Professional

Session Summary: This course will present important concepts in biostatistics that form the basis of sound evidence-based practice. The first portion of this presentation will review descriptive statistical concepts such as measures of central tendency, dispersion, and distribution shape followed by a quick overview of validity and reliability. The majority of this presentation will focus on diagnostic accuracy and its importance to the selection and interpretation of standardized assessments. Concepts that will be covered include (but are not limited to) conditional probabilities/Bayes' Theorem, binary classification schemes, sensitivity/specificity, positive/negative predictive values, and likelihood ratios among others. Constructed and real world examples will be covered, including data from currently used standardized assessments in speech-language pathology. There will be a strong focus on integrating these concepts into clinical practice in order to enhance one's evidence-based decision making skills.

Time-Ordered Agenda:
5 minutes - Introductions and Disclosures

15 minutes - Review of descriptive statistics concepts

30 minutes - Concepts in diagnostic accuracy

30 minutes - Constructed examples and real world applications

10 minutes - Wrap-up and questions

Learning Outcomes:

1. Identify important biostatistical concepts that directly inform the evidence-based decision-making process
2. Analyze the statistical properties of assessment tools to determine the strength of their diagnostic accuracy
3. Interpret the results obtained from assessment tools, taking into account the strength of their diagnostic accuracy

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Financial: As an invited speaker, Nate Ellis was provided a complimentary registration for the conference by SHAV.

Non-financial: Nate has no relevant non-financial relationships to disclose.

Presentation Number: 17
Session Track: Audiology
Presentation Title:
Presenter(s):
Session Time: 3:00 - 4:30 PM
Introductory/Intermediate/Advanced
Professional

Session Summary:
Time-Ordered Agenda:

Learning Outcomes:

1.

AAA/ASHA CE Offering: 0.15 ASHA/AAA
Special Considerations:

Disclosures

Presentation Number: 18
Session Track: Adult Medical
Presentation Title: A Pilot Study on Respiratory Muscle Strength Training
Presenter(s): Juhi Vora, M.A., CCC-SLP and Sarah Morey, M.S., CCC-SLP
Session Time: 2:15 - 3:15 PM
Intermediate
Professional

Session Summary: Chronic obstructive pulmonary disease (COPD) is a leading cause of hospital readmissions, with a 30-day readmission rate of 22.6% (Portillo et al., 2018). Patients readmitted following a COPD hospitalization are at greater risk of mortality and have worse outcomes relative to those not readmitted (Simmering et al., 2016). Respiratory muscle weakness often exacerbates symptoms, contributes to dysphagia, and poses challenges to recovery. Speech-language pathologists (SLPs) are uniquely positioned to address these issues through respiratory muscle strength training (RMST), given their expertise in its interplay with swallowing and speech mechanisms. Evidence shows a 30% reduction in hospitalizations (Van Adrichem et al., 2014) and a 44% reduction in COPD exacerbations (RubiM et al., 2010) with long-term RMST, underscoring its clinical and financial value.

At Warren Memorial Hospital, a rural acute care facility within the Valley Health System, a year-long pilot RMST program was implemented. All patients admitted with COPD exacerbation received an SLP evaluation, education, and training with an RMST device (The Breather). Over 12 months, patients participated in inspiratory and expiratory muscle training alongside standard dysphagia interventions.

Preliminary findings demonstrated a reduction in 30-day readmission rates from 14.8% to 7.1%—a more than 50% decrease—while a comparable hospital in the same system without RMST showed no improvement.

This presentation will provide SLPs with clinical rationale, pilot data, and a replicable framework for implementing RMST programs. Practical strategies for advocacy, standardization, and overcoming institutional barriers will be shared to empower clinicians to integrate RMST into care plans and improve outcomes.

Time-Ordered Agenda:
5 minutes- Introductions and Disclosures
15 minutes- Overview of Respiratory Muscle Strength Training, including discussion on resistance training versus threshold training, COPD, and SLP Role.
15 minutes- Review of Pilot Program, methods and results
15 minutes- Discussion on tools for advocacy for RMST program implementation
10 minutes- Conclusion, Wrap-up and Q&A

Learning Outcomes:
1. Describe the relationship between respiratory muscle weakness, dysphagia, and COPD exacerbations, and summarize current evidence supporting the use of RMST in this population
2. Describe SLP's role in the Respiratory Muscle Strength Training implementation
3. Develop strategies to advocate for and implement a standardized RMST program within their own healthcare settings, addressing both clinical and institutional considerations.

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Juhi Vora
Financial: Juhi receives a salary from Valley Health.
Non-financial: Juhi is the Member-At-Large for the SHAV Board. She is also a member of SHAV Conference Committee

Sarah Morey
Financial: Sarah receives a salary from Valley Health.
Non-financial: Sarah is a member of ASHA.

Presentation Number: 19
Session Track: Pediatric SLP
Presentation Title: AAC Background and Implementation
Presenter(s): Abby Widner, M.Ed., CCC-SLP & Margaret Heavilon, M.A., CCC-SLP
Session Time: 2:15 - 3:15 PM
Introductory
Professional

Session Summary: This presentation explores the essential role of Augmentative and Alternative Communication (AAC) in enhancing communication for individuals with complex communication needs. AAC encompasses a range of tools, including gestures, facial expressions, and advanced speech-generating devices, serving as either primary or supplementary communication methods (Beukelman & Mirenda, 2013). Contrary to misconceptions, AAC facilitates speech development and should be introduced early, as young as nine months (Ahlsten et al., 2018). AAC is beneficial across diverse cognitive and linguistic profiles, promoting language development, socio-educational participation, and autonomy (Avagyan et al., 2021; Edmister, 2021). For successful AAC implementation, accessibility and customization are crucial, ensuring the system aligns with the user's needs and integrates into various settings (Chung & Stoner, 2016). The total communication approach, utilizing multiple communication methods, enhances overall efficacy (McNaughton & Light, 2013). This session will delve into the myths and facts surrounding AAC, its benefits, and practical strategies for implementation, emphasizing the importance of modeling and respecting diverse communication modalities (Harrison-Harris, 2002). Through evidence-based practices, AAC offers transformative potential for individuals, fostering independence and improved quality of life.

Time-Ordered Agenda:
5 minutes—Introductions and Disclosures
25 minutes—Background and myths/facts, including benefits and research
10 minutes—Implementation strategies
5 minutes—Conclusion and Take Home Messages
15 minutes– questions and resources

Learning Outcomes:
1. Identify and explain the various types of Augmentative and Alternative Communication (AAC) tools and their roles in enhancing communication for individuals with diverse needs
2. Analyze current evidence-based practices to evaluate the benefits and challenges of implementing AAC in therapeutic settings
3. Design and implement personalized AAC strategies that address individual communication requirements, ensuring accessibility and integration into multiple environments.

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Abby Widner
Financial: Abby has no relevant financial relationships to disclose.
Non-financial: Abby has no relevant non-financial relationships to disclose.

Margaret Heavilon
Financial: Margaret has no relevant financial relationships to disclose.
Non-financial: Margaret has no relevant non-financial relationships to disclose.

Presentation Number: 20
Session Track: Professional Issues
Presentation Title: AI in Speech-Language Pathology: Thoughtful, Ethical Use in Clinical Practice
Presenter(s): Virginia Ingram, MS, CCC-SLP
Session Time: 3:00 - 4:30 PM
Intermediate
Professional

Session Summary: Most SLPs are using Artificial Intelligence (AI) or are at least AI-curious. SLPs are skeptical that the tools will improve documentation efficiency in either education or healthcare settings. Further, we aren't sure we can ethically use them, or they will end up creating more work, as most tech solutions do. Can it be used for clinical brainstorming while ensuring privacy, accuracy, bias, and professional responsibility? Can we use it to help with our communication without sounding like AI-slop? Ethical implementation requires maintaining clinician oversight, protecting client information, and verifying AI-generated content (American Speech-Language-Hearing Association [ASHA], 2023; Topol, 2019). This session explores HIPAA-compliant ways AI can support our work without replacing our judgment. We will explore practical ways we can organize documentation so it can be anonymized, ways to create therapy activities on the fly that are aligned with client goals, and how our written communication can be simplified and extended to caregivers or teams. This session will help you understand your role in evaluating outputs for accuracy and appropriateness, consistent with ASHA's professional ethical standards (ASHA, 2025). This technology is here and will evolve our practice. This session will give you the foundation you need to make informed decisions about when and how to use these tools responsibly. This presentation will help you establish professional boundaries and identify appropriate entry points for AI use within your existing workflow.

Time-Ordered Agenda:
10 minutes - Introduction
15 minutes - Ethical and Professional Considerations
10 minutes - Understanding How Generative AI Works
20 minutes - Practical Clinical Applications of AI
10 minutes - Evaluating AI Output
10 minutes - Establishing Professional Boundaries for AI Use
15 minutes - Q&A

Learning Outcomes:
1. Describe at least three ethical or privacy considerations related to using AI in speech-language pathology practice
2. Identify at least two appropriate clinical tasks where AI may support workflow or idea generation while explaining why clinician verification is necessary when using AI-generated content
3. Describe one professional boundary you will maintain when considering AI use in practice

AAA/ASHA CE Offering: 0.15 ASHA
Special Considerations: Ethics

Disclosures
Financial: Cabarrus County Schools in North Carolina employs Virginia Ingram, and she receives a salary and benefits from the state. Cabarrus County Schools is currently participating in a statewide pilot program using Amplio Learning software for multi-tiered support services (MTSS) and speech-language pathology services; Virginia receives no direct financial compensation from Amplio Learning.
Virginia Ingram is the owner of Harmony Charlotte, a private speech-language pathology practice, and receives payment for clinical services provided through this practice. She also provides consulting services for CX Pilots, a customer experience consulting firm, for which she receives compensation.
Virginia Ingram previously worked for Ambiki but has had no financial relationship with the company since December 2023. For her presentation, Virginia received a complimentary registration for the conference in addition to travel and hotel accommodations.
Non-financial: Virginia has no relevant non-financial relationships to disclose.

Presentation Number: 21
Session Track: Professional Issues
Presentation Title: 2026 ASLP Board Updates
Presenter(s): Kelli Moss, Executive Director
Session Time: 3:00 - 4:30 PM
Introductory
Professional

Session Summary: This presentation provides information about the Virginia Board of Audiology & Speech-Language Pathology's purpose, structure and functions. Participants will receive relevant and timely updated information regarding the board's regulatory, guidance and policies and a review of licensing, renewal and discipline processes. The latest ASLP Interstate Compact news will be shared, and the session will conclude with an opportunity to dialogue with the executive director of the board.

Learning Outcomes:

1. Explain the regulatory processes and board functions and structures
2. Describe steps for licensure, renewal and discipline processes of the BASLP
3. List updates regarding Virginia's participation in the ASLP-IC

AAA/ASHA CE Offering: N/A
Special Considerations: N/A

Disclosures
Financial: Kelli Moss serves as the Executive Director of the Virginia Board of Audiology & Speech-Language Pathology within the Department of Health Professions.
Non-financial: Kelli has no relevant non-financial relationships to disclose.

Presentation Number: 22
Session Track: School-Based Issues
Presentation Title: Vocabulary Intervention to Strengthen Literacy in School-Aged and Adolescent Students
Presenter(s): Dr. Ronda Walker, Ph.D., CCC-SLP
Session Time: 3:30 - 4:30 PM
Intermediate
Professional

Session Summary: Vocabulary knowledge is one of the most robust predictors of literacy success, yet school-based SLPs often face challenges in targeting vocabulary beyond memorization and isolated word learning. This session will provide a deep dive into the advanced role of vocabulary in reading comprehension, written expression, and academic success, drawing from current research on morphology, semantic networks, and disciplinary language. Participants will examine evidence-based strategies to support vocabulary growth in school-aged and adolescent students through an SLP lens, including semantic feature analysis, morphological awareness instruction, and contextualized academic vocabulary interventions across subject areas. Practical case examples and ready-to-use tools will be shared to help SLPs implement high-impact vocabulary practices within therapy sessions, classroom collaborations, and MTSS/RTI frameworks. Attendees will leave with strategies that not only build word knowledge, but also empower students to become flexible, independent word learners.

Time-Ordered Agenda:
5 minutes—Introductions and Disclosures
20 minutes—Overview of the importance of vocabulary in literacy and academics
25 minutes–Case studies and group discussions
10 minutes–Conclusion and wrap up

Learning Outcomes:
1. Analyze the morphological structure of complex academic vocabulary words by identifying and explaining the relationship between prefixes, roots, and suffixes, and how these components contribute to overall word meaning across different academic domains
2. Evaluate the appropriateness and effectiveness of different vocabulary intervention strategies (morphological instruction, semantic feature analysis, contextualized academic vocabulary) for individual students by analyzing student needs, academic demands, and intervention contexts to make evidence-based clinical decisions
3. Create an integrated vocabulary intervention plan that combines morphological awareness instruction, semantic feature analysis, and contextualized academic vocabulary strategies within an MTSS/RTI framework, including specific activities, progress monitoring measures, and collaboration strategies tailored to their school setting

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: Diversity, Equity, and Inclusion

Disclosures
Financial: Ronda Walker is a contract employee of Longwood University.
Non-financial: Ronda has no relevant non-financial relationships to disclose.

Presentation Number: 23
Session Track: Adult Medical
Presentation Title: Identification and Treatment of Sensory-Based Dysphagia
Presenter(s): Madeline Keyes, M.S., CCC-SLP
Session Time: 3:30 - 4:30 PM
Intermediate
Professional

Session Summary: Speech-Language Pathologists have been formally assessing and treating dysphagia for over half a century. Certain motor impairments and disorders can yield clear-cut swallowing treatment plans which may include therapeutic exercise and compensatory strategies; however, rehabilitation and management of sensory-based dysphagia remains more elusive. Common conditions including stroke (Martin et al., 1996; Marian et al., 2018; Labeit et al, 2023), obstructive sleep apnea (Nguyen et al., 2005), laryngopharyngeal reflux (Aviv et al., 2000), Parkinson's Disease (Liancai et al., 2013; Hammer et al., 2013), paradoxical vocal fold motion (Murry et al., 2010), motor neuron disease (Patterson et al., 2025), and presbyphagia (Aviv, 1997; Alvarez-Berdugo et al., 2013), among others, likely include sensory-related swallowing deficits reducing swallowing safety and efficiency. Despite ongoing research and literature updates regarding evaluation options for sensory-based dysphagia (Lever et al., 2022; Kaneoka et al., 2015), clinical practice may only involve subjective clinical judgment as a primary factor in establishing plans of care. Impairment in laryngeal adductor reflex (LAR) has been found to be a significant predictor of aspiration and pneumonia (Setzen et al., 2003; Setzen et al., 2016; Aviv et al., 2009), yet treatments for sensory dysphagia in diverse patient populations remain without consensus. Ongoing research and education are critical for practicing clinicians to optimize their practice in regards to evaluation and treatment options for sensory-based dysphagia to optimize patient outcomes.

Time-Ordered Agenda:
2 minutes: Introduction and disclosures
10 minutes: Overview and background, live survey
8 minutes: Breakdown of different diseases + sensory dysphagia
10 minutes: Evaluation research
15 minutes: Treatment research including pathophysiology
10 minutes: Functional implementation of evaluation and treatment, strategies to advocate for access to EBP tools in the workplace
5 minutes: Conclusion and questions

Learning Outcomes:
1. Implement current best practices for plans of care for sensory-based dysphagia in acute, subacute, and outpatient settings
2. Advocate for access to evidence-based evaluation tools for sensory-based dysphagia in acute, subacute, and outpatient settings
3. Describe pathophysiology of sensory-based dysphagia across various disorders and future research directions

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Financial: Madeline receives a salary from Sentara Healthcare.
Non-financial: Madeline has no relevant non-financial relationships to disclose.

Presentation Number: 24
Session Track: Pediatric SLP
Presentation Title: Evaluating the Whole School Age Student: Putting the Pieces Together
Presenter(s): Jill Barton, MS, CCC-SLP
Session Time: 3:30 - 4:30 PM
Intermediate
Professional

Session Summary: Comprehensive evaluation of school-age students requires speech-language pathologists (SLPs) to integrate multiple data sources to develop an accurate understanding of a student's communication abilities and educational needs. Within special education, school-based SLPs play a critical role in determining eligibility, contributing to multidisciplinary evaluations, and ensuring assessment practices align with federal and state guidelines. This presentation reviews the role of the school-based SLP within the special education evaluation process and examines guidelines that define the scope of practice and eligibility criteria for speech-language services (American Speech-Language-Hearing Association, 2017; Georgia Department of Education, n.d.; South Carolina Department of Education, 2013). Participants will explore strategies for integrating student profiles, developmental histories, academic performance, and formal and informal assessments to develop an appropriate evaluation battery. Emphasis will be placed on synthesizing speech-language assessment results with psychoeducational evaluation data to identify patterns of strengths and needs. Through case-based examples, attendees will practice interpreting multidisciplinary evaluation results to support collaborative decision-making within special education teams. This session provides practical strategies for "putting the pieces together" to ensure evaluations reflect the whole school-age student and support effective educational planning.

Time-Ordered Agenda:
5 minutes - Introductions
15 minutes - Review the guidelines for SLP scope of practice
15 minutes - Discuss various assessments often given in a school-based setting
15 minutes - Case Studies
10 minutes - Closing Remarks

Learning Outcomes:
1. Describe and apply the USDoE's guidelines defining the school-based SLP clinician's scope of practice regarding eligibility and evaluation for Special Education services
2. Integrate a student profile and available assessments to develop an appropriate evaluation battery
3. Interpret case studies, including the addition of psychoeducational evaluation information, to support a successful collaborative Special Education team

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Financial: Jill Barton receives income from Atlanta Public Schools and her private practice, Talking To You Too, LLC. She received a financial honorarium and travel/hotel accommodations from SHAV for this presentation.

Non-financial: Jill Barton is a ASHA State Education Advocacy Leaders (SEAL) member for Georgia, a site visitor for the ASHA Council of Academic Accreditation, and a member of the ASHA MTSS Member Advisory Group.

Presentation Number: 25
Session Time: 3:30 - 4:30 PM

Student Poster Presentations - Please see tab labeled “Monday: Student Research Posters” for specific information including presenters, poster summaries, and presenter disclosures.

AAA/ASHA CE Offering: 0.1 ASHA

Presentation Number: 26
Session Track: Professional Issues
Presentation Title: 2026 SHAV Praxis Bowl
Moderator(s): Melanie-Joy Dorn, MA CCC-SLP & Emily Bromer, M.S., CCC-SLP
Session Time: 5:00 - 5:45 PM
Introductory
Professional

Session Summary: Are you a speech-language pathology graduate student who is prepping for the Praxis? Or are you a practicing speech-language pathologist who volunteers as a clinical supervisor? Or are you a full-time faculty member or adjunct faculty member who loves a good Kahoot? Or, maybe, you are just genuinely curious about how our field has evolved over the years and want to test your clinical skills against contemporary Praxis questions! Well, if you answered yes to any of the above questions, then this is the .1 ASHA CEU for you! Come join colleagues and future colleagues in an interactive and live three-way competition of Students vs Faculty vs Clinical Speech-Language Pathologists! Who will take home the grand prize, (hint it is candy), by answering the most questions correctly across ASHA's "Big 9"… everything from Anatomy and Physiology to Fluency, to School-Age Language Disorders, to Pediatric Feeding Disorder, to Adult Dysphagia, Traumatic Brain Injury, and all topics in-between will be covered! So, bring your phone to vote, grab a friend to laugh with, and be prepared to have make #nerdySLP memories at SHAV!

Time Ordered Agenda:
0-5: Intros and Disclosures
5-10: Discuss Language Disorders
10-15: Discuss Dysphagia
15-20: Discuss Fluency Disorders
20-25: Discuss Speech Sound Disorders
25-30: Discuss Traumatic Brain Injury
30-35: Discuss Cognitive-Communication Disorders
35-40: Discuss Augmentative and Alternative Communication
40-45: Questions and Answers

Learner Outcomes:
1. Identify two anatomical markers important for speech and language
2. Describe the term Pediatric Feeding Disorder
3. Describe the role of a speech-language pathologist in evaluating and treating traumatic brain injury

AAA/ASHA CE Offering: 0.05 ASHA

Disclosures

Melanie-Joy Dorn
Financial: Melanie-Joy has no financial disclosures.
Non-financial: Melanie-Joy is the Vice President of Professional and Government Affairs for SHAV.

Emily Bromer
Financial: Emily receives a salary from Appomattox County Public Schools (ACPS) and is the owner of Hill City Speech Services, PLLC, a private practice in Lynchburg, VA.
Non-financial: Emily is the Vice President of Professional Development and Continuing Education Administrator (CEA) for SHAV. She is a member of ASHA.

Presentation Number: 27
Session Track: Professional Issues
Presentation Title: Microcredentialing Initiative at Longwood University
Presenter(s): Dr. Shannon Salley, SLP.D., CCC-SLP, Dr. Melissa Rhoten, Ph.D., & Dr. Sarah Tanner-Anderson, Ed.D.
Session Time: 5:00 - 6:00 PM
Introductory
Professional

Session Summary: In an everchanging job market, higher education must remain adaptive to ensure students graduate with both technical expertise, essential skills, and the ability to articulate those competencies to future employers. Digital badging provides a flexible, verifiable, and shareable method to recognize these skills and abilities, supplementing traditional academic credentials. This strategic framework outlines implementation of a digital badging initiative at Longwood University. By leveraging microcredentials, Longwood can enhance student engagement, improve career readiness, and strengthen connections across the educational lifecycle-from PK-12 outreach to alumni engagement. Microcredentialing aligns with Longwood's institutional goals, including student retention, workforce development, and lifelong learning. Additionally, it offers an opportunity to create competitive advantages in the rapidly-evolving higher education landscape.

Longwood University, a small, public institution, shares how they started a digital badging initiative on their campus using a working group focused on the "what, why, and how" of alternative credentialing. Participants will compare and contrast a wide range of concepts/definitions associated with alternative credentials, consider the benefit of microcredentialing, and outline the steps necessary for tackling a digital badging initiative at their home institution.

Time-Ordered Agenda:
3 minutes - Introduction
5 minutes - Institutional context/background; History and genesis of our digital badging process
32 minutes - Reflecting upon the process from various angles (what, why, and how)
8 minutes - Pilot badges
5 minutes - Q & A
10 minutes - Brainstorming your process
5 minutes - Wrap up

Learning Outcomes:
1. Compare and contrast definitions and concepts within the broad umbrella of alternative credentials
2. Consider the "what, why, and how" necessary for tackling a microcredentialing initiative
3. Outline steps for a start-up process based on ideas shared

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Shannon Salley
Financial: Dr. Salley receives a salary from Longwood University and travel support for conference presentations.
Non-financial: Dr. Salley has no relative non-financial relationships to disclose.

Melissa Rhoten
Financial: Dr. Rhoten receives a salary from Longwood University and travel support for conference presentations.
Non-financial: Dr. Rhoten has no relative non-financial relationships to disclose.

Sarah Tanner-Anderson
Financial: Dr. Tanner-Anderson receives a salary from Longwood University and travel support for conference presentations.
Non-financial: Dr. Tanner-Anderson has no relative non-financial relationships to disclose.

Tuesday, March 31, 2026

Presentation Number: 27
Session Track: Professional Issues
Presentation Title: Advocating with ASHA
Presenter(s): Dr. Rachel Glade, PhD, CCC-SLP, LSLS Cert. AVT
Session Time: 8:00 - 9:00 AM
Intermediate
Professional

Session Summary: This presentation will review ASHA's public policy agenda, including advocacy priorities related to payment and coverage, service delivery and access, and workforce priorities (ASHA, n.d.). Opportunities to get involved with ASHA advocacy will be presented. Current professional issues will be discussed with recommended action steps provided and upcoming ASHA events will be reviewed.

Time-Ordered Agenda:
5 minutes: Welcome & Introduction
5 minutes: Review the Purpose of the Public Policy Agenda
10 minutes: Review Public Policy Agenda
10 minutes: Discuss Advocacy Priorities
10 minutes: Discuss Opportunities to Get Involved and HCEC
10 minutes: Discuss Current Issues
5 minutes: Discuss the ASHA PAC
5 minutes: Review ASHA Take Action and Conclusion

Learning Outcomes:
1. Review ASHA's 2025-2026 advocacy priorities
2. Identify ways to get involved with advocacy efforts
3. Describe current professional issues and recommended steps to engage in advocacy efforts

AAA/ASHA CE Offering: 0.1 ASHA/AAA
Special Considerations: N/A

Disclosures

Financial: Rachel is a Salaried employee of the University of Arkansas. Her conference attendance is covered by ASHA and the speaker fee waived. She is a textbook author.

Non-financial: Rachel is the VP of Academic Affairs on ASHA's Board of Directors, Member of ArkSHA, Arkansas Hands & Voices, AG Bell Association for the Deaf and Hard of Hearing, and the American Cochlear Implant Alliance.

Presentation Number: 28
Session Track: Audiology
Presentation Title: The Parent Load: Burnout, Overwhelm, and Sustainable Support
Presenter(s): K. Todd Houston, PhD, CCC-SLP, LSLS Cert. AVT
Session Time: 9:30 - 10:30 AM
Intermediate
Professional

Session Summary: Parents of children with hearing loss—and parents of children with disabilities more broadly—often carry a relentless blend of decision-making, service navigation, advocacy, and emotional labor. Over time, this "parent load" can show up as burnout, overwhelm, and a harsh internal narrative that quietly erodes confidence and family well-being. This session synthesizes recent research on caregiver stress and adaptation (including concepts such as chronic sorrow) and translates it into practical, capacity-aware tools that clinicians can teach and model. Participants will learn a simple language framework (the SOS Model: Sense It, Own It, Shift It, Live It) and a set of micro-scripts that help parents slow escalation, reduce shame, and choose the next best step—especially during appointments, school meetings, and high-pressure conversations. The emphasis is on realistic support that fits real schedules: small words, small behaviors, practiced often.

Time-Ordered Agenda:
2 minutes: Disclosures + framing: caregiver load is real; this is support, not blame
2 minutes: Learning objectives + “why this matters.”
8 minutes: What the research shows: caregiver stress in hearing loss/disability contexts; impact on work/social life
6 minutes: Why overwhelm happens: decision density, uncertainty, access friction, social friction.
6 minutes: Grief → adaptation: waves, chronic sorrow, predictable triggers; what helps/what harms (especially from professionals)
3 minutes: Frankl pivot: building the space between stimulus and response.
13 minutes: SOS Model walkthrough: Sense It → Own It → Shift It → Live It (parent-friendly examples).
12 minutes: Micro-scripts toolkit + Live It plan: appointments, IEP/504 meetings, family/friends boundaries; what helps/harms from professionals; clinician scripts for co-regulation.
6 minutes: Case vignettes (choose 1 of 3) + quick rehearsal practice (pair/share or individual)
2 minutes: Resources, referral language, closing message, Q&A.

Learning Outcomes:
1. Describe common drivers of stress and burnout in parents/caregivers of children with hearing loss (and other disabilities)
2. Explain why grief is often an ongoing adaptation process and identify predictable triggers (e.g., transitions, milestones, chronic sorrow)
3. Select and rehearse practical tools (SOS + micro-scripts) and create a 7-day “Live It” micro-rehearsal plan that fits real family life

AAA/ASHA CE Offering: 0.1 ASHA/AAA
Special Considerations: N/A

Disclosures
Financial: Dr. Houston is receiving an honorarium for the presentation. Additionally, travel and hotel accommodations and conference registration are provided by SHAV.

Non-financial: There are no relevant non-financial relationships to disclose.

Presentation Number: 29
Session Track: School-Based Issues
Presentation Title: When actions speak: Understanding autistic “behavior” as communication
Presenter(s): Dr. Erinn Finke, Ph.D., CCC-SLP
Session Time: 9:30 - 11:00 AM
Intermediate
Professional

Session Summary: Challenging behavior in autistic children is often approached through compliance-based models that prioritize control and surface-level behavior change. This session reframes “challenging behavior” through a neurodiversity-affirming, communication-centered lens, emphasizing behavior as meaningful communication and a signal of nervous system distress, unmet needs, or environmental mismatch. Drawing on principles of co-regulation, polyvagal theory, functional assessment, and AAC-informed practice, participants will explore how stress physiology, communication access, and relational safety shape behavior. Grounded in ethical, trauma-informed, and dignity-centered frameworks, this session highlights how clinicians and educators can shift from behavior management to relationship- and communication-based support plans. Case examples illustrate how honoring autonomy, supporting regulation, and expanding communicative options can reduce distress and promote authentic participation, connection, and well-being for autistic children.

