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Making it Multidisciplinary: A Collaborative Model for Treatment of Children with Complex Communication Disorders, presented in partnership with Cincinnati Children's

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Agenda

- Introduction and review of learner outcomes
- Review of collaborative models and supporting evidence
- Advantages and disadvantages of collaborative models
- Co-treating for early intervention
- Co-treating for early childhood
- Collaborative approach for AAC evaluation and treatment
- Summary and Q & A

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Course Description

- This course will review the benefits of using a collaborative model of care for patients with complex communication disorders. This course will describe and include examples of co-treating, discuss evidence supporting collaborative models, weigh pros and cons, and explore how collaborative models can be implemented.

Learner Outcomes:

Upon completion of this seminar, the participants will be able to:

- Identify patients who would benefit from a collaborative treatment model, and identify team members
- Describe current evidence supporting collaborative treatment models
- Identify advantages and disadvantages for using a collaborative treatment model related to different treatment settings

Collaborative Models

Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care.

(World Health Organization, 2010)

What is *Collaboration*?

- **Collaboration** = The act of working with someone to achieve or produce something. In this case, we hope to achieve greater patient outcomes.
- A collaborative team approach, such as co-treatment, can help achieve greatest outcomes for a child and encourages a **comprehensive** and **holistic** way to meet the child's needs.

Collaborative Models

Multidisciplinary

Disciplines work separately and independently. Report outcomes separately.

Interdisciplinary

Collaborate and communicate for assessment, goal setting, and intervention, often in same treatment setting.

Transdisciplinary

Collaborate for assessment and intervention. Blend professional boundaries. Share responsibility for documenting outcomes.

Multidisciplinary Collaboration

- Work separately and independently
- Come together to report assessment results and intervention outcomes from the perspective of their own discipline
- Do not engage in joint planning or intervention
- Team includes representatives from different disciplines who contribute to improve care
- Can include indirect collaboration (email, in-basket messages, phone, fax, etc.)

Interdisciplinary Collaboration

- Discuss and share perspectives to set goals and identify intervention priorities
- Collaborate and communicate for assessment and intervention
- Aim to provide less fragmentation of services.
- Services often provided at the same place and at the same time (co-treatment)
- Requires effective communication among the team members

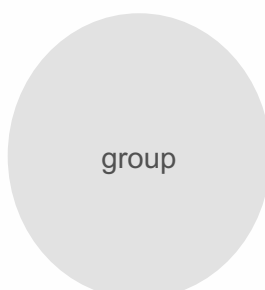
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Interdisciplinary Continued

- Includes the patient, family, professional team, and others
- Children with complex needs often benefit



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Johnson & Voigt (2012)

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continued™

Transdisciplinary Collaboration

- Coordinate and collaborate for assessment and intervention.
- Blend professional boundaries.
- May have role release, sharing responsibilities among disciplines.
- Share information for planning and intervention.
- Share responsibility for documenting outcomes.

Transdisciplinary Continued

- Often used in the high-risk neonatal and federally funded early intervention programs
- This approach assumes that “no one person or profession has an adequate knowledge base or sufficient expertise to execute all functions associated with providing educational services for students” (ASHA, 1991), so inter-professional education must occur

Teaming and Collaboration

- **Interprofessional Education (IPE)**
 - Occurs when disciplines learn with and from each other to enhance patient outcomes
 - Framework developed by World Health Organization to support IPE
- **Interprofessional Collaboration (IPC)**
 - *“An effective interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own.”* (Bronstein, 2003, p.299)

Teaming and Collaboration

- Most teams likely operate using a combination of several approaches *(Catlett & Halper, 1992)*
- Successful collaboration requires that all team members be committed to the idea that the most effective way to provide intervention is through a service delivery model conducted by a team! *(Durbin & Dodson, 1990)*

Advantages and Disadvantages of Collaborative Models

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Advantages

- Provides more holistic and comprehensive care
- All team members are well informed of others' treatment plans
- Other disciplines can provide input to treatment plans and strategies – give us more tools for our toolbox

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Advantages continued

- Can contribute to patient motivation to complete difficult tasks
- For the family, communication with a team is often easier than communicating with each team member individually
- Scheduling is convenient for family (although this is not a reason to pursue co-treatment)

Advantages continued

- May reveal information about generalization to other activities
- May be beneficial for children with complex needs
- Cultivates a trusting treatment team

And it's more fun with a friend!

Cultivates a fun
treatment
environment for
professionals and
patients!

