SOUTH CAROLINA SPEECH AND HEARING ASSOCIATION CONFERENCE MYRTLE BEACH, SC

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HERE'S HOW TO DO THERAPY:

CORE SKILLS FOR IMPROVING THERAPEUTIC EFFECTIVENESS

DR. DEBRA DWIGHT, PRESENTER

DISCLOSURES

- **Financial Disclosures: Debra is the author of *"Here's How to do Therapy: Hands-On Core Skills in Speech-Language Pathology (3rd ed.)"*. Although several concepts and ideas discussed in the book will be presented, sales of the book will not be promoted during this presentation. Dr. Dwight will receive an honorarium for presenting this course.**
- **Non-Financial Disclosures: Debra Dwight is a member of ASHA, CAA Site Visitors, and SIG 13 Swallowing and Swallowing Disorders (Dysphagia).**

LEARNING OBJECTIVES

As a result of this course, participants will be able to:

- **Define various therapeutic-specific skills related to therapy intervention**
- **Discuss concepts of general awareness and comfort for fine-tuning various skills.**
- **Determine ways in which various skills may be generalized to everyday therapy practices.**

PURPOSES

- One purpose of this session is to present 28 baseline skills (Dwight, 2022) that apply to most therapy sessions in an effort to increase participants' awareness of the nuances of these skills.
- A second purpose is to increase participants' comfort levels for consciously infusing these skills into everyday practice in an effort to increase therapeutic effectiveness.

UNDERGIRDING CONCEPTS IN EVERY THERAPY SESSION:
MINUTES MATTER!

Minutes for Focused Change in the Therapy Session			
Length of Session in Minutes	Greeting/ Rapport	Amount of Time to Actively Change Communication or Swallowing Behavior per Session	Closing and Dismissal
30	2-3 minutes	24-26 minutes	2-3 minutes
45	2-3 minutes	39-41 minutes	2-3 minutes
60	2-3 minutes	54-56 minutes	2-3 minutes

UNDERGIRDING CONCEPTS IN EVERY THERAPY SESSION: SHOWTIME!

PUT ON YOUR "GET IT DONE" FACE!

SHOWTIME!

- **"Showtime" is an underlying concept whereby clinicians operate (perform) out of an awareness that every session, everyday must be given our best effort – regardless!**

- **SLPs experience all human events, just like everyone else, but somehow, when it comes to therapy, "the show must go on". (May, et al., 1991)**

THERAPEUTIC SKILL SET

General Skills for Most Daily Interactions

- Comfort around/with others regardless of age, gender identification, racial/ethnic national origins, economics, religion, gender identity/expression, sexual orientation, disability, (cultural mores)
- Comfort managing mild conflicts appropriately
- Good general communicator for both listening and speaking
- Flexible/fluid in interpersonal interactions
- Appropriate eye contact, proximity, other nonverbals during social interactions

THERAPEUTIC SKILL SET (CONT'D.)

Therapeutic-Specific Skills

- Motivation and Communicating Expectations
- Enthusiasm, Animation, Volume
- Seating Arrangements, Proximity, Touch
- Preparation, Pacing, Fluency
- Antecedents: Alerting, Cueing, Modeling, Prompting
- Direct Teaching: Learning Modalities, Describing/Demonstrating, Questioning, Wait-time
- Stimulus Presentation: Shaping (Successive Approximations)
- Positive Reinforcers: Verbal Praise, Tokens, Primary Reinforcers
- Corrective Feedback, Data Collection, Probing
- Behavioral Management, Troubleshooting (Dwight, 2022)

MOTIVATION

- **YouTube – Mark Tyrrell, Co-founder, Uncommon Knowledge (5 minutes)**
  https://youtu.be/Grc8IVSuvCI
- **Use motivating language**
- **Tips for motivating clients:**
  - **#1 – Focus on "_____"**
  - **#2 – Focus on "_____"**

