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I Tossed the Workbooks, Now What? How to meet functional cognitive goals using evidence-based frameworks in neurogenic disorders

Sarah Baar, MA, CCC-SLP

Moderated by:
Amy Natho, MS, CCC-SLP, CEU Administrator, SpeechPathology.com

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I Tossed The Workbooks, Now What?

How to meet functional cognitive goals using evidence-based frameworks in neurogenic disorders.

Sarah Baar, MA, CCC-SLP
Honeycomb Speech Therapy

6

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Disclosures

- Owner of Honeycomb Speech Therapy LLC, selling person-centered therapy materials for profit at www.honeycombspeechtherapy.com
- Owner of for-profit private practice, Bright Life Therapies
- Receiving honorarium for speaking today

7

CONTINUED

Learning Outcomes

After this course, participants will be able to:

- List 3 components to include in assessment and goal-setting to contribute to a functional approach for the ABI population.
- Describe 4 categories to use as a launchpad for discovering functional needs for a patient.
- List 4 evidence-based cognitive interventions that can be integrated with personally relevant stimuli for the ABI population.
- Explain how a personally-relevant home program may be the most efficient option for meeting functional goals.

8

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The Basics

9

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Person-Centered Care

*Values & Preferences

*Guide Treatment Plan / Decision-Making

*Equal Partner on Care Team

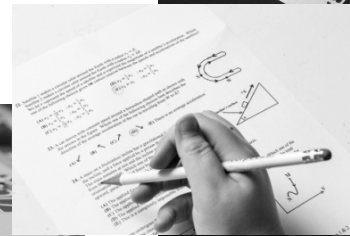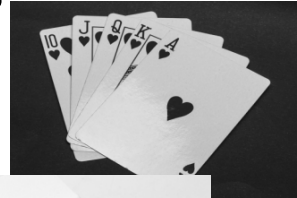*Determine what Progress or Success looks like

10

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Typical Therapy Tasks

"Non-Compliant"

"Refuse"

11

Treatment Guidelines for Cognition

ASHA Practice Portal for TBI: "Focusing on **functional and meaningful outcomes** while including the individual with TBI in **collaborative decision** making about self-determined and self-paced intervention activities, as appropriate."

12

Memory Treatment

Best Practice	Readily Available
INCOG Guidelines (Ponsford et al., 2016)	-Recall 5/5 unrelated words
Goals should be **meaningful to the patient.**	-Picture recall
	-Drill orientation

13

Attention Treatment

Best Practice	Readily Available
INCOG Guidelines (Ponsford et al., 2016)	-Card games
	-Worksheets
Strategy training focused on **functional everyday activities**, especially with mild to moderate attention deficits. Attention improves with tasks similar to those being trained.	-Listening for letters, numbers

14

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Executive Function Treatment

Best Practice	Readily Available
INCOG Guidelines (Ponsford et al., 2016) Problem Solving, Planning, Organization skills: Metacognitive strategy training during **everyday activities**, so individuals understand need for strategy and context it should be used	-Board Games -Non-functional Apps -Worksheets -Non-functional scenarios

15

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Reframing the Profession

"{SLP'S} should provide value… by delivering services that improve functional outcomes that matter to clients' everyday lives." (ASHA, 2013, Reframing the Profession Report).

16

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Assessment Process

17

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A Tale of Two People

Kyle

Neuropsychological Testing: Severe executive function and reasoning challenges 5 years after TBI. Not recommended to drive or work. Can not complete Garden Plot task accurately
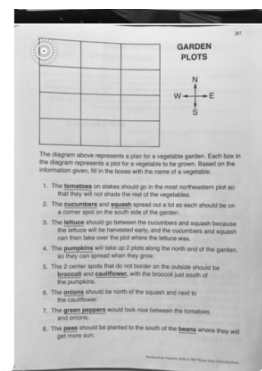
Sarah

Has never had a neurological event. Can complete the Garden Plots organizational task with 100% acc in less than 2 minutes.

WHAT DOES THIS SAY ABOUT REAL-LIFE GARDENING SKILLS FOR EACH PERSON?

