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Creating a Functional Therapy Plan: Therapy Goals & SOAP Note Documentation

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Presentation Goals

- After the conclusion of this presentation, participants will be able to:
 - Identify the difference between goal and procedure
 - Describe three phases of intervention planning and the nature of goals and procedures at each phase
 - Explain 4 types of Maintaining Factors
 - List differences between LTGs, STGs and SGs*
 - Explain how to write brief and functional SOAP notes

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Goals vs. Procedures

- GOAL
 - Formulated based on assessment findings
 - Potential achievement by an individual w/t speech-language deficits
 - Achievement will improve performance
- Client's expected actions
 - Directed towards modifying or compensating for factors contributing to speech language deficits

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Goals vs. Procedures (cont)

- PROCEDURE
- Clinician's plan of action, NOT the client's
 - Considers maintaining factors which need to be:
 - Modified, eliminated, or compensated for
 - Optimum therapy interactions, contexts, and clinician actions during therapy sessions
 - Contexts presumed to be optimum for learning
 - Mode of encouragement
 - Selection of appropriate learning materials and reinforcements of client's behavior by the clinician

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Three Phases of Intervention Planning

- Phase 1- Clinician makes decisions about:
 - Client's ultimate linguistic outcome
 - How to modify or compensate for maintaining factors
- Phase 2- Clinician makes decisions about:
 - Prioritization of STG which will lead to LTG
 - Materials and interactions which will facilitate achievement of STG
- Phase 3 - Clinician makes decisions about:
 - How to accomplish session goals
 - How to select specific session materials and shape interactions

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Baseline Data and Goal Planning

- Baseline Data
 - Info re: current performance relevant to intervention
 - Based on speech language evaluation
 - Consists of case history, parental interview, + testing results (SI & Non-SI of phonology, language, voice, fluency, and maintaining factors)
 - Provides point of reference for comparing the communication performance of a child suspected of having a speech-language disorder with the performance of normally developing children.

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Determining "Best Performance"

- 3 interacting factors are very important in creating goals
 - The discrepancy between the child's current functioning and what is expected for his particular age
 - The number of impaired behavioral systems maintaining the disorder
 - The degree to which each system can be repaired

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Determining "Best Performance" (cont)

- The greater the difference between the baseline performance and the mean level of performance of age-equivalent peers, the lower the probability that the child will eventually perform within the normal range
- The difference in performance is determined based on:
 - Standardized scores obtained from formal testing
 - Developmental profiles derived from nonstandard testing

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Duration for Goal Achievement

- The greater is the deviation from the normal range the more therapy time will be required
- If child received therapy before, his past goal achievement may predict present therapy outcome and how much time it might take
- Time duration may also be further influenced by:
 - Commitment of child's caregivers (attendance, homework)
 - Developmental spurts
 - Changes in clinician and approaches to therapy over time

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Goal Functionality

- Consider which skills the student must gain that will help him/her function better daily in academic setting
- Influenced by maintaining factors
 - Linguistic
 - Cognitive
 - Motor
 - Psychosocial
- If a child has difficulties in any of above 4 areas, the SLP must keep in mind that unless these issues are resolved or compensated for in therapy, NO progress can be made in achieving potential goals of therapy.

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Maintaining Factors: Cognitive

- Intellectual Disability
- Attention
- Memory
- Abstract Concepts
- Problem Solving

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Maintaining Factors: Sensorimotor

- Senses
 - Auditory Processing
 - Listening Comprehension
- Tactile Defensiveness
 - Articulation
 - Oral Motor (NSOME)
- Movement
 - Gross Motor
 - Fine Motor

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Maintaining Factors: Psychosocial

- Adaptive Behavior
- Pragmatics
- Social Cognition
- Psychiatric Diagnoses
 - Attention and Behavior Disorders
 - Mood Disorders
 - Anxiety Disorders
 - Autism Spectrum Disorders
 - Reactive Attachment Disorder
 - Schizoaffective/Psychotic Disorders

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Maintaining Factors: Linguistic

- What is the extent of linguistic deficits and their impact on overall function?
 - How many Standard Deviations (SD) is the child below on formal testing?
 - How far below developmentally is the child as compared to typically developing children?
 - What are the affected areas of functioning?
 - Poor vocabulary knowledge and use
 - Lack of complex sentences and short sentence length
 - Significant word retrieval difficulties

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Effective Modifications for Maintaining Factors

