



# Treatment Planning & Intervention

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# HELLO!

## I am Lauren Hastings

I am here because I love to give presentations.

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“Trust yourself, you know more than you think you do.”

-Benjamin Spock





**33%**

Whoa! That's a big number!

# ► Objectives

## ► Treatment Planning

- ▶ Evaluating factors that can affect treatment
- ▶ Initiating and prioritizing treatment and developing goals
- ▶ Determining appropriate treatment details
- ▶ Generating a prognosis
- ▶ Communicating recommendations
- ▶ General treatment principles and procedures

## ► Treatment Evaluation

- ▶ Establishing methods for monitoring treatment progress and outcomes to evaluate assessment and/or treatment plans
- ▶ Follow-up on post-treatment referrals and recommendations



# ► Objectives

## ► Treatment

- ▶ Speech sound production
- ▶ Fluency
- ▶ Voice, resonance, and motor speech
- ▶ Receptive and expressive language
- ▶ Social aspects of communication
- ▶ Cognition
- ▶ AAC
- ▶ Hearing and Aural Rehabilitation
- ▶ Swallowing



# ▶ Evidence Based Practice

- ▶ A framework for clinical decision making.
- ▶ Use EBP to select instruction and intervention appropriate to the age and learning needs of the student.
- ▶ The process of applying current, best evidence (external and internal scientific evidence), patient perspective, and clinical expertise to make decisions about the care of the individuals you treat.



# ▶ Evidence Based Practice

- ▶ **Clinical expertise/expert opinion**
  - ▶ The knowledge, judgment, and critical reasoning acquired through your training and professional experiences
- ▶ **Evidence (external and internal)**
  - ▶ The best available information gathered from the scientific literature (external evidence) and from data and observations collected on your individual client (internal evidence)
- ▶ **Client/patient/caregiver perspectives**
  - ▶ The unique set of personal and cultural circumstances, values, priorities, and expectations identified by your client and their caregivers.





# ► Questions to ask yourself

- ▶ What **type of disorder** does this profile describe?
- ▶ What **age group** do these characteristics impact the most?
- ▶ **What are you evaluating?**
- ▶ Are you interested in a before and after comparison or a comparison to other treatments?
- ▶ **What is the goal** of implementing this treatment in terms of specific improvements?



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# Treatment Planning



## ▶ External Factors

- Age
- Concomitant Disorders
- Type and Severity of disorder
- Cultural and Linguistic background
- Underlying medical conditions
- Primary Language
- External factors



# ► Treatment Planning

- Implement the speech language treatment plan
- Selects appropriate treatment activities to progress patient towards goals
- Revisions goals/plan of care with pt/family input
- Provides ongoing patient/family education and training
- Provides discharge instructions, follow-up and referral to community resources as appropriate
- Acts as a referral source for staff, families, physicians on services and equipment related to rehabilitation services



# ▶ Clinical Process

- **Goal Setting:** Long term and short-term functional measurable goals within each interval as appropriate in each case
- Education and training to caregivers
- Counseling, dialogue, and support with patient / caregivers to assist understanding
  - As appropriate in each case, teach strategies, compensations, self-cueing techniques etc. and provide guidance and suggestions
  - Ongoing preparation of patient and caregivers for discharge through education, training, and resources for "next steps"
- **Progress Report:** Continual assessing, monitoring, modeling, evaluating responses, providing meaningful feedback, and adjusting treatment and updating plans as needed



# ▶ Integrating Assessment Results

- **History** – (medical, developmental, and educational components)

- **Current Functional Status** – (a summary of current functioning as reported by the family from the history forms sent to you before the evaluation)

- **Test Results** – (charts illustrating test results, and detailed narratives to “paint a clear picture” of the client’s performance on each test)

- **Behavioral Observations** - (in some cases)

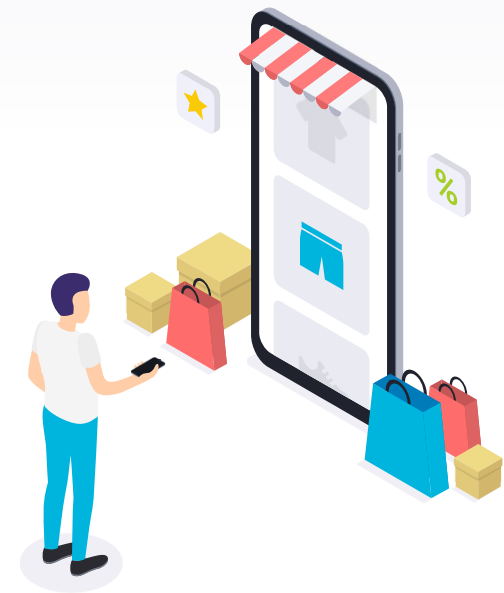
- **Diagnostic Impressions** – (to summarize the analysis of the findings)

- **Prognosis** – (an estimate of the client’s potential for making gains)

- **Estimated Frequency & Duration of Treatment** - (an estimate of the amount of therapy needed to meet the goals)

- **Functional Goals & Treatment Plan** – (written plan of action, outlining the areas in need of treatment. If your child is in the public school system, goals will be written that are appropriate to the IEP format.)

