



Rancho Los Amigos National Rehabilitation Center Communication Disorders Department Policy and Procedure

SUBJECT: PHILOSOPHY OF TREATMENT

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PURPOSE

To outline the treatment philosophy.

POLICY

The Communication Disorders Department respects professional autonomy and expects staff to provide each patient with an individualized treatment program. Speech-language pathologists are expected to develop treatment programs based on principles of neuroplasticity, when applicable, the best available clinical research evidence, as well as individual clinical judgment. In addition, the Communication Disorders Department provides treatment guidelines to insure that high quality standards are met in all programs.

PROCEDURES

- A. On the basis of the patient's evaluation results and prognosis, the speech-language pathologist is to develop and implement a treatment program that will:
1. Facilitate the highest level of functional communication and/or swallowing possible.
 2. Be integrated with the patient/family/caregiver goals and the interdisciplinary plan of care.
 3. Be accomplished in the most efficient manner (i.e. appropriate use of time, professional expertise and materials).
- B. Intervention is designed to:
1. capitalize on strengths and address weaknesses related to underlying structures and functions that affect communication;
 2. facilitate the individual's activities and participation by assisting the person to acquire new skills and strategies;
 3. modify contextual factors that serve as barriers and enhance facilitators of successful communication and participation including development and use of appropriate accommodations.

Intervention is expected to result in reduced deficits and contextual barriers, improved abilities and contextual facilitators, and measurably enhanced functioning and participation. Intervention

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also may result in recommendations for cognitive-communication reassessment or follow-up, or in a referral for other services.

C. The speech-language pathologist determines a treatment approach which may include one or more of the following:

1. Sensory Stimulation:

- a. This treatment approach may be used with patients with profound neurological impairment who respond to stimuli in a generalized or localized manner.
- b. Assessment and treatment should address the patient's rate, quality and consistency of responses in each of the following modalities: tactile, vestibular, kinesthetic, olfactory, taste, motor speech, auditory, visual, verbal and/or alternative augmentative communication.
- c. A controlled and systematic sensory stimulation program should incorporate the following elements:
 1. Graded systematic input through a combination of some or all of the sensory modalities listed above.
 2. A method of monitoring and documenting the rate and quality of recovery.
 3. Training/involvement of family and/or friends in the sensory stimulation program.

2. Structured Orientation Program:

Following neurological injury, some patients may be acutely confused. They will be aware of themselves and their environment and have some communication abilities. However, because of their confusion, they are unable to communicate purposefully and/or appropriately. A treatment program providing a simple routine environment and familiar activities is most appropriate for this type of patient regardless of underlying or exacerbating communication disorder(s).

3. Facilitation of Spontaneous Recovery of Communication

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- a. On the basis of diagnostic information, the speech-language pathologist identifies the most intact abilities or those that are most likely to recover spontaneously.
- b. The therapy plan will facilitate use of intact communication abilities and/or a combination of intact and least impaired abilities. For example: a communication board used in conjunction with a basic spoken vocabulary, or gestures used along with limited verbal output.
- c. The speech-language pathologist informs other staff as to how best to facilitate communication abilities of the patient.

4. Compensation for Diminished and/or Lost Communication:

The speech-language pathologist may develop and implement a therapy program that will teach the patient new communication. For example:

- a. Teach the patient to speak, read, or write at a different rate, amount, duration, and/or level of complexity.
- b. Teach the patient to use an augmentative means of communication.
- c. Teach the patient to utilize compensatory strategies for memory, attention, cognitive, speech and/or language deficits.

5. Facilitation of Cognitive/Language Developmental Capabilities:

- a. On the basis of the evaluation, current developmental skills and those that should be emerging will be identified.
- b. A treatment program that encourages developmental change via transactions between the child and the social and physical environments will be developed and implemented. This activity based approach uses child-initiated, routine or planned activities that:
 1. emphasize interactions with the environment
 2. are meaningful and functional
 3. are developmentally appropriate (e.g., presents the child with moderate novelty)
 4. are designed to produce changes in repertoires
 5. involve the parent or primary caregiver who has been trained to structure the activity and properly cue the child.
- c. Generalization is encouraged through the use of activities that occur naturally in the child's school, home or during play.

6. Assessment and Intervention for Swallowing Abilities:

- a) Identify of individuals at risk for swallowing and/or feeding disorders using evidence-based screening and assessment techniques
- b) Conduct a clinical examination of the upper aerodigestive tract. Based on results, refer for and conduct instrumental examination, as clinically indicated.
- c) In consultation with patient and caregivers, recommend safe and effective methods of oral intake, risk precautions, compensatory strategies and exercise and treatment plan.
- d) Provide treatment, including compensatory and/or facilitation and exercise techniques, for individuals with swallowing and feeding disorders.
- e) Provide education, counseling, and training to individual with a swallowing and/or feeding disorder, family, significant others, dysphagia team, health and education professionals.
- f) Provide discharge planning and follow-up care.

7. Patient/Family Education

The speech-language pathologist will work closely with the patient and designated family/caregivers to understand their goals and needs and empower them to self-manage their health concerns and recovery processes. Respectful and culturally appropriate education will be provided.