18

CONTINUED

Whose is Whose?

Level of **impairment** does NOT correlate with **activity** or **participation.**

Whyte, J, & Barrett, A.M. (2013). Advancing the evidence base of rehabilitation treatments: A developmental approach, *Physical Medicine & Rehabilitation, 93* (80).

continueD

Non-Standardized Assessment

*Needs-Based Assessment

*Understanding and simulating context and environment

*Person-Centered Outcomes (PCO's) or Patient-Reported Outcomes (PRO's)

21

continueD

Non-Standardized Assessment

-Vital for understanding **activity / participation** needs

-Recommended as a **best practice** in Practice Portal for TBI and Aphasia

-Helpful for evaluating domains which can't be assessed with standardized testing

-Involves **communication partner** input

-Describes / simulates activities within **functional contexts**

-Starts measuring **person-centered outcomes** (PCOs) which can be used to show gains made with intervention

(Coelho, Ylvisaker, & Turkstra, 2005)

22

continueD

Needs-Based Assessment

Motivational Interviewing

*What's been going well since you've been home?

*Is there anything you haven't done yet that you would like to do?

*How are you spending your days? Is that different from before?

*What have people said about your speech? Do you agree?

	PART OF MY JOB TASKS:	NOTES ABOUT WHAT I NEED TO BE ABLE TO DO:
INTERVIEWS		
MEETINGS		
EMAILS		
REPORTS OR POLICIES		
ENTERING DATA		
PRIORITIZING OR SCHEDULE MANAGEMENT		
CUSTOMER SERVICE		
TRAINING OR TEACHING		
PERSUASION		
MANAGING INVENTORY		

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5

23

PCO's for ABI

Rating Scale:	Authors / Reference:
ASHA Functional Assessment of Communication Skills for Adults	Frattali, Thompson, Holland, Wohl, & Ferketic, 1995
Behavior Rating Inventory of Executive Function	Gioia, Isquith, Guy, & Kenworthy, 2000
College Survey for Students with Brain Injury	Kennedy & Krause, 2009
Community Integration Questionnaire	Willer, Linn, & Allen, 1993
Mayo Portland Adaptability Inventory	Malec & Lezak, 2005
Patient Competency Rating Scale	Prigatano, Borgaro, Baker, & Wethe, 2005
Self-Regulation Skills Interview	Ownsworth, McFarland, & Young, 2000

24

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Patient Competency Rating Form

-Patient Form

-Relative Form

-Clinician Form

-Meals

-Dressing

-Dishes

-Laundry

-Finances

-Appointments

-Conversation

25

CONTINUED

Understanding / Simulating Environment and Context

*Strategies

*Background noises

*Environment / Positioning

*Peer support

26

CONTINUED

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"My goal is to support clients in managing their own daily lives."

(Sohlberg & Turkstra, 2011).

27

CONTINUED

Check Your Practices!

*Do I understand how I am addressing a real-life need?

*Am I choosing the most efficient route to get there?

28

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Goal Setting

29

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"Speech therapy is an automatic output of the goals" (Hinckley, 2014).

30

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Functional Goal Setting

Evidence-Based Frameworks:

-Goal Mapping (Turkstra, 2013)

-Self-Anchored Rating Scales (Fox, Andrews, & Andrews, 2012)

-Goal Attainment Scaling (O'Brien, K., Schellinger, S., & Kennedy, M. (2013)

-Broaden What You Measure (Holland, A. (2013). Forward. In Simmons-Mackie, N., King, J., & Beukelman, D. (Eds.)

31

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Goal Mapping

The Goal

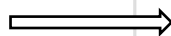Do social outings with my friends again.

Text friends to plan an outing.

Send 2-3 words by text for social reasons.