- Physical Space
 - Sensorimotor and Psychosocial
- Session Structure
 - Sensorimotor, Cognitive and Psychosocial
- Session Materials
 - Cognitive and Linguistic
- Child Behavior
 - Psychosocial

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Physical Space Modifications

- Set up environment
 - Eliminate visual distractions
 - Clutter
 - Eliminate auditory distractions
 - Noise
 - Seating Arrangements in Therapy
 - Facing wall vs. window
 - Proximity to clinician who can provide the child with visual and or tactile reminders

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Session Structure Modifications

- Use of written/picture rules
- Use of schedules
- Use of Timers
- Several Changes of Activities
- Seat modifications to reduce hyperactivity and impulsivity
- Use of sensory manipulatives in sessions
- Use of sensory breaks

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Session Materials Modifications

- Must be at the client's level
- Contain relevant information/pictures
- Contain no distractions
- But still be engaging to the child to participate

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Select Child Behavior Modifications

- Incorporate student's interests into activities
- Use of cues in therapy
- Offer 2 choices* of activities
- Errorless Learning
- 80/20 rule
- Use of easier/preferred/alternative activities when behaviors escalate
- Catch the child "being good"
- Cause and Effect Charts
- List of predetermined strategies
 - Strategies of Asking for Help
 - What to say when having trouble
 - Free download: <http://www.smartspeechtherapy.com/shop/strategies-of-asking-for-help-in-sessions/>

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Complexity vs. Difficulty

- Complexity
 - Objective determination based on consideration of the linguistic organization demanded by the task
- Difficulty
 - Perception of how easy or difficult task is depends on:
 - Information processing characteristics as well as skills and attitudes of the individual
- When the degree of complexity is consistent, the same act may be more difficult for some people vs. others
 - Degree of performance demand can be manipulated systematically when planning goals for different clients

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Linguistic Contexts

- Create a linguistic context that is obligatory for the targeted structures
- Model target structures directly in words or sentences
- Elicit linguistic structures by modeling indirectly during conversations with client in cooperative session activities
- Elicit linguistic structures by reenacting parts of narratives with the support of, e.g., books, worksheets etc.

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Nonlinguistic Contexts

- Session Materials
 - Manipulatives
 - Toys that replicate real objects
- Less representational construction objects
 - Blocks and chips
 - Flashcards
 - Games
 - Books
- Activities commensurate with client's age and experience

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Prompts vs. Cues

- Prompt
 - Request to perform an action
- Cue
 - Amount of help needed to complete a task
 - Signals given to client

Select Types of Cues

- **Visual** - picture cards
- **Written** - text support
- **Gesture** - (motioning up or down, spreading hands to indicate size, etc)
- **Phonemic** - first sound/first syllable cue to help with the word
- **Semantic** - short descriptions that will aid the client in producing the desired word/definition ("it's long and its green and it grows in the garden")
- **Cloze sentence**: "You sleep on a ____"; "The continent in the middle of a map made up of 4 letters is ____"
- **Prompt Questions**: Associate questions make it easier for the client to respond to the original question: "Do you think...?" "Where is...?"
- **Tactile/placement cues** - manipulating ____ to produce a response: placing palm in front of mouth to demonstrate /f/ sound, showing how to pucker lips together to illustrate /b/, etc.

Levels of Cues

- What level of cueing will be provided?
 - Minimal prompts (1 repetitions)
 - Moderate prompts (2-3 repetitions)
 - Maximum prompts (4+ repetitions)
- Hand-over-hand support
 - Partial - place the client's hand in the general area of target but they can touch target with their finger/s
 - Full - place the client's hand on the target
- Combination of cueing types?
- Frequency
 - How often?
- Intensity
 - How much?

Long Term Goals (LTG)

- Best performance that can be expected of an individual in one or more targeted communication areas within a projected period of time (e.g., One year)
 - Receptive Language: Client will improve/demonstrate age-level receptive language ability (*listening comprehension, auditory processing of information*) in order to effectively communicate with a variety of listeners/speakers in all conversational and academic contexts
 - Expressive Language: Client will improve/demonstrate age-level expressive language ability in order to effectively communicate with a variety of listeners/speakers in all conversational and academic contexts
 - Pragmatic Language: Client will improve/demonstrate age appropriate pragmatic skills in all conversational contexts.