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Disadvantages

- Additional planning time needed
- Scheduling can be difficult
- Requires change and flexibility to make it work
- Requires coordination and planning to bill appropriately and prevent double billing
- Occasionally have to step back for other discipline to focus on goal

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Disadvantages Continued

- Requires open lines of communication to ensure needs are met for all disciplines
- Some team members can be threatened by giving up some of their autonomy --some may have difficulty with role release when on a team (territorialism)
- Barriers: staff turnover, lack of support, distance

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Opportunities for Collaboration with SLPs

- With OT for feeding and swallowing
- With social work for social-emotional difficulties that affect social pragmatics

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More Opportunities

- With social work when social challenges interfere with access to treatment
- With psychologist or behavior specialist when behavior prevents participation toward goals
- With PT when positioning is needed for safe eating and participation in play activities
- With Audiology during aural rehabilitation

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More Opportunities

- With nutritionist or lactation consultant during feeding and swallowing
- With PT when movement is alerting and motivating

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More Opportunities

- With OT or PT when working on positioning and access to augmentative communication or developmental play

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Inclusion Criteria for Co-Treatment

- Patient benefits from treatment from multiple providers at the same time
- Goals are complementary in nature
- Clinicians benefit from input from other discipline(s)
- Child displays increased motivation by combining goal areas in other disciplines
- Services rendered are able to be provided at the same time and billed at the same time

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Inclusion Criteria Continued

- Although scheduling may be convenient for family, co-treatment should *not* be selected for scheduling convenience
- Helpful References:
 - *Joint Guidelines for Therapy Co-Treatment under Medicare (ASHA, AOTA & APTA, 2012)*
 - *Rehab Therapists' Guide to Co-Treatment Under Medicare (WebPT, 2014)*

...But is it covered?

Reimbursement for Co-Treatment

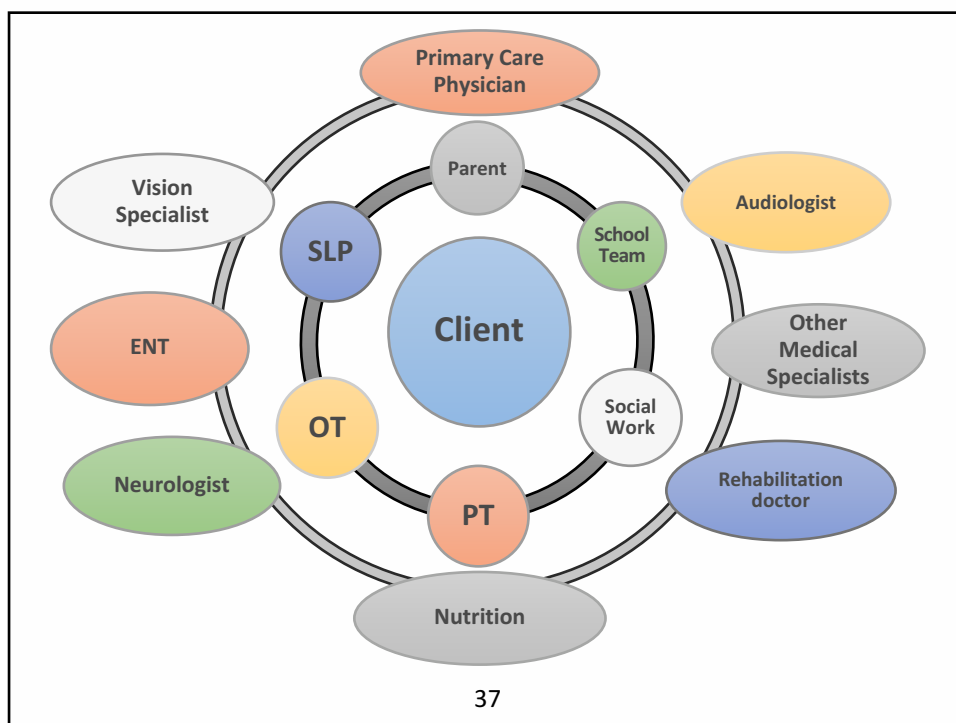
- SLP can co-treat with OT or PT, but OT and PT cannot co-treat together
- Certain codes may not be billed simultaneously, or require a modifier if billed together
- You should always check with the insurance or funding source for requirements, as they can be different (Andrus, Brook, WebPT, 2014)

And don't forget Documentation

- Documentation should clearly indicate the rationale for co-treatment and state the goals that will be addressed through this method of intervention.
- Co-treatment sessions should be documented as such by each practitioner, stating which goals were addressed and the progress made.

Collaborative Model: Who Are the Stakeholders?

