# SNF Collaborative Practice in the Real World
# Interprofessional Coaching for People with Dementia

## Michigan Speech-Language-Hearing Conference-2024


**Susan Browning, M.A., CCC-SLP**
**Natalie Douglas, Ph.D., CCC-SLP**


## Assessment and Treatment Considerations

### Strength-Based Therapy Approach

- **Know the person.** What are the goals of the client and their family? What are the current needs of the staff to assist in patient care? This information will guide your assessment tools and evidence -based intervention techniques.
- **Know what is successful**. Use dynamic assessment with a person-centered approach to establish goals, functional abilities and strengths of the client and their caregivers.
- **Know your worth**. Understand the cognitive-communication analysis and skilled intervention you bring as the SLP. Translate that skill in your documentation for insurance requirements.

### Well-Rounded Data Collection

- Chart review
- Interviews with patient, family and staff
- Clinical observations within a typical day of the client/interactions throughout the day/behavior logs
- Conversations with MDS/Rehab Director on other data points such as the CASPER report

### Cognitive-Communication Assessment Resources

- *Assessment of Language-Related Functional Activities* – Baines et al., 1999
- *Functional Linguistic Communication Inventory-2nd* ed–Bayles & Tomoeda, 2020
- *Functional Standardized Touchscreen Assessment of Cognition* – Coles & Carson, 2013
- Screening tests (e.g., SLUMS, MOCA, ACE-III)
- *Arizona Battery for Cognitive-Communication Disorders of Dementia, 2nd edition*, Bayles & Tomoeda, 2020—Domain-specific assessment, can give a subtest or 2 at times (don't need to give the whole battery depending on the situation)
- Global Deterioration Scale (GDS), in conjunction with The Brief Cognitive Rating Scale (BCRS) and the Functional Assessment Staging Tool
- *Cognitive Linguistic Quick Test*, Helm-Estabrooks, 2001

### Preference and Behavioral Assessments and Resources

- *Voice My Choice*, Bourgeois et al., 2016, Appendix 1, [10.4236/aar.2016.56013](10.4236/aar.2016.56013) [open access]
- *Talking Mats*, [https://www.talkingmats.com/](https://www.talkingmats.com/)
- P*references of Everyday Living Inventory*, [https://www.preferencebasedliving.com/](https://www.preferencebasedliving.com/) Multiple open-access, free interview tools
- *Revised Memory & Behavior Checklist*, Tang et al., 2002 [open access], [https://www.alz.org/national/documents/C_ASSESS-RevisedMemoryandBehCheck.pdf](https://www.alz.org/national/documents/C_ASSESS-RevisedMemoryandBehCheck.pdf)

- *Cohen-Mansfield Agitation Inventory*, Cohen-Mansfield, 1989 [open access], https://bcbpsd.ca/docs/part-1/Final%20Cohen%20Mansfield%20Inventory.pdf

## Sensory needs, strengths vs impairments and the impact on communication

- Consider if the deficits are new or long-standing. How was the client managing before in a different environment?
- Hearing aids and glasses are critical, but look beyond just these two senses
- What supports can facilitate engagement and self-regulation in the environment? i.e. visual signs, music, soft blankets, stuffed animals,artifacts supporting their personal interests
  - **Hearing and Vision Tools**
    - Hearing Handicap Inventory for the Elderly Screening Version (HHIE-S) Ventry & Weinstein, 1983, Hearing screening without audiometer, https://hign.org/sites/default/files/2020-06/Try_This_General_Assessment_12.pdf
    - Vision supports-consult with OT for possible considerations in font size, color background, symbols, graphics, etc.

## Environmental Considerations and Resources

How does the environment facilitate or impede functional behaviors and participation?

- Dynamic assessment of the environment, lighting, noise, signs, placement of furniture, consider consult with OT
- *Environment and Communication Assessment for Dementia Toolkit* (ECAT; Brush et al., 2012)

## Measurable goals with real-world treatment strategies to support carryover beyond the therapy sessions—Questions to ask yourself and Resources

- What accounts for success or failure in a task?
- What strengths can be used to compensate for weaknesses in this task/activity?
- What auditory, tactile or visual cues can support participation in the task?
- Manipulation of intervention variables (e.g., display of stimuli vertically or horizontally, number of stimuli, modality, types of cues)
- *Spaced Retrieval Screen* (Brush & Camp, 1998; Benigas et al., 2016)
- *Functional External Memory Aid Tool* (Lanzi & Bourgeois, 2023)

