

# Here's How to Do Therapy

## Hands-On Core Skills in Speech-Language Pathology

*Second Edition*

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# Preface

It's difficult to measure the depth and breadth of rewards experienced by Speech-Language Pathologists (SLPs) in the daily tasks of providing therapy to clients of all ages. Sometimes rewards are in the form of inherent satisfaction in helping a young child more clearly/accurately pronounce a once troublesome phoneme; at other times, rewards rest in the knowledge that a family is calmed by the skills brought by the SLP to a difficult communication situation following accident or injury to a loved one. Regardless of the client's communication need, the SLP's satisfaction as a habilitative or rehabilitative service provider is founded in the fact that skills needed for the job are at fingertip, thanks to various cumulative aspects of education, training, and experience. It is hoped that the information contained within this text serves as a part of the education and training that feeds into knowledgeable and prepared SLP professionals.

The first edition of *Here's How to Do Therapy: Hands-On Core Skills in Speech-Language Pathology* grew from an 11-year history of a clinical management course in which specific therapeutic skills were taught to both undergraduate and graduate students who needed to quickly and effectively learn to do therapy in preparation for initial certification in the profession. It was imperative, at that time, to identify the basic skills needed for successful intervention across broad areas of the profession including language, articulation/phonology, voice, fluency, and resonance. The development and production of the first edition of *Here's How to Do Therapy: Hands-On Core Skills in Speech-Language Pathology* was a very satisfying creative and academic endeavor. Although maintaining the original aspects of the first edition of the text remains important, there is now an increased desire to expand the clinical application and teaching aspects of the second edition to increase and enhance user outcomes. From the beginning, readers and users of the first edition of the text reported interest, delight, and benefit from the contents of *Here's How to Do Therapy: Hands-On Core Skills in Speech-Language Pathology* for both individual and small group learning settings. Keeping in mind the positive reception of the first edition of the text, the intent of this second edition is to expand user benefits for both students and clinical supervisors by making it easier to learn/teach basic therapeutic skills based on both the content of the text and the demonstrations offered in the DVD. To this end, this second edition of *Here's How to Do Therapy: Hands-On Core Skills in Speech-Language Pathology* is designed to accomplish the following objectives for both students and clinical supervisors: (a) increase the opportunities for learning through the expansion of DVD examples and scenarios, and (b) enhance the training value of the text through the inclusion of graphic "learning points" to help promote proficiency in students' skills through systematic guides

and reminders for specific skill sets. In these two ways, this second edition of *Here's How to Do Therapy: Hands-On Core Skills in Speech-Language Pathology* is seen as an endeavor borne of decades of commitment to improving skills of young professionals across broad areas of the profession in the basics of therapeutic intervention. It is hoped that readers and users agree that this second edition of the text both maintains the creative and academic aspects of the original work while also enhancing and expanding the value of the text within the clinical training arena of our profession.

## Format

This text is designed to serve as a sourcebook, an easy-to read, easy-to-follow guide to enhancing foundational concepts for providing speech-language therapy services to clients of all ages, with all levels and types of speech-language disorders. This sourcebook is designed for speech-language pathology (SLP) students and professionals as a ready guide for basic, functional, practical applications of 28 underlying skills for speech-language therapy. Skills addressed in this book are cross-disciplinary in that they serve as basic skills that are fundamental for therapy across a wide spectrum of communication disorders, whether simple articulation or difficult-to-manage low incidence disorders.

Part I of the book presents definitions, relevant concepts, and information related to the basic speech-language therapy session. When possible, figures, textboxes, or exercises are provided to emphasize the concepts being taught. Additionally, 28 specific skills associated with speech-language therapy are highlighted and discussed in Chapter 6. Readers are guided through a process of learning and demonstrating each of the 28 specific skills through use of three tools that accompany the text.

1. *Therapeutic-Specific Workshop Forms (TSW Forms)*. TSW forms are written in six sections to help guide learning for the skills presented, with each form designed to accompany one or more of the 28 different skills discussed in Chapter 6. Although 28 different therapeutic-specific skills are presented in Chapter 6, only 14 TSW Forms are needed to address these 28 skills because of groupings for the skills. For example, although several TSW Forms address only one therapeutic-specific skill, often two, three, and even four therapeutic-specific skills are grouped together on one TSW Form due to the nature of the skills or simply for ease in learning the skills.
2. *DVD Vignettes*. Visual demonstrations of 21 of the 28 skills presented in Chapter 6 and addressed on the TSW Forms are highlighted on DVD. For example, TSW Forms numbers 2 to 11 have DVD vignette accompaniments that address a total of 21 therapeutic-specific skills visually on DVD.
3. *Two mini-therapy sessions*. Traditional articulation and language therapy and language-based therapy are demonstrated in 20 and 11-minute DVD segments, respectively, for use in learning skills presented in both Part I and Part II of the text.

