Master Clinician Workshop Series

Sarah Cathcart, MS CCC-SLP
Marshall Fenig, MA CCC-SLP
Tonya Sevilla, MA CCC-SLP
Janice Woolsey, MS CCC-SLP
The purpose of the master clinician workshop series is to provide speech-language pathology students with a practical guide to therapeutic methodologies.

- The information contained in the workshops is based on existing knowledge about communication disorders and evidence-based practice as well as the combined clinical experiences of your clinical supervisors.

- The therapeutic approaches presented throughout the workshop series are meant to serve as illustrations of intervention practice, and only as starting points in the therapeutic process.

- The workshops will highlight a holistic approach for conducting dynamic therapeutic assessment and intervention.
Workshop Snapshot

- What is our scope of practice and settings
- The tree of SLP life (Foundational Skills)
- Create the BIG picture of your client – chart review
- New forms, assignments, and templates
- Preparing for your first session
- Lesson Plans and SOAP notes
- Data Tracking and Recording
- Baselines and Follow-up Measures
- Goal and objective writing
- Looking Ahead
- Q&A
Learner Outcomes

By the end of this workshop, the learner will be able to:

- Complete a chart review with identification of remarkable etiology and history. Identify treatment methodologies and progression of treatment. Determine discrepancies and need for further information.
- Incorporate multiple sources of information for dynamic assessment and treatment planning.
- Demonstrate accurate and thorough completion of all documentation associated with treatment.
- Implement appropriate environmental set-up and client management.
HIPAA Review
SLP JOB
OVERVIEW
Supervision and Continuing Education are integral parts of your professional life as an Speech-Language Pathologist.
Clinical skills go beyond stringing a series of therapeutic based activities together.
There needs to be a cohesive, holistic approach, based on a set of foundational skills, that precede therapeutic intervention.
These foundational skills form the bedrock of what we do, regardless of the clients medical or treatment diagnosis.
Foundational Skills

- Autism
- Stroke
- TBI
- Parkinsons
- Hospital
- School
- Private
- AAC
- Articulation
- Fluency
- Pragmatics
- Hanen
- Social Stories
- PECS

Foundational Skills
- Initiative
- Integration
- Transition
- Modification
- Adaptation
- Assessment
- Diagnosis
- Implementation
- Self reflection
- Ethics
Break out
Guggenheim Icebreaker
Overview of the Therapeutic Process

Beginning:
- Chart review and gather information from multiple sources
- Identify assessments and probes; pre-treatment baselines
- Preparing for first session; set-up, materials

Middle:
- Client management: modification; reinforcement; feedback
- Collaboration with client, client’s family, providers
- Modification of treatment within the session
- Flexibility
- Selection and use of materials
- Analysis of session performance for modification

End:
- Analysis of progress
- Report of progress
- Identification of appropriate recommendations
- Summary of progress conference
Overview of the Semester

Week 1
- Orientation to clinic and meet your clinic.
- Assigned clients
- Start to investigate your clients
  - Case History
  - Problem List

Week 2
- Turn in Case History for each client
- Turn in Problem List for each client
- Discuss clients with supervisors and clinic
- Create Lesson Plan for the first session
Plan of Care
- Case History
- Problem List
- Treatment Plan

Weekly Documentation
- Lesson Plans
- SOAP Notes
- Data Tracking

Summary of Progress Report
- Analysis of Treatment Methodology
- Case History
- Treatment Plan
- Data Tracking
- SOAP notes

Northridge Evaluation Scale (NES)

Evaluation of Clinical Skills
Overview of the Semester

**Weekly**
- Lesson Plans
- SOAP notes
- Data Tracking

<table>
<thead>
<tr>
<th>Week 4</th>
<th>Mid-semester</th>
<th>End of Semester</th>
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<tbody>
<tr>
<td>Plan of Care</td>
<td>Analysis of Treatment Methodology</td>
<td>Summary of Progress Report(s)</td>
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<td></td>
<td>Northridge Evaluation Scale (NES)</td>
<td>Northridge Evaluation Scale (NES)</td>
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Guidelines for Data Collection

- Data recording is greatly facilitated by behavioral objectives that are specific and written in measurable terms.