Time-Ordered Agenda:
5 minutes: Welcome and framing the shift

10 minutes: Reframing “challenging behavior”

15 minutes: Behavior/Actions as communication

15 minutes: Stress, regulation, and the nervous system

10 minutes: Co-regulation over compliance

15 minutes: Affirming assessment

15 minutes: From Behavior plans to support plans

5 minutes: Closing takeaways

Learning Outcomes:

1. Explain challenging behavior as meaningful communication, identifying how stress physiology, sensory processing differences, communication access, and environmental context contribute to dysregulation rather than viewing behavior as intentional noncompliance
2. Apply neurodiversity-affirming functional assessment principles to analyze behavior by examining antecedents, consequences, unmet needs, and contextual factors, with particular attention to communication, autonomy, and relational safety
3. Describe relationship- and communication-based support strategies that prioritize co-regulation, AAC access, environmental adaptations, and respect for bodily autonomy over compliance-based behavior management approaches

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Financial: Dr. Finke received travel accommodations, hotel accommodations, an honorarium, and waived conference registration for her presentation.

Non-financial: Dr. Finke has no relevant non-financial relationships to disclose.

Presentation Number: 30
Session Track: Adult Medical
Presentation Title: Communication Partner Training: Techniques for the SLP
Presenter(s): L. Renee Garrett, MSEd, CCC-SLP, CBIS
Session Time: 9:30 - 10:30 AM
Introductory
Professional

Session Summary: Communication partner training (CPT) is an important component to effective treatment for disorders like aphasia, TBI and other cognitive linguistic disorders. Key components of CPT include education and awareness, practical strategies, simulations/role playing, personalized plans, and ongoing support to include emotional and social support .

Time-Ordered Agenda:
5 minutes - Disclosures, Introduction
10 minutes - Definition and rationale
20 minutes - How to use CPT
15 minutes - Case studies and resources
10 minutes - Q&A

Learning Outcomes:

1. Utilize strategies for communication partner training immediately in your practice
2. Discuss 3 ways we can train communication partners to be more effective
3. Identify gaps in interprofessional and personal relationships that could improve with communication partner training

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Financial: Renee is the owner/founder of BrainBridge Connect, LLC. She is an adjunct faculty instructor for James Madison University and Old Dominion University. As the host of “Brainstorms: Functional Neurorehab for SLPs, Renee receives financial compensation from SpeechTherapyPD. She received travel and hotel accommodations for her SHAV presentations.

Non-financial: Renee is the secretary for the Communication Disorders Foundation of Virginia.

Presentation Number: 31
Session Track:
Presentation Title: Communication Connections: Interprofessional Collaboration Between SLP Students & Childcare Providers
Presenter(s): Corey Cassidy, PhD, Meshawn Burks, MS, Ally DeHoff, BS, Hannah Hodges, BS, & Alena Wright, BS
Session Time: 9:30 - 10:30 AM
Introductory
Professional

Session Summary:
As speech-language pathologists (SLPs) serving children with disabilities, we must be prepared to collaborate with professionals across early childhood (EC) and childcare settings (Lieberman-Betz et al., 2019). SLP training programs are required to incorporate interprofessional education (IPE) and collaborative practice into their curricula (CAA, 2023), yet SLPs often report feeling unprepared for interprofessional practice (IPP) in early intervention (EI) and EC settings (Caesar, 2022; Wallace et al., 2022). To address this preparation gap, Radford University's Speech-Language and Hearing Clinic developed a practice-based IPE initiative where SLP graduate students collaborated directly with childcare educators to provide services to toddlers and preschoolers in a community childcare setting. Grounded in evidence-based frameworks for IPE and IPP (Coufal & Woods, 2018; Armstrong et al., 2023), this program created real-world learning opportunities that enabled graduate students to build collaborative capacity while implementing SLP best practices within naturalistic environments. This session will explore the foundations of IPE and IPP in EI/EC (Bricker et al., 2022), the unique benefits and challenges of collaborative service delivery between pre-service SLPs and in-service childcare providers, and the practical lessons learned during the pilot year of the Early Childhood Clinic. Attendees will gain insight into strategies for effective collaboration and shared decision-making with early educators to enhance communication and developmental outcomes for young children across inclusive childcare settings (Boyer & Thompson, 2014; Lieberman-Betz et al., 2023).

Time-Ordered Agenda:
5 minutes – Brief introduction of presenters and session goals. Review learning outcomes and outline session structure.

10 minutes – Define interprofessional education (IPE) and collaborative practice (IPP) with emphasis on early intervention (EI) and early childhood (EC) settings. Present key research and accreditation standards (e.g., CAA, IDEA).

10 minutes -- Describe the development and structure of the pilot program. Highlight how graduate SLPs collaborated with childcare providers in natural environments.

10 minutes – Present real-world experiences and graduate student reflections from the pilot year. Discuss collaborative wins, common barriers (e.g., communication styles, time constraints), and student/educator perspectives.

10 minutes – Share actionable techniques (e.g., embedding goals into routines, modeling strategies, shared goal setting). Provide sample tools or templates for attendees.

10 minutes – Facilitate participant reflection on how they might implement or adapt similar IPE experiences in their own settings.

5 minutes – Engage in question/answer and sharing of participant experiences in interprofessional collaboration in early intervention/early childhood settings.

Learning Outcomes:

1. Identify and discuss how interprofessional education and collaborative practice prepare pre-service SLPs for team-based services in childcare and early education settings
2. Analyze the benefits and challenges of collaborative practice between pre-service SLPs and early childhood educators in inclusive childcare environments
3. Apply practical strategies and resources to improve communication, collaboration, and connection between SLPs and childcare providers, enhancing developmental outcomes for children with disabilities

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: Diversity, Equity, and Inclusion

Disclosures

Corey Cassidy
Financial: Corey is employed by Radford University as a faculty member in the Department of Communication Sciences and Disorders.
Nonfinancial: Corey has no nonfinancial disclosures

Meshawn Burks
Financial: Meshawn has no financial disclosures.
Nonfinancial: Meshawn has no nonfinancial disclosures

Ally De Hoff
Financial: Ally has no financial disclosures.
Nonfinancial: Ally has no nonfinancial disclosures

Hannah Hodges
Financial: Hannah has no financial disclosures.
Nonfinancial: Hannah has no nonfinancial disclosures

Alena Wright
Financial: Alena has no financial disclosures.
Nonfinancial: Alena has no nonfinancial disclosures

Presentation Number: 32
Session Track: Pediatric SLP
Presentation Title: Incorporating Emergent Literacy Skills into Clinical Practice
Presenter(s): Sydney Bassard, MSP, CCC-SLP
Session Time: 9:30 - 11:00 AM
Intermediate
Professional

Session Summary:
ABCs and I23s are at the top of many families ' lists of concepts to learn. While these tend to be rote memorization concepts, professionals can focus on early literacy from the start of therapy. Emergent literacy skills (oral language, print knowledge, and phonological processing) help set the foundation for later reading skills. Since each of these areas can be addressed from birth, it is vital for SLPs to understand the role of oral language in reading and to help coach families on how to naturally work reading skills into daily activities.

Time-Ordered Agenda:

5 minutes - Introduction

5 minutes - Review of the Simple View of Reading and the Reading Rope

15 minutes - Each section of emergent literacy

10 minutes - Vocabulary + activity

10 minutes - Language + activity

10 minutes - Speech sounds + activity

10 minutes - Challenges when using books in therapy

15 minutes - connections to classroom

5 minutes - connections to carry over in the home

5 minutes - Q&A

Learning Outcomes:
1. Define emergent literacy and the three skills that compose this period
2. Explain how to incorporate emergent literacy skills into sessions
3. Demonstrate the use of emergent literacy tasks in therapy

AAA/ASHA CE Offering: 0.15 ASHA
Special Considerations: N/A

Disclosures
Financial: An honorarium, vendor booth, and travel expenses were compensated to the speaker for this presentation. Sydney is the owner of The Listening SLP. She sells products on Teachers Pay Teachers and through her website.

Non-financial: Sydney has no relevant non-financial relationships to disclose.

Presentation Number: 33
Session Track: SLP Pediatric
Presentation Title: Are you listening? No, I'm paying attention.
Presenter(s): Nick Parrish
Session Time: 9:30 - 10:30 AM
Intermediate
Professional

Session Summary:
You've likely heard someone say something to the effect of, "You're hearing me, but you're not listening." What people typically mean by this is, someone is receiving the audio or visual messaging but not complying with the commands or responding how they think the recipient should, given what was communicated.

A child is running and yelling, and we say, "Stop!" In that one syllable word, we expect them stop running, stop yelling, get still, and look at us. Expectancy violation theory (EVT; Burgoon, 1993; Burgoon & Jones, 1976) and expectancy theory (Riggio, 2015; Van Eerde & Thierry, 1996; Zajda, 2023) both support this. We tend to think of adult to adult interactions and outcomes, but especially in the language pathology field, the interactions are often adult to child.

How can we be more cognizant of our adult expectations and norms when conducting pediatric therapy? This session will illuminate some common expectations that are often applied to children, that can lead to misunderstanding and even frustration or doubt, which carries into social settings and impacts outcomes.

We will discuss techniques and practices that can give children age-appropriate tools to 1. Interpret and respond to adult expectations and 2. To better articulate and convey their own feelings and expectations to adults or their peers. Examples drawing from the use of Kimochis in school and clinical settings will be used, and free resources will be offered as a part of this session.

Time-Ordered Agenda:
5 Minutes: Intro & Opening Prompts
10 Minutes: Learning objective review + basis in reality
20 Minutes: Lecture
15 Minutes: Lecture + Interactive dialogue
10 Minutes Q&A, Closing remarks, access to free resources provided

Learning Outcomes:
1. Understand several "normal" social cues and appreciate how they lead to common disconnects with kids.
2. Practice tools and techniques that can bridge the gap between expectation and reality during therapy and everyday social interactions.
3. Leave more aware and curious about ways we can model "paying attention" to those around us, even our clients, students, patients, etc.

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: DEI

Disclosures
Financial: Nick is an employee of Plushy Feely Corp (Kimochis)
Non-financial: Nick has no nonfinancial disclosures.

Presentation Number: 34
Session Track: Professional
Presentation Title: INTEGRATE & INSPIRE: Applying Your Leadership Superpower
Presenter(s): Laura Verdun M.A., CCC/SLP, ASHA Fellow, Jessica Sullivan PhD
Session Time: 9:30 - 10:30
Intermediate
Professional

Session Summary:
As the landscape of our professions evolves—shaped by advances in science, technology, and workforce needs—so too must the leaders who inspire and influence change. Leadership is not a title, but a pathway available to all. What if you discovered a leadership superpower within you, waiting to be unlocked?
In 2025, SHAV participants began that journey by identifying their unique Leadership SuperPower™—visionary, directive, systemic, relational, logical, or flexible. In 2026, we take the next step: moving from discovery to application. This session focuses on translating awareness into action, equipping you to activate your strengths in professional, academic, and volunteer leadership roles. Returning participants will build on last year's insights; first-time attendees will find an engaging entry point with immediate, practical value.
Guided by Jessica Sullivan, Audiologist and Communicative Sciences & Disorders Department Chairperson, Hampton University, and Laura Purcell Verdun, Speech-Language Pathologist and Owner of Voicetrainer, LLC—leaders with 50+ years of combined experience—you will:
• Confirm or revisit your superpower through the Leadership SuperPowers™ quiz.
• Apply your strengths to leadership opportunities from micro-volunteering to organizational influence.
• Learn from lived examples of superpowers in action.
• Create a personalized action plan to guide your leadership trajectory.
This engaging interactive session emphasizes that leadership is iterative, adaptive, and rewarding. By harnessing your superpower—and learning how to activate it in new contexts—you will be prepared to elevate your team, your career, and the professions of audiology and speech-language pathology.

Time-Ordered Agenda:
5 minutes—Introductions and Disclosures
10 minutes— Take Leadership SuperPowers™ quiz
10 minutes—Review of 6 superpowers and relevance to personal scenario
30 minutes—Discuss superpower integration and inspirational path forward
5 minutes—Q&A

Learning Outcomes:
1. Take the Leadership SuperPowers™ quiz to identify or review your superpower
2. Reflect upon your identified superpower and how it can be integrated into your current situation
3. Define the next inspirational step in your leadership pathway

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Laura Verdun
Financial: Laura is the Owner of Voicetrainer, LLC.
Non-financial: Laura is the ASHA CFCC Chair-Elect, 2025; Chair, 2026, ASHFoundation, Board of Trustees, 2025-2027

Jessica Sullivan
Financial: Jessica is employed by Hampton University, Communicative Sciences & Disorders as the Department Chair, Associate Professor
Non-financial: Jessica sits on the ASHFoundation, Board of Trustees; Chair, VP of Development
Presentation Number: 35

Session Track: Audiology
Presentation Title: Going from the Test Booth to the C-Suite: Practice Management Skills Every Audiologist Needs to Become a Top-Tier Executive
Presenter(s): Brian Taylor, AuD
Session Time: 10:45 - 11:45 AM
Advanced
Professional

Session Summary: Transitioning from clinical expert to effective CEO requires a new skill set. This course covers core topics including financial literacy tailored to audiology, strategic time management and productivity techniques, effective delegation and staffing strategies, and long-term strategic planning. Whether launching a new clinic or optimizing an existing one, participants will gain the confidence and knowledge to lead their practice with clarity, efficiency, and sustainable growth in a competitive healthcare environment. Going From Clinician to CEO: Practice Management Skills Every Audiologist Needs is a practical course designed to equip audiologists with essential business and leadership tools for running a successful practice.

Time-Ordered Agenda:
5 minutes - Introduction
15 minutes - Financial Literacy for Audiology Practice Owners
15 minutes - Time Management, Productivity & Delegation
15 minutes - Staffing & Operational Leadership
8 minutes - Long-Term Strategic Planning for Sustainable Growth
2 minutes - Questions

Learning Outcomes:
1. Differentiate the mindset and responsibilities of a clinical audiologist versus a practice CEO, and identify key leadership competencies required for sustainable practice growth
2. Apply foundational financial and operational principles including basic financial literacy, delegation, and productivity strategies to improve practice efficiency and profitability
3. Develop a high-level strategic framework for staffing, time management, and long-term planning tailored to independent audiology practices

AAA/ASHA CE Offering: 0.1 ASHA/AAA
Special Considerations: N/A

Disclosures
Financial: Brian Taylor is employed by WS Audiology and receives a salary from them. Additionally, travel arrangements were provided by SHAV; registration to the SHAV conference was waived for this presentation.

Non-financial: There are no relevant non-financial relationships to disclose.

Presentation Number: 36
Session Track: Adult Medical
Presentation Title: Empowering Caregivers Across the Lifespan: The Role of the SLP
Presenter(s): L. Renee Garrett, MSEd, CCC-SLP, CBIS
Session Time: 10:45 - 11:45 AM
Intermediate
Professional

Session Summary: Caregivers are a crucial support for many chronically ill or acutely ill patients. Caregiving is not limited to one age, one disease process or one progressive neurological disease. Whether the concerns are for legal matters, financial matters or caregiver burnout, this course identifies how those roles impact the caregiver and the patient. By identifying resources and solutions, we can provide that "spark" to keep families and caregivers supported and lower the risk of burnout. Deep dives into case studies and caregiver interviews included.

Time-Ordered Agenda:
5 minutes - Disclosures, Introduction
10 minutes - Caregiver review and statistics
20 minutes - Care options
15 minutes - Case studies and resources
10 minutes - Q&A

Learning Outcomes:
1. Identify physical and emotional characteristics of caregiver stress.
2. Describe the role of speech-language hearing professionals in providing caregiver support and resources.
3. Describe 3 concerning signs of caregiver burnout.

AAA/ASHA CE Offering: 0,1 ASHA
Special Considerations: N/A

Disclosures
Financial: Renee is the owner/founder of BrainBridge Connect, LLC. She is an adjunct faculty instructor for James Madison University and Old Dominion University. As the host of "Brainstorms: Functional Neurorehab for SLPs, Renee receives financial compensation from SpeechTherapyPD. She received travel and hotel accommodations for her SHAV presentations.

Non-financial: Renee is the secretary for the Communication Disorders Foundation of Virginia.

Presentation Number: 37
Session Track: Pediatric SLP
Presentation Title: Parental Touch in Infant-Directed Communication: Lessons from Deaf Parents with Deaf and Hearing Babies
Presenter(s): Dr. Brenda Seal, Ph.D., CCC-SLP, ASHA-F, SHAV-F
Session Time: 10:45 - 11:45 AM
Intermediate
Research

Session Summary: Speech-language pathologists, audiologists, and others working in early intervention (EI) are likely to attend to and encourage caregivers to use Infant-Directed Speech and/or Infant-Directed Signing with babies at risk for language delay. Characteristics of both IDSpeech (e.g., Byers-Heinlein et al., 2021) and IDSigning (e.g., Roberts & Hampton, 2018) have stressed remarkable auditory and visual behaviors that nurture an infant's attention to language input. Recent research (e.g., Abu-Zhaya et al., 2016; 2019; Botera, 2016) suggests that IDSpeech and IDSigning are much more than traditionally-defined "motherese." Infant-Directed Communication, embracing both spoken and signed languages, appears to be multimodal (e.g., Murillo et al., 2025), inclusive of caregiver touch as a critical component in nurturing language throughout the first year of life.

This seminar describes infant-directed touch (IDT) as a promoter of joint attention, infant reaching-and-grasping that leads to ostensive-and-communicative gesturing that leads to first words/signs. Research also suggests that IDT is intuitive for many caregivers but not equally distributed across all caregivers with their infants. Videorecorded interactions of deaf parents with their 5 hearing and 5 deaf 10-month-olds were coded and analyzed to reveal more attention-getting touch with the hearing babies, but more attention-maintaining and signing touch with the deaf babies. Literature and lab findings call for increased attention from SLPs and AUDs to assess and encourage touch in both clinical and home EI settings, and with both deaf and hearing parents.

Time-Ordered Agenda:
5 minutes: Introduction, Disclosures
15 minutes: Terminology, Background, Importance
15 minutes: Literature Review, Question
20 minutes: Results, Relevance
5 minutes: Questions

Learning Outcomes:
1. Explain how infant-directed touch supports infants' early sensory-motor development and language acquisition directed communication in the first year of life
2. Differentiate among types and locations of touch, including tactile signing used by deaf signing parents with their infants
3. Discuss the role of clinician observations in evaluating and coaching parents/caregivers in infant-directed touch, and in encouraging continued research to benefit infant-directed communication in the first year of life

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: Diversity, Equity, and Inclusion

Disclosures
Financial: Dr. Seal has no relevant financial relationships to disclose.
Non-financial: The research presented during this presentation represents Gallaudet University IRB-approved and parent-informed consent awarded to Brenda Seal.

Presentation Number: 38
Session Track: School-Based Issues
Presentation Title: Developmental Language Disorder: Do's and Dont's
Presenter(s): Dr. Danika Pfeiffer, PhD, CCC-SLP & Dr. Michelle Lenhart, PhD, CCC-SLP
Session Time: 10:45 - 11:45 AM
Introductory
Professional

Session Summary:
Purpose
Developmental language disorder (DLD) is a lifelong condition that impacts spoken and/or written language abilities of 7-10% of children (Norbury et al., 2016). Due to the nature of this disorder, it is important to identify and support children with DLD to minimize the impact of language difficulties on academic success and social-emotional well-being. The purpose of this presentation is to summarize evidence-based strategies and best practices when assessing and treating preschool and school-aged children with developmental language disorders.

Significance to the Field
Given the most recent prevalence estimates (Norbury et al., 2016), developmental language disorder impacts approximately two students per classroom. Speech-language pathologists are the primary professional who identifies and provides individualized intervention for children with developmental language disorders; therefore, knowledge of evidence-based practice for assessment and intervention is essential for these clinicians.

Detailed Description
Developmental language disorder (DLD) is a term that refers to a persistent challenge with receptive and/or expressive language that impacts daily activities without a clear etiology (Bishop et al., 2017). It is a neurodevelopmental disorder that affects approximately 7-10% of children. Children with DLD are at a higher risk for academic challenges, including difficulties with reading, spelling, writing and/or math, but also for socio-emotional and behavioral difficulties such as anxiety, depression, bullying, poorer friendships, and increased likelihood of criminal legal system involvement (McGregor, 2020; Snow, 2019). Despite this, DLD remains relatively unknown and is understudied (McGregor, 2020). Best practices for DLD assessment include pervasive use of diagnostically accurate screening tools (Komesidou & Summy, 2020). Following a referral, a comprehensive assessment will use a variety of tools to make a clinical decision. These may include standardized norm-referenced or criterion-referenced assessments, language sample analysis, observations, curriculum-based and dynamic assessment tools, and parent and/or teacher input (Bishop et al., 2016; Denman et al., 2019; Hunt et al., 2022). Best practices, particularly when considering children who are culturally and/or linguistically diverse, will be discussed. Historically, school-based practitioners have expressed uncertainty regarding using a medical diagnosis instead of the educational disability categories established by the Individuals with Disabilities Education Act (Murza & Ehren, 2020). Clarifications of the federal guidelines and use of the term DLD will be discussed (Hogan et al., 2023), including potential advantages and disadvantages of using the term clinically. Developmental language disorder may affect the production and comprehension of phonology, morphology, syntax, semantics, pragmatics of language in any modality (Bishop et al., 2017). While iIntervention for DLD should address both spoken and written language, we will only address spoken language in this 1-hour presentation. Since the presentation of DLD is heterogeneous, there are many different interventions for children with DLD. Due to time limitations, instead of discussing specific interventions in detail, we will review overarching evidence-based intervention strategies and principles that clinicians can use to support preschool and school-aged children with DLD. These will include the use of explicit and implicit approaches (Baron & Arbel, 2022), a functional language approach (Owens, 2024), and shared book reading (e.g., Storkel et al., 2019).

Implications for Practice
This presentation will provide clinicians with evidence-based guidelines to use in their clinical practice to both identify children with DLD and provide supportive intervention services. Attendees will be provided

with several resources to learn more about DLD to share with their colleagues in their workplaces including other educators and service providers.

Time-Ordered Agenda:
3 minutes - Introductions and Disclosures

12 minutes - Presentation overview and background of developmental language disorder

20 minutes - Evidence-based screening and evaluation guidance with fictional case study

20 minutes - Evidence-based intervention strategies with fictional case study

5 minutes - Conclusion and Q&A

Learning Outcomes:

1. Summarize evidence-based recommendations for evaluating children for developmental language disorder
2. Explain evidence-based intervention strategies for working with children with developmental language disorder
3. Integrate evidence-based evaluation and/or intervention guidance into their clinical practice with children with developmental language disorder

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Dr. Danika Pfeiffer
Financial: Danika receives a salary from Old Dominion University. She also receives grant funding for her research from the National Institutes of Health's National Institute on Deafness and Other Communication Disorders.

Non-financial: Danika is the Editor of Perspectives, SIG 16: School-Based Issues.

Dr. Michelle Lenhart
Financial: Michelle receives a salary and travel support from her employer, Radford University. She has no other relevant financial relationships to disclose.

Non-financial: Dr. Lenhart has no non-financial relationships to disclose.

Presentation Number: 39
Session Track: Professional Issues
Presentation Title: Envisioning Inclusive Care: Exploring Gender-Inclusive Practices in Speech-Language Pathology
Presenter(s): Harper French, B.S., Dr. Vrushali Angadi, PhD, CCC-SLP, Dr. Corey Cassidy, PhD, CCC-SLP, & Dr. Keith Gentry, EdD, MS-OTR/L, SCLV, SCFES
Session Time: 10:45 - 11:45 AM
Introductory
Research

Session Summary:
Background: The field of communication sciences and disorders lacks a comprehensive, unified framework to support gender-inclusive care. While gender-affirming voice therapy has brought increased attention to the needs of transgender and gender-diverse (TGD) individuals, many continue to seek a broader range of speech-language services.

Aims/Objectives: This study explores how speech-language pathologists and clinical fellows are trained to provide care to TGD individuals, current attitudes towards their treatment, knowledge of barriers to seeking therapy, and the profession's preparedness to meet the diverse needs of this population.
Methods: This was a mixed-methods study, combining quantitative and qualitative approaches to provide a more comprehensive understanding of the data. The survey generated free-text responses, prompting the inclusion of a qualitative approach to capture themes beyond numerical patterns and provide insight into participants' attitudes and practices.

Results: The results of this study will offer insight into the current training, clinical practices, and professional standards in SLP align with the ethical expectations outlined by the ASHA Code of Ethics and the educational competencies emphasized by the Council on Academic Accreditation (CAA). By identifying gaps in preparedness, highlighting clinician experiences, and drawing interdisciplinary comparisons, the findings aim to inform curriculum development, support ethical and inclusive care, and promote systemic change across clinical and academic settings.

Conclusions: By identifying these gaps, the findings aim to promote systemic change across clinical settings. This session will emphasize the importance of cultural humility, interdisciplinary collaboration, and practical strategies for implementing inclusive practices across clinical settings.

Time-Ordered Agenda:
5 minutes - Welcome & Objectives
10 minutes - Background & Rationale
10 minutes - Study Design & Methodology
10 minutes - Preliminary Data & Analysis
10 minutes - Discussion & Implications
10 minutes - Interactive Activity / Reflection
5 minutes - Summary, Takeaways, and Questions

Learning Outcomes:
1. Analyze current trends in training and preparedness among speech-language pathologists (SLPs) and clinical fellows in providing inclusive care to transgender and gender-diverse (TGD) individuals
2. Identify gaps and opportunities within current SLP practices that can be improved in regard to delivery of gender-inclusive care
3. Identify regional and contextual differences in reported practices to better understand geographic and setting-related barriers to inclusivity

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: Diversity, Equity, and Inclusion

Disclosures

Harper French
Financial: Harper has no relevant financial relationships to disclose.
Non-financial: Harper has no relevant non-financial relationships to disclose.

Dr. Vrushali Angadi
Financial: Dr. Angadi receives a salary from Radford University.
Non-financial: Dr. Angadi has no relevant non-financial relationships to disclose.

Dr. Corey Cassidy
Financial: Corey Herd Cassidy is employed by Radford University as a faculty member in the Department of Communication Sciences and Disorders.
Non-financial: Corey Herd Cassidy has no relevant non-financial relationships to disclose.

Dr. Keith Gentry
Financial: Keith Gentry is employed by Radford University as a faculty member in the Department of Occupational Therapy.
Non-financial:Dr. Gentry has no relevant non-financial relationships to disclose.

Presentation Number: 40
Session Track: School-Based Issues
Presentation Title: Supporting Language and Literacy with AAC using Grid
Presenter(s): Nikki Bruner, M.S., CCC-SLP and Melanie Gylling, M.A., CCC-SLP
Session Time: 1:00 - 2:00 PM
Introductory
Professional

Session Summary: Access to comprehensive and multi-modal augmentative and alternative communication (AAC) supports in a language-rich environment facilitate early learners in developing language and communication skills (Davidoff, 2017). There is a foundational relationship between language and literacy development with each supporting the development of the other. In early learners, the acquisition of literacy supports the growth of vocabulary, sentence structure, and narrative skills, while robust language development enhances the ability to decode and comprehend written text. For early learners using AAC, literacy development opens new pathways for self-expression, cognitive development, and participation in the world. Understanding how literacy and language development influence one another is crucial for designing effective early intervention strategies, particularly in the AAC field where communication barriers often exist. In this session, we will explore ways that various AAC supports can serve as effective tools for enhancing early literacy instruction while promoting language development. We will take an in-depth tour of Grid software, which provides high-tech access to AAC for language, learning, literacy activities and a platform to create lite-tech supports, to explore tools that can be used to support language-rich environments and promote early literacy learning. Fun and practical applications of these tools and strategies will be discussed to provide attendees with techniques that can be immediately implemented across environments. By the end of the session, attendees will be equipped with the knowledge and tools necessary to make meaningful contributions to support the literacy development of early learners using AAC more effectively.

Time-Ordered Agenda:
5 minutes: Introductions and disclosure
15 minutes: Overview and background: AAC and literacy
5 minutes: Relationship between language and literacy
30 minutes: AAC supports for language and literacy development
5 minutes: Conclusion and Q&A

Learning Outcomes:
1. Identify one online based literacy support for early readers
2. Describe a recent research finding about how symbols affect literacy learning for AAC users
3. Identify three specific AAC supports within Grid software to support literacy development

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Nikki Bruner
Financial: Nikki Bruner receives a salary from Talk To Me Technologies, where she is employed as an AAC Consultant.
Non-financial: Nikki Bruner receives free demo equipment while in this role. She is also a member of ASHA and ASHA SIG 12.