What We Are Doing in Therapy Today

Create "Scripts" that can be copied for text practice.

honeycombspeechtherapy.com

32

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Acute Care

Medical Model Goal

-The patient will increase verbal fluency to 13 animals/minute

Person-Centered Goal

-The patient will use complete sentences to correctly explain help needed for a transfer or bed positioning

33

Inpatient Rehab

Medical Model Goal

-The patient will complete Rush Hour beginner level with 2 cues or less

Person-Centered Goal

-The patient will independently use a simple sentence to repeat an advocacy script, such as "Can you repeat that?" to medical staff

34

SAR / LTC

Memory: The patient will arrive at designated therapy location within 5 min of appointment, with phone alarm set-up with therapist assistance

Verbal Expression: Request jigsaw puzzles and other leisure activities in 80% of opportunities

Send and track 1 text message/email per week to improve family contact, using written cheat sheet

35

Home Setting

Complete 3 phone calls to manage appointments or health info using note-taking strategies, with reported success on 100% of attempts

Use external strategies independently to recall the steps and timing for checking blood sugar

36

Outpatient Therapy

-Problem-Solving: The patient will teach himself to sort and sum information in Excel

-Attention: The patient will load 20 pictures to Picasa photo project

-Executive Function: Complete car maintenance checklist and any follow-up steps needed, over 1 week

37

Interventions

38

CONTINUED

Functional Needs Launchpad

Item Management:

Social Function:

ADLs:

Time Management:

Safety:

Work:

39

CONTINUED

Sarah's Functional Needs

Item Management: Planner, diaper bag, water bottles

Social Function: Mommy playdates, coffee, new restaurants, breweries, Sunday school

ADLs: Dressing and food prep for toddlers, cooking meals, laundry

Time Management: Tasks for private practice, scheduling patients, managing kid appts

Work: Professional speaking, writing blog posts, speech therapy, driving

40

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Evidence-Based Cognitive Interventions

Cognitive Intervention	Reference
Practice within Real-Life Context	Ponsford et al. (2014); Bonelli, Ritter, & Kinsler, 2007
Spaced Retrieval	Camp & Stevens, 1990
Errorless Learning	Clare & Jones, 2008
Goal-Plan-Do-Review	Kennedy, M. R., & Coelho, C. (2005)
Multi-Step Routine Training	Garrett, K. & Beukelman, D., (2002).
PQRST	Bussman et al. 2000
External Cognitive Aids	Sohlberg et al., 2007
Environmental Modification	Shum, Fleming, Gill, Gullo, & Strong, 2011
Compensatory Strategy Training	Sohlberg et al., 2007.

41

Practice Within Real Life Context

42

Spaced Retrieval

Item Management: Putting keys / phone / wallet / glasses in a certain location

Social Function: Using a key sentence or strategy to improve communication. "I've had a brain injury and I need you to talk slow."

ADLs: Referring to a checklist for morning ADLs

Time Management: Setting an alarm before going to bed

Safety: Checking that the oven is off

Work: Logging off computer when leaving workspace

43

Goal-Plan-Do-Review

*Systematically identify a goal

*Promote self-awareness

*Promote organization and planning

*Encourages flexibility and strategy use

*Effective with self-monitoring

44

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Goal-Plan-Do-Review

Item Management: Completing a work report

Social Function: Taking a phone message

ADLs: Making a grocery list

Time Management: Managing homework for multiple college classes

Safety: Transfers

Work: Completing a work report

45

continuED

Multi-Step Routine Training

Item Management: Using coffee maker
Social Function: Voice activation for cell phone
ADLs: Morning grooming
Time Management: Adding an appointment on iPhone
Safety: Locking the door when leaving the house
Work: Steps for billing procedures at end of month

46

continuED

Multi-Step Routine Training

Step 1: Gather K-cup, mug, and creamer. *Gather.*

Step 2: Fill water using mug. *Fill water.*

Step 3: Place K-cup and mug. *Place.*

Step 4: Press Blue Button. *Blue button.*

Step 5: When finished, throw empty K-cup. *Throw away.*

47

External Cognitive Supports

Low-tech (Checklist)

High tech (SmartPen)

Task-specific (alarm clock)

Multi-function (cell phone)