- | | |
|---|--|
| • Patient and Family | • Primary physician |
| • SLP | • Pulmonologist |
| • OT | • Nutritionist |
| • PT | • Lactation consultants |
| • Educators (intervention specialists, special educators) | • Other specializing physicians (GI, Neurologists, ENT, Radiologist, etc.) |
| • Audiologists | |
| • Nurses, Aides | |



Review of Supporting Evidence

Evidence to Support Key Concepts

Interdisciplinary Treatment Teams

- Intervention activities can be carried over by family members, teachers, or students, with training and supervision provided by the SLP

Collaborative Team

- Research supports frequent and effective collaboration, information sharing, and communication among team members for successful implementation of family-centered care (King & Chiarello, 2014)

Evidence to Support Key Concepts

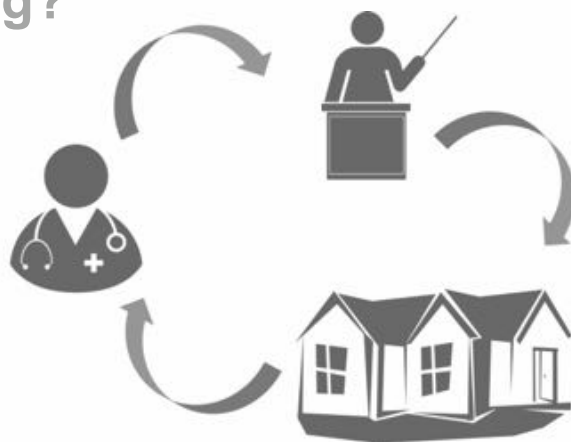
Group Therapy

- Group therapy can provide an ideal opportunity to provide multi- or interdisciplinary care for children with complex needs who need more than one therapy
- Benefits include increased motivation, peer modeling, social interaction, opportunities for practicing newly acquired skills, and focused practice of functional goals in a more natural environment (Ryalls et al., 2000)

Evidence to Support Key Concepts

- **Parent Involvement**
 - Strong evidence to support parent involvement across all age-groups
 - Parent coaching (Morgan et al., 2015; Novak et al., 2013);
 - Parent-infant interactions (Spittle et al., 2015);
 - Home programs (Novak et al., 2013)
 - Enriched home environments (Morgan et al., 2015)

How Can You Apply to Your Setting?



Plan, Plan, Plan! (But stay flexible)

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**We know a team of
professionals is
good for
intervention, but
what about having
a group of kids
together for
intervention?
Also good!**

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Set up the Environment

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Environment



Adapted for Cortical Visual Impairment



Alternative Positioning

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Environment: Motivating Activities

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Collaborating for Early Intervention

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Interdisciplinary Early Intervention Model

Key Elements:

- Parent coaching
- Activity-based intervention
- Routine-based practice
- Enriched environment
- Integrated OT, PT & Speech in one place
- Care coordination
- Parent coaching and parent support

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Evidence Supporting Collaborative Care in Early Intervention:

- Early developmental intervention programs have a positive influence on motor and cognitive outcomes of pre-term infants
 - Programs can include SLP, OT, PT, Educator, and others
 - Those programs focusing on parent-infant relationship and developmental outcomes have the greatest impact
 - Early developmental programs may help prevent motor and cognitive impairments (Spittle, 2015)

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According to Scherzer (2014), early intervention is a process with four key components:

1. Family education concerning the child's problem
2. Assistance in home management such as handling, positioning, and daily care (bathing, dressing, feeding), and the use of simple aids
3. Family support that can positively affect family relationships
4. Early motor treatment and exposure to cognitive tasks

An interdisciplinary team approach can support child development and empower parents as partners and key determinants of their child's development

Early Communication

Young children need a reliable form of communication as early as possible. Augmentative Communication is shown to support verbal skills and enhance lives of birth to three children and their families. (*Romski, et al., 2015*)

Meet Brendan

Medical Diagnosis:

premature birth-born at 25 weeks

right hemiparesis

Speech Diagnosis:

Motor speech disorder,
language impairment,
and dysphagia

Qualifies for OT, PT and
speech therapy.

Receives Birth to Three
services in the home
setting and additional
outpatient therapy in a
interdisciplinary group
setting.

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Brendan's page Sounding Board app (free) on a Proslate 10D



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Proslate 10D speech generating device by FRS, Inc.

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Video Demonstrations:

- El Come Here, Go Away
- El Stop and Go

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Parent Coaching in Early Intervention

Build parent competence
and confidence!



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Co-treating for oral motor feeding and swallowing treatment: SLP & OT

- Strategies for chewing, swallowing and utensil use
- Supportive positioning
- Parent coaching
- Referral for VSS or FEES
- Address oral aversions

Other collaborators: specialized feeding team, dietician, neonatologist, primary care physician, lactation consultants, ENT, other care providers

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Sensory Motor Activities

Sensory activities led by the OT or PT are wonderful opportunities for language stimulation!

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Early Literacy

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Video Demonstration:

- El Book Activity

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Collaborating for Early Childhood

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Interdisciplinary Early Childhood Programs

- Child-centered
- Curriculum based, thematic units
- Activity-based intervention
- Routine Based Assessments conducted by team
- Enriched environment
- Integrated OT, PT, SLP & Teacher
- Care coordination support from Social Work
- Parent to parent support
- Peer interactions

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Creating Experiences

Shared experiences allow for working on goals in a more realistic and natural environment!