MOTIVATION

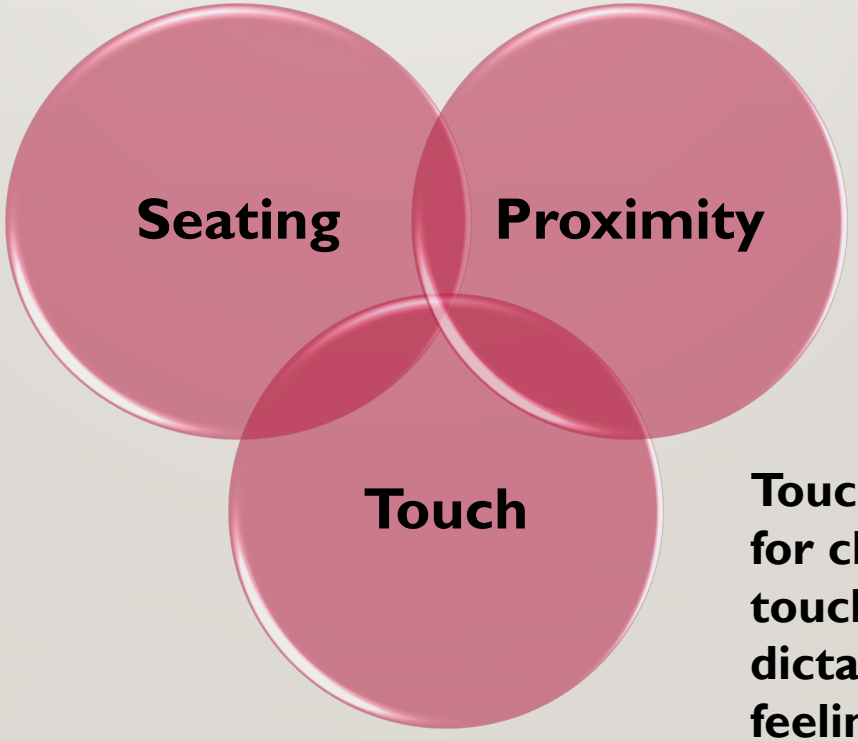
COMMUNICATING EXPECTATIONS

- **The underlying concept for communication expectations is to promote *client engagement and motivation* through connectivity between clinician and client as working partners in the quest for improved communication and swallowing skills.**
- **There must be a follow-through at the end of the session to give expectations validity.**

ENTHUSIASM, ANIMATION, AND VOLUME

SEATING ARRANGEMENTS, PROXIMITY,AND TOUCH

Seating is varied, even preferred, but ultimately client needs dictate. (Miller, 2002)



Proximity is typically within arm's/elbow's reach for many client settings, but client needs dictate.

Touch is often required for client interaction, but touch is especially dictated by client's feelings of comfort and safety. (Sadker & Sadker, 2005)

INDIVIDUAL CLIENT NEEDS:

CULTURAL
PHYSICAL
EMOTIONAL

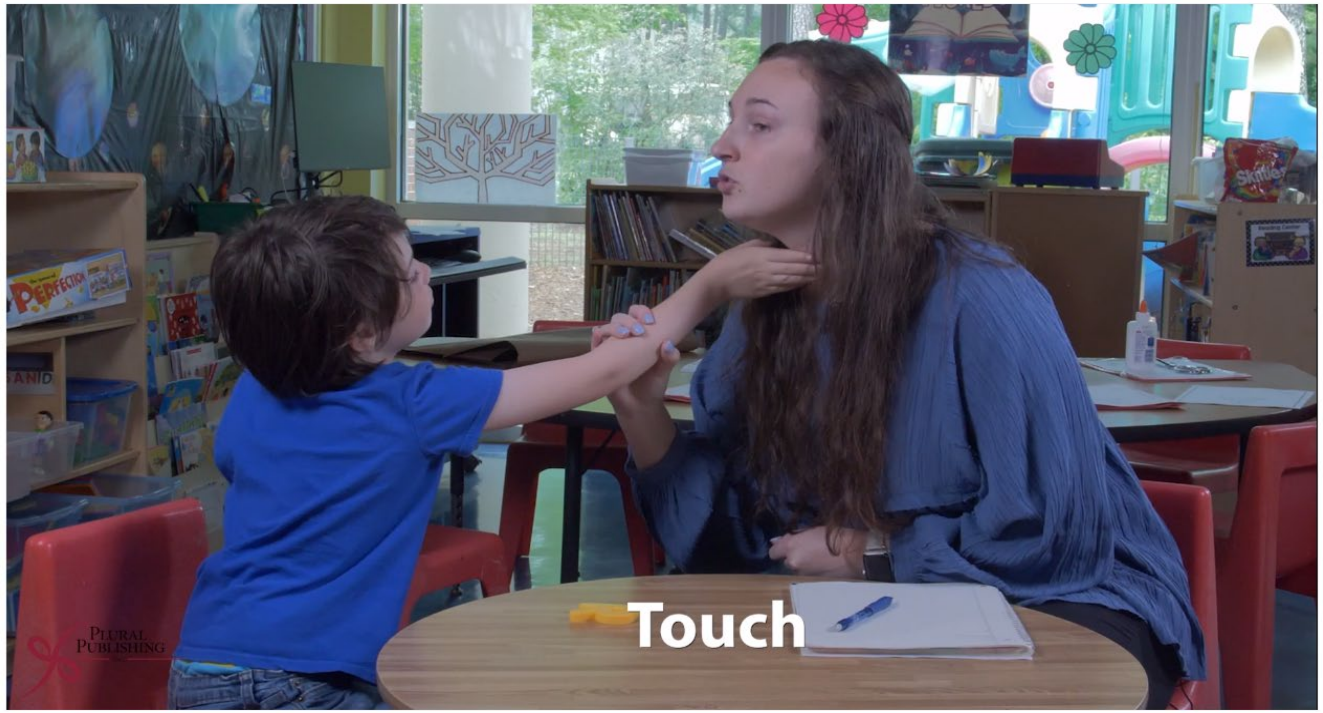
Seating

Proximity

Touch

TOUCH

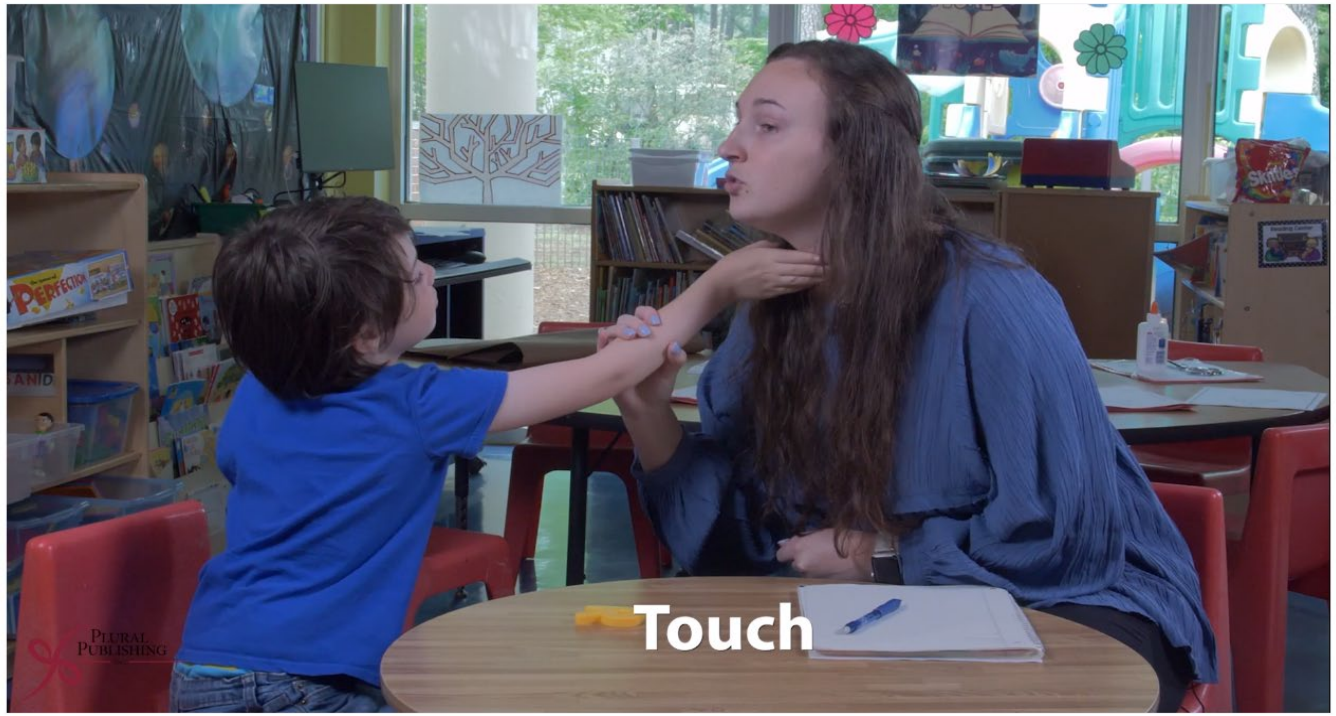
TOUCH



TOUCH

- Watch for indicators of touch rejection.
- Indicators will typically be sensory sensitivities, visceral indicators (sick stomach), or behavioral indicators.
- Please honor client's needs in this area.

TOUCH



TOUCH

“I don’t want to touch you ever again.”

(client-to-clinician)

PREPARATION, PACING, FLUENCY

Preparation

- Pre-session: planning, collecting, analyzing
- Within-session: Setting stage for therapy (regression/recoupment; expectations)

