

## **Guide for Structuring Intervention to Improve Communicative Participation**

This document is intended to serve as a shortened guide to the process of implementing a participation-focused intervention program as described in the full article. Clinicians may also want to use the accompanying blank template on which they can fill out a participation-focused intervention diagram for/with the client and use the blank spaces to fill in assessment data, goals, and other information for each program element.

### **Step 1: Assess baseline overall communicative participation**

**Purpose:** Using a rigorous outcomes measurement instrument to assess communicative participation provides a baseline to demonstrate treatment progress later and to capture the impact of your intervention as a whole. This will also help with identifying specific situations to target in intervention.

**Steps to take:** There are many ways to assess participation, but a recommended starting point is to obtain a patient-reported measure of the extent to which communicative participation is satisfactory or restricted. This focus on a patient-reported outcome supports the importance of client-centered care. Choose one of the many patient-reported outcomes available for communication disorders, but look closely at the construct to ensure that it truly captures something related to the *client's satisfaction or dissatisfaction with communication and interactions in real-life situations*. Not all patient-reported outcomes capture participation-related constructs. Questionnaires related to specific symptoms (e.g. self-rated speech quality) are *not* recommended here. Participation or quality of life instruments are more appropriate. For example, the Communicative Participation Item Bank (CPIB) captures patient report of restrictions in a variety of conversational situations for adults, and the Speech Participation and Activity Assessment of Children is an example for pediatric populations. If a published measure is not available, use a nonstandardized rating scale.

### **Step 2: Select a specific situation to target in intervention (replicate this process for other situations)**

**Purpose:** Working on a specific communication situation may provide several benefits. First, this will hopefully produce meaningful changes in the client's communicative participation. Second, working on a specific situation may help the client develop more concrete strategies than a vague approach to participation in general. Third, concrete skills and strategies developed effectively for one situation may help the client adapt or generalize these strategies to other situations.

**Steps to take:** Based on interviews with the client and client responses to the patient-reported outcomes measure or nonstandardized rating scale used in the prior step, work with the client to choose a specific situation in which they would like to improve their participation.

### **Step 3: Measure baseline participation in the chosen situation and write participation-focused goals**

**Purpose:** Measuring a pre-treatment baseline is critical for documenting later change in participation. This measure is different than the general participation measure above. This measure captures the baseline level and change for the *specific* situation you are going to address in intervention. Thus, this measure will be more sensitive to the intervention addressing this target, whereas the general participation measure above will likely capture a more holistic view of

all aspects of an intervention program and the cumulative impact of your work across several situations.

Writing a measurable and observable goal for participation in the situation will codify for all stakeholders the importance of participation as part of a therapy program and the role of the SLP in helping clients with these important goals. When a goal is written, it becomes a part of the therapy program. This now provides a specific targeted outcome against which to measure progress. Having a goal specifically addressing participation in the situation will provide a way to capture how various issues that you target in intervention converge to influence participation. Later in this process you will write goals for different specific elements of participation such as working on communication skills, environmental modifications, and personal coping. Those separate goals will be used to track progress in each of those areas separately. This goal targeting participation provides a mechanism to reflect how progress in each of these other areas converge for the overall outcome in terms of engagement in the communication situation.

**Steps to take:** This is a great place to use goal-attainment scaling or self-anchored rating scales to create a hierarchy of goals for involvement in a specific situation. Another option is a simple client rating of satisfaction with involvement (or similar construct) in that situation. Use the same method of measurement for documenting progress towards the goal.

**Important Tip:** This is NOT the place to evaluate or focus on communication skills such as speech intelligibility or language production. This is the place to measure broader involvement / inclusion / engagement in a communication situation. This is the big picture as to how satisfied the person is with interacting with people taking into account all aspects of the situation. The focus on communication skills comes later.

#### **Step 4: Measure baseline communication skills in the chosen situation and write skills-based goals**

**Purpose:** This is the area that incorporates much of our traditional work as speech-language pathologists (SLPs) in terms of helping clients improve their skills and abilities for communicating in the targeted life situation. This is the section to focus on speech intelligibility, voice production, language skills, use of compensatory strategies by the patient, and any other communication skills or abilities we might help the client develop.

**Steps to take:** This is where most of our traditional assessments of speech, voice, or language function will occur. Goals will also resemble traditional skills-oriented goals, but keep them focused on the target situation.

**Intervention:** The interventions here will draw heavily on our traditional skills-based interventions for improving speech intelligibility, cognitive-linguistic function, and clients' use of strategies to improve their own communication abilities.

**Important tip:** Any drills or exercises should work directly on the vocabulary, conversation topics, or other stimuli that would be used in the specific, targeted participation situation.