Melanie Gylling
Financial: Melanie Gylling receives a Salary from Smartbox Assistive Technology, where she is the Director of Clinical Education.
Non-financial: Melanie Gylling is a member of ASHA, ASHA SIG 12, ISAAC, and USAAC. She also is a member of the DEIA Committee and AAC Awareness committees for USSAAC but receives no compensation.

Presentation Number: 41
Session Track: Pediatric SLP
Presentation Title: Strengthening the Future of EI: Interdisciplinary University and Community Partnerships
Presenter(s): Corey Cassidy, PhD, CCC-SLP, Safiya Ferryman, MS, CCC-SLP, Corinne Hill, MEd, Sara Miller, EdD, & Christine Spence, PhD
Session Time: 1:00 - 2:00 PM
Introductory
Professional

Session Summary: The Virginia Early Intervention/Preservice Consortium offers a unique platform for faculty and staff across Virginia's universities to collaborate in advancing the quality and accessibility of early intervention (EI) preparation through student placements and course content. This session will explore how the Consortium enhances stronger partnerships with local EI systems, creates research opportunities, and shares resources that enrich the education and preparation of future early interventionists. This collaborative approach not only supports the professional development of preservice students and emerging providers but also contributes to the improvement of EI services statewide. During this session, members of the Consortium will share the history of the group, including the challenges and successes in maintaining active participation. We will share projects the Consortium has collaborated on, with the goals of increasing knowledge about EI within personnel preparation programs and building stronger partnerships between the state early intervention staff and the institutes of higher education. Speech-language pathologists will have the opportunity to reflect on their role in supporting the future early intervention workforce by engaging in conversation with the members about the needs, challenges, and opportunities of future EI providers and practices across the Commonwealth of Virginia.

Time-Ordered Agenda:
10 minutes - Welcome and introductions
10 minutes - Consortium overview: history, structure, and goals
10 minutes - Strengthening local EI systems: partnerships and research
10 minutes - Resource sharing and educating future early interventionists
15 minutes - Interactive discussion and Q&A
5 minutes - Closing remarks and takeaways

Learning Outcomes:
1. Analyze how the Virginia Early Intervention/Preservice Consortium fosters stronger connections between universities and local early intervention systems
2. Describe practical strategies for leveraging community partnerships and shared resources to enrich the education and preparation of future early interventionists, helping improve student training and EI services statewide
3. Assess how an early intervention/preservice consortium can create research opportunities and support the professional development of both preservice students and emerging providers, contributing to the continuous improvement of early intervention practices and growing the early intervention workforce

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Dr. Corey Cassidy
Financial: Corey Herd Cassidy is employed by Radford University as a faculty member in the Department of Communication Sciences and Disorders.
Non-financial: Corey Herd Cassidy has no relevant non-financial relationships to disclose.

Safiya Ferryman
Financial: Safiya has no relevant financial relationships to disclose.
Non-financial: Safiya has no relevant non-financial relationships to disclose.

Corinne Hill
Financial: Corinne has no relevant financial relationships to disclose.
Non-financial:Corinne has no relevant non-financial relationships to disclose.

Dr. Sara Miller
Financial: Sara has no relevant financial relationships to disclose.
Non-financial: Sara has no relevant non-financial relationships to disclose.

Dr. Christine Spence
Financial: Christine has no relevant financial relationships to disclose.
Non-financial: Christine has no relevant non-financial relationships to disclose.

Presentation Number: 42
Session Track: Audiology
Presentation Title: Advancing APD Services: Evidence-Based Assessment and Program Implementation in Audiology Practice
Presenter(s): Kavita Kaul, Au.D, MS, CCC-SLP/A
Session Time: 1:15 - 3:15 PM
Intermediate
Professional

Session Summary: In Jack Katz's own words, difficulty understanding Auditory Processing (AP) is because AP problems are heterogenous. To add confusion there are many approaches in evaluating these children and in dealing with their problems. Finally, it is often hard to see how the school/ communication problems of the child relate to the tests administered, and therapy or management strategies that are recommended. The Buffalo Model is based on the definition of AP is what we do with what we hear. It is not something we can measure with a simple hearing test. Rather, it is the efficiency with which individuals can manage the more complex auditory information that they hear. The Central auditory system is extensive and requires exquisite precision; little wonder that there is such diversity in AP problems, depending on where the breakdown/difficulty may be. However, based on the child's auditory test performance, we can predict with good accuracy the difficulties that he or she has in learning and communication. This relationship between the child's problems and the test results adds confidence in the methods we use. Importantly, it helps us to develop an effective program of remediation and support based on the specific test findings. This brief review will present the Buffalo Model to help clarify these issues. It should help in understanding what our tests do and to relate the findings to the appropriate remedial approaches.

Time-Ordered Agenda:
15 minutes – What is Auditory Processing and how it relates to functional skills
15 minutes – AP training and its implications and implementation in the Audiology practice:
Function outcomes and the intrinsic rewards in clinical practice
Enhancing the quality of Audiology practice beyond hearing aids for amplification and fitting.
Financial benefits
15 minutes – AP categories according to the time tested Buffalo Model using quantitative and qualitative scoring methods
15 minutes – Test battery that correlates to the functional outcomes using the Buffalo Model Questionnaire
15 minutes – Complexity of Auditory processing, and treating the brain as 1 unit
15 minutes – Therapies suggested for each category
15 minutes – Other therapies that enhance and complement AP specific therapies and their functional outcomes as it relates to Auditory Processing
15 minutes – Resources for further information, training, and practice advancement

Learning Outcomes:
1. Identify the AP categories based on the presenting symptoms using the Buffalo Model Questionnaire
2. Interpret the findings to recommend appropriate therapy for Auditory Processing Disorders
3. Assess and integrate evaluation findings, case history, and questionnaire information to make appropriate recommendations for treatment outside the scope of the practice for Audiologists and Speech-Language Pathologists

AAA/ASHA CE Offering: 0.2 ASHA/AAA
Special Considerations: Ethics

Disclosures
Financial: As an invited speaker, Dr. Kaul received a complimentary registration to the SHAV conference.
Non-financial: Dr. Kaul has no relevant non-financial relationships to disclose.

Presentation Number: 43
Session Track: School-Based Issues
Presentation Title: A Critical Analysis of Those “New” Speech-Sound Norms
Presenter(s): Nathaniel B. Ellis, M.S., CCC-SLP
Session Time: 1:15 - 2:45 PM
Intermediate
Professional

Session Summary: This presentation will take a critical look at the most recent speech-sound development meta-analysis regarding General American English done by Crowe & McLeod in 2020. Participants will engage in developing their clinical critical thinking skills by taking a deep dive into the article, with a focus on asking specific analytical and methodological questions regarding its content. A review of relevant background information will be presented followed by an in-depth study of the 2020 meta-analysis. Comparisons will be made between the meta-analysis and other clinically relevant speech and language data to aid in synthesizing and integrating these “new” speech-sound norms into clinical practice.

Time-Ordered Agenda:
5 minutes - Introductions and Disclosures

20 minutes - Background; review of McLeod & Crowe, 2018

25 minutes - Review of Crowe & McLeod, 2020

25 minutes - Data analysis and clinical applications

15 minutes - Wrap-up and questions

Learning Outcomes:
1. Summarize the key methodological components of the Crowe & McLeod, 2020 meta-analysis
2. Synthesize data from the Crowe & McLeod, 2020 meta-analysis with other research-based sources
3. Integrate applicable information using clinical critical thinking skills to enhance evidence-based practices regarding speech-sound development

AAA/ASHA CE Offering: 0.15 ASHA
Special Considerations: N/A

Disclosures
Financial: As an invited speaker, Nate Ellis was provided a complimentary registration for the conference by SHAV.

Non-financial: Nate has no relevant non-financial relationships to disclose.

Presentation Number: 44
Session Track: Adult Medical
Presentation Title: Spaced Retrieval Step by Step: An Evidence Based Memory Intervention
Presenter(s): Jeanette Benigas, PhD/SLP
Session Time: 1:15 - 2:45 PM
Intermediate
Professional

Session Summary: Spaced retrieval (SR) is a well-established, evidence-based memory intervention that supports learning and functional recall in individuals with dementia and other memory impairments. Despite a strong research base, clinicians frequently report uncertainty regarding candidate selection, protocol development, and appropriate modification during implementation. This session synthesizes current evidence from cognitive psychology, neurorehabilitation, and speech-language pathology literature to provide clinicians with a structured, clinically applicable framework for implementing spaced retrieval across care settings (de Lima et al., 2020; Swan et al., 2018). Participants will examine the theoretical mechanisms underlying spaced retrieval, including retrieval practice, the spacing effect, priming, and errorless learning, and how these principles support preserved implicit memory systems in dementia (Small & Cochrane, 2020). Instruction emphasizes practical clinical decision-making, including identifying meaningful patient needs, conducting SR and reading screenings, developing effective lead questions and responses, and integrating continuous visual cues to enhance learning and generalization (Bourgeois, 2019; Chang & Bourgeois, 2020). Evidence-based strategies for modifying task difficulty, determining when to discontinue SR, and engaging care partners to support outcomes beyond therapy sessions are also addressed. By bridging theory and implementation, this session equips clinicians with the tools necessary to apply spaced retrieval confidently, ethically, and effectively to support functional communication, safety, and participation for any individual with memory impairment.

Time-Ordered Agenda:
5 minutes - Introduction
10 minutes - Theory
10 minutes - Needs and Goals
15 minutes - Screening
8 minutes - Lead Question
7 minutes - Visual Cues
15 minutes - Implementation
10 minutes - Modification
5 minutes - Stopping Criteria
5 minutes - Care Team Integration

Learning Outcomes:

1. Identify the theoretical foundations and evidence base supporting Spaced Retrieval (SR) as an intervention for individuals with memory impairment, including populations for whom SR is most effective
2. Analyze clinical scenarios to determine appropriate target behaviors, cueing strategies, and retrieval intervals when using SR across settings such as skilled nursing, outpatient rehabilitation, and dementia care
3. Implement a structured SR protocol by selecting functional goals, establishing initial intervals, adjusting based on learner response, and documenting outcomes to support clinical decision-making and carryover

AAA/ASHA CE Offering: 0.15 ASHA
Special Considerations: N/A

Disclosures
Financial: Dr. Jeanette Benigas receives royalties from Medbridge, Northern Speech Services, and Health Professions Press. She is being provided an honorarium, travel reimbursement, and hotel accommodations for this presentation. Jeanette is the owner of Fix SLP.

Non-financial: Jeanette has no relevant non-financial information to disclose.

Presentation Number: 45
Session Track: Pediatric SLP
Presentation Title:
Presenter(s): Virginia Ingram, MS, CCC-SLP
Session Time: 1:15 - 2:45 PM
Intermediate
Professional

Session Summary: Technology has long promised to be the savior for busy SLPs. There are tons of new tools for documenting, therapy materials, and data collection. Whenever we embrace something new, implementing it into our daily workflow often creates more work or doesn't turn out to be the solution we need. How can we optimize what we are already doing without starting over from scratch? No SLP has time to revamp their entire practice (Terada, 2020).

This session will help you develop ideas to optimize what you are already doing without changing everything. We'll discuss practical, HIPAA-compliant ways to individualize therapy materials on the fly. We'll discuss how digital tools can help with data tracking. And finally, we'll discuss how communication can be optimized (Desai, 2025; Green, 2025). Rather than focusing on specific products (because they are always changing and often cost money), this presentation will emphasize clinician decision-making and workflow alignment. This session will help you think through how you can set yourself up for success and improve client participation while remaining consistent with ASHA's professional standards and your job's demands.

Time-Ordered Agenda:
10 minutes - Introduction: Technology and the SLP Identity
10 minutes - Why Technology Often Fails Clinicians
10 minutes - Recognizing Technology Already Embedded in SLP Practice
15 minutes - Framework for Understanding Technology Integration (SAMR Model)
10 minutes - Applying SAMR to Documentation and Data Tracking
10 minutes - Audience Reflection Activity: Identifying Current Technology Use
10 minutes - Technology, Clinical Judgment, and the Future of Practice
15 minutes - Q&A

Learning Outcomes:
1. Identify at least three ways technology already supports speech-language pathology service delivery
2. Describe at least two technology-supported strategies for creating individualized therapy materials or tracking data
3. Describe one principle that will guide their use of technology in clinical practice

AAA/ASHA CE Offering: 0.15 ASHA
Special Considerations: Ethics

Disclosures
Financial: Cabarrus County Schools in North Carolina employs Virginia Ingram, and she receives a salary and benefits from the state. Cabarrus County Schools is currently participating in a statewide pilot program using Amplio Learning software for multi-tiered support services (MTSS) and speech-language pathology services; Virginia receives no direct financial compensation from Amplio Learning.
Virginia Ingram is the owner of Harmony Charlotte, a private speech-language pathology practice, and receives payment for clinical services provided through this practice. She also provides consulting services for CX Pilots, a customer experience consulting firm, for which she receives compensation.
Virginia Ingram previously worked for Ambiki but has had no financial relationship with the company since December 2023. For her presentation, Virginia received a complimentary registration for the conference in addition to travel and hotel accommodations.

Non-financial: Virginia has no relevant non-financial relationships to disclose.

Presentation Number: 46
Session Track: Audiology
Presentation Title: The Social Consequences of Hearing Loss: Are Hearing Aids Enough?
Presenter(s): Brian Taylor, AuD
Session Time: 3:30 - 4:30 PM
Intermediate
Professional

Session Summary: Hearing loss of gradual onset in older adults affects social connections. Breaking away from the impairment-driven model of hearing healthcare and focusing on a wellness-driven model, this course describes how hearing loss contributes to social disconnection, and how various empowerment strategies can be used clinically to improve the social and emotional well-being of these individuals.

Time-Ordered Agenda:
5 minutes - Welcome
10 minutes - Hearing Loss and Social Disconnection
10 minutes - Shifting to a Wellness-Driven Model of Hearing Care
20 minutes - Empowerment Strategies to Support Social Engagement
10 minutes - Clinical Integration and Case Examples
5 minutes - Questions

Learning Outcomes:
1. Describe the general characteristics of social connectedness
2. Define social and emotional well-being
3. Describe the harmful effects of hearing loss on social connectedness

AAA/ASHA CE Offering: 0.1 ASHA/AAA
Special Considerations: N/A

Disclosures
Financial: Brian Taylor is employed by WS Audiology and receives a salary from them. Additionally, travel arrangements were provided by SHAV; registration to the SHAV conference was waived for this presentation.

Non-financial: There are no relevant non-financial relationships to disclose.

Presentation Number: 47
Session Track: School-Based Issues
Presentation Title: My Voice, My Life: AAC for Work, Play & Beyond
Presenter(s): Jamie Lawson, MS, CCC-SLP and Melissa Clark, MS, CCC-SLP
Session Time: 3:00 - 4:00 PM
Intermediate
Professional

Session Summary: Augmentative and Alternative Communication (AAC) users often experience frustration when their attempts at self-advocacy go unheard (Light & McNaughton, 2015). This presentation showcases one program's approach to improving student outcomes by creating meaningful opportunities for communication beyond the classroom, supported by a range of technological and non-technological resources. Strategies span from no-tech tools, such as playground communication boards, to high-tech solutions, including single-switch voice output devices placed in social areas of the school and digital platforms like Canva and ChatGPT. Drawing on our experiences in a high school setting, we will share practical examples of how these tools have been implemented to foster self-advocacy and engagement (Vanderbilt Kennedy Center, n.d.).

Participants will gain resources and strategies that can be extended to home and community settings, empowering families and peers to promote self-advocacy through leisure and vocational activities (Self-Building Our Lives, n.d.). Real-world examples will include gardening, managing a compost bin, delivering technology at the end of the school day, recycling, and making and delivering coffee. Attendees will be encouraged to collaborate in brainstorming ways to integrate similar practices into their own environments. By the end of the session, participants will leave with adaptable, evidence-informed strategies to create inclusive, communication-rich opportunities that support autonomy, skill-building, and active participation for AAC users across diverse settings.

Time-Ordered Agenda:
5 minutes - Welcome and Introduction
10 minutes - Understanding the Need
10 minutes - Program Overview: Tools and Strategies
15 minutes - Real-World Applications and Case Examples
10 minutes - Interactive Brainstorming Session
5 minutes - Key Takeaways and Resources
5 minutes - Q&A and Closing

Learning Outcomes:
1. Define leisure and recreation and name at least one benefit of its application with our population of students
2. Discuss at least three avenues that can be explored to promote self-determination and self-advocacy in AAC users
3. Discuss at least three vocational training opportunities that promote self-determination and self-advocacy in AAC users

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: Diversity, Equity, and Inclusion

Disclosures

Jamie Lawson
Financial: Jamie is employed full time by New Horizons Regional Education Centers.
Non-financial: Jamie is a member of ASHA, S.I.G. 12 AAC, and SHAV.

Melissa Clark
Financial: Melissa is employed full time by New Horizons Regional Education Centers.
Non-financial: Melissa is a member of ASHA and S.I.G. 12 AAC.

Presentation Number: 48
Session Track: SLP - Adult
Presentation Title: Building your Aphasia toolkit with Aphasia Duo
Presenter(s): Nikki Bruner, MS, CCC-SLP, & Melanie Gylling, MA, CCC-SLP
Session Time: 3:00 - 4:00 PM
Introductory
Professional

Session Summary:
Augmentative and Alternative Communication (AAC) is often underutilized in aphasia intervention, despite its potential to support meaningful communication, foster independence, and promote recovery. Research shows that AAC can be of great benefit in supporting people with aphasia, not only to help in the recovery of language skills, but also to augment communication (Dietz et al., 2020; Griffiths et al., 2014). In this session we will discuss lite- and high- tech AAC tools that can be utilized to support the changing communication and interaction needs for people with aphasia. This session will also provide a quick tour of Aphasia Duo, a symbol-supported AAC grid set within Grid software, designed specifically for people with aphasia. Developed with input from experts, grounded in research, and refined through user testing, Aphasia Duo offers a conversation-focused approach to AAC that prioritizes participation and communication partner support. The session will provide a deeper understanding of the role of both lite- and high-tech AAC tools in aphasia therapy and explore how these tools can support real-world interaction, language retrieval, and personalized communication for individuals with varying levels of aphasia. The session will conclude with a discussion of case studies to reflect on how these tools can be used to support the dynamic needs of people with aphasia.

Time-Ordered Agenda:
5 minutes: Introductions and disclosures
10 minutes: AAC and aphasia: context and research
10 minutes: AAC strategies for aphasia
10 minutes: Aphasia Duo: Features & Walkthrough
20 minutes: Case studies
5 minutes: Wrap up and Q&A

Learning Outcomes:
1. Describe three lite-tech strategies for people with aphasia
2. Identify one difference between Aphasia Duo 9 and Aphasia Duo 16 in Grid software
3. Identify two tools/features in Aphasia Duo that can be used by communication partners to help with communication breakdowns

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Nikki Bruner
Financial: Nikki Bruner receives a salary from Talk To Me Technologies, where she is employed as an AAC Consultant.
Non-financial:Nikki Bruner receives free demo equipment while in this role. She is also a member of ASHA and ASHA SIG 12.

Melanie Gylling
Financial: Melanie Gylling receives a Salary from Smartbox Assistive Technology, where she is the Director of Clinical Education.
Non-financial: Melanie Gylling is a member of ASHA, ASHA SIG 12, ISAAC, and USAAC. She also is a member of the DEIA Committee and AAC Awareness committees for USSAAC but receives no compensation.

Presentation Number: 49
Session Track: SLP Pediatric
Presentation Title: Building Bridges with Communication and Music: Supporting Young Children Together
Presenter(s): Corey Cassidy, PhD, Alexandra Billiris, BS, Maegan Burnette, BS, Claire Chalkley, BS, Lauren Frensley, BS, Mackenzie Hairston, BS, & Lydia Hyburg, BA
Session Time: 3:00 - 4:00 PM
Introductory
Professional

Session Summary:
Since 2008, Radford University's Early Language Lab (ELL)—formerly the Preschool Language Lab—has provided innovative, evidence-based services to toddlers and preschool-aged children with speech, language, and communication disorders (Black, Vahration, & Hoffman, 2015). Evolving over the past 15 years, the ELL integrates speech-language pathology (SLP) and music therapy (MT) within a collaborative, interprofessional framework, aligning with the core competencies outlined by ASHA and the American Music Therapy Association (AMTA, 2013; ASHA, 2025). The program combines individual and group-based interventions to support communication development in young children, including those with autism spectrum disorder, Down syndrome, apraxia of speech, hearing loss, and other developmental disorders.

What sets the ELL apart is its immersive, team-based model in which music therapists and speech-language pathologists co-treat in real time—a practice shown to benefit both clients and clinicians (Cassidy, Winter, & Cumbia, 2019; Brown, Benigno, & Geist, 2018). Music-based interventions are embedded within clinical goals to support verbal output, peer interaction, and play skills (Knight & Rabon, 2017; Carpente, 2013). Activities such as singing, movement, and instrument play are integrated into child-centered routines. This session will explore the ELL's methodology and impact, highlighting outcomes observed over more than a decade and drawing on reflections from graduate clinicians. Demonstrations will showcase core strategies, echoing best practices in collaborative, interprofessional intervention (McCarthy et al., 2008; Hobson, 2006). Attendees will leave with a deeper understanding of how music and language-based therapies can work synergistically to promote communication in young children (Tan & Shoemark, 2017).

Time-Ordered Agenda:
5 minutes - Introductions and objectives for the session
10 minutes - Program overview and background of the Early Language Lab
10 minutes - Literature review (rationale and supporting evidence) addressing the interprofessional framework of speech-language approaches and music therapy approaches
10 minutes - Presentation of SLP and MT goals and objectives as well as discussion of specific intervention strategies and techniques
5 minutes - Presentation of client outcomes and student impact
10 minutes - Reflections by student clinicians and discussion regarding the opportunities and challenges related to engagement in interprofessional practice between speech-language pathologists and music therapists
10 minutes- Conclusion and wrap-up (including questions, comments, and references)

Learning Outcomes:
1. Describe the evidence-based foundations for interprofessional collaboration between speech-language pathologists and music therapists and explain how this model supports the development of speech, language, play, and social interaction skills in young children with communication disorders
2. Identify and apply a variety of music-based and language-based intervention strategies that can be used in both individual and group therapy contexts to target speech, language, play, and social engagement goals

3. Discuss the practical opportunities and challenges involved in implementing interprofessional practice between speech-language pathologists and music therapists, drawing on clinician and student reflections from the Early Language Lab experience

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: Supervision

Disclosures
Corey Cassidy
Financial: Corey is employed by Radford University as a faculty member in the Department of Communication Sciences and Disorders.
Non-financial:Corey has no non-financial disclosures.

Alexandra Billiris
Financial: Alexandra has no financial disclosures.
Non-financial: Alexandra has no non-financial disclosures.

Maegan Burnette
Financial: Maegan has no financial disclosures.
Non-financial: Maegan has no non-financial disclosures.

Claire Chalkley
Financial: Claire has no financial disclosures.
Non-financial: Claire has no non-financial disclosures.

Lauren Frensley
Financial: Lauren has no financial disclosures.
Non-financial: Lauren has no non-financial disclosures.

Mackenzie Hairston
Financial: Mackenzie has no financial disclosures.
Non-financial: Mackenzie has no non-financial disclosures.

Lydia Hyburg
Financial: Lydia has no financial disclosures.
Non-financial: Lydia has no non-financial disclosures.

Presentation Number: 50
Session Track: Professional Issues
Presentation Title: Envisioning Possibilities: Empowering Every Clinician to Advocate for Our Professions
Presenter(s): Melanie-Joy Dorn, MA CCC-SLP
Session Time: 2:15 - 3:15 PM
Introductory
Professional

Session Summary:
This session will focus on the journey of a clinician who spent many years solely focused on patient care but stepped outside her comfort zone to engage in advocacy efforts. Her involvement led her to a position where she collaborated with state delegates to propose and draft legislation aimed at licensing SLPAs. Through her dedicated work, she has played a key role in elevating the profession and ensuring proper regulation of SLPAs. By sharing her story, participants will gain insights on how to get started in advocacy, as well as be inspired and energized to take a more active role in advancing the field at the state level. In this session, 5 key strategies and 4 action steps for advocacy are presented with time dedicated to discussing them in context of concerns offered by audience members. The presenter will describe her journey from a clinician who spent many years solely focused on patient care to her volunteer role as VP of government relations for the Speech and Hearing Association of Virginia. Most recently, she collaborated with state delegates to propose and draft legislation aimed at licensing SLPAs. The bill passed with bipartisan support! You will be engaged and motivated by her example of stepping outside her comfort zone to engage in advocacy efforts. This session will support participants with any level of advocacy experience by providing information and inspiration.

Time-Ordered Agenda:
5 minutes—Introductions and Disclosures
5 minutes—Overview
10 minutes--One Clinician's Journey
10 minutes—Role of Advocacy at Community State and National Levels
10 minutes—Key Strategies for Working with Policy Makers
15 minutes---Specific Tactics to Advocate for the Professions
5 minutes—Conclusion and Wrap-Up

Learning Outcomes:
1. Recognize a personal hesitancy about advocacy and ways to overcome it
2. Describe effective ways to engage with key stakeholders to increase awareness of current issues in the fields of speech language pathology and audiology
3. Describe effective ways to engage with key stakeholders to increase awareness of current issues in the fields of speech language pathology and audiology

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Financial: Melanie-Joy has no financial disclosures.
Non-financial: Melanie-Joy is the Vice President of Professional and Government Affairs for SHAV.

Presentation Number: 51
Session Track: Professional
Presentation Title: The Ins and Outs of Applying Evidence-Based SLP Practices
Presenter(s): Heidi Miller, MS CCC-SLP
Session Time: 2:15 - 3:15 PM
Introductory
Professional

Session Summary:
SLPs are asked and strive to implement evidence-based practices to support clients regardless of diagnosis, age, and access to care. But finding the time to engage in learning EBP, implementing EBP, and monitoring its effectiveness rarely feels quick or attainable in a fast-paced work environment. This presentation: The Ins and Outs of EBP Implementation offers a streamlined way to make EBP part of clinical practice. By exploring both free resources as well as pay-wall sources, this presentation will give tangible routes to quickly and efficiently find EBP solutions and take them right to practice. ***

Time-Ordered Agenda:
5 minutes—Introductions and Disclosures
15 minutes—Overview and Background
25 minutes—Case Study Small Group Discussion
10 minutes—Information Sharing from Small Group Discussions
5 minutes—Conclusion and Wrap-Up

Learning Outcomes:
1. Access a variety of resources that exist for implementing EBP that they can immediately use in their daily clinical practice
2. Generate their own EBP question and identify a pathway to locate appropriate EBP resources and interventions
3. Identify three paths to access EBP in their daily clinical practice

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Financial: Heidi has no financial relationships.
Non-financial: Heidi has no non-financial relationships

Presentation Number: 52
Session Track: SLP (Adult)
Presentation Title: Parkinson's and Dysphagia-What's in Your Toolbox?
Presenter(s): Karen Whitfield, MA CCC-SLP
Session Time: 2:15 - 3:15 PM
Advanced
Professional

Session Summary:
Parkinson's Disease is a progressive neurologically based disease that is expected to affect more than 9 million globally in the next 5 years and over 25 million globally in the next 25 years. According to the Journal of Dysphagia (2012), oropharyngeal dysphagia is a common finding in patients with Parkinson's disease with the main cause of dysphagia in patients experiencing rigidity and bradykinesia of swallowing. Incomplete cricopharyngeal relaxation, reduced cricopharyngeal opening, and delayed initiation of swallow have been suggested as causes of dysphagia in this population. American Journal of Speech-Language Pathology (2021), Oropharyngeal Dysphagia is a common finding in patients with Parkinson's Disease with up to 80% projected to be afflicted with dysphagia at some point during the disease progression with a rising progression as the population ages. This session will provide meaningful input into what is advised; as well as what is not advised, when treating patients living with dysphagia. Evidence based practice will be discussed as well as favorable outcomes to have in the clinician's toolbox for treating patients with Parkinson's Disease. Patient centered care will be discussed along with a focus on devices and tools utilized in treatment for the best possible outcomes. The information discussed will ensure successful outcomes in the service delivery model of dysphagia.

