Collaboration Realities: The Speech-Language Pathologist and Neuropsychologist Team

November 19, 2010
ASHA Convention

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Joint Committee on Interprofessional Relations Between ASHA and Division 40 (Clinical Neuropsychology) of the American Psychological Association

• Formed in 1989 to maintain a colloquial channel of communication and deal with a mutually developed agenda of concerns

• Provide a mechanism for continued interaction between the two groups

• Charged to provide information and recommend guidelines in the cooperative and collaborative evaluation and treatment of persons with brain injury
Joint Committee on Interprofessional Relations Between ASHA and Division 40 (Clinical Neuropsychology) of the American Psychological Association

Mission

• Improve the clinical care of patients with congenital or acquired brain impairment by identifying and promoting assessment and rehabilitation practices that are both compatible with current neuropsychology knowledge and of demonstrable functional benefit to patients and their families.

• Foster communication and collaborative work between speech-language pathologists and clinical neuropsychologists for the benefit of both professions.
Joint Committee on Interprofessional Relations
Between ASHA and Division 40 (Clinical Neuropsychology)
of the American Psychological Association

2010 ASHA Representatives
• Fofi Constantinidou, PhD, CCC-SLP (ASHA Chair)
• Julie A. Hengst, PhD, CCC-SLP
• Lyn Turkstra, PhD, CCC-SLP
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2010 Division 40 Representatives
• Jeffrey Wertheimer, PhD (Joint Committee Chair)
• Allison N. Clark, PhD
• Clea C. Evans, PhD
• John Tsanadis, PhD
Ccollaborative Realities:
The Speech-language Pathologist (SLP) and Neuropsychologist (NP) Team

Joint Committee for Interprofessional Relations

ASHA Convention: Lunch Session; November 19, 2010
1. What we know about successful SLP-NP collaborations?

2. Exploring SLP practices treating cognitive-communication disorders:
   a. What clients do SLPs see for cog-comm tx?
   b. What tx targets/methods do SLPs use?
   c. What evidence do SLPs use to select tx?
   d. What influences how & where you provide services?
   e. How do SLPs address psychosocial issues for their patients?
1. What we know about successful SLP-NP collaborations?

Fofi Constantinidou, Ph.D.
Associate Professor & Chair
Department of Psychology
University of Cyprus
Interdisciplinary teams play an increasingly important role in the current health care system.

The Joint Committee on Interprofessional Relations Between the American Speech-Language-Hearing Association (ASHA) and Division 40 (Clinical Neuropsychology) of the American Psychological Association (APA) (Joint Committee) produced guidelines for the structure and function of interdisciplinary teams for persons with brain injury.

To meet these goals, team members must work together to address communication, behavioral, cognitive, and physical issues and create integrated and collaborative treatment plans.

Despite widespread acceptance of the need for interdisciplinary teams in rehabilitation and their effectiveness in enhancing patient care and outcomes, discrepant perceptions among team members exist regarding team composition, approach, and structure.

Additionally, confusion regarding the team process and team member roles has been described in the literature.

Further, there is overlap among team member roles.
- A study of physical and occupational therapists in the UK found that role overlap could have negative consequences, including role insecurity, territorial feelings, and role confusion on the part of colleagues and patients.
- Role overlap among members of the rehabilitation interdisciplinary team is complex and the way it is managed has significant implications for team dynamics and effectiveness.
Speech Language Pathologists & Clinical Neuropsychologists

- The overlap between areas of cognition assessed and types of treatment provided by NPs and SLPs indicates the need for effective communication and collaboration between SLPs and NPs in the rehabilitation setting.
- Such collaboration is essential to ensure the most efficient care to patients, reduce fragmentation of services, and avoid confusion in communicating assessment results and treatment goals to patients, their caregivers, and other members of the interdisciplinary team.
- This lead to our committee’s studies that specifically address the SLP-NP relationship.
Perceived roles of neuropsychologists and speech-language pathologists in rehabilitation

- The Joint Committee conducted focus groups at three different inpatient rehabilitation hospitals employing NPs and SLPs.