LTG examples (cont)

- Articulation: Client will eliminate the presence of residual interdental lisp in all conversational contexts
- Voice: Client will improve coordination between the respiration, phonation and resonance subsystems of voice production.
- Phonological Awareness: Client will improve his phonological awareness abilities for auditory processing as well as reading decoding and comprehension tasks.
- Spelling: Client will demonstrate age appropriate orthographic knowledge of alphabetic principle sound-letter relationships, letter patterns and conventional spelling rules.

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Short Term Goal (STG)

- Linguistic/Speech achievement that has been given priority within a hierarchy of achievements required for the realization of the long-term goal.
- Implies a definitive period of time
 - Quarterly
 - Monthly

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STG Examples:	
Client will demonstrate improved and varied lexical usage by using new vocabulary associated with familiar storybook fairy tales in retelling of stories.	LTG Addressed: Expressive Language
Client will produce poems and rhymes after the clinician's model in structured therapy sessions.	LTG Addressed: Phonological Awareness
Client will spontaneously initiate causal narratives in structured therapeutic context.	LTG Addressed: Narrative Production
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STG Examples:	
Client will reduce the phonological process of fronting in conversational speech.	LTG Articulation: Client will decrease phonological process application across all categories to the point of intelligibility by people unaware of his speech pattern.
Client will reduce the phonological process of final consonant deletion in conversational speech.	
Client will produce final /z/, and /s/, clusters coding plural, copula, third person singular, and possessive.	LTG: Grammar Markers Client will produce the range of Brown's developmental morphemes in conversational contexts.
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Session Goals (SG)

- Observable behaviors
 - Expressed in a specified context
 - Represent an act of learning that will lead to the acquisition of a linguistic structure targeted as a short term goal
 - Might also indicate a time frame, depending on the session length
 - There should also be an accuracy marker for each session in order to identify how often and with what accuracy we expect the client to perform something

SG examples

Short-Term Goals Addressed:

- Client will produce appropriate pronominal reference (he, she) in the context of cooperative play.
 - 1. (RG) Client will discriminate between pronouns /he/ and /she/ by pointing at the “boy and girl paper dolls” after the clinician’s model 6/6 x during the session.
 - 2.(EG) Client will produce the pronoun /she/ with the aid of visual cues after the clinician’s model 8/10x during the session.

SG examples (cont)

- Short-Term Goals Addressed:
 - Client will maintain appropriate eye gaze and demonstrate appropriate turn taking skills in structured conversational settings mediated by the clinician.
- Session Goal:
 - Client will ask several familiar speakers 6 questions during a scavenger hunt for supplies needed to create a toy caterpillar given moderate verbal and gestural prompting by clinician.
 - Client will spontaneously use 12 terms of politeness (“excuse me, please, or thank you”) in conversation with each familiar speaker in the search for supplies given moderate verbal and gestural prompting by clinician.

Writing Measurable Goals: Putting it all Together

- Break it down into measurable parts:
 - Given ____time period (1 year, 1 progress reporting period, etc.)
 - Student will be able to (insert specific goal)
 - With ____accuracy/trials
 - Given ____ level of
 - Given _____type of prompts

SOAP Note Documentation

- Daily / Weekly / Monthly
 - Electronic / Written
- S - Subjective
 - Pt's/teacher's/family's comments and observations +
 - Therapist's impression regarding client's overall state and behavior
- O – Objective
 - Goal achievement (accuracy, marker, support)
 - Were the goals met?
- A – Assessment
 - Statement regarding client's progress
 - Current communication status, strengths and weaknesses
- P – Plan
 - Will you be doing testing?
 - What are your next goals to target?

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SOAP Notes (cont)

- S: HR was cooperative and compliant in session today. He continues to be invested in his learning as is evident via statements such as: "This is good for me" and "I am learning."
- O: HR will answer 25 "what" questions with 80% accuracy given visual cues and moderate phonemic prompting by clinician. HR answered 25 "what" questions with 60% accuracy given visual cues and moderate phonemic prompting by clinician.
- A: At this time, HR continues to require moderate-maximum cues (visual, gesture, phonemic and semantic cueing) to answer "what" questions due to significant word retrieval deficits in recalling the names of simple nouns, which he frequently mispronounces and mislabels.
- P: Continue therapy 2x per week to improve HR's ability to answer "what" questions with greater accuracy given visual and verbal cues (e.g., phonemic prompting). *

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Conclusion

- When planning, make sure your goals are functional, realistic, and measurable
- When executing your sessions, make sure that materials and interactions are on the child's cognitive level.
- Good Luck and Happy Planning!

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