Time-Ordered Agenda:
5 minutes: Introduction of Parkinson's Incidence and Prevalence
15 minutes: Clinical Swallow evaluation and Indicators as well as MBSS and indicators
25 minutes: What is in your toolbox review of EMST and Estim with discussion of new, more advanced treatment and patient driven advice models
10 minutes: What's NOT in the evidence?
5 minutes: Wrap up

Learning Outcomes:
1. Determine incidence and prevalence of Parkinson's Disease and associated dysphagia for the next 5 to 20 years and as well address global impact
2. Review appropriate evaluations for treating Parkinson's and dysphagia as well as MBSS implications
3. Discuss EBP outcomes for treating patients with Parkinson's including devices that are "in the toolbox" advised

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Financial: Karen has no financial disclosures.
Non-financial: Karen has no non-financial disclosures

Presentation Number: 53
Session Track: Professional
Presentation Title: Putting the “Super” in Supervision: Student to CF to CCC’d!
Presenter(s): Kristen Monroe, SLPD, CCC-SLP, Cate Salmon, MEd, CCC-SLP
Session Time: 2:15 - 3:15 PM
Introductory
Professional

Session Summary:
Every graduate student and clinical fellow must be supervised by a board-certified speech language pathologist before transitioning to an independent clinician and obtaining their own CCC’s. However, “supervision” is only a fraction of the roles and responsibilities required of the supervisor. According to Council of Academic Programs in Communication Sciences and Disorders [CAPCSD], 2013, “[Supervisors] teach specific skills, clarify concepts, assist with critical thinking, conduct performance evaluations, mentor, advise, and model professional behavior.” Many SLP’s do not receive formal training on the full scope of supervision or how to best implement evidence-based approaches that foster professional growth. This presentation will discuss evidence-based supervision strategies, as well as personal experiences from the perspectives of both the supervisor and supervisee, in order to provide knowledge that can be used to better support clinical education and supervision. This presentation will include a combination of lecture, hands-on practice, resource sharing, and opportunity for feedback in order to engage learners.

Time-Ordered Agenda:
5 minutes: Introduction, agenda, learning objectives
5 minutes: Student Supervision and CF Supervision Requirements of the Supervisee and Supervisor
5 minutes: Cate’s journey from student, to intern, to clinical fellow
5 minutes: Ethics in Supervision
15 minutes: Student Supervision: goal setting, supervisory process, resources, and managing challenges
15 minutes: Clinical Fellow Supervision: how it differs from student supervision, our experience, and tools, resources, and activities to foster independence and professional growth
10 minutes: Q&A, group idea sharing, and comments from the audience

Learning Outcomes:
1. List 3 different resources available to aid in student supervision
2. Summarize 2 activities that foster independence and professional growth for the clinical fellow
3. Explain two similarities and two differences between supervision of the student and of the clinical fellow

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: Supervision

Disclosures
Kristen Monroe
Financial: Kristen Monroe is a full-time salaried employee at the Children's Hospital of Richmond at VCU
Non-financial:Kristen is a coordinator for the SHAV AAC Group.

Cate Salmon
Financial: Cate Salmon is a full-time salaried employee at the Children's Hospital of Richmond at VCU.
Nonfinancial: Cate has no non-financial relationships.

Presentation Number: 54
Session Track: Professional Issues
Presentation Title: Keeping it FUNctional: Collaborating with Recreation Therapy
Presenter(s): Gabrielle DeFazio, MS CCC-SLP, & Victoria (Tori) DeFazio, MS, CTRS
Session Time: 3:30 - 4:30 PM
Introductory
Professional

Session Summary:
Speech Language Pathologists (SLPs) are taught to collaborate with a variety of professionals from teachers to physical therapists; however, one of the most underutilized collaboration pathways is between SLPs and Recreation Therapists (RTs). Participation in recreational activities is known to improve quality of life and focus on whole-person care while "enhancing independent functioning within physical, social, cognitive, and emotional domains" (ATRA 2025). Utilizing collaborating teaming principles will maximize the participation of clients in speech therapy sessions and will allow for more attempts for generalization to multiple settings, people, and environments (Beaver & Johnson, 2025), (Hajjar et al., 2021), (Potvin et al., 2008). This session will include background information and an introduction to RT, a review of relevant research, collaborative goal examples for both adult and pediatric populations, and provide real-world examples with functional ideas and activities for both adults and pediatric populations. Although there is limited research regarding the outcomes associated with this specific collaborative effort, engaging in positive interprofessional collaboration is identified by the World Health Organization (WHO) as a "strateg[ies] that can transform the health system" (Framework for Action on Interprofessional Education & Collaborative Practice, 2010). Introducing the SLP community to the benefits of collaborating with Recreation Therapists will only lead to further positive transformation.

Time-Ordered Agenda:
5 mins: introduction
10 mins: background/introduction to RT
10 mins: review of relevant research
10 mins: collaborative goal examples for SLP/RT (adults and pediatric)
15 mins: collaboration examples with functional ideas and activities between SLP/RT (adults and pediatric)
10 mins: wrap-up and questions

Learning Outcomes:
1. Define recreational therapy and the role of RTs in the healthcare team
2. Describe the research that highlights the benefits of collaboration between SLPs and RTs
3. Design three interventions in which speech language pathologists can cotreat with recreation therapists

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Gabrielle DeFazio
Financial: Gabrielle receives a salary from The Faison Center and PRN pay from Tree of Life. She is a co-owner of Evergreen Speech and Language, LLC.
Non-financial: The Rec Therapist in the proposal is my sister.

Victoria (Tori) DeFazio
Financial: Tori receives a salary from Tree of Life.
Non-financial: Co-presenter is my sister.

Presentation Number: 55
Session Track: Professional Issues
Presentation Title: Let's Think About It! Group Considerations of Ethical Scenarios
Presenter(s): Lissa Power-DeFur, PhD CCC-SLP
Session Time: 3:30 - 4:30 PM
Intermediate
Professional

Session Summary:
The purpose of this session is to engage participants in small and large group discussion of common scenarios that may have ethical implications, walking them through a model for resolving the challenges associated with the situation.
In addition to providing the ethics education required for certification, this session is significant in that it provides a tool for individuals to use when facing ethical challenges. In addition, participants will have the opportunity to discuss with others, thereby gaining from others' perspectives. As a result, the implications for practice are that the participants will have additional ideas and resources they can utilize when facing ethical situations in the future.
Detailed description:
Ethical challenges periodically confront professionals in speech-language pathology and audiology, creating questions, frustrations, and, potentially, stress. This interactive session will engage participants in considering scenarios reflecting various work settings. A 6-step ethical decision-making model will guide the discussion (Power-deFur, 2020, 2022). The questions associated with each step in the model will be explored, demonstrating with an ethical scenario:
1. What do you want to accomplish?
2. What do you know about the situation?
3. Is it a moral, ethical, and/or legal issue?
4. What resources can I consult?
5. What actions can I take?
6. What action will I select?
The first step guides the professional in reflecting upon the desired outcome for resolving the situation. Our Code of Ethics' first principle is the welfare of the client(s) served (ASHA, 2023), so that should be our primary focus. Other outcomes include making changes to policies and practices or providing professional development, either directly or via informing persons with authority to make such changes.
A thorough understanding of the situation is critical to resolving any ethical challenge. To do so, during this second step, persons must gather information from multiple sources, being mindful of withholding judgement at this time. With this information, the next step is to reflect upon whether there are moral, ethical, and/or legal issues involved in the situation. The response to this reflection will guide exploration of resources – to understand the ethical and legal implications. When discussing this fourth step, the presenter will provide information on a variety of valuable resources available, including ASHA's Ethics Resources (asha.org/ethics/resources) and pertinent special education and health care legal/policy documents.
After thoroughly reviewing resources and ensuring that one completely understands the situation, the fifth step is to consider diverse approaches that can be used to resolve the situation. After consideration of the likelihood of success of the different approaches, an action would be selected.
The session will then transition to small and large group discussion. Each scenario will be explored from the perspective of the desired outcome; the ethical, moral, and/or legal issues engaged; resources that will facilitate resolution; and options for resolution. Scenarios will guide persons in reflecting on all four principles of the Code of Ethics (welfare of the individual, professional competence, public information about the professions, and dignity and autonomy of the professions). Scenarios will be drawn from various clinical settings (e.g., early intervention, schools, health care, private practice).
Selected References and Resources:
American Speech-Language-Hearing Association. (n.d.) Issues in Ethics Statements. Retrieved from https://www.asha.org/practice/ethics/ethics_issues_index/
American Speech-Language-Hearing Association. (2023). Code of Ethics. Retrieved from https://www.asha.org/Code-of-Ethics/

Power-deFur, L. (2020). What do I do now? Resolving ethical challenges in schools. Perspectives of the ASHA Special Interest Groups, 5, 83 – 89.
Power-deFur, L. (2022). Ethical challenges in special education? An approach for resolution. Perspectives of the ASHA Special Interest Groups, 7, 1 – 5.
Waguespack, G. (2016, July). Sorting through the Gravy. ASHA Leader. 44 – 51.

Time-Ordered Agenda:
5 minutes - introductions, disclosures, overview
10 minutes - overview of decision-making model
40 minutes - small and large group discussion of scenarios
5 minutes - conclusion and wrap up

Learning Outcomes:
1. Explain the importance of gathering information about the situation without bias
2. Describe the 4 principles of the ASHA Code of Ethics
3. Identify potential ethical/legal issues associated with various clinical scenarios

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: Ethics

Disclosures
Financial: Lissa has no financial disclosures.
Non-financial: Lissa has no non-financial disclosures.

Presentation Number: 56
Session Track: SLP (Adult)
Presentation Title: A Preliminary Exploration of Work-Related Vocal Changes in SFWL
Presenter(s): Victoria Reynolds, Lily Purdy, Kayla Wiggins, Ashley Fitzsimmons-Olsen, Noel Nocciolo, Dominic Reynolds
Session Time: 3:30 - 4:30 PM
Introductory
Professional

Session Summary:

Introduction

Sporting, fitness, and wellness leaders (SFWLs) encompass a large group of professional voice users.1 Such professionals may be employed in a wide variety of roles. These include sports coaching (at all levels, from elite collegiate to pee wee),2–4 fitness instruction (including personal training, aerobics, indoor cycling, swimming, and other forms of individual or group exercise),5–8 yoga teaching,9 and dance instruction.10 Each of these groups shares commonality in their voice use: not only for instruction, leading, and coaching, but for enjoyment, engagement, motivation, and to encourage the achievement of physical and mental fitness goals in the domains of strength, skill, precision, and stamina.6,11,12 As such, SFWLs represent a unique group of professional voice users, who are of the instructional type, and who also incorporate elements of vocal performance in their work.11

It is well known that professional voice users are at increased risk of developing dysphonia and SFWLs are similarly exposed to this occupational hazard.13,14 Up to two-thirds of SFWLs may experience baseline levels of dysphonia, with associated effects on quality of life.10,15 Yet, the rate of formal diagnosis remains low.4,5,9 In contrast to the relatively low rates of diagnosis, and treatment-seeking behavior in this population, up to 40% of individuals report experiencing voice and throat symptoms suggestive of dyshonia.4,5,16 Reports of changes in vocal quality vary in time: some changes are reported to be permanent, such as decreased modal pitch and decreased pitch range. These participant reports are supported by objective data, where the vocal quality of sports coaches was found to be significantly different in the in-season versus the off-season, and at both time points when compared to non-coaching controls.17 Other changes appear to be brought on by short-term leading activities. Some individuals report the onset of symptoms, ranging from dryness and pain, to hoarseness and complete voice loss, during or after a single leading session. Others report no changes to their voice at all.11

The quantum of exposure required to induce dysphonia in this population is, currently, unclear. A body of work has investigated voice changes following various types of instructional sessions, including dance teaching, cycling, group fitness instruction, and sports coaching.2,7,10,15,18 The findings to date are mixed. Some individuals, while experiencing decreases in pitch and loudness, perceived that their voice quality increased after leading.15,19 This finding is consistent with previous reports in the literature, where SFWLs who state they have no concerns regarding their vocal quality, yet report the presence of voice and throat symptoms.4 This finding may indicate a level of cognitive dissonance around voice, that goes beyond a mere lack of insight or understanding. In other findings into perception and vocal changes, decreases in cepstral peak prominence (CPP) were found after a single session of indoor cycling instruction, and an associated increase in vocal effort was reported by participants.7 This suggests that thoughts and attitudes around voice and vocal damage in this population do vary. Previous studies have shown that concern around voice is linked to an individual's participation in voice education, and although not included in these studies, this may warrant investigation in future studies.4

One, major commonality to the research findings exists: none of the studies found that there were no changes in any measure of voice or its impact. There is, therefore, merit in contouring to research potential deteriorations in voice quality following shorter periods of instruction. It may be that, given the variability around voice and its symptoms identified in the literature to date, such changes are experienced only by a subset of this population. Other individuals may be resistant to short-term changes, but experience a cumulative effect of continued vocal loading. Yet others may be immune to occupational voice damage altogether. It is essential to continue to explore the mechanisms and load associated with vocal deterioration in this population. Identification of the quantum of vocal loading associated with voice changes, in different subgroups of SFWLs, could inform future research focussing on both preventative and restorative strategies. To date, research on preventative programs is encouraging, such programs having been largely well-received by the community and associated with positive changes in vocal quality,

but experience a cumulative effect of continued vocal loading. Yet others may be immune to occupational voice damage altogether. It is essential to continue to explore the mechanisms and load associated with vocal deterioration in this population. Identification of the quantum of vocal loading associated with voice changes, in different subgroups of SFWLs, could inform future research focussing on both preventative and restorative strategies. To date, research on preventative programs is encouraging, such programs having been largely well-received by the community and associated with positive changes in vocal quality, good therapeutic compliance, and the desire to maintain the program beyond study participation.20 However, given the nature and extent of this workplace hazard, there is a need to expand research efforts on vocoergonomics in SFWLs.

Study aims and hypotheses

This study aimed to address the following research questions: what is the baseline level of voice quality in SFWLs? Does voice quality change, when measured acoustically and perceptually, following a coaching or leading session? Does voice quality differ by type of instruction, between sports coaches and fitness instructors?

Methods

This study is being conducted under approval from the Old Dominion University Institutional Review Board, in accordance with the Helsinki Principles. To date, 7 fitness instructors and 2 coaches have participated in this within-participants observational study, where participants acted as their own controls. It is anticipated that a further 3 fitness instructors, and 8 coaches, will be recruited prior to the conclusion of the study. The voices of SFWLs were measured initially, then following a minimum voice rest period of thirty minutes. SFWLs then completed a session of coaching or instructing, and underwent one final, voice measurement.

Preliminary results and implications

The main vocal changes reported by participants relate to changes in maximum phonation time, pitch, and vocal effort. It appears that these data will contribute to the current literature base by demonstrating vocal changes in SFWLs, but that the findings of changes will continue to be inconsistent. These data may therefore support the theory that there is significant individual variability in voice and vocal changes in this population, and that these changes may be related to the type of instruction that participants provide. It is suggested that future research efforts seek to isolate these factors, in order to provide appropriate prevention, and more responsive intervention, strategies in this occupational group.

Time-Ordered Agenda:
5 minutes - Introductions and disclosures
15 minutes - Overview, background, and introduction to research question
10 minutes - Results: perceptual, aerodynamic and acoustic
20 minutes - Discussion and implications for research, vocoergonomics, and clinical practice.
10 minutes - Conclusion, wrap-up and audience questions

Learning Outcomes:

1. Describe the occupational, voice-related risk factors potentially experienced by sporting, fitness, and wellness leaders.
2. Evaluate the contribution of perceptual, acoustic, and aerodynamic factors to overall voice changes following leading activity in sporting, fitness, and wellness leaders
3. Situate the contribution of these findings into the wider literature around changes to voice quality after short-term leading activities in sporting, fitness, and wellness leaders
4.

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures

Victoria Reynolds
Financial Disclosures: Victoria has no relevant financial relationships.
Non-financial Disclosures: Victoria has no relevant non-financial relationships

Lily Purdy
Financial Disclosures: Lily has no relevant financial relationships.Non-financial Disclosures: Lily has no relevant non-financial relationships

Kayla Wiggins
Financial Disclosures: Kayla has no relevant financial relationships.
Non-financial Disclosures: Kayla has no relevant non-financial relationships

Ashley Fitzsimmons-Olsen
Financial Disclosures: Ashley has no relevant financial relationships.
Non-financial Disclosures: Ashley has no relevant non-financial relationships

Noël Nocciolo
Financial Disclosures: Noël has no relevant financial relationships.
Non-financial Disclosures: Noël has no relevant non-financial relationships

Dominic Reynolds
Financial Disclosures: Dominic has no relevant financial relationships.
Non-financial Disclosures: Dominic has no relevant non-financial relationships

Presentation Number: 57
Session Track: SLP - Pediatric
Presentation Title: Cues for language acquisition: The learner and the input
Presenter(s): Kaitlyn Harrigan, PhD
Session Time: 3:30 - 4:30 PM
Intermediate
Professional

Session Summary: Children learning their first language(s) must ultimately utilize a variety of diverse and complex cues to map meanings to words. This talk will explore children's ability to make use of syntactic cues for learning two different types of words: attitude verbs and subjective adjectives. Attitude verbs, like 'think,' 'want,' and 'hope,' refer to mental states. These verbs are notoriously difficult to learn, partly because it's impossible to represent concepts like 'thinking' visually. Literature shows that different subclasses of attitude verb occur in different sentence structures (Bolinger 1968; Searle & Vanderveken 1985; Villalta 2000; 2008; Anand & Hacquard 2013), leading to the availability of syntax as a possible learning cue. A series of studies (Harrigan 2019) demonstrate that children can make use of syntax as a cue for attitude verb subclass. Subjective adjectives, like 'tasty,' 'tough,' and 'pretty,' also refer to concepts that are relatively abstract and difficult to visually represent. Like with attitude verbs, different subclasses of subjective adjectives have been demonstrated to occur in predictable syntactic structures (Stojanovic 2007; Anand 2009; Pearson 2013; Gotowski & Syrett 2024), again leading to the possibility of syntax as a useful cue for the learner. Experimental evidence shows that children are aware of this link and can use it for learning new adjectives (Gotowski & Harrigan 2026). This talk will unpack the meaning and structural properties of both of these categories of words, as well as what we know about how children use structural properties of each as a cue for meaning.

Time-Ordered Agenda:
5 minutes: Introduction
5 minutes: What is the relationship between language acquisition as a field and SLP?
5 minutes: Setting up the question: The relationship of syntax and semantics
20 minutes: Example 1: Attitude verbs
20 minutes: Example 2: Subjective adjectives
5 minutes: Summary and Resources

Learning Outcomes:
1. Describe complex classes of words such as attitude verbs and subjective adjectives
2. Analyze properties of two unrelated classes of words
3. Identify ways in which they can help delayed or disordered learners bridge the gap by making use of targeted syntactic input in sessions

AAA/ASHA CE Offering: 0.1 ASHA
Special Considerations: N/A

Disclosures
Financial: Kaitlyn has no relevant financial relationships to disclose.
Non-financial: Kaitlyn has no relevant non-financial relationships to disclose.

Monday: Student Research Posters

P1: Relationship between social determinants of health and cognitive factors
Lauryn Mitchell, Ayla Mercier, & Dr. Jessica Sullivan
Introductory

Children's ability to perceive and understand speech in noise (SiN) is essential for successful classroom learning, social interaction, and long term academic achievement. SiN perception relies on several cognitive processes, including auditory working memory, that enable the extraction and retrieval of speech signals when background noise interferes with clarity (Thompson et al., 2019; Porto et al. 2023). Notably, these perceptual and cognitive skills are shaped not only by biological factors and individual experience but also by broader social determinants of health (SDOH), such as socioeconomic status (SES), race/ethnicity, parental education, and neighborhood noise exposure (Akhlaghipour & Assari, 2020; Casey et al., 2017). The proposed study aims to investigate how these social and environmental factors influence children's working memory and performance in noisy listening environments.

Although previous research links SDOH to disparities in academic performance and to heightened exposure to environmental noise (Andersson et al., 2023; Chung, 2015), the mechanisms through which SDOH may shape SiN comprehension remain unclear. This study seeks to address this gap by examining whether SDOH are associated with children's working memory capacity and whether this relationship predicts their performance in SiN conditions. By integrating environmental context measures, family background information, language and hearing profiles, and language assessments, the study aims to highlight the pathways through which social context may contribute to listening related learning disparities and to inform targeted interventions that promote educational equity.

Children ages 6-8 will complete standardized language measures (Peabody Picture Vocabulary Test), followed by auditory working memory span tasks administered in both quiet and noise conditions. Because cognitive performance in noise may be disproportionately affected in children exposed to higher levels of environmental stressors (Bergström et al. 2013; Erickson & Newman, 2017), examining these effects across SES groups is essential. Parents or guardians will complete an SDOH questionnaire assessing SES, educational exposure, daily routines, and social experiences, enabling the study to quantify the child's broader social environment. The resulting data will be analyzed to identify correlations between SDOH factors and SiN performance, with particular emphasis on how SES-related variables predict cognitive outcomes (Gabrieli et al. 2015; Osman et al, 2015). Findings are expected to provide insight into the role of noise exposure as a contributor to health and educational disparities linked to SES.

Participants will attend a single 90-minute session conducted in a quiet, controlled environment. Children will first complete a Peabody Picture Vocabulary Test assessment, followed by working memory tasks administered in counterbalanced order across quiet and noisy conditions. A brief break will minimize fatigue effects. During the session, parents will complete the SDOH questionnaire. All assessments will follow standardized procedures administered by trained research staff. Up to 30 children from diverse socioeconomic backgrounds will be recruited to ensure representation across SES categories.

Overall, this research aims to clarify how noise exposure and SDOH interact to influence working memory and SiN comprehension in early childhood. The results have potential implications for classroom acoustics, early intervention practices, and policies designed to support learning in communities disproportionately affected by environmental and socioeconomic disadvantage.

Learning Outcomes:

1. Discuss the effect of noise level on working memory
2. Summarize the relationship between SDOH, noise levels, and pediatric cognitive functions.
3. Explain the effect of social determinants of health on speech understanding in noise.

Lauryn Mitchell
Financial Disclosures: Lauryn has no relevant financial relationships.
Non-financial Disclosures: Lauryn has no relevant non-financial relationships

Ayla Mercier
Financial Disclosures: Ayla has no relevant financial relationships.
Non-financial Disclosures: Ayla has no relevant non-financial relationships

Dr. Jessican Sullivan
Financial Disclosures: Jessica has no relevant financial relationships.
Non-financial Disclosures: Jessica has no relevant non-financial relationships

P2: Socioeconomic Factors' Influence on Reading Development in Rural and Urban Children
Grace Oren, B.S., Skylar Hart, B.S., & Emma Newcomb B.S.
Introductory

Rural schools across the United States are experiencing demographic, economic, and educational shifts that directly influence children's literacy development and the practices designed to support them. These shifts create a need for evidence-based, contextually responsive assessment and intervention practices, particularly for speech-language pathologists (SLPs) and educators working with students who present with reading and language vulnerabilities. This presentation combines current research on reading profiles, assessment reliability, demographic transition, environmental stressors, and instructional frameworks to inform more equitable and effective literacy practices in rural settings.

Recent studies highlight the variability and complexity of reading development among rural learners. Daniel and Barth (2023) found significant variety in reading skills within a predominantly Hispanic rural elementary school, with only 38% of students demonstrating typical literacy profiles, 46.5% presenting "some-risk," 14% showing "high-risk," and 1.5% meeting criteria for severe reading disability. Their findings emphasize the importance of multicomponent assessment and tailored intervention, both of which involve essential SLP expertise. The authors recommend metacognitive strategies to address weaknesses in working memory.

Assessment practices themselves play a critical role in how educators identify and understand literacy challenges. Collins, Lindström, and Sandbank (2021) showed that reading comprehension outcomes vary drastically depending on assessment format; response format alone explained up to 62% of score variance, and genre contributed little. These findings suggest that SLPs and reading specialists should rely on multiple data points, across response formats and contexts, to avoid misidentifying comprehension difficulties, which is a critical concern in rural districts serving English learners or students from linguistically diverse backgrounds.

The broader context of community and individual environment also shapes literacy outcomes. Family resources, socioeconomic status (SES), and environmental stressors have measurable impacts on children's early academic trajectories. Miller, Votruba-Drzal, and Coley (2019) documented that poverty across rural, suburban, and urban settings predicts lower academic achievement, but that the sources differ by geography. Rural communities, in particular, face unique combinations of stressors: economic instability, reduced access to enrichment, and limited availability of support services, which exacerbate early literacy disparities (Miller et al., 2019). These contextual factors influence not only learning but also the availability of and access to quality intervention. From the findings, the authors recommend considering characteristics of the child's environment (e.g., resources, SES, environmental stressors) when addressing reading development in intervention.

Rural districts are also undergoing changes in racial, linguistic, and socioeconomic compositions in their communities, causing existing special education and reading-support systems to no longer meet each student's needs. Research on the changes in rural demographics indicates both increasing diversity and shortages of specialized staff, as well as limited funding, and fewer culturally and linguistically responsive services (Johnson et al., 2018; Johnson et al., 2022). Improved funding structures, expansion of culturally responsive special education practices, and long-term planning across districts and state agencies are needed to address the evolving needs of rural learners.

Findings from the research provide considerations for all professionals in education and surrounding fields. Literacy assessment must incorporate multiple formats, repeated administrations, and attention to linguistic and cognitive factors. Interventions should address oral language, morphology, working memory, and comprehension strategies. Reading and language instruction must be culturally and linguistically responsive to align with the changing demographics of rural communities. Policy frameworks, staffing, and funding must be strengthened to ensure rural districts can implement evidence-based practices effectively and equitably.

Much of the existing U.S. research focuses on how socioeconomic status affects language and vocabulary development, showing that children from higher-income families often have greater access to books, literacy experiences, and educational support. However, there is still little information about how both location and socioeconomic factors together influence reading skills in American children. More research is needed to understand how these differences may impact early literacy development and academic success. We hope to explore this gap in research by focusing on the current reading gap between children who reside in both urban and rural areas in Virginia. By establishing literacy practices within the realities of rural education, the session aims to support more equitable outcomes for students whose needs have too often been overlooked.

Learning Outcomes:

1. Identify characteristics of the relationship between socioeconomic status and reading development
2. List factors contributing to the gap in reading performance between children living in rural and urban areas
3. Identify components of a comprehensive reading assessment that are necessary for accurate results

Grace Oren
Financial Disclosures: Grace has no relevant financial relationships.
Non-financial Disclosures: Grace has no relevant non-financial relationships

Skylar Hart
Financial Disclosures: Skylar has no relevant financial relationships.
Non-financial Disclosures: Skylar has no relevant non-financial relationships

Emma Newcomb
Financial Disclosures: Emma has no relevant financial relationships.
Non-financial Disclosures: Emma has no relevant non-financial relationships

P3: Parental Navigation of Early Intervention for Children with Hearing Loss
Virginia Jarvis
Introductory

Early intervention (EI) by six months of age is critical for supporting children's language, social, and auditory development. Timely access enables children to capitalize on sensitive periods for auditory stimulation, language acquisition, and social interaction, ultimately fostering optimal communication outcomes. Delays can lead to slower language development, reduced social engagement, and gaps in auditory skills (Reynolds et al., 2023; Werfel et al., 2024). The advances in early hearing detection, specifically in newborn hearing screenings and diagnostic technologies, have made it possible to detect hearing loss within the first few months of life, allowing for earlier access to intervention services. There have also been improvements made in the Universal Newborn Hearing Screening (UNHS). They have also made strides in diagnostic follow-up and early connection to services. However, despite these advances, significant variability remains in how quickly and effectively families can connect with early intervention programs. The literature highlights persistent challenges, while quantitative research documents the rates of early intervention enrollment and developmental outcomes (Bush et al., 2022). The variability includes enrollment delays, such as fewer than half of the families being enrolled within six months, and barriers exist at both family medical and system-wide levels. These barriers hinder timely enrollment, including limited knowledge of EI processes, inconsistent provider communication, logistical challenges, and gaps in the referral and follow-up system. These barriers help explain why families often fail to meet the recommended six-month enrollment benchmark, a concern that drives the need for qualitative research. Research into families' lived experiences regarding early intervention services need to be explored especially with underrepresented populations (Werfel et al. 2024). Through in-depth interviews, parents often experience a complex mix of emotions, including confusion, fear, grief, and uncertainty, immediately after the diagnosis. Participants felt overwhelmed by the amount of information provided in such a short period and received inconsistent guidance from professionals (Reynolds et al., 2023). There's a huge strain on these families to make a decision that is right for their child, which causes the parents to have a lot of stress and not know what to do, especially when they don't have a strong understanding or education in the subject of hearing loss (Dikeç et al. 2023). Most of these studies focus on the post-enrollment period, rather than the diagnostic to early intervention window, which is a significant gap in the research. There is also a diversity, equity, and inclusion gap in not representing the underrepresented families and our families with limited resources, who face systematic and inequities (GAO, 2025). provider perspectives on cultural and linguistic diversity within an early hearing detection and intervention systems, highlighting significant disparities, and how families from diverse background access and navigate services providers reported that cultural and linguistic, diverse families often encountered barriers, such as limited access to linguistic, appropriate materials, challenging, understanding, medical terminology, cultural differences of perception of disability, and mistrust or discomfort with healthcare systems(Wong et al. 2025). As part of evidence-based practice, when a clinician takes into account the family's cultural perspectives and their needs, and the family's perspectives differ and are not well-documented or understood by the clinician, it puts evidence-based practice at risk. The purpose of the study is to explore how parents navigate the critical period, which is the period immediately following a childhood hearing loss diagnosis. This will help us gain a deeper understanding of the cultural, emotional, and informational factors that impact parental decision-making. The research methodology is a qualitative phenomenological approach. Our ideal participant group would be newly diagnosed children with hearing loss between the ages of 0 and 3 who have parents or guardians with diverse, cultural, linguistic backgrounds or low socioeconomic status. Semi-structured interviews would be conducted to emphasize parents' reflections on their first interactions, referrals, pathways, decision-making processes, provider communication, perceived barriers, and understanding of rehabilitation options. The data analysis would involve thematic coding to identify barriers, facilitators, and patterns across families, as well as to capture the unique experiences of underrepresented families. The expected connections based on literature would be emotional variability of parents after the diagnosis, focusing on anxiety, grief, and confusion (Reynolds et al., 2023). There will be difficulties navigating the system. Inequitable access can lead to difficulties for families in understanding the EI referral process, amplification, timelines, and communication, as well as modality differences. Some families may experience long waits, financial disparities, long distances to specialists, language barriers, and provider bias (GAO, 2025; Wong et al., 2025). There are significant clinical implications that providers must

understand as factors influencing early intervention decisions. The system-level implications may inform program-designed policy updates, early intervention, benchmarks, and referral reforms. Diversity, equity, and inclusion implications are necessary for linguistically accessible materials, culturally aligned counseling, and family-centered practice models that support inclusive early intervention frameworks. Understanding parent experiences within the critical period is necessary for ensuring timely access to early intervention, which directly impacts children's communication and developmental outcomes. Qualitative insights offer a deeper understanding of the barriers that families face, particularly for underrepresented groups, and highlight areas for improvement. These insights are invaluable for developing an equitable, family-centered, and culturally responsive EI, with evidence-based recommendations that inform clinicians, program developers, and policymakers. This will help strengthen family-centered early intervention systems and improve equitable access to timely, comprehensive services for children with hearing loss.