- **Recommendations** - (for related services, as needed)



# Plan of care (treatment plan)

- Long-term goals
- Short term goals
- Precautions
- Prognosis
- Social support
- Underlying Impairments
- Referrals



# ► Delivery of Treatment

- **Format:** The structure of the treatment session (e.g., group, individual, in consult with the family).
- **Provider:** The person providing the treatment (e.g., SLP, trained volunteer, caregiver).
- **Dosage:** The frequency, intensity, and duration of service.
- **Timing:** The timing of intervention relative to the onset of dementia.
- **Setting:** The location of treatment (e.g., home, assisted living facility, nursing facility, community-based setting)
- **Session:** Individual vs Group





# ▶ Long Term Goal

- State the exception of the patient's final specific functional level and the effect on the life skills at the end of therapy
- Met in a reasonable time
- Similar to the patient prior level of function
- Should be established for each functional deficit that will be addressed during this episode of care
- Measurable
- Specific to life skill



# ▶ Short Term Goal

- Based upon the functional deficits identified during the assessment
- Are to contain required components of goal:
  - Measurable
  - Contain a specific life goal
- Should be attainable within a reasonable time frame
- Should be the building blocks to each long term goal



## ► Frequency or Duration

- Select the number of times per week the patient will be treated and the duration based upon the patients needs.
  - Duration: Length of a session in time (e.g., 50 minutes)
  - Frequency: Number of sessions per unit of time (e.g., 2 x week)
  - Ex. Skilled St will tx 5x/wk x 4wks for dysphagia management. Skilled ST to include compensatory swallow strategies, po trials, and patient/caregiver education.



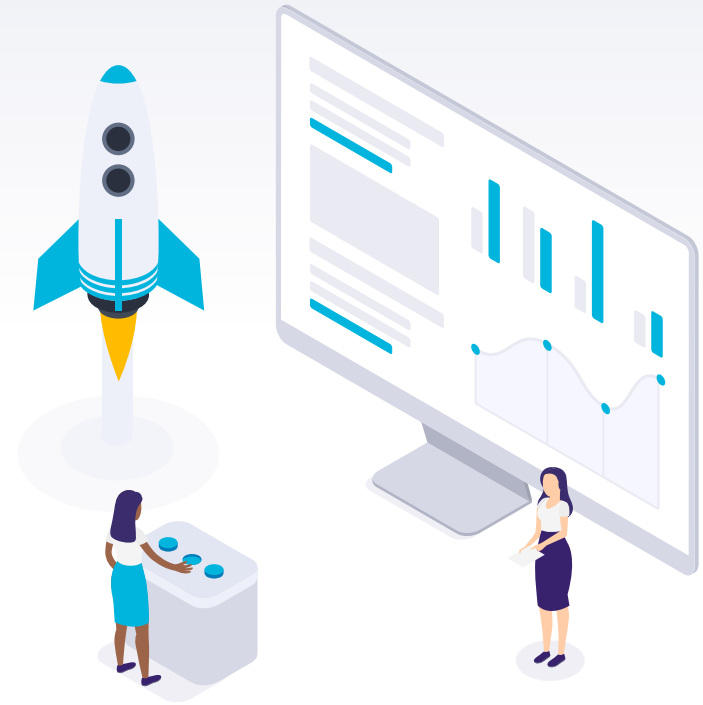
# ► Prognosis

- A prediction of the progress that should be made during the course of treatment.
  - Ex. Rehab Potential: Good
  - Ex. Rehab Potential: Excellent due to good progress with current treatments, functional reasoning skills, functional visual tracking skills, responsive to cuing, patient motivated to return home, positive results from previous treatments, supportive family and caregiver.
  - Ex. Excellent due to strong caregiver support



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# Treatment Evaluation



# ► Baseline Performance

- Starting point, current quantitative level/number, indicator of how much change to expect
- Clinicians must know where their patient started to create realistic and appropriate goals.
  - For example, if at baseline a patient is NPO with a PEG tube following a massive stroke, the first short term goal a clinician writes should not be expecting the patient to safely swallow a regular diet and thin liquids within the next few weeks.



# ► Measuring Progress

- Use terminology that reflects the clinician's technical knowledge.
- **Indicate the rationale** (how the service relates to functional goal), type, and complexity of activity.
- **Report objective data** showing progress toward goal
- Specify feedback provided to patient/caregiver about performance
- Elaborate on **patient/caregiver education or training** (e.g., trained spouse to present two-step instructions in the home and to provide feedback to this clinician on patient's performance).
- **Evaluate patient's/caregiver's response to training** (e.g., after demonstration of cueing techniques, caregiver was able to use similar cueing techniques on the next five stimuli).