- The primary objective was to explore assessment, intervention, and collaboration issues related to the roles of NPs and SLPs in assessment and treatment, with the goal of disseminating results and generating recommendations to enhance collaboration and standards of practice.

- The focus groups aimed to explore threats to assessment validity, identify inefficiencies as they relate to collaborative approaches, and identify the system characteristics that effectively enhance patient care.
Findings indicate that five themes or factors influenced collaboration between NPs and SLPs. 

1) structure of the collaboration, 
2) perceived roles of NPs and SLPs in assessment and intervention, 
3) similarities and differences in training and philosophical perspectives of NPs and SLPs, 
4) barriers to successful collaboration, and 
5) facilitators of collaboration
Theme 1. Structure of the collaboration

- Institutional philosophy
- Standard of practice at the facility
- Practical considerations
- Insurance Issues
Theme 2. Perceived roles (during the assessment and treatment process)

- The contribution of each discipline to the team
- The role of each discipline during assessment and treatment
Theme 3. Impact of theoretical frameworks and conceptualization

- Effects of theoretical philosophy and background knowledge/orientation on test selection, interpretation, and test validity.

- Focus on impairment vs. participation
Theme 4. Barriers to effective collaboration

- Lack of availability of team member
- Lack of availability of reports or records
- Physical distance
- Inconsistent/different perspectives
- Collegiality issues
Theme 5. Facilitators of effective collaboration

- Physical proximity
- Team meetings
- Communication
- Availability of information
- Collegiality
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Department of Communicative Disorders
Department of Neurological Surgery and Neuroscience Training Program
University of Wisconsin-Madison
ASHA Documents on Cognitive Communication

Available from www.asha.org/policy

- Roles of Speech-Language Pathologists in the Identification, Diagnosis, and Treatment of Individuals With Cognitive-Communication Disorders: Position Statement

- Knowledge and Skills Needed by Speech-Language Pathologists Providing Services to Individuals With Cognitive-Communication Disorders

ASHA Documents on Cognitive Communication

• Rehabilitation of Children and Adults With Cognitive-Communication Disorders After Brain Injury: Technical Report

• Preferred Practice Patterns for the Profession of Speech-Language Pathology

• Structure and Function on an Interdisciplinary Team for Persons With Acquired Brain Injury

• Interdisciplinary Approaches to Brain Damage
Treatment Efficacy Summaries

- Cognitive-communication disorders resulting from right hemisphere brain damage
- Cognitive-communication disorders resulting from TBI

Online Information Packet
http://www.asha.org/slp/clinical/Cognitive-Communication.htm
Patients Treated by SLPs

- Communication disorders can be the result of a variety of etiologies, including moderate-severe traumatic brain injuries, mild TBI, stroke, tumors, mild cognitive impairments associated with degenerative conditions and diseases, dementias, mental health disorders, and developmental disorders.
• What types of patients/clients do you treat for cognitive-communication needs?

• Please list all etiologies you treat.
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Treatment Targets

- Cognitive functions *in the context of communication activities* (listening, speaking, reading, writing):
  - Executive functions
    - Planning, problem-solving, self-regulation, self-monitoring, metacognition
  - Memory
    - Compensatory strategies (e.g., external aids)
    - Teaching or re-teaching skills and knowledge
  - Attention
    - E.g., task-specific training in sustained attention, resistance to distraction
  - Social cognition
Example Treatment Methods

- Direct Instruction
  - Task analysis and task hierarchies

- Applied Behavior Analysis
  - E.g., identification of behavioral supports and triggers for problem behaviors

- Methods that require awareness
  - E.g., metacognitive strategy training, internal memory strategy training

- Methods that rely primarily on procedural learning and memory
  - Error-minimization techniques – e.g., Spaced Retrieval to train use of external memory aids

- Methods that focus on the environment
  - Environmental modification and caregiver training
Quick Write Question

• **What treatment targets, technologies, or goals do you use in your interventions for pts with cog-comm disorders?**

• **Please be specific.**
2. SLP Practices:

c. What evidence do SLPs use to select treatment?

Julie A. Hengst, PhD
Associate Professor
Dept of Speech & Hearing Science
University of Illinois at Urbana-Champaign
What evidence do SLPs use to select tx?

