Understanding Speech-Language Pathology and Occupational Therapy Co-Treatments: Professional and Parent Perspectives

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Interdisciplinary Practice

“a team approach for providing services and supports to people with disabilities:

- That supports shared decision-making by valuing and respecting the contributions of each individual, family, and professional discipline;

- That demonstrates shared leadership, accountability, and responsibility for individualized planning of services and supports to improve the quality of life for everyone; and

- That is comprehensive, holistic, and inclusive across communities and which generates synergistic problem-solving to meet the individual’s needs.”

(AUCD, 2007)
SLP/OT Co-Treatment

- The collaboration between SLPs and OTs during assessment and intervention, such that the two professionals jointly coordinate and implement intervention goals.

- SLPs and OTs simultaneously carry out a therapy session utilizing and combining their separate areas of expertise.
SLP/OT Co-Treatment

- Each profession has discipline specific knowledge

- The two professions also have areas of practice that may overlap
  - Ex: joint attention, the use of gestures to communicate, certain pragmatic aspects of communication
Purpose

- There is currently a lack of research on the implementation and effectiveness of co-treatments.

- Aim of this project is to develop a better understanding of this form of service delivery from the perspectives of the professionals who are currently implementing co-treatments and the parents of children receiving this approach.
Research Questions

- What are the apparent benefits of utilizing a co-treatment approach?
- Are co-treatments typically used for a specific age group or with children with a specific disability?
- Are co-treatments typically the sole service delivery method or are they combined with individual SLP and OT services?
- What are the possible barriers to utilizing a co-treatment approach?
- What are parents’ perspectives on the use of co-treatments.
Methods

- **Participants: Professionals**
  - 3 SLP/OT co-treatment teams in Connecticut, consisting of 1 SLP and 1 OT each.
    - 1 from a school system
    - 2 from private practices

- **Participants: Parents**
  - A maximum of 6 parents whose children are receiving co-treatments
Methods

**Procedure: Interviews**

- Professionals were identified by contacting certified SLPs and OTs, and their personal knowledge of facilities and schools that utilized co-treatments.
- Participants were contacted via e-mail and asked to participate in an interview.
- An interview guide was created to discover the benefits, implementation, and barriers of co-treatments from the perspective of the professionals.
- Individual interviews were conducted in person or over the phone.
- Interviews were recorded with participant consent, transcribed, and the recordings were later destroyed.
Methods

**Procedure**: Parent surveys

- After the SLP/OT interviews, the co-treatment teams were asked to distribute parent surveys to two families on their case load.

- The survey addressed the parent’s perspectives on co-treatments, including level of involvement in the intervention and satisfaction with the approach.
Methods

Data Analysis:

- A qualitative approach was utilized, due to the current lack of research on this topic.

- An exploratory approach was used to collect data from the interviews to determine if any differences or common trends existed among professionals and co-treatment approaches.
Results: Professionals

- Training of Professionals
  - All of the participants stated that they never received any training on the implementation of co-treatments
  - Many participants reported that experience alone was the primary method of learning how to implement co-treatments
    - One responded stated that initially carrying out co-treatments was a process of trial and error
  - Effective communication between professionals was mentioned as a pertinent component of co-treatments
Results: Professionals

- Utilization of Co-Treatments
  - All participants stated that they utilize co-treatments because combining movement and sensory integration, while facilitating language, results in increased speech and language output from the child.
  - All participants stated that co-treatments are primarily used for children diagnosed with ASD.
    - Co-treatments were also found to be used with children diagnosed with Down Syndrome, sensory integration disorders, Williams syndrome, and for children that are nonverbal or minimally verbal.
  - Although co-treatments were reported to be most common for preschool children, there was no specific age group that co-treatments are most appropriate for.
    - One responded stated “If they need it, they need it.”
Results: Professionals

- Implementation of Co-Treatments
  - None of the participants reported having scheduled meeting times to plan and coordinate co-treatment sessions.
  - Two of the co-treatment teams reported equal involvement of both the SLP and OT during co-treatment sessions.
  - One co-treatment team reported that the role of the professionals within this approach depends on the child’s goals and needs.
  - All co-treatment teams reported parent participation in the decision to utilize co-treatments for their child.
  - None of the participants state that parents are directly involved in the co-treatment sessions.
Results: Professionals

- Implementation of Co-Treatments cont.

- The design of a co-treatment differed among the teams
  - Two of the teams stated that all of the children receiving co-treatments additionally received individual services (a mixed approach)
    - One team reported that children received 2 hours of individual sessions and 30 minutes of co-treatment a week
    - Another team reported that the children on their case load received 1-2 hours of co-treatment a month
  - One team stated that in addition to utilizing a mixed approach for some children, one child on their case load received co-treatment only intervention
Results: Professionals

- Advantages of Co-Treatments: Children
  - The most common benefit was that co-treatments allow a child to attend and participate more in a session, therefore facilitating language.
  - Many respondents reported that co-treatments allow for carryover of strategies from the other profession, to create consistency in the services that the child is receiving.
Results: Professionals

Advantages of Co-Treatments: Professionals

- 4 out of 6 participants stated that utilizing co-treatments is a great learning opportunity
  - Co-treatments allow the professionals to learn about the other discipline and carry over strategies
- Many respondents reported that co-treatments enable them to look at a child from a different professional perspective
  - Allows for different interpretations of behaviors and a larger brain-storming base
Results: Professionals

- Barriers of Co-treatments
  - 5 out of 6 participants reported that parent’s hesitation in utilizing co-treatments is the most common barrier
    - Parents may feel that their child will not receive enough individual SLP and OT services
  - None of the respondents stated difficulties with billing for co-treatment services, or inclusion of co-treatments in IEPs
Results: Parents

- None of the parent surveys have been returned at this time.