1. Be clear about what you will measure from your behavioral objective and choose a notation system prior to the start of your therapy session.

2. The data collection system must allow the clinician to clearly distinguish among imitative, cued/prompted, self-corrected and spontaneous responses.

3. Consider task complexity when choosing your data collection system.
   - Total number of responses verses errors per unit of time.

4. Reinforcement tokens or stimulus items can be used as an alternative to paper-pencil online recording of client responses.

5. Record every stimulus-response chain. Even the absence of a response to a particular stimulus should be recorded.
Types of Cues

- Verbal
  - Semantic
  - Phonemic
  - Instructional
- Tactile
  - Tapping hand on table
  - Touching client’s lip
- Visual
  - Signs
  - Words/phrases
- Gestural
  - Hold up hand to “stop”
  - Cup ear to increase loudness
# Data Tracking & Recording Notation System

<table>
<thead>
<tr>
<th>Data Collection Legend &amp; Response Type</th>
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<tbody>
<tr>
<td>I</td>
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<td>SC</td>
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<th>Correct response</th>
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Levels of Cues

- Based on 10 responses:
  - Independent = No cues
  - Minimal (min) = <3 cues
  - Moderate (mod) = 4 - 6
  - Maximum (max) = >7

- E.g. Client produced /s/ initial at syllable level with 20% acc. independently; with 100% acc. given maximum phonemic and tactile cues.
Sample Data Sheet - Baselines

Trial 1: \( /s/ \) I = 50%; \( /s/ \) M = 30%; \( /s/ \) F = 20%

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Trial 2: \( /s/ \) I = 70% w/ SC; \( /s/ \) M = 70% w/V cue...

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Sample Data Sheet - Therapy

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- /s/ I: 50% Independently; improved to 70% self-correction; 70% visual cue
Break out
Your Client - Create The Initial Picture

Chart review – Who is your client?
- Look at all the information provided to form a holistic picture of your client.

What do you know?
- Problem and Referral
- History
  - Past and current medical history that may impact the Client’s current level of function (CLOF)
  - Family, Social, and Educational/Occupational History
  - Speech and Language
    - Previous services? Duration and frequency
  - Progress in treatment
Chart Review
Putting The Pieces Together

- **Current Status**
  - Assessments completed
    - Areas of strength and challenge
    - Measures used
  - Treatment
    - What treatment approaches were used? (rationale)
    - How were targets selected? (therapeutic methods)
    - Conditions of practice? (therapeutic methods)
      - Number of targets
      - Practice variability (constant or varied)
      - Practice schedule (random or block)
      - Feedback
    - Did they meet their goals?
    - What type and frequency of support was needed? (therapeutic methods)
Chart Review
Putting The Pieces Together continued..

- **Current Status continued…**
  - Behavioral and Additional Observations
    - What is remarkable about your client’s behavior?
    - Does the client require frequent redirection, variety of tasks, reinforcement strategies, visual supports, breaks, etc.?
    - What activities/rewards were motivating for the client?
  - Recommendations
    - Need for additional assessment?
    - Suggested goals are a starting point **not** your treatment plan.
Chart Review
Additional sources of information

- Read previous reports and reports from other providers; e.g. IEP, Audiologist, OT, PT, Educational Psychologist, Ophthalmologist, etc.
  - When were they evaluated?
  - Findings, Recommendations and Referrals?
  - Duration and frequency of services
  - Participation in services – consistency of attendance, follow through with recommendations and suggestions.
  - How might the findings impact your client’s performance in treatment?
    - Positioning, size and color of visual supports, mobility, attention, interest, etc.
Complete the Picture

- What information is missing? ID Red Flags
  - Complete and chronological picture?
  - Is information current?
    - IEP, services
    - Pets, activities, sports
- What is a typical day like for your client?
- What can you say about your client’s strength and weaknesses?
- What are the concerns of the client and/or family?
- Look for information that doesn’t add up or is missing.
Verify The Picture

- Confirm the information you have gathered by what you observe with your client.