- Source:

- Provides a framework for evaluating tx;
- Uses this framework to evaluate traditional & collaborative approaches for cognitive-communication disorders
Framework for evaluating tx choices

Evidence from:
- Efficacy studies
- Clinician expertise
- Theory
- Specific client and clinical situation
- Humane, ethical, & in compliance with ASHA scope of practice
Evidence from Tx Efficacy Studies

- Is the proposed tx supported by efficacy studies with:
  - ...the same population and/or disability profile as the client?
  - ...closely related populations (e.g., learning disabilities, developmental disabilities)?
Evidence from Clinician Expertise

- Is the proposed intervention supported by clinician’s experience or expertise?
  - ...in trial tx for *this* client?
  - ...in tx for *other* clients with similar profiles?
Evidence from theory

- Is the proposed tx supported by theory, including neuropsychological, cognitive, behavioral, pedagogical, or other theories?
  - ...why should *this treatment* done *this way work* for this client, ?
  - ...what are the *therapeutic mechanisms*?
Evidence specific to this client & clinical situation

• Is this intervention tailored for this client at this time?
  - ...by *negotiation with the client and relevant stakeholders* in the client’s life?
  - ...consistent with *expertise of the service providers*, availability of support personnel, time to complete the intervention, and sufficient resources?
  - *preferable to known alternatives* --in relation to predicted functional outcome for the client--based on the above considerations?
Is the proposed intervention humane, morally justifiable, and consistent with the scope of practices and relevant licensing laws governing the provider of services?
Quick Write Questions

- Do you use published intervention studies to guide your tx planning? If yes, what journals do you rely on?
- Do you draw on your own, or colleagues’, clinical experience? If yes, whose professional expertise do you draw on the most—SLP, NP, other?
- Do you draw on theory to guide tx planning? If yes, what sources do you use?
- Do you always tailor your tx to the needs and resources of each client? If not, do you select tx programs designed for a variety of clients?
- Are there other factors (e.g., institutional requirements) that impact your choices of tx?
2. SLP Practices:

d. What influences how & where you provide services?

Julie A. Hengst, PhD
Associate Professor
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University of Illinois at Urbana-Champaign
What influences how & where SLPs provide services

• Sources:
  ASHA Scope of Practice in Speech-Language Pathology
    ♦ Available from www.asha.org/policy
    ♦ See pp.3-4 for use of the WHO-ICF to frame SLP services

WHO-ICF

• Provides a framework for thinking through treatment options, e.g., where, when, how to design treatment targets and sessions
ICF—International Classification of Functioning, Disability and Health

- **Body Structures & Functions**
  - Anatomy
  - Physiological & psychological functions

- **Activity / Participation**
  - Performance of particular actions
  - Involvement in life situations

- **Contextual Factors**
  - External-environment
  - Internal-personal

**Bio-psycho-social framework**

- Multidirectional interactions
- Dynamic relationship
- Functioning & Disability are contextually bound
ICIDH versus ICF

• **1980 ICIDH -2**
  ♦ Impairment
  ♦ Disability
  ♦ Handicap

• **2000 ICF**
  ♦ Body structures / functions
  ♦ Activity / participation
  ♦ Context—internal / external
Implications of ICF on SLP Scope of Practice

The scope of practice in speech-language pathology encompasses all components and factors identified in the WHO framework.

- SLPs work to improve quality of life for clients by reducing:
  - impairments of body functions and structures,
  - activity limitations, participation restrictions,
  - and environmental barriers

- And provide clinical services in a variety of settings and service delivery models
Figure 2
Quick Write Questions

- Where do you conduct treatment sessions. e.g., clinic, client’s home, community (e.g., job coaching)?
- When collaborating with neuropsychologists, which of the following best describes your shared tx approach: reducing client’s cog impairments; reducing activity limitations or participation restrictions, reducing contextual barriers?
- Do you use different tx approaches when you are the only professional providing cog-comm tx for a client?
2. SLP Practices:

e. How do SLPs address psychosocial issues with clients?

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Psychosocial Issues

• Definition of “psychosocial”
  • The psychological development/status in and interaction with the social environment.