48

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External Cognitive Supports

Item Management: Labels

Social Function: Pragmatic conversation cue card

ADLs: Picture Schedules, Task cross-off
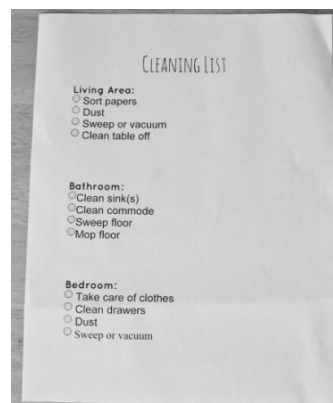
Time Management: Alarm with text reminder

Safety: Oven on/ off visual

49

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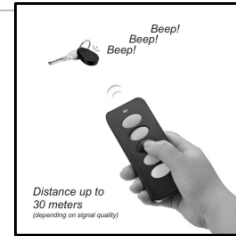# External Cognitive Supports

50

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Environmental Modification

Item Management: Object Locator

Social Function: Lighting, Background Noise
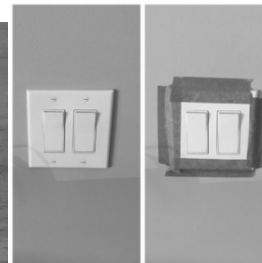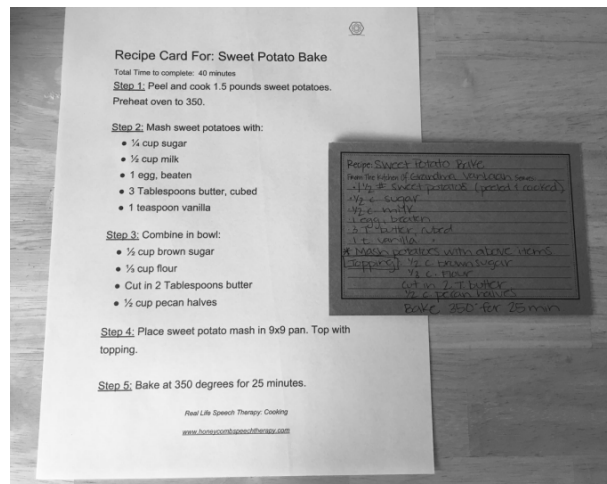
ADLs: Picture Schedules, Task cross-off

Time Management: Large Calendar / Clock

Safety: Pill Organizer

51

52

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CONTINUED

Space Organization

-Pantry
-Woodshop
-Tools
-Laundry supplies
-Kitchen Table
-Mail System
-Bills System

53

CONTINUED

Sarah's Formula:
Putting It All Together

Patient Complaint + Environment / Context

Cognitive-Communication Modality

Evidence-Based Treatment

54

CONTINUED

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Patient Need: "I keep leaving things behind wherever I go."

Personally Relevant Context or Environment: Forgets purse when leaving house, leaves cane and cup in community spots.

Evidence-Based Treatment: Environmental modification, External cognitive aids, Spaced Retrieval

What you do in therapy: Organize "stuff" to simplify, create reminder note, use Spaced Retrieval for gathering items upon standing.

Measure: Success with environmental modifications, response to Spaced Retrieval, improved # Patient Competency Rating Form

55

continu**eD**

Patient Need: "She gets confused about what to do when checking her blood sugar."

Personally Relevant Context or Stimuli: Patient needs to check blood sugar and record 2x/day, but has trouble completing all steps once started.

Evidence-Based Treatment:

What you do in therapy:

Measure:

56

continu**eD**

Personally-Relevant Home Programs

57

Practice what you want to improve!

-Skill

-Strategy

-Efficiency

-Environmental Modifications

-Family Support

58

Text Message Log

Date:	Texts:	Headache Rating	Notes:
7/8	111	5/10	
7/9	11	6/10 all day	
7/11	LHT	2/10	
7/12	LHT	2/10	Less mistake
7/13	LHT 1	2/10	

Key Strategies:
1. Pace Yourself: 1 message at a time
2. Read Aloud before sending
3. Press "Home " button to re-set if you get in the w

Nick's Idea List for things to do at home

-Read newspaper/magazine

-Empty the dishwasher or wash dishes

-Fold the laundry

-Make an easy meal (sandwich or a bowl
your attention

-Take care of animals (feed, play ball, clea

-Play games (chess, cards, board games)