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PT role in Early Childhood Programs and Motor Time

- Positioning for participation in group activities
- Leads a motor time during which SLP focuses on total communication, functional communication, early language routines

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OT Role in Early Childhood

- Adapting utensils and surface access
- Fine motor skills
- Sensory integration and regulation
- Positioning and access to all activities, including communication
- Help with self-management, behavioral supports, and activities of daily living

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Social Worker Role

- Provides care coordination for participants in the group
- Communication with families
- Arranges transportation to the group sessions
- Assists as school liaison
- Maintains the Schedules
- Addresses barriers to patient care

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SLP Role in Early Childhood

- Creating enriched language opportunities
- Oral motor and feeding
- Language stimulation
- Aided language stimulation
- Speech sound development
- Augmentative communication

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Video Demonstrations:

- Switch Bubbles
- Computer Activity
- Show Your Muscles
- Snack Table

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Collaborative Approach for AAC Evaluation and Treatment

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AAC: Knowledge and Skills for Service Delivery

SID 12, Augmentative and Alternative Communication

AAC is a multidisciplinary field that requires skills that transcend the typical discipline-specific training received by speech-language pathologists, physical therapists, occupational therapists, educators, and other professionals who may serve on an AAC team.

(Note: the term multidisciplinary is used throughout this document to denote involvement by two or more team members. These team members often collaborate in an interdisciplinary or transdisciplinary manner of service delivery.)

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- AAC services should be consumer driven; individuals who use AAC, and their families, should play key roles as members of a team. In most cases the service delivery model of choice is the transdisciplinary approach, encouraging extensive collaboration between team members, role release of skills to and from one another, and maximizing each team member's skills and contributions to the team.
- Proficiencies 8.1, 8.2, and 8.3 all relate to collaborative care for AAC

AAC Evaluations & Treatment Process

Inter-disciplinary AAC Evaluation Series

- Short burst of co-treat appointments with SLP and OT
- Evaluation by SLP, Evaluation by OT (and/or PT)
- Feature matching process, discrete trials on variety of SGDs to determine device and access method
- Collaboration with school team and outpatient treatment team
- Recommendation at end of series for strategies, continued trials or treatment, and/or purchase of SGD

SLP & OT/PT Collaboration for AAC

- OT's (and sometimes, PT's) are needed for their expertise with:
- Alternative Access methods for Communication
- Positioning for best access
- Mounting options



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Video Demonstrations:

- Early Switch Scanning
- Sharing News and Listening to Music
- Alternative Access for Communication - Eye Gaze

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Increasing Collaboration

Indirect:

- Questionnaires sent out ahead of time to school teams, outpatient therapists, etc.
- An email or phone call to the school team or outpatient therapists following the initial evaluation to discuss Plan of Care for AAC trials

Increasing Collaboration

Direct:

- Invite team members to attend the AAC sessions and participate (both evaluation and treatment/training)
- Interdisciplinary evaluations and treatment

Treatment Process: Device Training

- Treatment and training for AAC or a new SGD is important for successful use of the system/device in all environments
- Treatment can be done individually but could consider group therapy for generalization of skills
- The team may expand and include peers or the siblings of the AAC user!

Video Demonstrations:

- AAC Evaluation
- Family Training on SGD

AAC and Technology Groups

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Collaborating for Group Therapy

- Carry over in natural environment / peer group
- Weekly communication with parents
- Multiple disciplines working on all goals
- Ongoing communication with school teams
- Observations and consultations with other professionals

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Enhancing Patient Outcomes

- Social interaction
- Increased expressive communication skills
- Increased written communication
- Increased literacy skills
- Focus on computer access
- Have a huge amount of FUN!

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Video Demonstration:

- AAC Word Find

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Ideas and Themes to Promote Communication in Interdisciplinary Care Environments

- Mad Science
- Battle of the Bands
- Opinions
- The Best/Worst of the Year
- MadLibs
- Would You Rather?
- Graphic organizers for email, texting, & other writing
- Mystery Box (Hidden objects)
- Wheel of Fortune
- Special Visitors/Interviews
- Blogs, online writing forums
- In the Community

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Battle of the Bands

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Out in the Community

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Out in the Community

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Mad Science

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Music and Technology

Music and
singing

Christmas
Caroling

You Tube Sing-
Along

Adapted Wii

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Special Visitors

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Create a Weekly Newsletter

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Thank you!
 Questions? Contact:
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December Tip: Games for Language, Speech and Cognition

As the holidays are approaching, many of our family members have asked us for recommendations for gifts, holiday gatherings or school vacations. We created a handbook of toys and games that are well suited for early school vacations. These are great for expanding a child's language, speech and cognitive skills while having fun. They may be used in therapy or recommended for a home program. Enjoy!

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