• Four factors contributing to psychosocial stress
  • Neurological damage
  • Psychological or psychodynamic factors involving attitudes towards disability and implications for QOL
  • Consequences of functional impairment on social network and social activities
  • Limited psychological fortitude and ability to cope with general societal stressors
# Psychosocial Issues

Changes in emotional, behavioral, and social functioning are common after ABI

<table>
<thead>
<tr>
<th>Emotional issues</th>
<th>Behavioral Issues</th>
<th>Social issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Poor behavioral control</td>
<td>Loss of friendships</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Disinhibition</td>
<td>Hard to make new friends</td>
</tr>
<tr>
<td>Frustration</td>
<td>Impulsivity</td>
<td>Decreased leisure &amp; recreation</td>
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<tr>
<td>Anger</td>
<td>Aggression</td>
<td>Greater dependence on family</td>
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<tr>
<td>Irritability</td>
<td>Distractibility</td>
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<tr>
<td>Lability</td>
<td>Decreased initiation</td>
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<tr>
<td></td>
<td>Decreased motivation</td>
<td></td>
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<tr>
<td></td>
<td>Socially inappropriate behavior</td>
<td></td>
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</tbody>
</table>
Who Facilitates Treatment for Emotional Needs?

- A survey regarding collaboration between NPs and SLPs in Rehabilitation *
  - 19% of SLPs report that they treat emotion
  - 25% of SLPs view NPs as not treating emotion

How to Address the Psychosocial Needs

- Accurate diagnostic conceptualization
  - Sad vs. Depressed
  - Concerned vs. Anxious
  - Appropriate adjustment to the patient’s medical condition
  - Premorbid psychological/psychiatric issues
  - Etiology of behavioral disturbance
- When to refer or not to refer?
  - Is the patient experiencing emotional discomfort?
  - Do psychological factors or behaviors interfere with treatment?
  - Does the patient exhibit behavioral dyscontrol?
  - Do patients exhibit denial or lack of insight?
  - Is the patient working through existential issues?
  - Family needs?
- Ethical boundaries
- Social skills training
- Collaboration (staff, family, and patient)
Quick Write Questions

- Addressing Psychosocial Needs
  - Do you routinely directly target (i.e., write goals for) the psychosocial needs of any of your patients?
  - Do you collaborate with neuropsychologists, or other professionals to address the psychosocial needs of your patients?
  - Do you only address psychosocial needs when it is requested (e.g., you received a referral, as part of team planning for joint goals, at family/patient request)?
  - How do psychosocial issues impact your treatment planning and goals?
A few resources provided by The Joint Committee

- Current Projects
- Guidance Documents
- Publications
- Website
Current Projects

- Dissemination of materials related to interdisciplinary and collaborative approaches to brain injury, collaboration in rehabilitation, and cognitive rehabilitation
- Assessment of executive function by an interdisciplinary rehabilitation team
- Assessment of pragmatic communication impairments
- Cognitive rehabilitation from a speech-language pathologist and neuropsychologist perspective
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Guidance Documents
Available from www.asha.org

- Structure and function of an interdisciplinary team for persons with acquired brain injury [Guidelines]
- Interdisciplinary approaches to brain damage [Position Statement and Technical Report]
- Evaluating and treating communication and cognitive disorders: Approaches to referral and collaboration for speech-language pathology and clinical neuropsychology [Technical Report]
- Rehabilitation of children and adults with cognitive-communication disorders after brain injury [Technical Report]
Publications

Citations on www.asha.org/div40/publications

- Perceived roles and collaboration between neuropsychologists and speech-language pathologists.
- Collaboration between neuropsychologists and speech-language pathologists in rehabilitation settings
- Memory assessment on an interdisciplinary rehabilitation team: A theoretically based framework
- Collaboration in rehabilitation: Neuropsychologists and speech-language pathologists
Joint Committee on Interprofessional Relations Between ASHA and Division 40 (Clinical Neuropsychology) of the American Psychological Association

Website

www.asha.org/div40
THANK YOU!!

• Today’s slides with the full references are posted online

• Please leave your quick-write handouts for us!