Learning Outcomes:

1. Describe family-, child-, and system-level barriers that delay enrollment into EI services, especially for underrepresented and culturally diverse families
2. Analyze how parental responses, cultural perspectives, and informational understanding impact decision-making during the critical period after a hearing loss diagnosis
3. Explain recommendations that strengthen family-centered care and facilitate equitable access to early intervention systems.

Financial Disclosures: Virginia has no relevant financial relationships.
Non-financial Disclosures: Virginia has no relevant non-financial relationships

P4: An Overview of Training SLPS for Collaborative Language and Literacy Practices
Cora Smith, B.A., & Emma Dalton B.S.
Introductory

Interprofessional practice (IPP) provides effective language and literacy support for students in elementary school settings, yet the extent to which speech-language pathologists (SLPs) are adequately trained to collaborate with general education teachers remains unclear. Collaborative service delivery models for these professionals such as push-in instruction, co-teaching, consultation, and interdisciplinary planning, are some ways that academic outcomes can be improved for children with language and literacy needs. However, research indicates that school-based SLPs experience barriers to implementing these approaches consistently. The purpose of this research proposal is to examine how SLPs are being trained, pre-service or in-service, to provide collaborative language and literacy services with general education teachers, to identify strengths and limitations in existing preparation models, and highlight implications for improving training that supports effective IPP in school settings.

Research has shown that collaboration of SLPs with teachers is an effective way to provide naturalistic treatment in the least restrictive environment as it leads to faster generalization. Collaboration provides the opportunity for SLPs and teachers to demonstrate expertise in the classroom for students to gain valuable instructional time and benefits all children within the classroom. Archibald's (2017) review demonstrated that targets such as vocabulary and phonological awareness can be effectively addressed through SLP–educator collaboration; however, the review did not address how SLPs and teachers are trained to implement these practices and how pervasive collaboration is throughout the field.

A survey conducted through various ASHA communication groups revealed significant gaps in collaborative practice once SLPs enter school settings. Pfeiffer et al. (2019) found that only 8% of school-based SLPs engaged in IPP during evaluations, 34% during eligibility meetings, and 14% during intervention sessions. These findings highlight that collaboration is largely lacking within the school systems and multiple factors have created barriers for SLPs to engage in effective collaboration with other school-based professionals. Likewise, Pfeiffer, McOsker, and Wallace (2025) found that SLPs frequently report low preparedness to collaborate in literacy instruction despite recognizing its importance, signaling a need for targeted training and ongoing professional development. Recent reviews have explored the perceptions of school-based SLPs in their collaboration efforts. Evans et al. (2025) synthesized research across the field to identify how SLPs perceive their efforts in effective collaboration. While the participants agreed on the benefits of collaboration, studies found a discrepancy in the perceptions and actual engagement in collaborative practices. The frequency of collaboration, particularly within literacy instruction, was varied and often was completely omitted from evaluation and eligibility discussions. While there was a general theme of collaboration within the literature explored, there was a lack of consensus on what collaboration between SLPs and other professionals entails, and no mention of in-service or out-service training for collaboration practices.

Pre-service preparation has been explored to a limited extent in a retrospective study by Curro, Shooman, and Foo (2022), who examined the effects of an interdisciplinary workshop involving occupational therapy, speech-language pathology, and special education students. Evidence from this pre-service program suggests that structured interprofessional education (IPE) can enhance perceived proficiency in collaboration. The results indicated that participation in an interdisciplinary IPE workshop improved trainees' self-perceived readiness for collaboration across occupational therapy, speech-language pathology, and special education. However, these findings are limited to university-based instruction and rely on self-report rather than behavioral measures, indicating the need for additional research into how these skills translate to classroom practice. These findings point to initial efforts to build collaboration skills before SLPs enter the field and additional existing literature focuses instead on how collaboration operates within classroom settings.

There are few models of successful practice that demonstrate what effective collaboration training should include. For example, a tutorial was created by Heisler and Thousand (2021) that investigated co-teaching and the benefits of SLPs and educators providing collaborative literacy instruction. Four co-teaching approaches including supportive, parallel, complementary, and team were determined to be

beneficial for collaboration, but it was noted that SLPs were unable to incorporate practice of these approaches. For co-teaching to be a successful practice between SLPs and educators, these professionals should be effectively trained in how to provide co-teaching practices. Heisler and Thousand (2021) explain the importance of professional preparation for co-teaching including the need for graduate programs for speech-language pathology, general education, and special education to provide instruction and model effective co-teaching practices. Understanding the same need for training in collaboration between professionals, Stehle Wallace et al. (2022) outlined specific partnership routines and instructional strategies for co-developing language-rich environments with classroom teachers and created a practical framework for embedding language support within core instruction. However, while the article summarizes evidence-based practices, and highlights characteristics of a strong collaborative partnership, no research has been done on the efficacy of this training or if it has been implemented in schools.

The findings from these research studies show that IPP is becoming more widely recognized as an important component of school-based SLPs practice, yet there is little research to investigate how SLPs are trained to provide these services. Limited research is available on graduate student training in collaboration, and most research articles in the field focus instead on the perceptions of SLPs with how prepared they are to collaborate, how they perceive willingness in professionals to collaborate, and how often they collaborate with others. Across studies, varying degrees of evidence range from retrospective analyses (Curro et al., 2022), national surveys (Pfeiffer et al., 2019; Pfeiffer et al., 2025), systematic reviews (Evans et al., 2025), theoretical evidence-based frameworks (Archibald, 2017), and conceptual tutorial article (Heisler & Thousand, 2021). While each contributes valuable insights, findings underscore that pre-service education and continuing professional development must be consistently implemented to support collaborative practice. These findings underscore the need for a more robust training during pre-service education and in-service support to provide SLPs with the skills to ensure they are fully prepared to deliver collaborative, classroom-embedded services that effectively support elementary students' language and literacy development.

Learning Outcomes:

1. Examine the gaps in research literature on collaboration instruction between teachers and speech pathologists within elementary school classroom
2. Critique existing collaboration practices between speech pathologists and teachers in elementary school classrooms to identify evidence-based training practices

Cora Smith
Financial Disclosures: Cora has no relevant financial relationships.
Non-financial Disclosures: Cora has no relevant non-financial relationships

Emma Dalton
Financial Disclosures: Emma has no relevant financial relationships.
Non-financial Disclosures: Emma has no relevant non-financial relationships

P5: Comparing Caregiver Stress: Adult Dysphagia vs. Pediatric Feeding Difficulties
Hayley Collins, B.S., Chloe Couch, B.S., & Madison Hyatt, B.A.
Introductory

Feeding and swallowing disorders affect individuals across the lifespan, and their impact extends beyond patients to the caregivers who support daily feeding, safety, and nutritional needs. A consistent theme across the literature is that caregiving demands, whether in pediatric feeding disorders or adult dysphagia, contribute significantly to emotional and psychological strain. Yet, research has rarely compared caregiver experiences across these two age groups. This literature review synthesizes current evidence to highlight how caregiver stress manifests differently in pediatric and adult contexts, while identifying shared challenges important for clinical practice in speech-language pathology.

Pediatric feeding disorders (PFDs) are associated with elevated caregiver stress due to the interplay of medical, developmental, and behavioral concerns. Silverman et al. (2021) found that caregivers of 840 children with PFD reported significantly higher stress levels than community norms on the Parental Stress Index–Short Form. Negative child mealtime behaviors, internalizing and externalizing symptoms, and lower developmental functioning were all significant predictors of increased parental distress and perceived dysfunctional parent–child interactions (Silverman et al., 2021). A common theme expressed throughout caregiver interviews and research on caregiver stress is that mealtimes and concerns about meeting nutritional needs, due to factors such as mealtime conflict and feeding aversion, contribute to caregiver stress and affect daily life (Silverman et al., 2021; Simione et al., 2021). Difficult mealtimes are associated with significant impacts on caregiver stress and overall quality of life (Simione et al., 2021).

A growing evidence base demonstrates that caregiver training is a valuable tool in pediatric feeding intervention. A recent systematic review and meta-analysis by Madonna et al. (2024) concluded that caregiver training improves child feeding behaviors and may reduce caregiver stress, though further research is needed to determine optimal intensity and delivery models. This represents Level I–II evidence supporting caregiver involvement as a cornerstone of best practices in early intervention and pediatric feeding therapy. Additionally, caregivers in a study by Simione et al. (2021) expressed that collaboration with healthcare providers who understand common stressors and challenges that come with PFD, and who take a family-centered approach, improves their quality of life in terms of daily feeding and feeding treatment.

In contrast, caregivers of adults with dysphagia often experience stress related to sudden medical events, progressive disease processes, or declines in functional independence (Rangira et al., 2022; Yi et al., 2024). Research on caregiver perspectives confirms that swallowing impairments contribute significantly to emotional, logistical, and financial strain (Rangira et al., 2022; Yi et al., 2024). A review conducted by Yi et al. (2024) found that caregivers often experience stress related to their ability to care for someone with medical needs and dysphagia, as adults with dysphagia often have multiple needs that require additional care. Additionally, caregivers frequently reported frustration and stress related to seeing a decline in the individual's independence and abilities (Yi et al., 2024). These findings reveal the profound emotional and relational impact associated with dysphagia management and the challenges of maintaining autonomy and dignity for aging or medically fragile adults.

When considered together, these bodies of literature reveal both important differences and notable similarities across pediatric and adult caregiving experiences. Pediatric caregivers often describe persistent stress tied to development, behavior, and navigating early intervention and school-based systems (Silverman et al., 2021; Simione et al., 2021). Adult caregivers, however, report stress stemming from role reversal, long-term care responsibilities, and the emotional weight of supporting a spouse or partner through medical changes (Rangira et al., 2022; Yi et al., 2024). Despite these differences, both groups consistently express a need for clearer guidance from healthcare providers, improved care coordination, and greater emotional validation (Madonna et al., 2024; Rangira et al., 2022; Silverman et al., 2021; Simione et al., 2021; Yi et al., 2024). This shared need underscores the SLP's role in providing accessible education, guidance, and supportive counseling within their professional scope.

Learning Outcomes:

1. Differentiate stress profiles of adult and pediatric caregivers using evidence from comparative research to inform age-specific counseling and intervention planning
2. Evaluate how medical, developmental, and systemic factors uniquely contribute to caregiver stress and integrate these findings into their interdisciplinary care approaches
3. Design targeted caregiver-support strategies that address both population-specific stressors and universal needs identified in the research

Hayley Collins
Financial Disclosures: Haylee has no relevant financial relationships.
Non-financial Disclosures: Haylee has no relevant non-financial relationships

Chloe Couch
Financial Disclosures: Chloe has no relevant financial relationships.
Non-financial Disclosures: Chloe has no relevant non-financial relationships

Madison Hyatt
Financial Disclosures: Madison has no relevant financial relationships.
Non-financial Disclosures: Madison has no relevant non-financial relationships

P6: Gestalt Language Processing: NLA Protocol and Impact on Autistic Individuals
Hayley Collins, B.S., & Madison Hyatt, B.A.
Introductory

Gestalt Language Processing (GLP) has become a growing topic of interest in speech-language pathology as clinicians and researchers work to better understand the diverse ways autistic individuals acquire language. Unlike analytic language processors, who build language word by word, GLP proposes that some individuals develop language in larger units such as phrases or scripts. These “gestalts” are often expressed through immediate or delayed echolalia, which historically has been viewed as nonfunctional but is now increasingly recognized as meaningful communication. Although many children who use echolalia eventually break down these scripts into smaller components and develop generative language, the scientific evidence supporting GLP as a distinct developmental pathway remains limited. Much of what is known comes from descriptive work, clinical observation, and expert opinion rather than controlled empirical studies; making it important for clinicians to view this framework as emerging rather than fully validated.

The Natural Language Acquisition (NLA) protocol, most associated with Marge Blanc and colleagues (2023), offers a structured, six-stage model for how gestalt learners may progress from whole scripts to spontaneous, self-generated language. The stages include echolalic gestalts, mitigated phrases, single words, simple combinations, early grammar, and fully flexible language. The guiding idea is that clinicians should observe which stage a child is currently in and model language, accordingly, validating scripts rather than eliminating them and providing shorter, more flexible models to support progression. While the NLA approach is valued by many families and clinicians for its compassionate and neurodiversity-affirming perspective, it is essential to note that its level of evidence is currently low. Aside from case examples and expert guidance, there are no randomized or controlled trials supporting NLA as superior to other interventions, and no standardized assessment exists to formally identify someone as a gestalt language processor. Thus, any clinical recommendations derived from NLA should be understood as “based on expert opinion” rather than high-level empirical data.

Echolalia itself has long been associated with autism, and emerging research argues that it may represent an important communicative stage for some learners. Venjer and Lorang (2024) suggest that the repeated use of scripts may gradually evolve into more generative language, highlighting that these utterances can carry emotional, regulatory, or associative meaning even if they appear unrelated to context. Benefits reported in qualitative studies include improved emotional regulation, deeper engagement with communication partners, and a supportive pathway toward independent language. Not all autistic individuals are gestalt language processors, and over-applying GLP terminology may lead clinicians to overlook other communication needs or evidence-based practices. The lack of standardized assessment tools or validated criteria also increases the risk of misidentifying a child’s language learning style. These considerations reinforce the need for clinicians to integrate GLP-informed strategies thoughtfully within a broader evidence-based practice framework.

An additional area in need of research is the role of multilingualism in gestalt language development. Blanc et al. (2023) note that we currently do not know how bilingual or multilingual exposure affects children who rely on gestalts, especially when they have not yet completed the stages of language development in one language. This gap is significant because many autistic individuals grow up in multilingual environments, and restricting language exposure is neither culturally responsive nor supported by empirical evidence. More inclusive research is necessary to understand how scripts form across languages, whether children develop gestalts in both languages simultaneously, and how clinicians can best support multilingual GLP learners without making unsupported assumptions.

For speech-language pathologists, best practice involves integrating clinical expertise, client and family values, and the best available scientific evidence. Regardless of the intervention model chosen, clinicians should continue to honor all communication attempts, including echolalia. This view aligns closely with naturalistic developmental behavioral interventions, which have strong empirical support and emphasize connection, shared engagement, and communication within meaningful contexts. While NLA shares some philosophical overlap with these evidence-based approaches, it does not yet share the same research

foundation, which means clinicians must be transparent with families about what is known and unknown. Families may come across strong advocacy for GLP and NLA on social media, and SLPs play an important role in offering balanced, factual information along with caregiver coaching. NLA can be a helpful framework for understanding a child's language, but it is not a proven treatment method and should not be used in place of other evidence-supported interventions when appropriate.

Ultimately, a balanced perspective recognizes that GLP and NLA highlight important clinical values such as respect for neurodiversity, validation of echolalia, and individualized language support. Many families and clinicians report meaningful benefits when using GLP-informed strategies, such as improved rapport, reduced communication pressure, and more authentic expression from the child. At the same time, the lack of robust empirical research means clinicians must avoid rigid interpretations or one-size-fits-all recommendations. Future research should include controlled studies examining outcomes for GLP learners, culturally and linguistically diverse participants, and clearer criteria for identifying gestalt processing. Until that research exists, the most ethical and effective approach is to incorporate GLP concepts within broader, well-supported communication interventions; ensuring that each child receives individualized, affirming, and evidence-aligned care.

Learning Outcomes:

1. Analyze language samples from autistic learners to determine whether the communication features reflect analytic or gestalt-style language processing
2. Evaluate the strengths, limitations, and evidence levels of Natural Language Acquisition (NLA) and other GLP-informed intervention practices to guide clinical decision-making
3. Develop caregiver education strategies that accurately represent the evidence base surrounding NLA and GLP-informed practices

Hayley Collins
Financial Disclosures: Hayley has no relevant financial relationships.
Non-financial Disclosures: Hayley has no relevant non-financial relationships

Madison Hyatt
Financial Disclosures: Madison has no relevant financial relationships.
Non-financial Disclosures: Madison has no relevant non-financial relationships

P7: Critically appraised topic: Voice treatments in Parkinson's Disease

Andria Dail, B.A., Adrianne Pyle, B.S., & Victoria Reynolds, PhD CCC-SLP

Introductory

Introduction

Parkinson's disease (PD) is a progressive neurodegenerative disorder affecting 1-2% of people over the age of 60 and is a neurological condition where the brain gradually loses those releasing cells in the substantia nigra, interfering with the pathways that are supposed to support coordinated movements and contributing characteristics to both motor and cognitive symptoms (Saleem et al., 2025; Stoessl et al., 2014)..Voice and speech changes are among the earliest symptoms: 70-90% of individuals with PD develop hypokinetic dysarthria, characterized by reduced vocal loudness, and reduced speech intelligibility (Sapir et al., 2007; Wight & Miller, 2014).

Two behavioral treatments have received attention for addressing vocal loudness and intelligibility outcomes in PD: LSVT LOUD and EMST. LSVT LOUD is a high intensity treatment with a target of "think loud", to retrain vocal effort and increase phonatory or articulatory scaling (Sapir et al., 2007; Ramig et al., 1995; Ramig et al., 2001). EMST uses a handheld pressure-threshold device to strengthen expiratory and subglottal pressure, which improves respiratory support for speech and swallowing (Darling-White & Huber, 2017). EMST has been shown to increase maximum expiratory pressure and move speech breathing towards typical lung volume ranges, but its effects on functional vocal loudness and speech intelligibility remain less consistent due to the lack of research on those outcomes (Darling-White & Huber, 2017; Saleem et al., 2025).

Despite strong evidence for each treatment individually, direct head-to-head comparisons are rare. Recent clinical trials have shown LSVT LOUD produces larger and more reliable gains in vocal intensity and certain swallowing parameters than EMST, whereas EMST may offer advantages in specific hypopharyngeal measures (Saleem et al., 2025). Clinicians and patients need guidance on which intervention best achieves the primary goals of increasing vocal loudness and improving everyday speech intelligibility in Parkinson's disease.

Methods

In August 2025, a search of the following databases was conducted: PubMed, ASHAWire, CINAHL, and SpeechBite. The following search terms were used, in combination: Parkinson's Disease, LSVT, ESMT, vocal loudness, speech intelligibility, and hypokinetic dysarthria. Two raters abstracted the search results and screened for eligibility. Articles were included if they were published in the English language between 1995 and 2025, reported on either LSVT and/or EMST in adults with idiopathic Parkinson's Disease. Articles that did not measure vocal loudness or speech intelligibility were excluded. Of the initial yield of 314 articles, 134 duplicates were removed. Of the remaining 180, 117 were excluded because population and/or outcome measurement inclusion criteria were not met, and a further 56 did not pertain to selected interventions. The 7 remaining articles were selected for inclusion in this CAT.

Results

The overall consensus indicates that LSVT LOUD has more positive results for voice, but EMST shows inconsistent improvement for voice outcomes and is better paired with respiratory and swallowing functions. Improvements in speech intelligibility were not as significant as those found in loudness. Some participants showed little or no intelligibility benefit, although they had become louder. In LSVT LOUD gains in sound pressure levels were between 6dB to 20dB, depending on the task and baseline vocal loudness, with greatest improvements in vowel phonation. At follow-up appointments, most patients retained around 6dB gain. LSVT LOUD outperformed no treatment and respiratory-only treatment. EMST showed more improvement in swallowing and coughing disorders because of its history with respiratory treatment and efficiency, but oftentimes was not directly compared to vocal loudness and speech intelligibility.

There was one comparison between LSVT LOUD and EMST; two separate studies that were compared retrospectively. LSVT LOUD outperformed EMST with greater consistency in loudness gains across most speech tasks, while EMST produced smaller changes but still showed an increase in higher baseline loudness. It is also important to note that disease stage and depression scores did not predict outcome levels.

Both interventions were conducted. LSVT LOUD demonstrated positive effects focusing on speech intelligibility and vocal loudness. EMST showed effectiveness in respiratory or swallowing measures. Overall, the primary goal is to increase vocal loudness or improve speech intelligibility in Parkinson's patients. Further research needs to be conducted on EMST to directly compare to LSVT LOUD.

Discussion

The findings of this CAT show that it is difficult to directly compare LSVT LOUD to EMST, based on the current literature. LSVT LOUD demonstrated more measured evidence and positive outcomes in sound pressure levels, and sustained gains over follow up time periods. Although LSVT LOUD showed evidence of improvement, EMST seemed to be more beneficial for respiratory measures like respiratory pressure and lung capacity, which could be used to support voice production. A more direct study and research needs to be conducted to come to a clear conclusion on the direct effects of EMST on speech intelligibility and vocal loudness.

Limitations in the research do limit the internal and external validity of the appraised studies. Small sample sizes influence the inclusion of individuals with varying severity level or health concerns. Blinded comparisons were few, and outcome measures were not consistently used or reported. Follow-up periods were short or absent. Most participants were of mild-to-moderate severity with motivation to participate in the studies limiting ecological validity.

From a clinical standpoint, LSVT LOUD stands out as the stronger, evidence based choice in comparison to EMST when helping patients with vocal loudness and speech intelligibility. Although EMST seems useful with respiratory strength, it has been primarily used for swallowing and respiratory strength as opposed to voice goals. A larger, randomized control trial with longer follow ups and more diverse patients would be needed to confirm evidence or refine measurement for a more consistent recommendation. Future research comparing LSVT LOUD to EMST would be valuable for outcome measures in voice and respiratory support.

Conclusion

LSVT is a well-established intervention for hypokinetic dysarthria in PD, with positive effects on speech intelligibility in the short-term. EMST is less studied in Parkinsonian speech, although its effects on swallowing are better established. EMST could have positive effects on speech in individuals with PD. Targeted research should investigate the effects of EMST on speech intelligibility, and the long-term maintenance of both treatments.

Learning Outcomes:

1. Describe the effects of Parkinson's Disease on the voice, the characteristics of hypokinetic dysarthria and the treatments LSVT LOUD and EMST
2. Critically evaluate the quality of the studies that report on voice in Parkinson's Disease, specifically the outcomes of LSVT LOUD and EMST
3. Describe possible future directions for research in voice in Parkinson's Disease, with specific focus on the gaps in the literature on LSVT LOUD and EMST

Andria Dail
Financial Disclosures: Andrea has no relevant financial relationships.
Non-financial Disclosures: Andrea has no relevant non-financial relationships

Adrianna Pyle
Financial Disclosures: Adrianna has no relevant financial relationships.
Non-financial Disclosures: Adrianna has no relevant non-financial relationships

Victoria Reynolds
Financial Disclosures: Victoria has no relevant financial relationships.
Non-financial Disclosures: Victoria has no relevant non-financial relationships

P8: Assessment Practices of Pediatric SLPs Across Work Settings
Allison Dehoff, B.S.
Introductory

Assessments are frequently performed by SLPs and allow SLPs to diagnose communication disorders and aid the SLP in determining client treatment goals, so it is essential that SLPs are equipped with the skills to conduct and interpret different forms of assessment. Ample previous research has analyzed and discussed the frequency of different assessment types used by SLPs for children with language disorders (Betz et al., 2013; Ogiela & Montzka, 2021), but research on how those assessment practices differ based on practice setting is much more limited (Fulcher-Rood & Castilla-Earls, 2023; Wilder & Redmond, 2024). Additionally, very few studies have asked SLPs to rate the importance of various assessment types (Fulcher-Rood & Castilla-Earls, 2023). Although data collection is ongoing, this research attempts to fill those gaps in knowledge.

A survey was sent asking SLPs and CFs in Virginia via online forums and newsletters to look at case history information for pretend clients and select which types of assessments they would perform working with that client in their actual work setting. Then, they were asked which types of assessments they would perform given unlimited time and resources. Information about practice setting, years practicing, and years since certification was also obtained.

Data collection is currently ongoing, but predicted to be complete by the SHAV conference. Results will inform as to how assessment practices differ between SLPs and CFs in different practice settings and between simulated clients, whether SLPs feel as though their assessment practices are restricted by their work setting and insurance requirements, whether SLPs are currently able to perform all of the assessments they would consider ideal for that client, and whether factors such as time since graduation influence the assessment practices of SLPS.

Learning Outcomes:

1. Identify how assessment practices for pediatric SLPs differ depending on practice setting
2. Identify whether the assessments SLPs report are ideal for a client are the assessments those SLPs would actually perform in their practice setting
3. Identify whether factors such as time since graduation and time practicing in the field influence the assessment practices performed by SLPs

Financial Disclosures: Allison has no relevant financial relationships.
Non-financial Disclosures: Allison has no relevant non-financial relationships

P9: Exploring Occupational Voice Use in Personal Fitness Trainers

Lily Purdy, B.S., M.S., Victoria Reynolds, PhD CCC-SLP, Ashley Fitzsimmons-Olsen, M.S., CCC-SLP, & Noel Nocciolo

Introductory

Personal trainers are professional voice users, and required to use their voices to coach and motivate clientele in their sessions. Despite their physical proximity suggestive that higher vocal intensity is not necessary, this presumption is inaccurate. Fitness trainers are expected to recruit and retain clientele, and create themselves as a brand within the marketplace. Personal trainers experience the same increased risk of developing dysphonia as their group fitness counterparts, yet little evidence-based literature is reported for this population. To devise risk mitigation plans and policies, it is essential to understand how these professionals use their voices in the workplace. This preliminary single-case study aimed to explore the phenomenology of occupational voice use in personal trainers (i.e., 1:1 instruction). One personal fitness trainer's vocal demands were documented, providing preliminary evidence to guide considerations for occupational voice management.

A semi-structured interview was used to explore the thoughts and attitudes towards occupational voice use. Results were reported as a single-case study (i.e., one participant).

Eligibility criteria included: current work in the fitness industry, a history of, or currently, teaching private individual fitness or sport classes; over the age of 18; able to participate in English; and no health or neurological condition that would preclude informed consent.

The study sought to answer the question, "What is the baseline level of voice quality in personal instructors? Does voice quality change, when measured acoustically and perceptually, following a leading session?" It was hypothesized that personal instructors would experience an incidence of voice disturbance prior to engaging in a leading activity. Further, measurable changes in voice quality were anticipated.

One female participant was recruited through personal networking, with 10+ years experience in the industry. The participant resided in Virginia. She reported no formal voice education as part of her fitness instructor training, but was knowledgeable of vocal demands and risks as she is in the field of speech pathology. She did not report any vocal disorders, nor concerns or symptoms prior to research.