Pacing

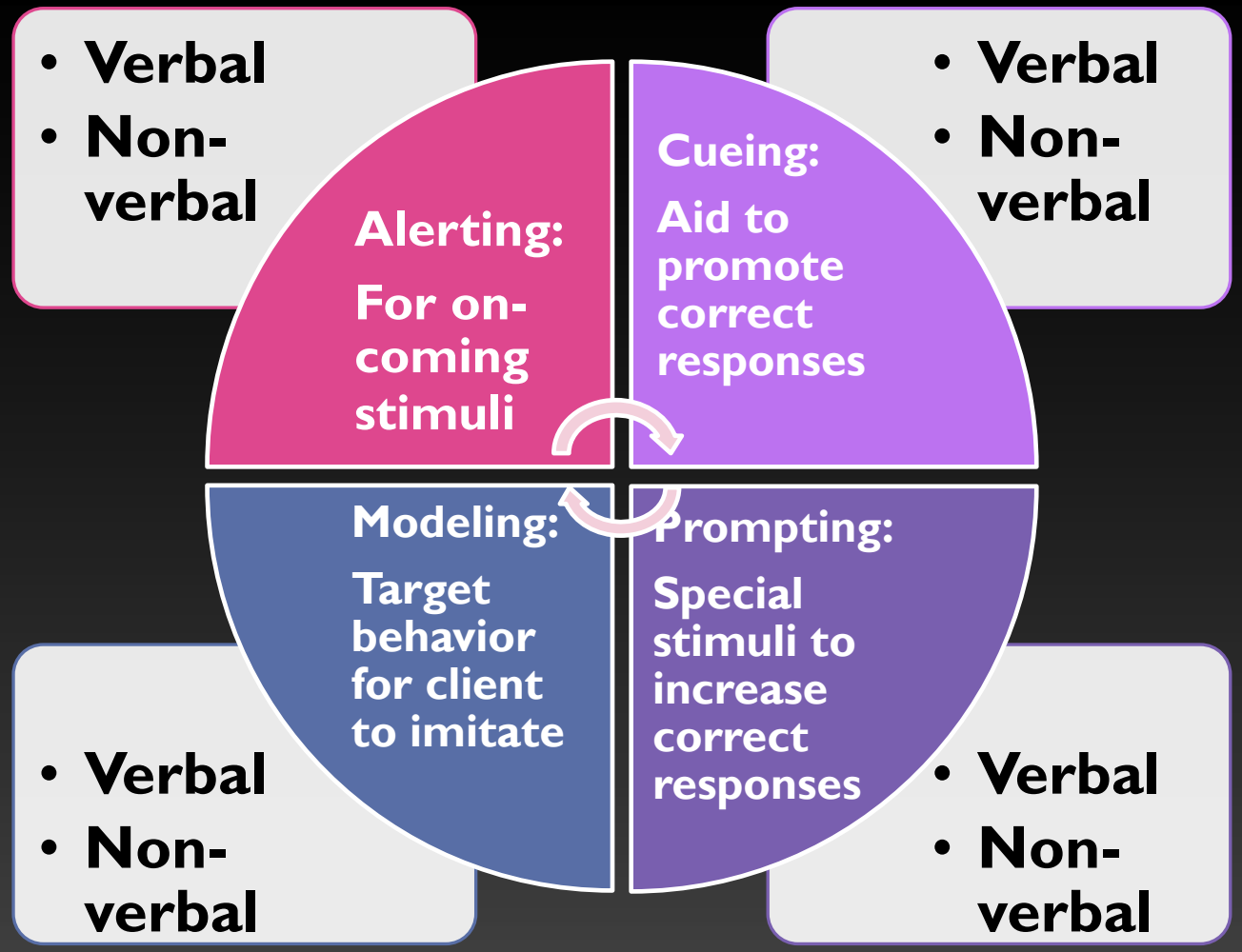
- Rate of speech for clinician (slow → faster)
- Rate of presentation/expectation of stimulus-response (slow → faster)

Fluency

- Appropriateness of order of activities
- Smoothness of flow within/between activities

ANTECEDENTS:

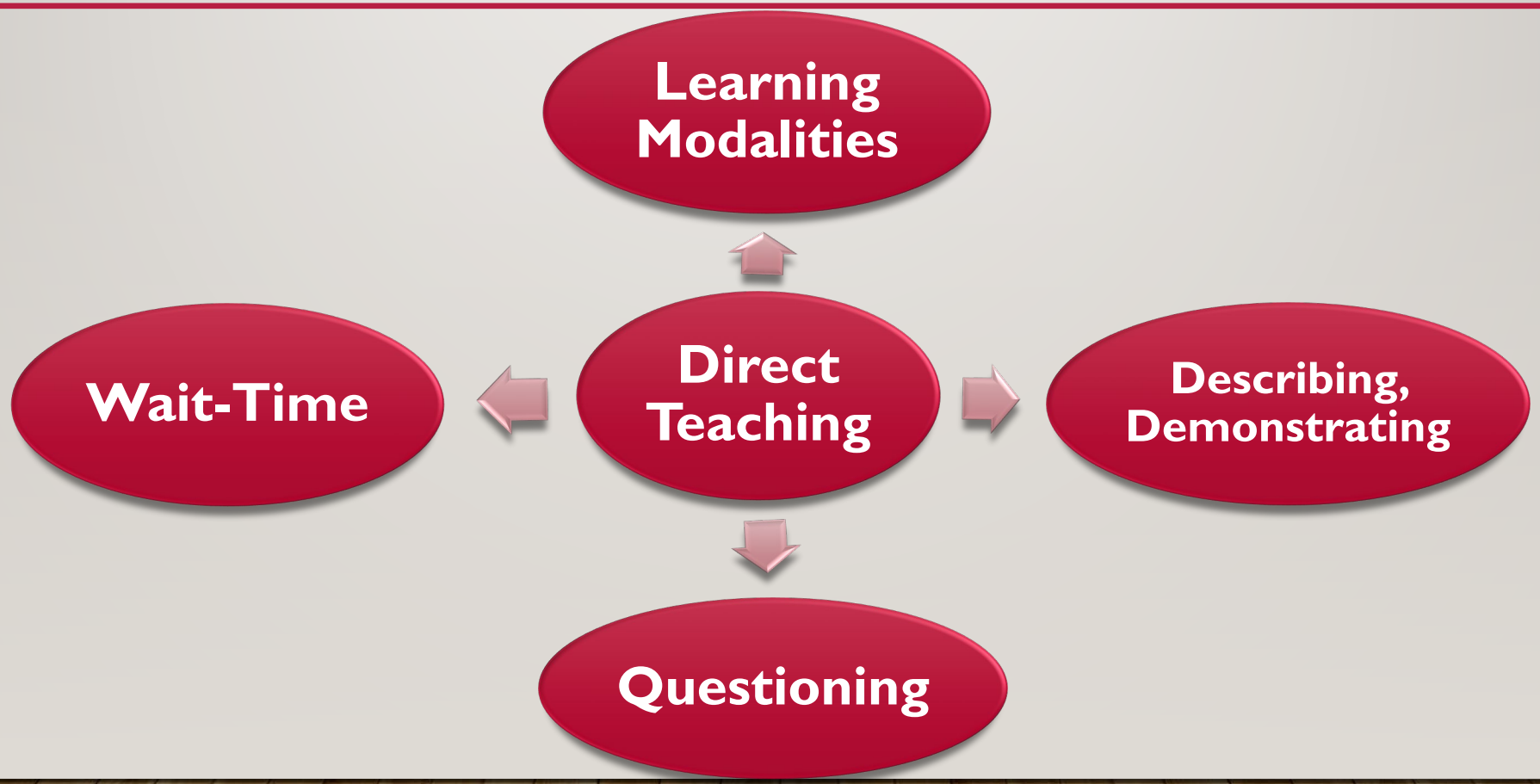
- ALERTING
- CUEING
- MODELING
- PROMPTING



(Hedge, 2008; Nicolosi, et al., 2004)

DIRECT TEACHING:

LEARNING MODALITIES, DESCRIBING/DEMONSTRATING, QUESTIONING, WAIT-TIME



DIRECT TEACHING (CONT'D.) QUESTIONING

QUESTIONING

- **Intonation questions** – declaratives used with inflected upward intonations at end. **(You're going tomorrow?)**
- **Tag questions** – declaratives used with an interrogative added (tagged) to end. **(He can go, can't he?)**
- **Wh-question** – question begins with what, who, when, where, how, which, why
- **Yes-No questions** – questions that only require a yes or no answer.

THE NAIL-SCREECHING "CAN YOU SAY…?"

DIRECT TEACHING (CONT'D.)
WAIT-TIME

- https://www.youtube.com/watch?v=sCLRrmeLk6A **(2 minutes)**

DIRECT TEACHING (CONT'D.) WAIT-TIME

Wait-time is the amount of time a clinician waits for a client's response after asking a question or giving a command.

Cotton (1995) supported the use of longer wait-times, but many teachers employ only an average of 3-5 seconds of wait-time.

Rehab patients often require up to 30 seconds to respond to questions in the early days following insult. (Allina Health, 2021, retrieved)

Practice to establish your own comfort level with wait-time skills.

STIMULUS PRESENTATION: SHAPING (SUCCESSIVE APPROXIMATIONS)

Shaping (successive approximations) is a technique for obtaining responses that are not currently in the client's repertoire (Nicolosi, et al., 2004).

