The SAGE Encyclopedia of Human Communication Sciences and Disorders

Functional Assessment

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Functional assessment is a term that describes the process of evaluating the communication skills present in persons who have significant communication impairments. This degree of impairment typically has an adverse impact on a person's ability to perform the activities of daily living. The word *functional* relates to the way that an entity or system works or operates to enact any specific activity, purpose, or task. When describing human performance, being *functional* connotes that an individual can complete activities, purposes, or tasks well enough for the performance to be practical or useful on a daily basis. A functional communication assessment documents how well an individual can perform practical communication activities, purposes, and tasks and reveals the extent to which the communication impairment imposes limitations on daily living.

Functional assessment is based upon four considerations that are necessary in order to evaluate the practical communication performances of different populations of persons. These considerations include the ages of the individuals being assessed, the individuals' options for participation in various environments and activities, the areas of communicative functioning that are impaired, and the conditions of the assessment settings.

Individuals' Ages and Options for Participation in Environments and Activities

One consideration for assessment of functional communication is determined by the ages of the individuals being assessed. In general, functional skills are assessed for the following age groups: early childhood (from birth through the start of formal schooling, usually at about age 5; subranges can include early intervention, i.e., birth until age 3, and preschool, i.e., ages 3 through about 5, when a child enters school); school-age children and adolescents (from the beginning of school attendance through school graduation or exit, usually at about age 18 to 21); adults (persons who are at least 18 years old through their mid-60s); and geriatric (persons usually ranging in age from their mid-60s through advanced age).

Related to age is a second consideration, that being the individuals' options for participation in various environments and activities. Functional needs and capabilities can vary depending upon a person's age within the lifespan. For young children, functional assessment addresses the child's ability to develop the early cognitive, motor, social–emotional, behavioral, speech, language, and self-care skills that support learning and participation in home and family life, in childcare settings, and in preschool learning environments. Functional assessment of school-age children and adolescents addresses academic learning, literacy growth, pre-vocational capabilities, interpersonal communication with peers and adults, and continued gains in self-care and in social–emotional and behavioral maturation. For adults, functional assessment addresses the cognitive, communication, and social skills needed for independent living and adequate community participation, including attaining vocational skills and financial wherewithal, as well as for forming successful relationships with spouses, partners, coworkers, and other adults, and for parenting skills. For the geriatric population, functional assessment addresses the individual's ability to use their cognitive and communication skills to remain self-reliant. Health, wellness, vision, hearing, and mobility are factors that contribute to whether persons can preserve some degree of independence. Loss of memory and with it a loss of daily self-care skills are important concerns. Accessing quality health care, establishing a reliable support system of caregivers and service providers, and having sufficient financial means may be considerations that contribute to whether the aged individual can continue to participate in family and community activities. Opportunities for socialization and communication with others can be critical for preserving an individual's functional communication skills. Functional assessment may document the nature and frequency of these opportunities, and the individual's performance in these circumstances.

Areas of Communicative Functioning

The third consideration for assessment of functional communication is that the assessment needs to address each of the eight areas of performance that is potentially impaired:

1. Speech articulation (i.e., intelligibility of motor speech production, which can be impaired by either a neurological condition that affects speech motor control, or by localized damage to the speech organs and structures, or by a developmental delay or disorder)
2. Receptive and expressive language (functional understanding and purposeful use of the language systems of phonology, semantics, syntax, and pragmatics, as demonstrated by auditory–oral modes; and functional literacy, as demonstrated by reading and written language skills)
3. Hearing (functional audition, with or without hearing aids or other instrumentation)
4. Use of communication modalities, which involves any augmentative or alternative communication systems (such as the use of print, picture, electronic, or manual communication systems to supplement or replace spoken language)
5. Cognitive aspects of communicative skills (including attention, memory, reasoning, and other intellectual skills needed for communication)
6. Social aspects of communication (the ability to participate in interaction with others, and the degree to which a social communication disturbance, such as autism, is present)
7. Voice (use of the vocal mechanism, including vocal loudness, pitch, and quality that allow for intelligibility)
8. Speech fluency (the presence of disfluency, such as stuttering, and its effects on intelligibility)

The Conditions of the Assessment Settings

A fourth consideration is the nature of the assessment setting. Speech–language pathologists provide services across a variety of medical, educational, and community settings (the latter including home-based care and services in group homes or at vocational workshops). Assessment of functional communication is related to the goals of the settings in which individuals are expected to perform and the models of service delivery in place in those settings.

The World Health Organization's International Classification of Functioning, Disability, and Health (ICF) provides a biopsychosocial model that integrates medical and social models to describe disability and health. The model accounts for (1) a person's body structure and function (e.g., the observable characteristics of an impairment, such as imprecise speech articulation), (2) how a person performs activities (e.g., how the activity of speaking is accomplished functionally), and (3) a person's participation in societal roles (e.g., whether a person speaks functionally when in a social setting). These three components interact to describe an individual's level of functioning and disability.