Perceptual and acoustic measures of the participant’s voice were collected. A perceptual rating will be conducted by a trained speech-language pathologist given the de-identified voice sample. The SLP will be blinded to the identity of the participant, as well as assessment occasion (initial, after control activity, after leading activity). Acoustic measures were calculated using Praat: jitter, shimmer, harmonics to noise ratio (HNR), mean pitch, and cepstral peak prominence (CPP) on prolonged vowels. Minimum, maximum, mean pitch, and CPP on connected vowels were calculated.

All data was recorded on a headset-mounted, AKG C544L condenser microphone connected to a Zoom H4nPro Handicorder, at a sampling rate of 44.2kHz. Data was saved as .wav files and stored to a secure, password-protected hard drive, maintained by Old Dominion University. All data analysis will be conducted using SPSS for Windows (V29). Baseline will be established in the first assessment, which will be compared to the pre-leading activity assessment to determine whether the baseline represents the individual’s usual vocal function. Pre- and post-leading activity measures will be compared to determine whether any changes in voice quality or vocal function occur following leading activities.

The results have not been finalized. The blinded perceptual measure has not been collected yet. The following acoustic measures have been calculated: maximum phonation time for the vowel /a/, jitter, shimmer, harmonics to noise ratio, cepstral peak performance (CPP) of the vowel /a/, format frequency and CPP of CAPE-V sentences. The preliminary acoustic measures indicated signs of vocal fatigue or strain were present following the leading activity. Specifically, there were decreases in maximum phonation time and shimmer following the second recording. However, there were no significant changes in jitter or both CPP measures (i.e., vowel /a/ and CAPE-V). Surprisingly, a slight improvement was noted

in the participant's CPP, indicative that procedural vocal demands were not too taxing. Once the perceptual measure is collected, results will be analyzed further to assess the relationship between subjective vocal quality and objective acoustic data. The complete data will refine understanding and evidence.

The participants' results suggest there may have been signs of vocal fatigue and/or strain following a leading activity, especially in decreased maximum phonation time. The slight improvements in both CPP measures and harmonic noise ratio may suggest maintained vocal clarity despite increased effort. Overall, the results from this preliminary study reflect the complex relationship between impactful factors (i.e., time leading, loudness, etc.) on quality and clarity of voice. Personal trainers might experience measurable vocal strain, but not to the extent anticipated, particularly when compared with group fitness or coaching colleagues. Further exploration will be critical in providing an encompassing picture of this relationship.

The rationale and results from this preliminary study stress the need for increased educational opportunities for fitness professionals regarding vocal health (i.e., vocal rest, importance of hydration, etc.). Personal trainers should receive a comprehensive education on vocal care focused on techniques, use of amplification tools, and strategies to manage vocal strain. More research is necessary to establish the long-term effect of ignored or neglected vocal strain in this population, as well as preventative strategies.

Learning Outcomes:

1. Describe how personal fitness trainers use their voices occupationally and identify common factors/patterns contributing to vocal strain
2. Explain how the results can guide prevention measures or early vocal intervention for vocal strain
3. Interpret the study's key findings in relation to vocal health, applying findings to clinical care for at-risk clients

Lily Purdy
Financial Disclosures: Lily has no relevant financial relationships.
Non-financial Disclosures: Lily has no relevant non-financial relationships

Victoria Reynolds
Financial Disclosures: Victoria has no relevant financial relationships.
Non-financial Disclosures: Victoria has no relevant non-financial relationships

Ashley Fitzsimmons-Olsen
Financial Disclosures: Ashley has no relevant financial relationships.
Non-financial Disclosures: Ashley has no relevant non-financial relationships

Noël Nocciolo
Financial Disclosures: Noël has no relevant financial relationships.
Non-financial Disclosures: Noël has no relevant non-financial relationships

P10: Melodic Intonation Therapy for Aphasia: Appraisal of Systematic Reviews
Sarah Kazden, B.S., Shaunna Pentony, B.S., Natalia Rodriguez, B.S., & Anastasia Raymer, PhD, CCC-SLP
Introductory

Individuals with aphasia following left hemisphere stroke often take part in speech-language therapy to overcome the devastating consequences in their daily lives. Because some individuals with aphasia preserve the ability to sing or use intonation, this strategy has been formalized into an aphasia treatment approach called melodic intonation therapy (MIT)(Albert et al., 1973). An approach designed for individuals with nonfluent aphasia (Helm-Estabrooks & Albert, 1991), MIT pairs vocal expression with intoned phrases and words and rhythmic hand-tapping. The primary goal of MIT is to improve verbal expression by leveraging preserved prosodic abilities of the right hemisphere in individuals with left hemisphere damage (Popescu, 2022). Though MIT is a common intervention, the evidence supporting its effectiveness is mixed across different studies.

Efforts to support evidence-based clinical practice often incorporate systematic reviews (SRs) which summarize the existing research evidence to address targeted clinical questions. Some SRs quantify those findings in the form of meta-analysis (MA). To that end, a number of researchers have conducted SRs/MAs to summarize the extant literature examining the effects of MIT for aphasia recovery. The purpose of this project was to evaluate the current evidence regarding the use of MIT in individuals with nonfluent aphasia and to guide decision-making when implemented in clinical practice. The specific clinical question was: Is MIT effective for increasing speech and language abilities in individuals with aphasia following left hemisphere stroke?

Methods: We searched multiple databases (PubMed, SpeechBite, CINAHL, EBSCO, ASHA) to identify SRs summarizing effects of MIT for aphasia. We included reviews published since 1973 in English that summarized quantitative studies of MIT in individuals with aphasia following left hemisphere stroke. We found 13 potential review papers for consideration, only 11 of which met inclusion criteria as determined by at least two research team members.

To evaluate the quality of the 11 review papers, we employed AMSTAR2 (SHEA et al., 2017), a 16 item checklist to code SRs for methodological and summative rigor. To train on the use of the checklist, all team members read one of the review papers (Gong & Ye, 2024) and met to discuss and align scores. Then two reviewers assigned to each of the other 10 papers ascertained AMSTAR2 scores.

Data were extracted from each SR/MA pertaining to # of studies reviewed, research designs included, # of subjects summarized, treatment schedule, and treatment outcomes. Findings were qualitatively summarized for the 11 review papers.

Results: The 11 identified SRs/MAs were published from 2012 to 2025. The number of original studies included in those reviews ranged from 2 to 40 papers, as some reviews included only randomized controlled trials (RCTs)(Haro-Martinez et al., 2021; Liu et al., 2022; Popescu et al., 2022; Gong & Ye, 2024; Wanicharoen et al., 2024; Gu et al., 2024; Koshimori et al., 2025) and some included all study designs (Hurkmans et al., 2012; van der Meulen et al., 2012; Zumbansen et al., 2019; Zhang et al., 2022). Among the 11 SRs/MAs, 68 different individual studies were listed, including some published in languages other than English.

Examining AMSTAR2 scores, the 11 SRs addressed from 4 to 11 of the 16 items, including .5 to 4.5 of 7 critical domains. Improved quality of the review process was seen over time as the MIT literature evolved from 2012 to 2025. The highest quality reviews were conducted by Haro-Martinez et al., 2021 (11.5/15 items) and Gu et al., 2024 (10.5 items) who conducted meta-analyses. The two earliest reviews (Hurmans et al., 2012; van der Meulen et al., 2012) along with Zhang et al. (2022) had the lowest rigor as all were SRs that omitted crucial quality elements. Thus the findings should be interpreted with caution.

Descriptive findings reported among the 6 SRs highlighted positive effects of MIT for functional communication, naming, repetition, and speech fluency. Contradictory findings were evident for auditory

comprehension outcomes. One review also mentioned improved reading and oral memory time associated with MIT (Zhang et al., 2022).

Five papers conducted meta-analysis of study findings, reporting more cautious optimism about the outcomes of MIT. Significant improvements were reported for repetition measures in 5/5 MAs. In contrast, significant improvements were noted for functional communication in 2/4 MAs, and in naming measures in 1/4 MAs. No improvements were reported for auditory comprehension in 3/3 MAs nor in speech fluency in 1/1 MA.

Discussion: Since1973, the MIT literature has matured to more than 60 original studies conducted around the world. SRs with descriptive analyses have been optimistic about MIT outcomes, particularly when including poor quality uncontrolled case studies and group designs. Yet, five MAs conducted since 2021 have set a more realistic tone for the effects of MIT in aphasia recovery. Most consistent is evidence of improvements in controlled repetition tasks following MIT. More limited evidence has been reported for naming and functional communication measures. No improvement is likely in auditory comprehension.

While improvements have been evident in aphasia patients following participation in MIT, the question remains what are the strongest clinical implications of this extensive literature. Are improvements in repetition abilities, which have been consistently observed across summary reports, sufficient to recommend MIT highly for individuals with aphasia? Some studies have reported changes associated with functional outcome measures, increasing confidence in the utility of MIT for meaningful recovery of aphasia. The evidence suggests that MIT is most effective and beneficial in the acute stages post-stroke compared to chronic stages. Additionally, research suggests that components such as hand tapping may be beneficial for treatment outcomes. However, due to small sample sizes and variability in the administration of MIT across studies, the strength of the evidence is limited. Overall, MIT should be considered as an appropriate evidence-based intervention in clinical settings in adults with nonfluent aphasia. However, clinicians should be mindful of the limited scope and variability in the likely outcomes associated with MIT. Additional research should be conducted to further strengthen the evidence base for MIT effects for recovery of functional communication skills.

Learning Outcomes:

1. Delineate two positive outcomes that are expected following participation in Melodic Intonation Therapy for aphasia
2. Indicate two areas in which Melodic Intonation Therapy does not promote recovery.

Sarah Kazden
Financrahial Disclosures: Sarah has no relevant financial relationships.
Non-financial Disclosures: Sa has no relevant non-financial relationships

Shaunna Pentony
Financial Disclosures: Shaunna has no relevant financial relationships.
Non-financial Disclosures: Shaunna has no relevant non-financial relationships

Natalia Rodriguez
Financial Disclosures: Natalia has no relevant financial relationships.
Non-financial Disclosures: Natalia has no relevant non-financial relationships

Anastasia Raymer
Financial Disclosures: Anastasia has no relevant financial relationships.
Non-financial Disclosures: Anastasia has no relevant non-financial relationships

P11: Case Study of an Atypical Presentation of Chronic Cough

Avery Lloyd, B.S., Chila Nicholson, M.S., CCC-SLP, & Victoria Reynolds, PhD, CCC-SLP

Introductory

Background

Chronic cough, a persisting cough lasting longer than eight weeks in adults. Affects an estimated 9-33% of adults in the United States (Rao et al., 2024), with an estimated 12-42% adults that remain refractory despite treatment for common etiologies such as asthma, upper airway cough syndrome, and gastroesophageal reflux disease (Vertigan et al., 2006). Individuals with refractory chronic cough frequently experience ongoing frustration, social withdrawal, vocal strain, and concerns about underlying disease; often cycling through extensive medical testing. There is increasing evidence that speech-language pathologists can provide effective management for chronic cough (Vertigan et al., 2006). Behavioral cough-suppression therapy significantly reduces cough frequency, severity, and functional limitation compared to placebo intervention; furthermore, outlining key components of speech-language pathology treatment such as education, cough suppression techniques, respiratory training, vocal hygiene, and psychoeducational counseling (Vertigan et al., 2007). This proposal presents a detailed case study illustrating behavioral management of chronic cough in a university training clinic, demonstrating treatment feasibility, client outcomes, and education value of including this disorder category in clinical training.

Case Study

The client is a 70-year-old female referred for evaluation and treatment regarding chronic cough, which began following a triple coronary artery bypass surgery in 2021. Despite extensive medical evaluation, including chest imaging, pulmonary function testing, multiple medication trials (e.g., antihistamines, antibiotics), and specialist consultations, her cough persisted. The client's cardiologist suggested that scar tissue and adhesions may contribute to symptoms. At intake, the client reported frequent coughing episodes, vocal fatigue, breathlessness, inconsistent loudness, and moments where her voice "gives out." She relied heavily on water and cough drops for temporary relief. The Voice Handicap Index score yielded a score of 31, which reflected a moderate voice-related handicap. The Leicester Cough Questionnaire (LCQ) indicated frequent cough episodes and decreased comfort during daily activities. Clinically, she presented with frequent cough and throat clearing episodes, clavicular breathing, forced inhalations, reduced breath support during connected speech, as well as a slightly strained, wavering vocal quality. Her treatment goals targeted reduction of cough/throat-clear frequency, through increased self-awareness, education, and suppression strategies, and improved respiratory-phonatory coordination.

Methods

The client completed 12 treatment sessions, twice weekly for 45 minutes, at the Old Dominion University Speech and Hearing Clinic. Intervention followed key components of the Vertigan behavioral cough-suppression protocol across three primary domains. First, education was provided regarding the behavioral nature of chronic cough, cough reflex hypersensitivity, cough threshold, absence of physiological benefit from repeated coughing, and voluntary control in interrupting the cough cycle. Visual aids supported understanding, and counseling emphasized validation and reassurance that her symptoms were real and modifiable. Second, cough suppression training targeted awareness and voluntary control of cough and throat-clearing behaviors. Treatment progressed through a hierarchy of awareness, recognizing events after they occurred, during onset, and the ultimate goal of before onset, to permit early suppression.

A variety of strategies were introduced to apply during known triggers and pre-cough sensations, and these best accommodated the client, including dry swallow, sipping water, relaxed throat breathing, foot tapping and finger tapping. Third, respiratory training addressed her initial shallow, clavicular breathing pattern by targeting diaphragmatic breathing, breath pacing, and coordinated respiratory-phonatory support during structured and conversation tasks to reduce forced inhalations and improve vocal stability.

Finally, psychoeducation counseling reinforced intrinsic motivation, home practice, realistic expectations, and strategies for managing setbacks and environmental triggers.

Results

Across the semester, the client demonstrated notable improvements in pre-cough/throat-clear awareness, suppression strategy use, and respiratory-phonatory coordination. At baseline, her awareness of cough and throat-clearing events were limited and inconsistent. In an early session, she identified only 14% (1/7) events before the cough occurred. Additionally, strategy use was inconsistent and limited to sipping water. Respiratory patterns were similarly inefficient, with 10 forced inhalations during a 15 minute structured communication task, reflecting inefficient respiratory patterns and reduced control. Over time, the client showed meaningful progress in early sensory recognition, reporting pre-cough sensations and increasingly identifying events before they emerged; moreover, increasing early recognition to 67%, and successfully applying at least two suppression strategies during 100% of events in which awareness occurred. Total coughing and throat-clearing frequency decreased from approximately 7 instances at the beginning of the semester to 1-2 instances at the end. Respiratory-phonatory efficiency improved with forced inhalations decreasing to 3-4 per 30 minute conversational tasks, alongside increased diaphragmatic breathing, and smoother breath pacing during reading, conversation, and movement-based tasks. The client reported significantly fewer coughing episodes in daily life, reduced reliance on cough drops, and greater communicative confidence. Collectively, these outcomes reflect a raised cough threshold, improved self-monitoring, enhanced respiratory efficiency, and increased voluntary control over cough behaviors.

Discussion

This case demonstrates the effectiveness of behavioral cough-suppression therapy delivered in a university clinic. The client's progress reflects findings from existing literature, showing that behavioral intervention can raise the cough threshold, reduce symptom frequency, and improve voice symptoms communication (Vertigan et al., 2006). The case reinforces several clinical implications regarding awareness as the foundation for voluntary suppression, and respiratory retraining can reduce cough triggers and improve vocal efficiency (Vertigan et al., 2007). This case highlights the important role speech-language pathologists play in managing chronic refractory cough and demonstrates that university clinics can successfully provide evidence-based, specialized services.

Conclusion

This case study demonstrates that behavioral speech-language pathology intervention, grounded in the Vertigan protocol, can significantly reduce chronic cough symptoms and improve quality of life in adults with refractory chronic cough. Improvements in awareness, suppression strategy use, respiratory-phonatory coordination, and communicative participation support the growing evidence that speech-language pathology intervention is an effective, patient-centered approach. Importantly, this case represents the first chronic cough client treated within the Old Dominion University Speech and Hearing Clinic, confirming feasibility and educational value of incorporating chronic cough management into university programs. This case supports the broader inclusion of chronic cough intervention within speech-language pathology clinical services to better meet patient needs and prepare future clinicians for evidence-based practice.

Learning Outcomes:

1. Explain the role speech-language pathology treatment in refractory chronic cough
2. Evaluate the role of behavioral chronic cough therapy and direct and indirect voice therapy in the management of chronic cough
3. Contrast the active ingredients of the behaviors chronic cough protocol and direct the contribution of each to patient outcomes

Avery Lloyd
Financial Disclosures: Avery has no relevant financial relationships.
Non-financial Disclosures: Avery has no relevant non-financial relationships

Victoria Reynolds
Financial Disclosures: Victoria has no relevant financial relationships.
Non-financial Disclosures: Victoria has no relevant non-financial relationships

Chila Nicholson
Financial Disclosures: Chila has no relevant financial relationships.
Non-financial Disclosures: Chila has no relevant non-financial relationships

P12: Hispanic Families in Early Intervention: Barriers, Supports, Experiences, and Perspectives.
Tessa Ngov, B.S., Galle Mabalay, B.S., & Sarah Wanis, B.S.
Introductory

Language differences can affect and impact the implementation of therapy services and caregiver coaching. This literature review examines the barriers that Spanish-speaking families face in early intervention services, as well as what supports are available to them. These barriers and supports additionally impact the perspectives and experiences that these families have in the early intervention program. This review addresses the research question: What barriers and supports do Hispanic families face in accessing and navigating early intervention services, and how does it influence their experiences and perspectives in early intervention?

Language barriers can create divides between the speech-language pathologist and the client's family. As early intervention utilizes a caregiver-coaching model, these divides can lead to challenges and misunderstandings on both ends. Studies have shown that having an interpreter in early intervention sessions enhances the experience for the family and child. However, the quality of the interpreter varies depending on who the family specifically works with. Having a lower quality interpreter can lead sessions to be challenging in expressing concerns, having breaks in conversation flow, and being uneasy for the family (Agurto et. al., 2022). Access to high-quality interpreters is very dependent on the location and area of early intervention services.

In addition to language barriers, many Hispanic families face challenges because they are not aware of early intervention services. This lack of awareness can cause a delay in starting services for the child, where the child might miss opportunities for therapy during their developmental period. This could then influence their early intervention experiences, where frustrations or confusion might happen. When families do learn about services, it is often through their friends or family, and not formal sources. Hispanic families also have limited guidance to implement at home, with 60% reporting that they do not receive parent education regarding how to generalize therapy ideas in the home setting for their child (Crutchfield, Salinas, & Chen, 2021). Another barrier that affects early intervention in Hispanic families is the limited research available to practitioners. Providers noted that there is a lack of culturally and linguistically appropriate assessment tools and intervention materials (Cycyk et al., 2022). This increases the chance of children not receiving the best treatment that meets their needs.

Being aware of the culture and family dynamics is very important when working with Spanish-speaking families. Doing so demonstrates adapting and catering the intervention sessions to the child and their family's values. These families report having practitioners who implement and are aware of the culture found positive overall experiences in early intervention. Challenges arise when practitioners are "aware" of the culture, but do not actually meet the family's needs and values, as there can be a different perspective and understanding from the practitioners (Agurto et. al., 2022). Spanish-speaking families face difficulties when practitioners do not fully acknowledge their culture and family values.

While Spanish-speaking families face many barriers to early intervention services, there are also supports in place. Spanish-speaking families report the same perceived level of family-centered practices as English-speaking families (Olmsted et al., 2010). This shows that both populations are working with professionals who have the family's interest in mind and take into consideration the family's opinions, experiences, and dynamics. Interpreters are also a valuable resource that is frequently used to help alleviate challenges created by language barriers. Commonly used tools, such as assessments, screenings, and surveys, may also be available in Spanish so that families can follow along in their native language. Another support that is found is the use of culturally adapted intervention models made for Spanish-speaking families.

A study done by Peredo, Dillehay, & Kaiser (2020) included a component of training Latinx mothers to use language support strategies at home. This was adapted to match the Spanish language development. Children have shown improvement in vocabulary during this intervention. This shows that when early

intervention is culturally and linguistically adapted to Spanish-speaking families, it can have positive effects for children and caregivers.

Spanish-speaking families report consistently lower outcomes from early intervention than English–speaking families. According to distributed surveys, the Spanish-speaking families perceive early intervention services as less helpful and report that they do not fully understand many concepts. The same is true when comparing Hispanic families across languages. While Hispanic families as a whole report lower outcomes, the Spanish-speaking Hispanic families report significantly lower outcomes than even the English-speaking Hispanic families (Olmsted et al., 2010).

Learning Outcomes:

1. Recognize the barriers faced by Spanish-speaking families in early intervention
2. Name available supports for Spanish-speaking families
3. Modify their approach in working with Spanish-speaking families to increase cultural humility

Tessa Ngov
Financial Disclosures: Tessa has no relevant financial relationships.
Non-financial Disclosures: Tessa has no relevant non-financial relationships

Galle Mabalay
Financial Disclosures: Galle has no relevant financial relationships.
Non-financial Disclosures: Galle has no relevant non-financial relationships

Sarah Wanis
Financial Disclosures: Sarah has no relevant financial relationships.
Non-financial Disclosures: Sarah has no relevant non-financial relationships

P13: Addressing the gap: Monolingual SLPs serving bilingual children
Shawn Barbachan, B.A.
Introductory

There is a large gap in multilingual speech-language pathologists and multilingual children in need of services. Only 8.7% of certified ASHA SLPs self-identify as multilingual (ASHA, 2024) whereas 1 in 5 or roughly 22% of children in the United States are identified as multilingual (United States Census Bureau, 2025). This gap presents ethical concerns of identification and treatment of bilingual children. In order to best serve these children, providers need to understand the history of the false beliefs still held and clear resources to ethically identify and treat bilingual children. It also presents the need to understand the false beliefs held by others regarding bilingualism. This research will explore the historical biases of bilingualism and the current identification and treatment practices used by monolingual SLPs and propose best ethical practices.

Learning Outcomes:

1. Recognize false beliefs regarding bilingualism
2. Discuss the gap in multilingual services and providers
3. Select and employ best practices in their own services

Shawn Barbachan
Financial Disclosures: Shawn has no relevant financial relationships.
Non-financial Disclosures: Shawn has no relevant non-financial relationships

P14: A Look into Artificial Intelligence Usage Among Speech Pathologists and Audiologists
Leila Braggs & Sanaa Duncan
Introductory

Previous studies that looked into Artificial Intelligence (AI) usage in the speech-language pathology and audiology fields are stepping stones for this research project. The paper by Birol, Çiftci, Yılmaz, Çağlayan, and Alkan (2025) found that ChatGPT-4.0 achieved high accuracy, comprehensiveness, and relevance in report writing, clinical decision support, and educational material creation, but performance varied in therapy stimulus generation and planning, highlighting the limits of AI in tasks requiring nuanced clinical judgment. Similarly, Lee et al. (2023) demonstrated that AI-generated images for aphasia intervention conveyed 94.5% of target concepts accurately, with higher efficiency for nouns and verbs than for sentences, though aesthetic flaws raised concerns about clinical usability. From a broader perspective, Gonzalez et al. (2025) reviewed AI applications in SLP and dysphagia in Latin America, noting advances in diagnostics, therapy personalization, and telehealth delivery through machine learning and natural language processing, but also challenges such as limited infrastructure, lack of culturally adapted models, and insufficient regional datasets. Collectively, these studies suggest that AI can enhance efficiency, standardization, and access to care in SLP, particularly for administrative, educational, and preliminary rehabilitation tasks, yet meaningful clinical integration requires clinician oversight, cultural sensitivity, and further research to optimize personalized applications.

With these studies in mind, the purpose of this study is to investigate the potential role of Artificial Intelligence in speech-language pathology and audiology in clinical practice. This includes examining how AI may enhance diagnostic practices, support clinical decision-making, streamline documentation, and aid in therapy development while considering the challenges and ethical concerns that arise. This project's objectives are to explore current and emerging applications of AI in speech-language pathology and audiology. To evaluate the effectiveness of AI tools in supporting diagnostic accuracy and treatment planning. To identify the potential benefits AI offers clinicians and patients. To discuss the ethical, practical and professional considerations of integrating AI into clinical practice. Lastly, to provide recommendations for future use and research of AI in these fields

This study will employ a cross-sectional survey design to examine perceptions and attitudes toward Artificial Intelligence in Speech-Language Pathology and Audiology. Data will be collected via an online questionnaire featuring quantitative items (Likert scales, multiple-choice) and qualitative open-ended questions. The survey is expected to take approximately 10-15 minutes to complete. Participants will be recruited and data collected through email, social media, QR code handouts, and conference networks. Participants will include licensed speech-language pathologists and audiologists who are currently practicing in clinical, educational, or private settings. Eligibility requires professional experience in the field and the ability to complete an online survey. Participation will be voluntary, and informed consent will be obtained before survey completion.

Learning Outcomes:
1. Identify current trends in the application of artificial intelligence in the assessment, diagnosis, and treatment of communication and hearing disorders.
2. Analyze the benefits, limitations, and ethical considerations associated with integrating artificial intelligence tools into speech-language pathology and audiology practice.
3. Evaluate the potential impact of artificial intelligence on clinical decision-making, patient outcomes, and professional roles within speech-language pathology and audiology.

Leila Braggs
Financial Disclosures: Leila has no relevant financial relationships.
Non-financial Disclosures: Leila has no relevant non-financial relationships

Sanaa Duncan
Financial Disclosures: Sanaa has no relevant financial relationships.
Non-financial Disclosures: Sanaa has no relevant non-financial relationships

P15: An Examination of Concussion Knowledge Among University Students and Professors
Emily Boesen, B.A., Maryn Jones, B.S.
Introductory

Concussions are considered to be mild traumatic injuries. They occur due to a sudden blow or jolt to the head and can disrupt normal brain function, including but not limited to, impaired focus, confusion, memory lapses, headaches, changes in sleep patterns, and dizziness. Concussions are especially common among young people (American Brain Foundation, 2025).

From a Communication Sciences and Disorders (CSD) perspective, the most critical symptoms are the often-overlooked cognitive deficits, including impaired attention, reduced processing speed, memory difficulties, and executive function deficits (Ponsford et al., 2019). These manifest as cognitive-communication disorders (CCD), directly impacting a student's ability to maintain focus in lectures, organize thoughts for assignments, and participate in academic discourse (ASHA, 2024).

Contemporary best practice mandates a structured approach to concussion management centered on relative rest followed by an individualized, symptom-guided return-to-sport (RTS) and return-to-learn (RTL) protocol (Leddy et al., 2021). Clinical recommendations for treating resulting CCDs utilize targeted interventions (e.g., strategy training for memory and attention). While the benefits of prompt identification and RTL adherence are substantial for long-term recovery, the risks of non-adherence (e.g., prolonged symptoms, second-impact syndrome) are severe.

A significant barrier to successful RTL is insufficient knowledge among key stakeholders (students and teachers), potentially leading to symptom underreporting in students and inadequate academic support from faculty. While student-athletes often receive baseline education, deficiencies in their knowledge concerning the seriousness of delayed treatment and appropriate management steps persist (Register et al., 2015). Crucially, there is a distinct lack of research assessing concussion literacy in university faculty. Professors are frontline personnel in the RTL process, as they are responsible for providing academic accommodations (Kontos et al., 2020). If faculty are unaware of how a concussion impairs cognitive function or the mechanics of the RTL protocol, their accommodations may be inconsistent or insufficient, risking further academic decline for the student.

Our research intends to explore the knowledge university students and professors have about concussions - definition, symptoms, and support services/return to learning protocols following injury. While some research has been done exploring this level of knowledge in college student-athletes (Acord-Vira et al. 2019; Buckley, 2024), to our knowledge, only one study has investigated this knowledge in both college student-athletes and non student-athletes (Knollman-Porter, et al. 2018). We intend to replicate the aforementioned study, but include an additional population: university professors. This population is uniquely situated in that they interact with students on a weekly basis and hold certain academic expectations that can be difficult to achieve if one is suffering from a mild traumatic brain injury.

By synthesizing the knowledge of concussion that these three populations hold, we can provide the field with a greater understanding of the gaps in concussion education and the tools to create evidence-based return-to-learning protocols on college campuses.