### **Step 5: Measure baseline environmental barriers in the chosen situation and write relevant goals for environmental modifications**

**Purpose:** This section acknowledges that the communication environment can pose significant barriers to, or serve as significant facilitators of communicative participation. The environment may involve aspects of the physical environment (background noise, technology, layout of a setting), or the social environment (attitudes and reactions of communication partners). This section brings environmental modification into the official fold of intervention as an area that we will address to document our role in helping clients navigate environmental barriers, and to remind ourselves that this is an important component of a comprehensive approach to improving communicative participation.

**Steps to take:** At the time of this document, there are few 'formal' measures of communication environments, and thus non-standardized assessments will likely be used. See the example in the accompanying template and the appendices of the manuscript for documenting and measuring the impact of key aspects of the physical and social communication environments. This template is completed through an interview with the client in which the client describes and rates environmental barriers and facilitators, and the client and clinician then convert those into goals to work on reducing the most salient barriers. Common barriers are listed in the worksheet, but the clinician should modify this template to focus on any of these or other barriers that are most relevant to the targeted situation.

Two types of example goals are provided. One type of goal demonstrates success by the client simply attempting or implementing strategies to improve environmental accommodations. This type of goal recognizes that there are limitations to the extent to which any individual can influence the environment, and attempts at strategies may or may not cause significant change in the environment. However, there is success in simply implementing or attempting strategies because that may facilitate further efforts that are ultimately successful. The second type of goal is to document actual reduction of barriers or improvement of facilitators in the environment.

**Intervention:** Though interventions will be varied, all will involve working with the client to explore the feasibility of various options for managing or altering the communication environment and then implementing those changes. Assisting and supporting the client in self-advocacy may be an important part of this. Working on strategies for disclosure and communication partner education may be frequent goals. For example, the clinician might assist the client in exploring the best method for educating communication partners and developing information to share with communication partners. The clinician may help in educating communication partners or participating in advocacy directly helping the client as seems appropriate.

**Important tip:** Clearly there are some limitations to what we can do in environmental modification. We cannot change many aspects of built environments; and we can only influence communication partners to a certain extent. Furthermore, we cannot write goals in a format as to what OTHER people will do – we have to write goals from the frame of reference of what our clients will do. Having acknowledged that, see the examples in the manuscript appendices about how we can write goals for our clients to promote self-advocacy and environmental modification to the extent possible.

## **Step 6: Measure baseline relevant personal perspectives in the chosen situation and write goals**

**Purpose:** The counseling role of SLPs has long been recognized as a highly valuable part of our work. The emotional and psychological impacts of communication disorders are well-documented; and practicing clinicians are aware that helping clients who are living with communication disorders to do so with the best possible emotional and psychological health is an important part of our work. As important as it is, we have not always incorporated our counseling role into the more 'formal' aspects of our work with clients – measuring baselines, writing goals, and documenting progress. The purpose of this section is to both remind clinicians to explore this important aspect of intervention with clients, and to structure this part of our work with clients in a way that provides evidence of the highly valuable work that we do.

There are many constructs and terms that might fall under this umbrella of personal perspectives and coping. Some common areas we might work on with clients include self-efficacy in managing communication situations, managing feelings of stress or anxiety related to communication, development of resilience for living with a communication disorder, etc.

**Steps to take:** This is an area in which patient-reported outcomes are critical because only the person living with the communication disorder or difference can really inform us about their feelings. Caution is warranted against using scales that may address emotional status and coping that are not directly tied to communication disorders because these broader, more generic scales may not necessarily be sensitive to changes that you can implement in intervention. For example, a questionnaire about general life stress may not capture the issues specific to living with a communication disorder, or the changes that occur due to intervention for the communication disorder. Similarly, remember that not all patient-reported questionnaires for communication disorders will address personal coping. Questionnaires that ask more about symptoms such as voice quality or speech characteristics are not necessarily capturing the topics that fit here. This may be another area in which a simple rating scale, similar to examples used above, is implemented to target the specific feelings or perspectives the client is experiencing. Discussion with the client may yield terms or expressions that tie into the construct that should be measured. Goal-attainment scaling may also be helpful here.

**Intervention:** Intervention might consist of a variety of counseling or other supportive techniques. For example, we might explore factors contributing to feeling nervous about social communication to see if we can help the client identify and manage triggers. We may work on relaxation techniques for the client to implement to help manage the nervousness about communication. The approach must be tailored for the client's needs.

**Important tip:** We must remember the balance between our scope of practice related to communication disorders and counseling needs that may extend beyond our scope of practice. SLPs can and should take a leading role in helping clients to live successfully day to day with communication disorders, including the emotional coping, but we cannot take on broader counseling needs that go beyond our scope of practice.