- **Shaping requires** uses of **direct teaching, learning modalities, cues,** and **modeling** at a minimum for easiest client success.
- Give models and cues for stimuli from **CLIENT'S left → right!**
- **Use shaping for all aspects of therapy that require teaching steps:** artic/phonology, language, fluency, voice, resonance, swallowing.

POSITIVE REINFORCERS:
VERBAL PRAISE, TOKENS, PRIMARY REINFORCERS

Verbal Praise: Reinforcement in which the client is praised for giving correct responses or for correctly imitating modeled responses.

Tokens: Items with little inherent value (chips), but that may be used as temporary reinforcers for later exchange for something the client does value (markers).

Primary Reinforcers: Most often are edible reinforcers (candy, chips) used when clients are not responsive to social reinforcers such as verbal praise.

CORRECTIVE FEEDBACK, DATA COLLECTION, PROBING

Corrective Feedback

Mark the incorrectly produced target as wrong for your data collection and begin your corrective feedback.

Be sure your feedback is accurate and complete. Tell client what he/she did well, but also what was done as a problem (incorrect aspect) for the target.

Tell client what the correct target is or model how it sounds; reiterate what the client needs to do to correctly produce the desired target.

Require the client to produce the modeled item as a practice event for several tries as you talk through the steps for correct production. (Do not keep data during a practice event. This is the client's opportunity to practice/question/learn with no threat of failure.)

Reinforce the client's practice and continue making necessary corrections within this practice/teaching opportunity.

Return to Data Collection until another error occurs, at which time the sequence begins again from the top.

Data Collection

Select the most efficient form of data collection for the session or for client's needs.

Determine whether data needs to be kept for each session, or whether another schedule is more desirable.

Keep accurate count of correct and incorrect productions of the target.

Resolve your practice for counting self-corrections. Some clinicians count self-corrections as correct; some as incorrect; some as first incorrect, then correct.

Dispense with data collection during times of direct teaching/practice reiterations when the client is being given instructions on how to correctly produce targets.

Resume data collection when the teaching/practice reiterations are over.

Probing

- **Probing** is investigating a client's skills in producing non-targeted responses on the basis of generalization possibilities. (e.g., homorganic phonemes: t-s; z-n)
- Probes serve as a "scout" to help determine improvements in correctly achieving targets, even though all targets may not yet have been directly addressed.
- Probes also serve to help determine "readiness" for moving on to more advanced work on selected targets.

- **Behavioral Management** is a system the SLP uses to establish and maintain appropriate client behavior.
  - Low: Rules, praise, ignoring behaviors
  - Medium: Contingency contracting, token economy, self-management strategies
  - High: Behavioral management plans and programs, enrollment in special classes, or special services

TROUBLESHOOTING

Troubleshooting refers to the SLP's constant mental scanning looking for indicators of difficulty when therapy is not proceeding well.

Most often difficulties are related to two broad categories:

- **Clinician-focused difficulties: These difficulties result in ineffective therapy for three general reasons: (a) ineffective interpersonal communication skills, (b) ineffective therapeutic-specific skills, and/(c) lack of knowledge/skills for specific intervention needs of the client.**
- **Client-focused difficulties: Client behaviors negatively impact progress in therapy due to (a) poor motivation/enthusiasm for therapy, (b) hidden reasons to sabotage progress, and/(c) lack of proper support for progress in therapy.**

FINAL THOUGHTS

- This profession is a beautiful expression of part of the best of what makes us human: the ability to speak, reason, remember, care, cry, laugh, regret, analyze, and on and on.
- The possibilities for the profession are vast, endless, and so very exciting!
- Any one of us will never know what we all know collectively, so depend on peers for help in improving skills – I did, and I still do!

FINAL THOUGHTS

- Continually surprise yourself with what you know, what you can learn, and what you can become in this profession.
- Dedication, commitment, and tenacity will serve you well; so will kindness.
- My best to you in all that you do.

dDwight, 2022

QUESTIONS?

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