Learning Outcomes:

1. Identify what students, student athletes, and professors know about concussion
2. Highlight the discrepancies of concussion knowledge between students, student athletes, and professors
3. Promote the need for increased education regarding concussion knowledge

Emily Boesen
Financial Disclosures: Emily has no relevant financial relationships.
Non-financial Disclosures: Emily has no relevant non-financial relationships

Maryn Jones
Financial Disclosures: Maryn has no relevant financial relationships.
Non-financial Disclosures: Maryn has no relevant non-financial relationships

P16: International Perspectives on Evidence-Based Practice for Adult Neurogenic Disorders
Lelani Nelson, M.Ed, SLPA, ATACP
Intermediate

Introduction and Scope of Adult Neurogenic Disorders

Aphasia and Right Hemisphere Disorder (RHD) are primary communication sequelae following stroke, trauma, or neurodegenerative disease, affecting millions globally (Frederick et al., 2022; NIDCD, n.d.). While Aphasia impairs core language functions (production, comprehension, reading, writing), RHD manifests in more subtle, yet debilitating, pragmatic and non-literal language deficits, often complicated by symptoms such as visual neglect and impaired executive function (Minga et al., 2021). The varying global prevalence and impact necessitate a critical examination of how Evidence-Based Practice (EBP) is currently defined, delivered, and received across different socio-economic environments.

Comparison of Evidence-Based Practices in Global Settings

Contemporary EBP for adult neurogenic disorders is overwhelmingly defined by research emanating from high-resource settings in North America and Western Europe (Dignam et al., 2024; Lee et al., 2024). These interventions are typically high-intensity, individualized, and often resource-dependent, reflecting a high-technology clinical environment:

● High-Intensity Language Therapy: Approaches such as Constraint-Induced Language Therapy (CILT) and Melodic Intonation Therapy (MIT) (García-Casares et al., 2022; Norton et al., 2009) focus on leveraging neuroplasticity through massed practice.

● Neurostimulation: Non-invasive brain stimulation techniques, including repetitive Transcranial Magnetic Stimulation (rTMS) and Transcranial Direct Current Stimulation (tDCS), are employed to modulate cortical excitability and enhance recovery, with evidence suggesting potential for language and cognitive improvements (Ding et al., 2022; Sanches et al., 2021; Turkeltaub, 2015).

● Cognitive and Executive Function Training: Interventions are increasingly targeting the complex interplay between language and executive functions (e.g., attention, working memory) in both Aphasia and RHD (Bontemps et al., 2025).

Conversely, service delivery in developing nations, particularly across Africa, faces fundamental challenges, necessitating a shift toward highly scalable, low-cost models (Jochmann, 2006; Moonsamy et al., 2017). These settings have a severe shortage of specialized Speech-Language Pathologists (SLPs), a high degree of linguistic diversity, and infrastructural limitations that preclude the use of advanced technology. Consequently, best practice often relies on:

● Community-Based Rehabilitation (CBR): A collaborative, multi-sectoral approach delivered by local workers and family, integrating services into the community (Ntsiea, 2019).

● Group Therapy and Visual Supports: Utilizing group settings to maximize clinician time and implementing low-cost, universal visual aids (Pillay et al., 2024).

Barriers to Importing Western EBP (Evidence Level: II-III)

The core conflict is the lack of cultural congruence between Western-derived EBP and the African context. These barriers fundamentally limit the transferability and effectiveness of many standard interventions (Legg & Penn, 2004):

1. Socio-Cultural Dynamics: Most Western interventions are rooted in an individualistic framework. This clashes with the collectivist societies common in African nations, where the well-being of the group takes

precedence. Furthermore, differing health beliefs (e.g., viewing illness through a spiritual or traditional lens) can impact treatment adherence and engagement.

2. Linguistic Diversity: Aphasia intervention materials are often designed for English or other major European languages. Their utility is diminished in contexts with hundreds or thousands of distinct indigenous languages.

3. Resource Scarcity: The dependence of advanced EBP (e.g., neurostimulation, one-on-one high-intensity therapy) on specialized equipment, consistent electricity, and a high SLP-to-patient ratio renders them unsustainable.

Proposal for Culturally Congruent Interventions (Evidence Level: III-IV)

To address this disparity and achieve health equity, this poster session proposes a framework for developing and validating culturally congruent interventions rooted in indigenous African practices. Music, dance, and song are central pillars of African social life, culture, and communication (Chernoff, 1979; Nketia, 1974). Integrating these practices into rehabilitation leverages both cultural familiarity and powerful neurobiological mechanisms.

Scientific Rationale for Music/Rhythm Intervention:

The therapeutic potential of this approach lies in established neuroscience, particularly the power of rhythm to activate and synchronize multiple brain regions (Thaut, 2015):

● Rhythmic Auditory Stimulation (RAS): The principles of RAS have strong evidence (Level I) in motor rehabilitation (e.g., gait training in Parkinson's disease) (Ghai et al., 2018). Applying local rhythmic music and song provides an accessible, non-pharmacological means of driving brain synchronization and motor planning.

● Bilateral and Multisensory Activation: Musical and rhythmic activities engage auditory, motor, limbic (emotion), and attentional systems simultaneously. This comprehensive neural activation is hypothesized to promote neuroplasticity that targets not only language recovery (similar to the MIT mechanism) but also the motor and cognitive deficits often seen in both Aphasia and RHD (Bio-Integration, 2025). An adapted MIT protocol using local songs and musical styles, for instance, provides a culturally authentic, rhythmic scaffold for speech production.

● Group and Social Engagement: Unlike individualistic Western treatments, group singing and dancing naturally align with the collectivist nature of the communities, facilitating social participation and communication partner training (Torrington Eaton et al., 2025).

Conclusion and Best Practices in Global CSD

This session advocates for a professional paradigm shift. Best practice in Communication Sciences and Disorders (CSD) must evolve beyond a singular, Western-centric definition. It requires that SLPs and researchers partner with local communities to develop and rigorously validate culturally relevant practices (e.g., integrating local music therapy) that are sustainable, affordable, and effective within low-resource contexts. The role of international professional organizations (IALP, CLASP, NBASLH, SASLHA) is critical in advocating for the ethical development and dissemination of these equitable EBP models.

6. Special Topics for ASHA Certification Maintenance

Ethics/Ethical Decision Making: The discussion of global disparities and the need to abandon Western-centric practices due to cultural incompetence directly addresses the ethical responsibility to provide equitable and patient-centered care.

Diversity, Equity, and Inclusion (DEI): The core theme is an international comparison of service delivery and the need for culturally congruent interventions(e.g., using local music and dance) to achieve health equity in underserved populations.

Learning Outcomes:

1. Analyze the differences in evidence-based practice service delivery models for adult neurogenic disorders between high-resource and developing nations
2. Evaluate the core cultural and logistical barriers (e.g., linguistic diversity, collectivism, resource limitations) that limit the effectiveness of Western-derived interventions in African nations
3. Design culturally congruent rehabilitation strategies using indigenous practices, such as adapted Melodic Intonation Therapy (MIT) protocols with local music, for use in collectivist, low-resource settings and describe the role of international professional organizations (e.g., IALP, CLASP, NBASLH, SASLHA) in advocating for equitable service delivery and culturally competent practice globally

Lelani Nelson
Financial Disclosures: Lelani has no relevant financial relationships.
Non-financial Disclosures: Lelani has no relevant non-financial relationships

P17: Discrepancies Between Rural and Urban SLP Perspectives on Interprofessional Collaboration

Kaya Lynch, B.S.Ed and Laura Beth Harvey, B.S.

Introductory

This proposal seeks to inform participants about the barriers surrounding interprofessional collaboration as it relates to geographic areas and disparities between them. There is a gap in the research when it comes to the collaboration between SLPs and OTs as it pertains to geographic areas. Research on interprofessional collaboration between SLPs and OTs primarily focuses on SLPs in urban hospitals. The perspectives of SLPs who work in rural areas have not been adequately studied. Effective IPP (interprofessional practice) has shown to improve patient outcomes, enhance communication among professionals, and support collaborative problem solving across disciplines (Slater et al., 2025). By conducting research that intentionally includes and contrasts the perspectives of SLPs in rural and urban areas, the perspectives of SLPs across a diverse set of geographic areas can inform the opinions of future research. Interprofessional collaboration is a highly encouraged element of the field of speech-language pathology. Interprofessional collaboration could benefit the populations that SLPs who work in rural areas serve, but oftentimes, SLPs are not prepared for what that collaboration looks like in under-resourced areas. There are few studies diving into the specifics of collaboration between SLPs and OTs, which is concerning considering that both therapists play a role in medical settings. Surveying studies on interprofessional collaboration beyond OTs from an SLP's perspective offer some insight into the importance. Classroom teachers and SLPs both report collaboration as an ideal addendum to their jobs, but financial restraints, as well as a lack of time, prevented that collaboration (Armstrong et al., 2023). One study suggests that a barrier to collaboration is the training for interprofessional work among SLPs (Huffman, 2020). Clearly, interprofessional collaboration is already a difficult aspect of speech-language pathology to implement. The lack of research done for OTs specifically demonstrates a gap in the research, but the reports given by classroom teachers and SLPs hint at barriers that reach across disciplines. Clinical simulations may fill in some of the gaps that interprofessional practice in specifically rural settings requires (Parnell et. al, 2024). More research is needed into how exactly IPC differs across settings, but also how it can be best implemented. There is clearly a vast need for research on this topic. We propose a qualitative study in which interviews are conducted to assess the perspectives of SLPs and OTs with interprofessional collaboration in rural areas.

Despite these findings, the majority of IPP research involving SLPs examines collaboration within urban hospital systems, outpatient clinics, or university-based programs. One study found that it is difficult to retain SLPs in rural settings. This is a reality that may be a possible barrier to interprofessional collaboration, but there is currently no body of research that explores that idea. The purpose of this literature review is to acknowledge the importance of interprofessional collaboration and evaluate the barriers and facilitators across geographic areas.

Learning Outcomes:

1. Discuss the barriers of interprofessional collaboration between SLPs and OTs in rural areas
2. Distinguish between the differences in treatment practices between SLPs and OTs, connecting across geographic areas
3. Identify evidence-based strategies and training approaches to support effective interprofessional collaboration between SLPs and OTs in under-resourced rural settings.

Kaya Lynch
Financial Disclosures: Kaya has no relevant financial relationships.
Non-financial Disclosures: Kaya has no relevant non-financial relationships

Laura Beth Harvey
Financial Disclosures: Laura Beth has no relevant financial relationships.
Non-financial Disclosures: Laura Beth has no relevant non-financial relationships

P18: How insufficient Augmentative and Alternative Communication training for teachers affects overall communication.

Teagan Best, B.S., Grace Gongora, B.S., & Addison Barry, B.S.

Introductory

This proposal investigates the persistent issue of insufficient training in augmentative and alternative communication (AAC), which remains a significant barrier to adequate educational support for students who rely on AAC systems. Individuals with intellectual, developmental, or communication disabilities use AAC devices to communicate in meaningful conversations with others. Recent studies highlighted that teachers' skills, confidence, and preparedness have a direct impact on how often, how well, and how consistently AAC is used in different teaching settings (Light & McNaughton, 2019). A study examined whether teachers and special educators are prepared to support a child with an AAC device. The study showed that teachers, including special education teachers and general education teachers, have limited knowledge of AAC devices and how to use them. The minimal experience that the educators have will hinder their ability to implement the AAC strategies in the classroom routine (Knowledge and Readiness of Teachers…, 2024). The findings from the article also align with other studies indicating that when the educator is inadequate in using the device, it can result in reduced modeling of AAC and fewer communication opportunities for the individual (Kent-Walsh & Binger, 2020). A study conducted with
This presentation will bring together research on teacher training, AAC implementation, and evidence-based communication support strategies used in school settings. This paper examines contemporary practices in speech-language pathology, with a focus on current evidence-based approaches to the assessment, diagnosis, and treatment of communication disorders through AAC. Evidence from articles shows that many teachers, including special education teachers, feel unprepared to adequately use AAC devices to help with communication needs within the classroom setting. This will put limitations on the individual's growth and communication abilities.

The addition of Augmentative and Alternative Communication devices within the school system has several benefits. These AAC devices allow students with complex communication needs to have a different modality to be able to communicate effectively. AAC devices support students' social interactions, increase classroom participation, and promote overall inclusion (Lasker et al., 2021). Teachers engaging in online AAC training programs have shown to improve their knowledge of the AAC devices. In addition, it was reported to help them with the inclusion of the AAC device in their lesson planning. Including AAC devices in the lesson plans promotes consistency and generalization (Glang et al., 2021). Collaboration among professionals—special-education teachers, general-education teachers, and speech-language pathologists —strengthens the effectiveness of AAC across a variety of classroom settings (McCarthy et al., 2022).

That said, there are also challenges and limitations to consider. An influx of educators enters classrooms before undergoing sufficient training on AAC devices. Unfortunately, pre-service programs often do not adequately prepare educators on the responsibilities associated with the AAC (Lasker et al., 2021). When training is provided, there is no evidence that educators consistently implement the strategies they have learned (Glang et al., 2021). Moreover, there are barriers, such as limited planning time, inconsistent staff collaboration, and a lack of resources. These restrictions can lead to a reduced effectiveness of AAC in the classroom (McCarthy et al., 2022). Understanding both the benefits and challenges helps paint a realistic, real-world picture of what professionals currently experience with implementing AAC.

LEARNING OUTCOMES

1. Identify two evidence-based reasons why AAC training is essential to both special education teachers and general education teachers
2. Explain how inadequate AAC training affects social participation, long-term communication development, and academic outcomes for students who rely on AAC
3. Discuss ethical considerations pertaining to providing or failing to provide adequate AAC training and accessibility in the school system

Teagan Best
Financial Disclosures: Teagan has no relevant financial relationships.
Non-financial Disclosures: Teagan has no relevant non-financial relationships

Grace Gongorra
Financial Disclosures:Grace has no relevant financial relationships.
Non-financial Disclosures: Grace has no relevant non-financial relationships

Addison Barry
Financial Disclosures: Addison has no relevant financial relationships.
Non-financial Disclosures: Addison has no relevant non-financial relationships

P19: Hearing Assessment in Response to Noise Screener (HeARS)
Asia Barrett, Vincent Smith, Kendall Franklin, & Jessica Sullivan, PhD
Introductory

The Hearing Assessment in Response to Noise Screener (HeARs) was developed to address a limitation in traditional pediatric hearing assessment, which typically evaluates listening abilities in quiet despite children spending much of their time in noisy environments such as classrooms and playgrounds. According to Crandell (2000), difficulty understanding speech in noise can negatively affect language development, academic performance, and social participation, particularly for preschool-aged children and those with language-based vulnerabilities. The purpose of this project is to design and evaluate a gamified, touchscreen-based speech-in-noise screener that measures preschool-aged children's ability to identify spoken words under varying noise levels. Using a within-subject experimental design, a maximum of twenty preschool children between the ages of three and five will complete a word identification task under three listening conditions: quiet, low noise (+3 dB SNR), and high noise (−3 dB SNR). Children will select the picture that matches a spoken word presented through the HeARs app, which records accuracy automatically. Participants with complete hearing loss, developmental disorders, or speech-language impairments will be excluded. Data will be collected in a quiet testing environment using a tablet, and accuracy scores will be analyzed using descriptive statistics and within-subject comparisons to examine performance changes across noise conditions. It is hypothesized that word identification accuracy will decrease as background noise increases. Expected results include reduced accuracy in higher noise conditions, supporting the screener's sensitivity to real-world listening demands. Overall, the HeARs Project demonstrates the feasibility of a brief, non-invasive screening tool with potential applications in clinical, educational, and home settings and provides preliminary data to inform future research and implementation.

LEARNING OUTCOMES

1. Identify key features of the HeARs speech-in-noise screener, including its design, noise conditions, and target population
2. Describe the limitations of traditional pediatric hearing assessments conducted in quiet environments and explain why speech-in-noise screening is important for young children
3. Determine how background noise may affect preschool-aged children's speech recognition and inform clinical or educational decision-making

Disclosures

Asia Barrett
Financial Disclosures: Asia has no relevant financial relationships.
Non-financial Disclosures: Asia has no relevant non-financial relationships

Vincent Smith
Financial Disclosures: Vincent has no relevant financial relationships.
Non-financial Disclosures: Vincent has no relevant non-financial relationships

Kendall Franklin
Financial Disclosures: Kendall has no relevant financial relationships.
Non-financial Disclosures: Kendall has no relevant non-financial relationships

Jessica Sullivan
Financial Disclosures: Jessica has no relevant financial relationships.
Non-financial Disclosures: Jessica has no relevant non-financial relationships

P20: Auditory Training for Speech and Language in Pediatric Cochlear Implant Users
McKayla Mulhern, B.S.
Introductory

Research Question: “What auditory training methods are most effective for improving speech perception and spoken language outcomes in pediatric cochlear implant users?”

Introduction

Children who use cochlear implants (CIs) depend heavily on structured auditory experiences to develop strong speech perception and spoken language skills. While auditory training (AT) is a foundational component of aural habilitation, clinicians face significant uncertainty about which training methods produce the greatest functional benefits. The available research encompasses structured auditory tasks, auditory-verbal therapy (AVT), multisensory communication approaches, and a growing number of technology-supported interventions. However, variability in study quality, intervention characteristics, participant factors, and outcome measures has limited the field’s ability to establish clear evidence-based recommendations. Given the central role of AT in supporting communication outcomes for pediatric CI users, a synthesis of existing research is essential for guiding clinical decision-making.

Purpose

The purpose of this literature review is to examine and compare auditory training methods used with pediatric CI users and elevate which approaches demonstrate the strongest evidence for improving both speech perception and spoken language outcomes. This review highlights practical implications for clinicians and identifies directions for future research, with the goal of strengthening evidence-based auditory habilitation practices.

Background and Rationale

Auditory training serves to strengthen neural pathways involved in auditory discrimination, identification, and comprehension. For children with CIs whose auditory access depends on electrical stimulation of the cochlea, intentional and structured auditory input is especially critical. Despite this, the literature remains fragmented, making it difficult to determine which AT strategies offer the most effective support for developing listening and language skills.

A systematic review by Rayes et al. (2019) examined pediatric AT studies and found generally positive improvements in auditory skills but noted significant heterogeneity in intervention methods, intensity, and outcome measures. Importantly, most studies emphasized perceptual outcomes rather than functional language gains, highlighting a major gap in the field. Without consistent measures or comparable training protocols, identifying the most effective AT methods remains challenging.

Technology-based auditory training has expanded rapidly in recent years. A systematic review by Silva et al. (2023) found that computerized auditory training improved skills such as auditory detection, discrimination, and recognition in children with hearing loss, including CI users. However, the small number of studies and variability in training designs limited the strength of conclusions. These findings show promise but underscore the need for more rigorous, standardized research.

Similarly, device-integrated training methods, such as direct audio streaming, have shown beneficial effects for specific subgroups. Adi-Bensaid et al. (2025) demonstrated that targeted auditory rehabilitation delivered through direct audio streaming improved speech perception in children with single-sided deafness who use a CI. While these results are encouraging, they come from specialized contexts and may not generalize to all pediatric CI users.

Beyond technology-focused approaches, many children with CIs participate in broader rehabilitation programs such as auditory-verbal therapy or multisensory cueing systems. In a comparative study, Van Bogaert et al. (2023) found that both AVT and French Cued Speech helped support speech perception and spoken language access, although children with CIs still showed reduced perception accuracy compared to peers with typical hearing. These findings suggest that multiple modalities may support auditory and language development, but greater clarity is needed regarding which methods are most effective for particular learning profiles.

In addition to structured and technology-based approaches, emerging research suggests that music-based auditory training may enhance pitch perception, rhythm processing, and other auditory skills relevant to speech perception. For example, Gfeller et al. (2016) found that music training may strengthen auditory discrimination abilities in pediatric CI users, although generalization to speech outcomes is inconsistent. A more recent systematic review by Ab Shukor et al. (2021) also supports potential benefits of music-based interventions but notes limited consistency across studies.

Collectively, these findings reveal three critical gaps in the literature: (1) limited consensus on which auditory training methods yield the strongest improvements in speech perception and spoken language; (2) rapidly growing but methodologically inconsistent evidence for technology-based interventions; and (3) insufficient links between specific auditory training methods and long-term language outcomes. Addressing these gaps is essential for informing clinical practice and ensuring that pediatric CI users receive effective, developmentally appropriate aural habilitation.

Methods

This review will synthesize peer-reviewed studies published between 2010 and 2025 that examine auditory training methods used with pediatric CI users. Included studies must involve participants under age 18 and report outcomes related to speech perception, speech-in-noise abilities, or spoken language measures. Training methods may include structured auditory training, auditory-verbal therapy, multisensory rehabilitation, computerized training, music-based training, or device-integrated methods such as direct audio streaming. Data extracted will include sample characteristics, details of the training protocol, duration and intensity of intervention, outcome measures, and major findings. Studies will be grouped thematically to identify patterns across methods and to evaluate the strength of evidence supporting each category of intervention.

Expected Outcomes and Clinical Implications

Preliminary evidence suggests that while most auditory training methods lead to measurable gains in speech perception, few studies directly compare different AT approaches or examine long-term spoken language outcomes. Structured auditory training may be effective for improving discrimination and identification skills but may require integration with naturalistic language experiences for broader communication gains. Technology-supported AT, including computerized programs and direct streaming, shows potential for enhancing engagement and improving perceptual outcomes, yet requires more robust testing. Music-based interventions may contribute to auditory processing skills but have limited evidence supporting generalization to functional speech perception.

Clinically, this review will help speech-language pathologists and audiologists make informed choices about auditory training methods based on available evidence. Recommendations will emphasize developmentally appropriate strategies, caregiver involvement, integration of auditory training across contexts, and consideration of individualized factors such as age at implantation and length of CI use.

Conclusion

This literature review aims to provide a comprehensive, clinically relevant synthesis of auditory training methods for pediatric cochlear implant users. By comparing structured, naturalistic, and technology-supported approaches, the review will help clarify which training methods are most effective for supporting speech perception and spoken language development. Findings will inform clinical practice and highlight areas in need of further research, including standardized outcome measures, comparisons across training modalities, and inclusion of long-term language data.

LEARNING OUTCOMES

1. Identify and describe common auditory training methods used with pediatric cochlear implant users, including structured auditory training, auditory-verbal therapy, multisensory approaches, and technology-based interventions
2. Analyze and compare research findings related to the effectiveness of different auditory training methods on speech perception and spoken language outcomes in pediatric cochlear implant users
3. Evaluate current evidence to determine clinical implications and research gaps related to auditory training approaches for pediatric cochlear implant users

McKayla Mulhern

Financial Disclosures: McKayla has no relevant financial relationships.
Non-financial Disclosures: McKayla has no relevant non-financial relationships

P21: SLP Training and Confidence in Trauma-Informed Care: A Literature Review
Kylie Sullivan, BSED, Lindsey Robertson, BSED, Sabrina Walker, BSED, & Husinah Muhajid, B.S.
Introductory

Speech-language pathologists (SLPs) increasingly serve pediatric clients whose communication development, emotional regulation, and learning are shaped by traumatic experiences. As trauma exposure rises across child-serving systems, SLPs are being asked to adopt trauma-informed clinical practices grounded in neuroscience, communication sciences, and culturally responsive care. This literature review examines how SLPs are being trained in trauma-informed care (TIC), their attitudes and confidence toward trauma-informed strategies, and the types of trauma most often encountered in practice. This review synthesizes interdisciplinary evidence to illuminate current preparation gaps and to strengthen understanding of trauma-informed care within contemporary speech-language pathology.

Evans (2025) provides a broad scoping review offering high-level synthesis across allied professions. Findings indicate that SLPs and other providers working with trauma-exposed populations frequently experience secondary traumatic stress and compassion fatigue. This work underscores the importance of trauma-informed self-care as a core component of TIC training, and aligns with a central principle in communication sciences and disorders: clinicians must attend to their own well-being to maintain ethical, effective, and sustainable care. These findings offer a scientific basis for integrating trauma literacy and reflective practices into graduate education and clinical preparation.

Wiseman-Hakes et al. (2025) contribute an integrated literature review bridging neuroscience, psychology, communication sciences, and social work. They describe the neurological, emotional, and behavioral consequences of trauma, noting how early adversity shapes neural pathways, executive functioning, language processing, pragmatic communication, and emotional regulation. Their review also highlights systemic factors—such as socioeconomic inequities, generational trauma, and discrimination—that influence communication development and service access. The authors outline key TIC principles and propose a framework for embedding trauma-informed approaches within assessment, goal formulation, and intervention planning. Because their synthesis draws from multiple scientific fields, it offers strong conceptual grounding for SLP clinical decision-making.

Additional descriptive research extends this evidence by examining how trauma presents in school-based practice. This work identifies patterns of trauma-associated communication challenges and documents barriers SLPs face when serving trauma-exposed students, including difficulties with attention, self-regulation, participation, narrative cohesion, and expressive/receptive language. These findings indicate that although trauma is common in pediatric caseloads, SLPs often receive minimal training on how trauma manifests, how to identify trauma indicators, or how to adapt intervention in ways that promote safety and engagement (Yi, 2025).

Roberson and Lund (2022) offer quantitative descriptive evidence regarding SLPs' knowledge and attitudes about TIC. Their findings show that although clinicians value trauma-informed care and recognize its relevance, many feel uncertain about implementation and express interest in additional training. This gap between perceived importance and clinical confidence underscores the need for more structured and comprehensive preparation in TIC. Rupert and Gracia (2025) extend this discussion by arguing for trauma literacy as a foundational professional competency across graduate education, assessment, intervention, and interprofessional practice. They highlight structural barriers—such as inconsistent graduate program curricula and variable access to high-quality professional development—that limit effective implementation. Their proposed framework situates TIC as integral to culturally responsive, reflective, and client-centered speech-language pathology practice.

Across the literature, several themes converge. SLPs are increasingly serving children with trauma histories that influence communication and participation. Clinicians value TIC but report inconsistent preparation and limited confidence in applying trauma-informed strategies. Interdisciplinary evidence demonstrates that trauma-informed principles can benefit both clients and providers, particularly given rising clinician exposure to secondary trauma following the COVID-19 pandemic. This growing body of research reinforces the need for clear, evidence-based guidance on trauma-informed preparation in communication sciences and disorders.

This poster session will provide participants with an integrated understanding of the current evidence surrounding trauma-informed care in speech-language pathology. Specifically, the session will (a) review how SLPs are being trained in TIC, (b) examine clinicians' attitudes and confidence regarding implementation, and (c) identify the types of trauma most commonly encountered in pediatric practice. By

grounding these themes in empirical research and contemporary clinical realities, this review offers a coherent, research-informed foundation for strengthening trauma-informed preparation within the discipline.

LEARNING OUTCOMES

1. Understand the impact of trauma-informed care in the practice of SLPs
2. Analyze patterns/themes in SLPs' attitudes, confidence, and perceived barriers to implementing trauma-informed care
3. Create a plan for how to implement trauma-informed care in one scenario in their future practice

Kylie Sullivan
Financial Disclosures: Kylie has no relevant financial relationships.
Non-financial Disclosures: Kylie has no relevant non-financial relationships

Lindsey Robertson
Financial Disclosures: Lindsey has no relevant financial relationships.
Non-financial Disclosures: Lindsey has no relevant non-financial relationships

Sabrina Walker
Financial Disclosures: Sabrina has no relevant financial relationships.
Non-financial Disclosures: Sabrina has no relevant non-financial relationships

Husina Mujahid
Financial Disclosures: Husina has no relevant financial relationships.
Non-financial Disclosures: Husina has no relevant non-financial relationships

P22: Affordability Barriers for Gender Affirming Voice Therapy: A Literature Review
Melissa Klonowski, B.S.
Introductory

Affordability Barriers for Gender Affirming Voice Therapy: A Literature Review (Introduction)

Early adulthood years serve as time for significant change surrounding self-discovery and identity exploration for many individuals. For transgender and gender diverse adults, one of the ways identity is introspectively examined is through finding more authentic ways to express it. One component may include seeking support from the community, and from therapists. Therapists can utilize their expertise to provide additional support for people and their desired goals through specialized services; an example of this is speech therapists providing gender affirming voice therapy or GAVT. GAVT assesses the verbal and nonverbal elements of communication such as vocal quality, pitch, intonation, fluency, pragmatics, and nonverbal vocalizations (i.e. coughing and laughing) (ASHA, n.d.-a). GAVT provides support for an individual's voice and communication style in a way that aligns with their identity.