# ► Treatment Outcomes

- Response to treatment
- Setback in a functional area and why
- Significant functional progress/gains/plateau
- Reasonable expectation for improvement





# ► Collaboration or Possible Referrals

- Physician or neurologist
- Social worker
- Audiology
- AAC specialist
- OT/PT
- ENT
- Dietitian



# ▶ Discharge Criteria

- Patient has reached highest functional level of ability
- The patient's condition has stabilized. The skills of a therapist are no longer needed.
- Caregivers, family members, and support personnel have been trained to use communicative strategies and other approaches to improve or maintain skills, decrease the risk for decline, and/or decrease adverse behaviors while enhancing the person's quality of life.
- Patient is able to continue with a home management or maintenance program
- Patient's response/non-response to treatment justifies discharge
- Medical reasons dictate break from/or termination of sessions



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# Treatments



# ► Treatment

- **Design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;**

- **Provide culturally and linguistically appropriate services;**

- Integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;

- **Utilize treatment data to guide decisions and determine effectiveness of services;**

- Integrate academic materials and goals into treatment;

- Deliver the appropriate frequency and intensity of treatment utilizing best available practice;

- **Engage in treatment activities that are within the scope of the professional's competence;**

- Utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and

- **Collaborate with other professionals in the delivery of services.**



# ► Speech Sound Production

## Underlying impairments

- Articulation of sounds
- Ability to repeat
- Production of words
- Breath support
- Voicing

## Life Skills

- To be understood by others
- To be heard at meal time
- To communicate with family
- To communicate with peers
- To be able to yell for help
- To give a speech



# ► Fluency

- Reducing the severity, duration, and abnormality of stuttering-like disfluencies in multiple communication contexts
- Reducing avoidance behaviors
- Removing or reducing barriers that create, exacerbate, or maintain stuttering behaviors (e.g., parental reactions, listener reactions, client perceptions)
- Assisting the person who stutters to communicate in educational, vocational, and social situations in ways that optimize activity/participation
- Strategies associated with speech modification( rate control, prolonged syllables, easy onset, light articulatory contact)



# ▶ Voice, Resonance, and Motor Speech

- Voice therapy
- Modify vocal behaviors
- Manipulating voice producing mechanism
- Medical intervention (surgery)
- Physiologic Voice Therapy
- Expiratory Muscle Strength Training
- Lee Silverman Voice Treatment
- Stretch and Flow Phonation
- Symptomatic Voice Therapy
- Chant Speech
- Yawn sigh

- Improving the intelligibility of speech
- Improving accuracy, precision, timing, and coordination of articulation.
- Rate modification.
- Improving prosody and naturalness of speech.
- Including direct behavioral treatment techniques, use of prosthetics, or appropriate referral for medical-surgical or pharmacologic management.



# ► Receptive & Expressive Language

- Behavioral Interventions/Techniques
- Language Interventions
- Narrative Interventions
- Parent-Mediated/Implemented/Involvement
- Peer-Mediated/Implemented/Involvement
- Pragmatics/Social Communication/Discourse
- Relationship-Based Intervention
- Sensory-Based Interventions





# ► Social Aspects of Communication

See the PPT from Dr. Byron Ross



# ► Cognitive Impairments

## Underlying impairments

- ATTENTION
- RECALL (ATM, IMM, DELAYED)
- SEQUENCING
- PROBLEM SOLVING
- SAFETY

## Life Skills

- TAKE MEDICATIONS CORRECTLY
- MANAGE CHECKING ACCOUNT
- PAY BILLS
- INCREASE SAFETY AWARENESS
- ATTEND MEALS AND ACTIVITIES
- RECALL MEDICATION SCHEDULE



# ▶ AAC

See the PPT from Dr. Sheila Bridges-Bond



# ▶ Hearing & Aural Rehabilitation

- Auditory training
- Visual cues
- Language development
- Hearing aid management
- Management of assistive listening devices



# ► Swallowing & Feeding

- PO trials
- Swallow compensatory strategies
- Therapeutic meals
- Swallow maneuvers
- Instrumental swallow studies
- Oral motor exercise
- Pt/Caregiver education
- Counseling of caregivers and patient



# ► Swallowing & Feeding

## Underlying Treatment

- OM FUNCTIONING
- RESPIRATION
- BOLUS FORMATION
- COUGHING/CHOKING

## Life Skill

- INCREASE HYDRATION AND NUTRITION TO PREVENT WEIGHT LOSS
- ATTEND MEALS WITH FAMILY & COMMUNITY
- ENJOY MEALS
- PREVENT ASPIRATION
- TOLERATE A REGULAR MEAL WITH NO S/S ASPIRATION



# THANKS!

## Any questions?

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