- Determine what questions you want to ask the client and/or the client’s family.

- What assessments and probes do you want to administer to determine your client’s current level of functioning?

- Testing - Assessment and probe efficacy
Client Skills Action Tools (CSAT)

Show Me the WORK!!

| Client (Name, etiology-medical and treatment diagnosis.) | Skills (What strengths and challenges does your client present with.) | Action (What specifically does your client want to do and under what conditions.) | Tools (What strategies, supports and methodologies do you need to use or introduce?) |
Professional Demeanor starts now!

- How you portray yourself in clinic is how you will portray yourself in your practice.

- Word Choice, body language, prosody
  - Electronic communication

- Your professional demeanor will influence your clients perception of your:
  - Competency
  - Understanding of their specific concerns
  - Trustworthiness
  - Willingness to assist them to achieve their objectives
Preparing for your 1\textsuperscript{st} Session

- Calling your client

- Dress for success

- Forms to know
  1. HIPPA
  2. Emergency Contact Sheet
  3. Lesson Plan
  4. SOAP notes
  5. Client Contact Sheet – Red Folders
  6. Attendance
Preparing for your 1\textsuperscript{st} Session
Dynamics of Therapy

- Material Selection
- Room set-up
- Client interaction
- Therapeutic momentum
Lesson Plans

- See handouts
  1. Sample Lesson Plan
  2. Lesson Plan Instructions
S O A P Notes

- Choose a fresh scent that’s not too overpowering
- Be sure it has moisturizer
- Pretty packaging is a +

- See handout!!!
Dynamics of Therapy continued

- Basic training protocol
- Task order
- Monitoring session time
- Use of effective instructions
Basic Training Protocol

- Regardless of disorder type or severity level, all speech and language therapy is carried out using the same basic training protocol.
  1. Clinician presents stimulus
  2. Clinician waits for the client to respond
  3. Clinician presents appropriate consequent event
  4. Clinician records response
  5. Clinician removes stimulus (as appropriate)
Task Order

- An ideal progression follows an “easy-hard-easy” pattern.
  - **Easy** - Begin treatment with a task with which the client can have relatively success without excessive expenditure of effort.
  - **Hard** - The central portion of the session should consist of behavioral objectives which are most challenging to the client.
  - **Easy** - The final segment should return to tasks that elicit fairly accurate performance with minimal effort.

- This task order increases the likelihood that a given therapy session will begin and end on a positive note.

- This success oriented session design promotes high levels of client motivation even during difficult stages of the therapy process.
Guidelines for Effective Instructions

- Have a clear understanding of what you want your client to do and what criteria constitutes the client's success.
- State instructions in the declarative form.
- Wait…! Be sure to allow clients sufficient time to respond before repeating the instructions.
- Avoid significant reformulation of the original wording when re-administer instructions.
- The main emphasis of instructions **always** should be on the targeted behavior rather than on the details of the activity/game being used to elicit the behavior.
Demystifying Baselines

- Clarifying terms:
  - Baseline, Dynamic Assessment, Probes

- Baselines are clinician designed tools to assess a client’s performance for a given target BEFORE therapy takes place.

- Typically baselines consist of 10-20 items that will not be used during treatment.

- Conduct pre-treatment baselines for all of your goals/behavioral objectives.
Follow-Up Measure

- As a client approaches a level of proficiency with a behavioral objective, a measure is administered to determine the client’s level of skill.
  - 10-20 items should be selected
  - Items should not have been targeted in treatment
  - Administer using the same condition as the pre-treatment baseline.
  - Remember that conditions include the various levels of prompts/cues/visual supports used in your pre-treatment baseline.
Generalization Probe

Additional stimulus items can be administered at a higher level of complexity to see if the client has generalized the skill.

- Use 10-20 items
- Items should not have been targeted in treatment
Looking Ahead...

- To Workshop 2
- Modification and Flexibility
  - Trouble shooting session design
  - Selection and use of materials
  - In the moment reinforcement schedules