-Discuss current events/news for memory

-Plan a grocery list

-Speech therapy homework, memory journ

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Barriers + Solutions

61

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Insurance Coverage

"CMS is at the forefront of the nationwide effort to transform health care delivery to meet the person-centered goals of each individual in creating a health care system that fully engages persons and families in the design, delivery and evaluation of care."
-CMS Strategic Plan Summary 2016

62

CONTINUED

CONTINUᴇD

Productivity

*Documentation

*Props / Materials

*Setting doesn't prioritize

63

CONTINUᴇD

No Goals By Patient

*Motivational Interviewing

*Counseling in Communication Disorders: A Wellness Perspective by Dr. Audrey Holland

*Optimizing Cognitive Rehab by Sohlberg & Turkstra

*Family input / rating scales

64

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8/6/2018

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Questions? Comments?

Let's get REAL! Toss the workbooks and join the person-centered care movement today!

Sarah@honeycombspeechtherapy.com

65

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References

American Speech-Language-Hearing Association. (2013). *Reframing the professions of speech-language pathology and audiology.* Swigert et al.

Bonelli, P., Ritter, P., & Kinsler, E. (2007, November). *The speech-language pathologist's role in vocational outcomes.* Poster session presented at the annual convention of the American Speech-Language-Hearing Association, Boston, MA.

Brummel-Smith, et al. (2016). Person-centered care: A definition and essential elements. *Journal of American Geriatrics Society, 64 (1)*, 15-8.

Bussman et al, 2000. Treatment of verbal memory disorders: A comparison of several methods. *Neurologie und Rehabilitation, 4,* 195-204.

Dilollo, A., & Favreau, C. (2010). Person-centered care in speech and language therapy. *Seminars in Speech and Language, 31*(2), 90-97.

Fox, Lynn, Andrews, M., and Andrews, J. (2012). Self-anchored rating scales: creating partnerships for post-aphasia change. *Perspectives in Neurophysiology and Neurogenic Speech and Language Disorders, 22,* 18-27.

McKelvey, M., Hux, K., Dietz, A., & Beukelman, D. (2010). Impact of personal relevance and contextualization on word-picture matching by people with aphasia. *American Journal of Speech Language Pathology,* 19(*1*), 22-33.

O'Brien, K., Schellinger, S., & Kennedy, M. (2013). Tracking Self-Regulation Goals Using Goal-Attainment Scaling for Individuals With Traumatic Brain Injuries [PowerPoint slides]. Retrieved from http://www.asha.org/events/convention/handouts/2013/5080-obrien/ .

66

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References

Ponsford, J., Bayley, M., Wiseman-Hakes, C., Togher, L., Velikonja, D., McIntyre, A., …Tate, R. (2014). INCOG recommendations for management of cognition following traumatic brain injury.. *Journal of Head Trauma Rehabilitation, Volume 29* (Issue 4), 321-386.

Sohlberg, M., & Turkstra, L. (2011). *Optimizing Cognitive Rehabilitation*. New York, NY: Guilford Press.

Sohlberg, M. M., Kennedy, M. R. T., Avery, J., Coelho, C., Turkstra, L., Ylvisaker, M., & Yorkston, K. (2007). Evidence based practice for the use of external aids as a memory rehabilitation technique. *Journal of Medical Speech Pathology*, *15*(1), xv-li.

Tippett, Donna C. (2012). Current concepts in treatment planning: Patient centered and evidence-based practice in speech-language pathology. *SIG 15 Perspectives on Gerontology*, *Vol. 17*, 27-33.

Turkstra, Lyn. (2013). Inpatient cognitive rehab: Is it time for a change? *Journal of Head Trauma Rehabilitation.* Lippincott Williams & Wilkins.

Whyte. J. & Barrett. A.M. (2013). Advancing the evidence base of rehabilitation treatments: A developmental approach, *Physical Medicine & Rehabilitation*, *93* (80).

Womack, Jennifer (2012). The relationship between client-centered goal-setting and treatment outcomes. *SIG 2 Perspectives on Neurophysiology and Neurogenic Speech and Language Disorders, Vol. 22,* 28-35.

67

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