

10 ideas for the speech therapy patient we're not sure how to help

Key ideas

- **Participation Mastery** (idea #1) should be our primary focus, per the WHO ICF.
 - We **collaborate with our patient** to choose a specific participation goal they want to achieve in their daily life. The focus is on communication/cognition here, but the concept applies to dysphagia therapy, too. (Baylor & Darling-White, 2020)
- From there, we can **target the most relevant skills** from ideas #2 through #10, tailoring therapy to support their progress toward their Participation Mastery goal. (Baylor & Darling-White, 2020; Yorkston, et al., 2017)

1. Participation Mastery	<ul style="list-style-type: none">● Target a real-life activity our patient wants to resume, improve, or maintain.
2. Skill Mastery	<ul style="list-style-type: none">● Reduce impairment.● Improve function.
3. Environmental Barriers	<ul style="list-style-type: none">● Reduce barriers in the physical environment: lighting, background noise, proximity to conversation partners, etc.● Improve access or compensate for difficult technology: automatic phone menus, drive-through speakers, ATM keypads, smart home assistants, etc.● Increase ability to use print or online materials: Medical forms, financial and legal information, application for paratransit service, telehealth platforms, etc.

<p>4. Social Barriers</p>	<ul style="list-style-type: none"> ● Identify people who act as facilitators. ● Assist patient/family in determining how to disclose communication needs to others. ● Teach strategies for interacting with people who act as inhibitors. ● Support patients and families in advocating for changes to formal services and policies.
<p>5. Problem Solving</p>	<ul style="list-style-type: none"> ● Teach how to think through communication challenges and breakdowns. <ul style="list-style-type: none"> ○ Acknowledge the problem. ○ Identify contributing factors. Go beyond the patient's impairment. ○ Brainstorm possible solutions, including things that communication partners could do. ○ Try out a possible solution. ○ Evaluate the result. ○ Adjust as needed.
<p>6. Educational Resources</p>	<ul style="list-style-type: none"> ● Assist patient or family in accessing, understanding, and using resources. ● Includes support groups, conversation groups, literature or videos about their condition, community resources, condition-specific apps and tools, and participating in research.
<p>7. Relationships with Medical Providers</p>	<ul style="list-style-type: none"> ● Teach communication strategies specific to medical encounters. Role play to practice the skills. ● Assist with creating a visual aid such as a list of concerns or a communication board. ● Empower patient to initiate teach-back technique if medical provider does not.

	<ul style="list-style-type: none"> ● Help patients understand, organize, and use information after the visit. ● Teach patient how to use health portals to communicate with providers. ● Develop an emergency communication plan. May include scripts or communication boards. ● Create a health information binder. May be physical or digital.
<p>8. Self-Efficacy</p>	<ul style="list-style-type: none"> ● Work with patient to brainstorm how to take action on their own behalf. <ul style="list-style-type: none"> ○ Includes routinely completing a home exercise program, trying a new communication strategy in real life, and advocating for self. ● Teach how to use self-monitoring tools, such as timers, alarms, journals, calendars, or apps. ● Teach goal-setting skills, such as Goal-Plan-Do-Review. ● Assist patient with developing time management skills. ● Assist patient with developing a daily action plan that feels achievable to them. ● Work with patient to create self-advocacy scripts for challenging situations, such as when feeling pressured to speak quickly. ● Encourage patients to make note of small successes, to build confidence and motivation. ● Use motivational interviewing to explore the relationships between mindset and obstacles or challenges.
<p>9. Connect with Peers</p>	<ul style="list-style-type: none"> ● Help patient find someone with similar challenges.

	<ul style="list-style-type: none"> ○ Includes finding peer models on social media, in books or movies, as well as online or in-person support groups. ● Look for peer mentorship programs. ● Search for conversation practice groups, online or in-person. ● Find an online support community. ● Consider group therapy. ● Look for peer-run workshops or conferences. ● Search for opportunities for collaborative projects, such as creative arts, volunteering, or advocacy. ● Look for hobby-based groups to find people with shared interests.
<p>10. Re-interpreting symptoms</p>	<ul style="list-style-type: none"> ● Assist patient or family in recognizing that there may be multiple factors contributing to the symptoms they see. The problem isn't necessarily just the communication or cognitive impairment. ● Explore the role of uncorrected hearing or vision impairments among any of the communication partners. ● Consider the role of fatigue, stress, frustration, distraction, medication side-effects, etc. ● May reframe symptoms as a beneficial adaptation rather than viewing it as a sign of lost skill (example, slower speech rate enhances intelligibility). ● Normalize the learning curve for acquiring new strategies or using new devices. ● Acknowledge that cognitive-communication changes occur with normal aging. Not all

	<p>breakdowns are necessarily caused by the impairment.</p> <ul style="list-style-type: none">● Encourage patients to see communication breakdowns as opportunities to practice their strategies.
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Learn more

- How to write participation level goals with Baylor & Darling-White's (2020) model: <https://eatspeakthink.com/participation-level-speech-therapy-goals/>
- Learn more about the soft skills: <https://eatspeakthink.com/soft-skills-for-slps/>
- Find tools for person-centered care: <https://eatspeakthink.com/proms-for-person-centered-care/>

References

- Baylor, C., & Darling-White, M. (2020). Achieving Participation-Focused Intervention Through Shared Decision Making: Proposal of an Age- and Disorder-Generic Framework. *American Journal of Speech-Language Pathology*, 29(3), 1335–1360. https://doi.org/10.1044/2020_AJSLP-19-00043
- Yorkston, K., Baylor, C., & Britton, D. (2017). Incorporating the Principles of Self-Management into Treatment of Dysarthria Associated with Parkinson's Disease. *Seminars in speech and language*, 38(3), 210–219. <https://doi.org/10.1055/s-0037-1602840>

Disclosure: While many of the specific ideas come from the sources cited at the top and from my own clinical practice, I also used ChatGPT 4o to brainstorm more ideas to share. I hope you find this resource helpful!