Background Literature
There is emerging evidence to highlight the barriers to accessing gender affirming voice therapy, including approachability, limited providers, traveling distance, persistent misgendering, and lack of information/resources available. Additionally, one of the most frequent barriers to accessing gender affirming voice therapy is affordability, and challenges with insurance companies. According to the 2022 U.S. Transgender Survey, a national survey created by Sandy James and colleagues, 1 in 4 respondents (approximately 26%) had at least one issue with their insurance company in the last 12 months: including denied coverage, gender-specific care due to the individual being transgender, or standard healthcare because the individual was transgender (James et al., 2024). Further, as of 2021, there are 21 states plus Washington D.C. that provide coverage for gender-affirmative care (AHSA, n.d.-b). This information highlights how less than half of the nation offers coverage for gender-affirming services, which impacts the likelihood an individual can receive GAVT services if they live in a state that does not provide coverage. Further, only a select handful of the states that offer mandated gender-affirming coverage include if coverage extends to GAVT. According to Daneen Sekoni, the ASHA director of health care policy, only a few states describe if gender-affirming service coverage extends to gender affirming voice therapy. Further, if coverage is provided, a medical diagnosis of gender dysphoria is required by payers in order to receive the coverage. (Sekoni & Swanson, 2019).

Research Focus
The current scope of review aims to identify and describe insurance barriers affecting accessibility to gender affirming voice therapy. The literature review will provide a broad overview on insurance barriers nationwide as well as research detailing insurance policies in the state of Virginia, as familiarity with state insurance laws could serve as beneficial for clinicians and gender diverse individuals in understanding the specific causes GAVT coverage is approved or denied. The literature review will investigate cost barriers, insurance coverage policies, perceptions about navigating insurance, perceptions on affordability and insurance access, and defining medical necessity and its relevance to determining coverage.

LEARNING OUTCOMES
1. Describe typical insurance coverage challenges for gender-affirming voice therapy–including medical necessity requirements, coding/billing issues, and policy exclusions
2. Evaluate how delays, denials, and administrative burden impact individuals' abilities to initiate and sustain gender affirming voice therapy
3. Analyze how insurance terminology affects coverage clarity

Disclosures

Melissa Klonowski
Financial Disclosures: Melissa has no relevant financial relationships.
Non-financial Disclosures: Melissa has no relevant non-financial relationships

P23: An Early Intervention Family Assessment Tool
Cassandra Koschnitzke, SLP-A, & Dorian Lee, PhD
Introductory

Early intervention (EI) refers to the services and support available to babies and young children with developmental delays and disabilities, and their families (Centers for Disease Control and Prevention, June 2023). EI provides select services that the child and family may need, including speech, physical, and occupational therapy. This is a family-centered intervention in which the family's goals and needs are put first; it is the child's team that is required to ensure those needs are met and consistently provided. Early intervention gives treatment in the environment that is most natural for the family; this could include the home, daycare, or other settings where the child engages with others. Each state has its own requirements and expectations of providing this service to the child and their family.

Speech-language pathologists (SLPs) are skilled professionals who work with people of all ages. They "are experts in communication" (American Speech-Language-Hearing Association 2025) and provide treatment for different types of communication or swallowing problems. In early intervention, SLPs provide "treatment to maximize a child's ability to communicate and/or swallow effectively and to enhance the family's capacity to support their child's development in everyday routines (American Speech-Language-Hearing Association, n.d.). In early intervention settings, SLPs work directly with families to assist them with achieving their highest goals as well as goals recommended by the SLP and other early intervention professionals.

Treatment goals can be specific (e.g., participating in conversations at the dinner table) or very broad (e.g., increasing expressive language skills). Past research shows that families' perspectives on EI play a critical role in determining the effectiveness of the services provided. It was found that families who showed a strong appreciation for the services and guidance provided during the program experienced positive treatment outcomes. According to Epley, Summers, and Turnbull (2011), when families are strongly engaged in early intervention services, higher treatment outcomes result. Also, when families can collaborate with professionals to solve problems, create goals, and plan activities, desired treatment outcomes are likely to be achieved (Melvin, Meyer, and Scarinci, 2020). Moreover, when early intervention services are culturally responsive and individualized and respect family values, goals are more likely to be achieved.

Speech-language pathologists who are confident and can engage in shared decision-making are more likely to be effective in early intervention settings (Callanan, McAide, and Signal, 2023). Melvin, Meyer, and Scarinci (2020) report that SLPs who build relationships with children and their parents before providing treatment generally achieve better outcomes. They also report that parent-coaching strategies that boost parents' confidence and help families learn to navigate early intervention processes, while supporting their child or children with disabilities and managing family life and work, are more effective. Notably, the research suggests that parent coaching without collaboration may minimize the effect of EI. Additional examination of early intervention practices that are used to engage families and provide treatment for young children with developmental disabilities is needed. Moreover, the examination of the ways early intervention practices align with family values, cultural practices and language backgrounds is a factor that is also worthy of additional consideration (Kaat, Lee, Roberts, 2022). According to Kaat, Lee, and Roberts (2022), current early intervention practices may lack the transparency needed to support shared decision-making, collaboration, and high family engagement. In their study of 23 SLPs and 26 families, the results showed that families rated service and quality highly but were unaware of the strategies used, their rationale and benefits, and the available options to improve outcomes. The results also showed that many of the SLPs did not feel well prepared to provide speech and language services in early intervention settings.

There is a need to determine what families know about early intervention and how SLPs can best help families learn about EI, navigate the EI process, and attain the benefits EI can provide. It may be that a community-focused or family-focused approach is needed to address this need. The same information provided using one strategy may not translate across communities and/or families. It might be that an approach that helps SLPs identify the types of information and supports needed, and the form or systems used to provide them, may vary to be individualized and culturally responsive.

We are using a family assessment tool to determine what families know about the early intervention services provided by SLPs. The family assessment tool we developed contains 25 items, and participating families will rate each item as having sufficient knowledge, having some knowledge or

having no knowledge of early intervention services, the roles of SLPs in early intervention and the strategies SLPs use to assist families with achieving the desired outcomes for their child or children with disabilities. Twenty families receiving early intervention services that include speech-language pathology services, in the Hampton Roads area will be asked to complete the survey.
This research may lead to improvements in the preparation of SLPs who choose to work in early intervention. The proposed outcome of the research is to design a curriculum that prepares SLPs to work in early intervention, guided by families' input regarding their needs.

LEARNING OUTCOMES

1. Identify community focused methods to determine best approaches to engage families in the early intervention process
2. Modify their approaches to early intervention to best meet the needs of the communities they serve
3. Share their best practices for helping families access, engage with, and benefit from early intervention programs

Disclosures

Cassandra Koschnitzke
Financial Disclosures: Cassandra has no relevant financial relationships.
Non-financial Disclosures: Cassandra has no relevant non-financial relationships

Dorian Lee
Financial Disclosures: Dorian has no relevant financial relationships.
Non-financial Disclosures: Dorian has no relevant non-financial relationships

P24: Caseload vs. Workload: Exploring Their Impact on Burnout and Job Satisfaction among School-Based Speech-Language Pathologists

Julia Draucker, B.S.

Introductory

School-based speech-language pathologists, or SLPs, provide speech therapy to students with communication disorders in a school setting. Virginia public school systems typically rely on caseload models, which are based on the number of students receiving services. In contrast, workload models are based on the number of activities the SLP provides (Seruya & Garfinkel, 2020). Many school-based SLPs deal with overwhelmingly large caseloads, which can lead to burnout, decreased job satisfaction, and higher turnover rates. I aim to explore literature to examine how the management of caseload versus workload impacts burnout and job satisfaction among school-based SLPs. I intend to conduct this literature review by searching databases, including Google Scholar and the Greenwood Library, by using key search words such as caseload, workload, burnout, productivity, mentorship, supervisor, effectiveness, and efficiency. I will include studies that focus on how SLP burnout is related to caseload versus workload models, and analyze my findings to identify which model should be implemented in schools. From my research, I expect to contribute evidence-based support backing caseload or workload models that decrease burnout, advocating for increased job satisfaction among school-based SLPs.

The purpose of this study is to examine how the management of caseload versus workload impacts burnout and job satisfaction among school-based speech-language pathologists. This is significant in reducing burnout and attrition rates as SLPs provide a vital service within the school system. I will examine pre-existing literature to determine which factors of caseload versus workload contribute most to SLP burnout or job satisfaction. The results are anticipated to show that managing caseloads over workloads increases burnout and decreases job satisfaction among school-based SLPs. It is expected to find evidence suggesting that workload models provide better support for school-based SLPs. The results will inform school administrators about which management system should be implemented and lead to future research on retention rates among school-based SLPs.

LEARNING OUTCOMES

1. Describe the difference between a caseload and a workload
2. Identify factors that lead to burnout and job satisfaction among school-based SLPs
3. Discuss the effects of using caseload versus workload management models in a school setting

Disclosures

Julia Draucker
Financial Disclosures: Julia has no relevant financial relationships.
Non-financial Disclosures: Julia has no relevant non-financial relationships

P25: Issues with Children Who Stutter (CWS): A State of Virginia Survey
Drake Murphy, B.A. & Carla Jones, PhD
Intermediate

Fluency disorders have persisted for many years and comprise one of the major categories of communication disorders. These disorders are characterized by disruptions in the flow of speaking including atypical rate, rhythm and disfluencies, which may also be accompanied by increased tension, avoidance in speaking, struggle mannerisms, and secondary behaviors (Dwight, 2022). Those behaviors associated with speech, including repetitions, prolongations, and blocks, are characterized as overt behaviors while those non-speech behaviors, have been described as covert behaviors. While there are many overt behaviors that can affect a person's speech, there are countless covert behaviors that people who stutter experience, affecting them psychologically, emotionally, socially, and functionally (Tichenor & Yaruss, 2019a). Stuttering additionally involves inappropriate reactions from others and negative self-reactions to one's own speech capabilities. It is well known today that the etiology of stuttering, including its neurobiology, genetics, and the environment continues to be of paramount importance. Accordingly, robust discussions and research continue to address these factors and examine, if any, the impact on as well as implications for diagnosis and treatment of this disorder.

It is also well known that stuttering can occur across the lifespan, most commonly emerging during childhood, typically between 30 to 48 months that are considered to be the most critical age period for language development in a child's life (Smith and Weber, 2017). These children, who are known as Children Who Stutter (CWS), are the focus of numerous studies pertaining to etiology, diagnosis, and treatment because their stuttering can persist into adolescence and adulthood. Data indicate that approximately 5 to 8% of children experience dysfluencies or stuttering and that while some become persistent stutterers, others recover naturally. Thus, there continues to be an ongoing effort to identify and examine the potential neurological, cognitive, and emotional factors that account for this occurrence (Chang, 2025). Each of these factors, when addressed individually or in combination, exert a significant impact regarding diagnosis and treatment of these children. Because of the social, emotional, and cognitive functioning that can be impacted in CWS, it is no surprise that anxiety, negative communication attitudes, or avoidance behaviors emerge further complicating the approaches to intervention and treatment. Understanding the confluence of and impact of these numerous factors on speech in CWS are critical for early identification and intervention.

In summary, numerous factors contribute to each Speech-Language Pathologist's (SLP's) approach to diagnosis and treatment of CWS. In an effort to identify the most common approaches to diagnosis and treatment, this investigation will be focused upon:
1) identification of SLPs in the State of Virginia who work with CWS; 2) their approaches to diagnosis of CWS;
3) their approaches to treatment of CWS; and
4) implications and directions for future clinicians. In summary, numerous factors contribute to each Speech-Language Pathologist's (SLP's) approach to diagnosis and treatment of CWS. In an effort to identify the most common approaches to diagnosis and treatment, this investigation will be focused upon the: 1) identification of SLPs in the State of Virginia who work with CWS; 2) their approaches to diagnosis of CWS; 3) their approaches to treatment of CWS; and 4) implications and directions for future clinicians. This qualitative, descriptive study will utilize a survey instrument that will be distributed to approximately 50 to 100 SLPs via Qualtrics. Data analysis will consist of computations of measures of central tendency and, where appropriate, data may be subjected to two-way ANOVAs.

LEARNING OUTCOMES

1. Identify and describe the number of and predominant characteristics of CWS residing in the State of Virginia.
2. Identify and describe the most commonly used assessment instruments and intervention techniques utilized by SLPs in the State of Virginia.
3. Discuss implications for treatment of CWS and propose student learner outcomes for graduate study RE CWS.

Disclosures

Drake Murphy
Financial Disclosures: Drake has no relevant financial relationships.
Non-financial Disclosures: Drake has no relevant non-financial relationships

Carla Jones
Financial Disclosures: Carla has no relevant financial relationships.
Non-financial Disclosures: Carla has no relevant non-financial relationships

P26: A Study of the Average Vocal Pitch of African Americans
Kennedy Perry, B.S., Ja'Mesya Browhow, B.A., Ashley Logan, SLPD, & Dorian Lee, PhD
Introductory

Vocal pitch is closely related to fundamental frequency (Fo). Often measured in Hertz (Hz), Fo represents the number of times the vocal folds vibrate per second during voiced speech (Titze, et al, 2015). The term normative pitch refers to the average pitch range within a specific group, such as males or females, and provides a baseline for defining a "typical voice" (Holmberg, Hillman, and Perkell, 1989). Normative pitch data allows professionals to classify voices as typical or atypical based on factors such as age, gender, and hormonal changes. Gender is a strong predictor of pitch, as vocal fold length and thickness differ between sexes. Age also influences pitch, which changes over time. For example, young males typically have a significantly higher pitch than older males because during puberty, testosterone levels increase, causing the vocal folds to grow and thicken, and lowering vocal pitch. Females' vocal pitch also lowers, but the change is less noticeable (Zamponi, et al, 2021).

While different disciplines have studied vocal pitch, they all have defined pitch within the parameters of fundamental frequency and its perceptual correlates. Some of the disciplinary perspectives used include genetic, neural, perceptual, and experiential, and each have highlighted the importance of viewing pitch as a central and multifaceted component of human communication. Despite methodological differences, most studies underscore the role of pitch in shaping speech, language, and auditory function. Collectively, the research demonstrates that while pitch operates under consistent acoustic principles, the way people express and perceive pitch are shaped by a complex interaction of biological, linguistic, and experiential factors.

Gisladottir and colleagues (2023) identified genetic variants that contribute to differences in vocal pitch, establishing a biological foundation for pitch variation within the general population. Dichter and colleagues (2018) localized the cortical mechanisms of pitch modulation to the dorsal laryngeal motor cortex, revealing how humans exercise voluntary control over vocal pitch for both speech and song. Arenillas-Alcón and colleagues (2021) demonstrated that even newborns exhibit mature neural encoding of pitch, suggesting that sensitivity to Fo is present from birth and contributes early auditory development. Additionally, Passoni and colleagues (2022) demonstrated that the linguistic experiences of bilingual speakers enhance perceptual and neural sensitivity to pitch. Together, these studies define pitch as a 'biologically grounded' and 'neurologically mediated' phenomenon that varies across individuals and contexts. Pitch reflects both innate capacities and individual adaptations.

Analysis of pitch has historically been debated with arguments for and against using connected speech for pitch analysis. Researchers who support sustained vowel measurement argue that pitch is best measured when free from the influences of phonetic context, intonation, stress and speaking rate (Maryn & Roy, 2012). Conversely, measures of pitch in continuous speech capture articulatory impacts, accent, and prosodic impacts. These researchers argue that connected speech is a better representation of the dynamic nature of pitch in typical speech (Moon et al. 2012). Pisanski and colleagues (2021) examined the validity of comparing measures of vocal pitch from different types of speech samples and found that comparable results are obtained whether the samples of speech are short, long, scripted or spontaneous. Similarly, Zraick, Wendel and Smith-Olinde (2005) compared samples of sustained vowel /a/, reading a standardized passage, and picture description and found differences in samples of sustained vowels and picture description, but not between the two types of connected speech samples.

Berg and colleagues (2017) collected normative data on the speaking voice in a general population to establish standard values for clinical diagnostics. The participants were residents of a city in East Germany with different levels of income, and all were age 40 or older. They reported a mean vocal pitch of 111.9 Hz for male and 168.5 Hz for female participants in conversational speech and found that pitch varied by age. Proctor and Joshi (2020) report that there is a need for the normative acoustic data to include diverse groups. Their study examined the voice quality of monolingual speakers of Standard American English (SAE), sequential bilingual, native (L1) French speakers, and sequential bilingual, native (L1) Spanish speakers. The Consensus Auditory-Perceptual Evaluation of Voice Scale, the Multi-Dimensional Voice Program, the Analysis of Dysphonia in Speech and Voice, and a measure of accentedness of SAE were all used to collect the data. Their results support the need to increase the diversity of groups in normative databases to ensure that the measurements used for clinical assessments are accurate for all individuals.

Much of the available data on speaking fundamental frequency in the African American population includes school-age children and has been focused on comparisons of racial groups. Gelfer and Denor (2013) assessed 63 children between the ages of 6 and 8 and found no differences in speaking fundamental frequency or pitch stigma within their participant group. Similarly, Awan & Mueller (1996) found that White kindergarten children did not differ in speaking fundamental frequency from their African American or Hispanic counterparts. Sapienza (1997) provided details on the adult African American voice in a study comparing ten adult female and male participants with White counterparts matched for age, gender and weight. Again, no statistically significant differences were found; however, normative data for the African American population remains missing from the literature with much of the data focused on comparisons against White speakers.

The aim of the present study is to gather samples of speech from African American men and women to obtain additional data on average vocal pitch. Forty participants, between the ages of 18-65, will be recruited from the Hampton University community using convenience sampling. Professional voice users and people who smoke, have upper respiratory infections or chronic illnesses will be excluded. Participants will be asked to produce a series of five monophthong vowels (/ɑ, ɝ, I, ɔ, and u/; a quick pitch glide on /a/ low to high, count from 1 to 10; and the greeting 'Hello, I am from …'. Participants will also be asked to read the Rainbow Passage. PRAAT will be used to analyze vocal pitch. This data will be used to add to the clinical database for assessment and intervention purposes.

LEARNING OUTCOMES

1. Discuss the importance of using appropriate benchmarks when making clinical decisions
2. Recognize the need for gathering national and local norms
3. Respond to the call to fill the gaps in existing normative databases

Disclosures

Kennedy Perry
Financial Disclosures: Kennedy has no relevant financial relationships.
Non-financial Disclosures: Kennedy has no relevant non-financial relationships

Ja'Mesya Browhow
Financial Disclosures: Ja'Mesya has no relevant financial relationships.
Non-financial Disclosures: Ja'Mesya has no relevant non-financial relationships

Ashley Logan
Financial Disclosures: Ashley has no relevant financial relationships.
Non-financial Disclosures: Ashley has no relevant non-financial relationships

Dorian Lee
Financial Disclosures: Dorian has no relevant financial relationships.
Non-financial Disclosures: Dorian has no relevant non-financial relationships

P27: Social Determinants of Health and Cognitive Factors in Communication and Learning
Bailee Poor, M.S., & Jessica Sullivan, PhD
Intermediate

Introductory Information and Significance to the Field

Speech perception in noise (SiN) is a critical component of everyday communication for adults, affecting participation in social, occupational, and healthcare contexts. Successful SiN perception relies not only on peripheral hearing ability but also on higher-order cognitive processes, particularly working memory and attention (Porto et al., 2023; Thompson et al., 2019). Growing evidence suggests that these cognitive processes are influenced by social determinants of health (SDOH), such as socioeconomic status (SES), educational attainment, and environmental noise exposure, which contribute to health and communication disparities across the lifespan (Akhlaghipour & Assari, 2020; Casey et al., 2017). While pediatric research has documented strong associations between SDOH, cognition, and listening outcomes, comparatively less research has examined these relationships in adult populations. Understanding how SDOH influence adult working memory and SiN performance is essential for advancing equitable assessment, intervention, and policy efforts within speech-language pathology and audiology.

Purpose

The purpose of this study is to investigate the relationship between social determinants of health, working memory, and speech perception in noise in adults with typical hearing. Specifically, this study examines whether SDOH factors predict adult performance on working memory tasks and SiN recognition under quiet and noisy listening conditions.

Methods

Study Design

This study employs a cross-sectional, correlational research design using primary data collected during a single testing session.

Research Question

Are social determinants of health associated with adult working memory performance and speech perception in noise?

Participants

Participants include adults aged 18 years and older with typical hearing sensitivity, as confirmed by a hearing screening. Individuals with diagnosed neurological disorders, uncorrected hearing loss, or cognitive impairments are excluded. A diverse sample will be recruited to ensure representation across varying SES backgrounds.

Measures and Materials

Participants complete a standardized working memory task administered in both quiet and background noise conditions. Speech perception in noise is assessed using a validated speech-in-noise measure incorporating multitalker babble. A structured questionnaire is used to collect data on SDOH variables, including education level, income range, occupational demands, and self-reported environmental noise exposure. These measures align with prior research linking socioeconomic and environmental factors to cognitive and listening outcomes (Bergström et al., 2013; Gabrieli et al., 2015).

Procedures

Participants attend a single session conducted in a controlled, quiet testing environment. After completing the hearing screening, participants complete the working memory and speech-in-noise tasks, with task order counterbalanced to reduce order effects. Breaks are provided as needed to minimize fatigue. Participants then complete the SDOH questionnaire.

Data Analysis

Descriptive statistics are calculated for all variables. Pearson correlation analyses examine relationships between SDOH factors, working memory performance, and SiN outcomes. Multiple regression analyses are conducted to determine whether SDOH variables significantly predict speech-in-noise performance when controlling for working memory and demographic covariates. Statistical significance is set at $p < .05$.

Results

It is anticipated that adults with greater socioeconomic disadvantage and higher environmental noise exposure will demonstrate reduced working memory capacity and poorer speech recognition in noise. These expected findings align with prior evidence indicating that SES and chronic noise exposure negatively affect cognitive functioning and listening effort in adults (Casey et al., 2017; Porto et al., 2023).

Conclusions

This study highlights the role of social and environmental factors in adult cognitive-communication performance. By demonstrating associations between SDOH, working memory, and speech perception in noise, the findings underscore the need to consider contextual factors beyond auditory acuity when evaluating adult listening difficulties.

Implications for Policy, Practice, and Future Research

Findings from this study may inform more equitable clinical assessment practices by encouraging clinicians to incorporate SDOH considerations into adult evaluations. From a policy perspective, results support initiatives aimed at reducing environmental noise exposure and addressing socioeconomic barriers to healthcare access. Future research should explore longitudinal effects of SDOH on adult cognitive-communication outcomes and evaluate intervention approaches that mitigate listening challenges associated with social and environmental disadvantage (Akhlaghipour & Assari, 2020; Bergström et al., 2013).

LEARNING OUTCOMES

1. Describe the relationship between social determinants of health, working memory, and speech perception in noise in adult populations.
2. Analyze how socioeconomic status and environmental noise exposure influence adult performance on working memory and speech-in-noise tasks.
3. Apply research findings on social determinants of health to inform equitable assessment and intervention planning for adults with speech-in-noise difficulties.

Disclosures

Bailee Poor
Financial Disclosures: Bailee has no relevant financial relationships.
Non-financial Disclosures: Bailee has no relevant non-financial relationships

Jessica Sullivan
Financial Disclosures: Jessica has no relevant financial relationships.
Non-financial Disclosures: Jessica has no relevant non-financial relationships

P28: Modernizing Neurogenic Rehabilitation: Telepractice, Computer Therapy and AI

Tacoma Strange, MS-SLP Candidate, & Katrina Miller, EdD, CCC-SLP

Introductory

The treatment of adults with neurogenic communication disorders is changing fast. Advances in technology are reshaping what speech-language pathologists can do inside and outside the clinic. Telepractice, computer-based programs and artificial intelligence have become a part of everyday therapy. These tools help clinicians reach clients who might otherwise go without services. They also let therapy continue beyond the walls of a hospital or outpatient center, keeping progress from stalling when life gets in the way.

Access has always been one of the biggest barriers in rehabilitation. Many adults who survive a stroke or live with progressive conditions like Parkinson's disease face travel, cost, or insurance obstacles that limit how often they can be seen. Technology is giving SLPs a way to change that. Recent studies show that when people receive therapy through a screen, a computer program, or an adaptive app, then can make measurable gains in communication and participation. The COVID-19 pandemic only sped up this shift, forcing clinicians to learn new platforms quickly and proving that digital care can be effective when it's done well.

Peer-reviewed research now supports what many clinicians have seen in practice. The Big CACTUS trial (Palmer et al., 2019) found that computer therapy produced real improvement in word retrieval for adults with chronic aphasia. Braley and colleagues (2021) showed that virtual therapy at home can be both feasible and beneficial. Other reviews confirm that telepractice produces outcomes similar to traditional therapy (Cacciante et al., 2021; Hall et al., 2013). Artificial intelligence adds another layer by analyzing speech patterns, giving instant feedback, and tracking progress over time (Zhong et al., 2024). These findings point toward a more flexible and continuous model of care that adapts to each person's needs.

Current evidence shows that technology-based interventions, such as telepractice, computer-assisted therapy and AI-supported tools, can improve access, increase treatment intensity and promote lasting communication gains for adults with neurogenic disorders. When guided by thoughtful clinical oversight and attention to equity and ethics, these approaches can expand the reach of evidence-based care and help close long-standing service gaps. Integrating digital methods with traditional therapy may become the next step forward in adult neurogenic rehabilitation. Hybrid care models that blend in-person sessions with telepractice or intelligent software can extend therapy into daily routines, create more consistent follow-through and provide real-time data that supports individualized decision making.

The purpose of this paper is to examine how technology-based interventions, including telepractice, computer-assisted therapy and engorging artificial intelligence tools, are transforming adult neurogenic rehabilitation. Specifically, this review explores the question: How effective are these technology-based approaches in improving communication outcomes for adults with neurogenic communication disorders compared to traditional in-person treatment models? This question guides an analysis of current evidence on access, treatment intensity and clinical outcomes, while also considering ethical and equity issues relevant to modern rehabilitation practice.

Telepractice has become one of the most important developments in modern speech-language pathology. ASHA defines it as the use of telecommunications technology to provide assessment, intervention, and consultation services at a distance. It can occur in real time through video conferencing (synchronous) or by sharing recorded information such as audio or language samples (asynchronous). For adults with neurogenic communication disorders, including aphasia, traumatic brain injury, and degenerative conditions, telepractice offers continuity of care when travel or scheduling make in-person therapy difficult. It also allows clinicians to collaborate with caregivers and interdisciplinary partners who may be located elsewhere.

Several peer-reviewed studies confirm that telepractice produces comparable clinical outcomes to face-to-face therapy for adults with aphasia and related disorders. Hall, Boisvert and Steele (2013) reviewed multiple telepractice programs and found consistent gains in naming and comprehension that

mirrored results from traditional treatment. In a large systematic review, Cacciante and colleagues (2021) concluded that telepractice “appears to be as effective as in-persons care” for improving language function after stroke. More recently, Çetinkaya et al., (2024) analyzed studies published between 2015 and 2023 and again reported equivalent outcomes along with high patient satisfaction and strong adherence rates. Together, these studies suggest that remote delivery does not compromise therapeutic effectiveness when technology and clinician preparation are adequate.

Telepractice brings several advantages that prove it’s more than just convenient. It increases access for clients in rural or medically underserved areas, reduces travel costs and allows greater scheduling flexibility. Many clients find comfort in receiving therapy from home, which can support generalization of communication strategies in real-life contexts.

In many ways, telepractice represents a functional model of therapy. Because treatment occurs in the client’s natural environment, communication practice happens in the same settings where it is most needed, at home, during meals, while managing medications, or interacting with family. To put it simply, telepractice transforms the home into the therapy room. This mirrors one the foundational principles of early intervention, that meaningful change happens most effectively in natural environments where skills can be practiced and reinforced throughout daily routines. The same principle applies to adults with neurogenic communication disorders. When therapy is delivered in the spaces where people live, work and connect, generalization becomes stronger and outcomes more sustainable.

This approach also aligns with ASHA’s vision of “empowering and connecting people through communication.” Telepractice allows SLPs to remove barriers that once limited participation, extending care to those who might otherwise be excluded due to mobility, transportation, or health concerns. Bridging the gap between clinical expertise and everyday life causes telepractice to embody the profession’s mission to make communication accessible to all. Caregivers can easily join sessions, leading to stronger family engagement and follow-through. Clinicians using telepractice can have flexible work arrangements and expanded service reach, which may help address national shortages of SLPs in medical and long-term care settings.

LEARNING OUTCOMES

1. Describe how telepractice, computer-assisted therapy and AI improve access, intensity and functional outcomes for adults with neurogenic communication disorders
2. Identify barriers to consistent therapy and how technology extends care beyond the clinic into real-world contexts
3. Explain how clinician-guided technology-based approaches support generalization, caregiver participation, and equity in aphasia and Right Hemisphere Disorders rehabilitation

Tacoma Strange
Financial Disclosures: Tacoma has no relevant financial relationships.
Non-financial Disclosures: Tacoma has no relevant non-financial relationships

Katrina Miller
Financial Disclosures: Katrina is employed by Shenandoah University.
Non-financial Disclosures: Katrina is a former board member of NBASLH