## Staff, family, client feedback-what is working, what can be adjusted?

- Rating Scales
- Patient Reported Outcome Measures
- *Quality of Life in Alzheimer's Disease*, Logsdon, 1996
- *Dementia Quality of Life Instrument*, Smith et al., 2005

## Documentation Guidelines for Evaluations and Daily Notes

- Physician's Order
- Documentation from nursing on a change in condition--what aspect of speech, communication/cognition and/or swallowing are being impacted.
- Sources of information should include the patient, caregivers, MDS Assessments-Section B, Hearing, Speech and Vision, Section C, Cognition, Section K, Nutrition, Casper report (falls, toileting, pain, psychotropic medications, etc).
- Prior Level of Function (PLOF)--understanding and responding to communication interactions throughout the day, ADLs such as meals, bathing and dressing.
- Discharge planning--always keeping the end in mind.
- Past Medical History, consider chronic, progressive conditions, including CVA, Parkinson's, dementia.
- ASHA Resources for Referral Guidelines and Coding

Coding and Payment of Cognitive Evaluation and Treatment Services: Considerations for SLPs (asha.org)
Cognitive-Communication Referral Guidelines for Adults (asha.org)
https://www.asha.org/practice-portal/clinical-topics/dementia/

### Long Term Care Reason for Referral Narrative

Mrs. Jones is a 91 y/o female referred to speech therapy services by nursing due to increased behaviors during ADL care, along with repetitive question asking throughout the day. . Mrs. Jones is a long term resident of the facility, recently diagnosed with a UTI (resolved), s/p fall and weight loss. PMH includes a CVA in 2021, along with Parkinson's and mild cognitive impairment. Staff reports the patient was able to follow directions, communicate wants/needs but now becomes combative during bathing and dressing tasks. Family has also reported a decline in her communication when visiting. Decline in scoring on the BIMS (Section C,MDS) and related to increased falls. SLP to assess current cognitive-communicative function to develop an appropriate plan of care. Spontaneous recovery is not anticipated without skilled intervention due to age, complex medical history and comorbidities.

### Clinical Impressions/Evaluation Summary

Mrs. Jones presents with moderate to marked receptive/expressive language and memory impairments, resulting in repetitive questions, increased falls attempting to access staff to ask questions and decreased understanding of instructions during ADL/showering and dressing tasks. Dynamic assessment techniques with family and staff feedback along with use of the Global Deterioration Scale revealed a score of 5/7, meaning the client is able to understand and follow instructions, communicate preferences with simple language and cueing strategies utilized by caregivers. Staff reports that the patient has become combative at times when unable to understand. Speech therapy services are reasonable and necessary for SLP to analyze the communication exchange within the current long term environment, assess breakdown patterns and create a functional treatment plan to improve the speaker/listener interaction to optimize communication and reduce frustration for optimal quality of life.

## Cognitive-Communication Goal Bank

**Goals must be functional, specific and measurable, considering Receptive/Expressive language, Memory, Problem Solving, Pragmatics**

- The patient will increase ability to understand conversation to 90% and 10% Verbal Cues and 10% Visual Cues in order to improve the patient's ability to increase participation w/ADLs w/decreased agitation.

- The patient will respond to simple verbal problem solving situations with 90% accuracy with tactile and visual cueing systems, specifically with use of call light, in order to facilitate safety within the current environment, decrease risk for falls.

- The patient will be able to verbalize specific requests utilizing written language cues/Script Language to request going to the bathroom and going to activities of their choice during 4/5 opportunities with min verbal cues from trained staff to recall and utilize written language strategies to improve communication between patient and caregivers, reduce speaker/listener frustration.

- The patient will be able to verbally express preferences during functional communication using verbal responses within 80% of opportunities in order to make choices about clothing, foods and activities and participate in meaningful interactions.

- The patient will be to understand and utilize a pain scale, depicting areas of the body that are in pain and level of pain severity, 4 out of 5 opportunities with a visual prompt in place, paired with verbal cueing to assist caregivers in addressing pain management needs.

- The patient will be able to understand and recall written/graphic information for environmental orientation to their new environment with 80% accuracy.

- The patient will engage in conversational turn taking with a caregiver or peer in a group setting given visual referents/prompts within 3/3 opportunities.

# Dementia Collaborative Coaching for CNA Training

Download manuals, checklists for SLPs and CNAs for free—
https://www.practicalimplementation.org/download-materials/