The ICF is the basis for three paradigms for functional assessments: medical management, social participation, and educational participation. These paradigms are predicated upon the conditions that are operative within these settings, and they reflect their respective expectations for functional communication.

Medical Management

In any medical service setting, the goal of the medical team is to diagnose any disorders that a patient is presenting and provide treatments that will rid the patient of the need to be under medical care, or that will at least manage the urgency, severity, or frequency of that need. Amid an acute medical situation where a patient is admitted to a hospital, the threshold for communicative functioning is limited to whether an individual is awake, alert, and able to provide simple responses to orientation questions (e.g., What is your name? Where are we now? What is today's date? What problems are you having now?). In a short-stay acute care hospital, a patient's interactions with the medical staff may be restricted to low-demand verbal responses pertaining to

pain and basic wants and needs.

In a hospital setting, the speech–language pathologist has the goal of short-term medical management of the patient's communication needs. The speech–language pathologist assesses the impairments of a patient's bodily structures and functions. Assessment indicates the extent of the patient's communication impairment and how it relates to the patient's participation in his or her immediate care. In parallel to the practices of the medical team, speech–language pathologists assess whether patients urgently need to receive speech–language therapy while in the hospital, and aim to quickly reduce the need for therapy. The goal is the management of the immediate communicative consequences of the acute disorder in the medical setting, without necessarily striving for subsequent participation in life after discharge from the hospital.

Social Participation

Functional assessment that is predicated upon a social participation paradigm may take place in medical facilities, including residential rehabilitation settings, skilled nursing facilities, or long-term care facilities; in outpatient therapy settings; and as home-based services. Assessment may be conducted in schools, as well as in the context of vocational training for adolescents and adults, in group homes, and in mental health settings. The speech–language pathologist assesses the quality of the individual's functional communication as it relates to optimizing the individual's successful social participation in that setting, and potentially for transitioning from that setting to other settings in the community.

Educational Participation

Functional assessment that is predicated upon educational participation takes place in schools. The speech–language pathologist assesses the quality of the individual's functional communication as it relates to achieving school learning. For some youths, learning involves academics and literacy, and for others it entails learning skills for daily living and pre-vocational training. Functional communication for extracurricular participation is also warranted.

Practical Procedures

A functional assessment entails gathering information about the individual's clinical history by interviewing the individual, along with his or her family, caregivers, teachers, and other service providers, and by reviewing the individual's pertinent medical or educational records or both. Observations of performance in contexts, such as of an adult engaged in a conversation with family or friends, or of a child at play or in a classroom, provide information on functional behaviors. An initial speech–language screening, generally conducted by the speech–language pathologist as an interview or conversation with the examinee, documents whether there are observable weaknesses in any of the eight areas of communicative functioning. The speech–language pathologist may administer formal screening measures that yield numerical scores.

Although naturalistic contexts for screening may be more familiar to the examinee, additional assessment information may be obtained by engaging the individual in structured or contrived communicative situations, simulations, or role playing. Environmental manipulations may reveal whether specific conditions can be beneficial to communicative performance, or contribute to a reduction in performance. Multiple observations across contexts may show the environments or situations where a person experiences restrictions in participation, or where participation is at its best. It may be noted that one limitation causes another limitation,

for example, when reduced vocal volume causes a child to be unable to participate socially on a playground where shouting is needed to be heard.

Screening or observation or both may suggest a need for a focused assessment to probe the specific areas of functioning that are relevant for the individual. The speech–language pathologist uses speech and language sampling and analysis, developmental inventories, behavioral checklists, and standardized and criterion-referenced tests to determine the nature and degree of impairment. Triangulation of measure may reveal whether performance differs depending upon context or tasks.

Numerous tests are commercially available for functional assessments of various populations. One example of a functional assessment for young children is the Preschool Language Scale*s.* For school-age children, adolescents, and adults with significant communication needs, the Adapted Sequenced Inventory of Communication Development (A-SICD) for Adolescents and Adults With Severe Handicaps is a validated tool. Adults in an acute care setting who require comprehensive cognitive–linguistic assessment may be administered the American Speech-Language-Hearing Association's Functional Assessment of Communication Skills for Adults (ASHA FACS). An example of a comprehensive geriatric assessment is the Alzheimer's Association's Cognitive Assessment Toolkit that includes validated assessment questionnaires.

Fairness is an important consideration for all assessments in all settings. All aspects of functional assessments must be conducted with respect for examinees' dialect, linguistic and cultural considerations, and other personal factors such as age and gender. Repeated measures over time may allow a speech–language pathologist to determine whether the communication impairment varies, in terms of being consistent or inconsistent in its presentation.

Once completed, a functional assessment describes the nature of the visible or audible impairments that can be observed, as well as the degree of divergence from typical competence and performance. Qualifying terms, such as *minimal, mild, moderate, severe*, and *profound*, describe the magnitude of the impairment. These qualifiers suggest the alteration in a person's level of performance and competence, and hence also suggest the potential barrier to independence and participation.

See also Alzheimer's Disease; Functional Communication Skills; Intellectual Impairments; Language Assessment; Stroke

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Further Readings

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