Readers are encouraged to work through the TSW Forms, and when applicable, the DVD vignette demonstrations of specific skills presented in Chapter 6 and are encouraged to view the mini-therapy sessions, all as if preparing for a theatrical production (*read, learn, practice*); after all, speech-language therapy is often a matter of “performance on demand,” but often with an “impromptu script.” Viewers may replay individual segments of the DVD and work through specific segments of the TSW Forms as necessary for practice and comfort in acquiring the 28 therapeutic-specific skills presented in Chapter 6 of this text. The skills acquired in Chapter 6 will be applied in the therapy progression presented in Chapter 7.

Part II of the text presents selected concepts and scripted examples of therapy sessions for five areas of the profession (language, articulation, voice, resonance, and fluency). The scripted chapters are designed to give the SLP examples of (1) how therapy proceeds from beginning to end across the three major parts of a therapy session as described in Chapter 7 of the text, and (2) what the SLP might actually say to the client to effect the kinds of responses and results desired of the client in different types of therapy. As mentioned earlier, two mini-therapy sessions on DVD add to the viewer’s understanding of information presented in Part II of the text as well. As a function of learning to work, first from a given script (before eventually providing impromptu clinician-led therapeutic interactions), students and professionals learn the fundamentals of providing appropriate intervention progressions for speech-language therapy. By learning the concepts in this book in a guided, directed pattern of speech-language therapy for different disorders, students and professionals develop a better understanding of therapeutic interactions and progressions and quickly develop their own individualized intervention styles. Students and professionals typically *do not remain true to the scripts* as skills and techniques are learned and perfected, but most retain the concepts learned through guided work in providing speech-language therapy as presented in Part II of this text.

Thank you for your continued support of the objectives of this text.

—Debra M. Dwight

# Peripheral Speech-Language Therapy Management Issues

## Introduction

Often, the beginning speech-language pathology professional is overwhelmed with the daily management requirements of the profession: clients must be assessed; treatment decisions must be made; therapy must be scheduled; paperwork must be completed; materials must be selected, cleaned, and stored; and phone calls must be made—and all of this is often required *before* the clinician begins seeing the client for therapy. The SLP is often supported by administrative, clerical, or other professional personnel in the management of many peripheral tasks that must be accomplished for therapy to be successful. However, occasionally, the SLP him- or herself must manage these responsibilities without benefit of others. This chapter provides suggestions and strategies for managing the tasks that are not in and of themselves therapy, but are tasks that, without proper management, make therapy significantly less effective.

## Transition from Diagnostic Assessment into Therapy

Clients may receive diagnosis of their speech-language disorder from a number of sources, including SLPs from private agencies, hospitals, or schools not affiliated with the SLP designated as the service provider for therapy. In these cases, the SLP responsible for

therapy should accomplish several tasks before beginning therapy with the new client. Following is a list of rudimentary steps that should be accomplished for client management prior to therapy. (*Note:* Numerous other steps may also be necessary, depending on office procedures and support staff.)

1. Obtain written permission from the client, a guardian, or a caretaker to secure the files on the client per the ***Health Insurance Portability and Accountability Act of 1996 (HIPAA)***, national standards designed to protect individuals' medical records and other personal health information and to give patients more control over their health information.
2. Forward the appropriate written permission(s) to the prior service provider(s) along with a request for copies of the files on the client. Be prepared to pay for photocopying associated with obtaining those files.
3. Establish a current file for the client that is maintained in a secured location, with access to the files stipulated according to HIPAA laws.
4. Once prior files are received, log in the date the files were received and review them for pertinent information related to the following:
  - date of diagnostic assessment
  - findings of the assessment
  - recommendations
  - personnel completing the assessment
5. Determine whether the information received is sufficient for planning an adequate intervention program or whether additional diagnostic information is required.
6. Schedule and conduct any additional diagnostic measures necessary to obtain information needed for adequately preparing an intervention plan.

In cases in which the client is one that the SLP service provider was also the diagnostician for the client's speech-language diagnostic assessment, the SLP will have complied with all HIPAA requirements during initial assessment, leaving the SLP now able to proceed with decisions regarding the nature of therapy for the client.

## Treatment Plans, Schedules, Progress Notes, and Dismissals

The SLP providing therapy, acting alone, often determines the goals and objectives of therapy for the client. However, occasionally, the SLP is part of a team that determines the goals and objectives for the client. In either case, the SLP should be prepared to serve as the expert in communication disorders so that as others suggest or question suggestions, the SLP will be able to provide the perspectives of the communication disorders profession on the client's behalf.

## Treatment Plans

*Goals and objectives* are written in a number of formats and styles. Each employer typically has an established prototype for the way treatment plans are to be written to satisfy the requirements of third-party payers (insurance companies and governmental programs such as Medicaid and Medicare). School-based SLPs will find that SLP services are provided under the auspices of an Individualized Educational Plan (IEP). Each school system also has an established format for the way goals and objectives must be written to comply with requirements of the school system's interpretation and implementation of the laws affecting services to children under the system's IEP. SLPs are encouraged to inquire about the prototypes for established treatment plans per employment setting; writing the plans inappropriately may result in poorly communicated professional directions for the client and nonpayments for services.

## Schedules

Schedules for speech-language therapy are determined based on the client's needs for intervention as discussed in Chapter 7 (*Time Frames for Therapy*) for frequency and duration of services. However, for ease in management, most therapy sessions are prescribed from a choice of time blocks, including 30-minute, 45-minute, and 60-minute sessions. Variability on those time blocks is possible, of course, as clients' needs dictate. Additionally, the SLP must determine the frequency of therapy for each client, whether once, twice, or three or more times weekly. The severity of the client's disorder, often classified as either mild, moderate, severe, or profound, is a primary determinant of the frequency of therapy for individual clients.

## Progress Notes

Similarly, *progress notes* are written in a number of formats and styles. Each employer, whether private practice, hospitals, clinics, or public schools, typically has an established prototype for the way progress notes must be written to satisfy the requirements of federal laws and for acceptance by third-party payers. SLPs are encouraged to inquire about those prototypes for established progress notes per employment setting to avoid poorly communicated client progress and current status information.

## Dismissals

*Dismissal criteria*, the standard used to determine if a client should be dismissed from therapy, varies from client to client and is dependent on several parameters:

1. the client's success in accomplishing all established goals on the treatment plan, including maintenance of the goals and objectives outside of therapy for a specified period of time

2. the client's plateau in progress at a place professionally judged to be the point of "maximal progress" at the time for the client
3. the client's or caregiver's expressed desire to discontinue therapy at the time
4. any other circumstance that precludes the client from continued benefit from speech-language services, for example, medical or related difficulties.

## Start-Ups

SLPs rarely find themselves in a position of having to "start up," or establish from the beginning, a therapy program. Most often, the program and its caseload are inherited from a prior professional, and the SLP simply begins services as pre-established, making necessary changes as needed over time. In those instances when the SLP must start up a program, several considerations impact the decisions that must be made. Some of the considerations for the start-up of a program follow:

1. Compliance with applicable federal, state, and local laws and regulations
2. Fiscal responsibilities for personnel, physical plant, operations, and maintenance costs
3. Health and safety concerns for employees, clients, and visitors to the site
4. Employee relations and employee qualifications
5. Internal management systems for daily operations
6. Advertisement and public relations needs

In less requiring situations, for example, if devising a new speech-language program within an existing administrative order within a school, the SLP may only be responsible for ordering materials, assessing, placing, serving, and maintaining the caseload of clients. However, the American Speech-Language-Hearing Association (ASHA) developed a number of publications devoted to helping the SLP with establishing and maintaining successful speech-language programs. Professionals responsible for start-ups that are more requiring are encouraged to refer to these sources (ASHA, 2003; Golper & Brown, 2004).

## Health and Safety Issues

The issues of infection control and practices in the speech-language pathology profession are not new. Flowers and Sooy (1987) were among the first to express concern with disease transmission by SLPs and introduced the profession to information regarding AIDS and the role of SLPs and audiologists in evaluating and treating patients with AIDS. McMillan and Willette (1988) further addressed infectious disease for SLPs and developed guidelines for avoiding such diseases. Additionally, initiatives by ASHA's Committee on Quality Assurance (1989, 1990, 1991) addressed the issues of infection control procedures

for SLPs in accordance with the Centers for Disease Control (CDC) procedures (Smith, Brandell, Poynor, & Tatchell, 1993). Grube and Nunley (1995) noted that ASHA's guidelines included the following:

- (a) during diagnostic procedures, hands should be washed before and after glove use;
- (b) glove use is recommended for any examination involving intraoral contact, using new gloves for each person;
- (c) glove use during treatment is not recommended unless intraoral contact is anticipated;
- (d) hand washing before and after each treatment session is recommended;
- (e) care should be taken to prevent the contamination by saliva of records and other items that do not lend themselves to disinfections; and
- (f) all surfaces and items, including equipment, toys, and materials, should be cleaned or disinfected following each evaluation or treatment session. (p. 15)

Grube and Nunley (1995) noted that no professional mandate or requirement for infection control for SLPs exists and that ASHA's Committee on Quality Assurance recommendations represented a "good faith" effort on the part of the profession "to do no harm" (p. 20). However, Smith, Brandell, Poynor, and Tatchell (1993) reported inconsistent compliance with ASHA recommendations on infection control. Surprisingly, however, 87% of SLPs trained on the job in infection control, and 62% of those not trained, took infectious control precautions in the evaluation and treatment of clients with communicable diseases (Grube & Nunley, 1995). Even though SLPs cite time constraints as a major issue in adhering to recommendations regarding infection control, Logan (2008) offered another incentive for SLPs to take precautions to avoid infectious diseases. Logan found that "adults die 300 times more often than children from diseases that are vaccine preventable" (p. 318). SLPs are urged to adhere to ASHA's Committee on Quality Assurance and work toward controlling infectious diseases in all aspects of professional practice.

## Creating the Therapeutic Environment

**Therapeutic environment** is defined as the physical and psychological climate designed for the client's maximal involvement in the intervention process. This environment includes arranging the *physical setting* so that the client's best performances are promoted. Features of the therapeutic setting integral to the physical and psychological support of the client are:

- seating arrangements (addressed in Chapter 6)
- room size
- size and shape of furniture in the room
- colors of walls
- types and amounts of materials displayed on walls or otherwise visible in the therapy setting
- temperature of the room
- appropriate ventilation