- Therefore, no results on parent’s perspectives of co-treatments can be reported.
Conclusions

- From the professional’s perspective, utilizing co-treatments has many benefits for the children and professionals.
- While co-treatments are mostly used for children diagnosed with ASD, they are also beneficial for children diagnosed with other disorders.
- Furthermore, although co-treatments are primarily used in the preschool population, this approach may be appropriate for children of any age.
- According to the study, no training is being provided to the professionals implementing co-treatments.
- None of the professionals have designated times to plan and coordinate their co-treatment sessions.
- While parents are involved in the decision to utilize co-treatments, they are not involved in the implementation of the approach.
- There are differences in the design of co-treatments between the co-treatment teams.
Implications/ Future Research

- Due to the current lack of research on co-treatments, this study provides parents and professionals with a better understanding of this service delivery approach, and the importance of interdisciplinary collaboration.

- The results of this study indicate the following as further areas of exploration in the area of SLP and OT co-treatments:
  - Development of a training program for professionals implementing this approach.
  - Creation of an SLP and OT co-treatment model that may be most effective.
  - Determine if the implementation of co-treatments results in greater speech and language improvements, compared to individual services where no collaboration between professionals exists.
References

Interview: Professionals

General questions about the professional:

- How long have you been working as an SLP/OT with children?
- What is your area of expertise (ex: pediatrics, autism spectrum disorders, sensory integration therapy, articulation disorders, language disorders, etc.)?
- What types of settings have you previously worked in (ex: hospital, clinic, school, etc.)?

Questions regarding the use of co-treatments:

- How would you define a co-treatment?
- Why do you use co-treatments?
- How did you learn about co-treatments?
- How long have you been implementing co-treatments with children?
- Have you used co-treatments in any other settings that you have worked in?
  - If yes, which ones?
- How were you trained to implement co-treatments?
  - (prompt: Did you received a one on one or group training, where was the training held, and how much time was spent on training, who trained you?)
  - If no training was provided, move to questions 7
- Without any training, did you feel comfortable implementing a co-treatment when you were initially asked to use this approach?
  - If no, how did you overcome this?
- Do you allot specific times to plan and coordinate your co-treatments?
  - If yes, how often do you meet to discuss co-treatments (weekly, monthly, yearly)
- How many children are on your caseload?
  - Out of your total caseload, how many children are receiving co-treatments?
- How was the decision made to utilize co-treatments for these children?
  - (Prompt: where there any other ways decisions were made?)
  - If the use of parents was not mentioned, move to question 11
- Are parents involved in the decision to utilize co-treatments for their child?
  - If yes, how are co-treatments explained to them?
  - If no, why?
- What are parent’s concerns about using a co-treatment approach?
  - (Probe, if necessary: Are parents concerned that their children may be receiving less hours of therapy or fewer services?)
  - If yes, how is this concern addressed?
Are parents involved in co-treatment interventions?
- Do they have any specific responsibilities within this approach?

Of the children who are receiving co-treatments, is it typically the only intervention method being used, or are the children receiving individual SLP and OT services as well? (for example, are children just receiving co-treatments or are they receiving a mix of co-treatments and individual services)
- If co-treatments are the only method utilized, how many hours of services are the children receiving each week?
- If mixed, how many hours of co-treatments are the children receiving and how many hours of individual services are they receiving per week?

During a co-treatment session how are the responsibilities between the SLP and OT divided? (ex: the SLP leads the session while the OT assists, or both members are equally involved in each session)

Do you work with more than one SLP (if interviewing an OT) or OT (if interviewing an SLP) for different co-treatments?
- If yes, how many other SLPs or OTs do you work with?
- If no, how long have you been working with the same OT/SLP?
Is there any specific disorder, condition, or symptom behavior that you have primarily used co-treatments for?

Are there any other disorders that you have used co-treatments for?

Is there a specific age-group that you utilize co-treatments for?

What are the benefits of utilizing a co-treatment approach?
  - If not addressed- What are the specific benefits to the children receiving co-treatments?

Are there any benefits that the professionals gain by utilizing a co-treatment approach?

Have you had any problems including co-treatments in an IEP or problems billing insurance for co-treatments?
  - Probe if necessary- What issues did you encounter?

How were issues concerning inclusion in IEPs and billing for co-treatment services overcome?
  - Probe if necessary- which type of service (SLP or OT) does co-treatment fall under when developing an IEP or billing insurance?

Do you have any additional information about co-treatments that you would like to provide?
Parent Survey:

- As of January 1, 2011 how old is your child?
  - Newborn through 23 months-
    - 2-3 years old
    - 4-5 years old
    - 6-7 years old
    - 8-9 years old
    - 10-11 years
    - Other: ______

- What disorder(s) has your child been diagnosed with (check all that apply)?
  - Autism Spectrum Disorder
  - Down Syndrome
  - Intellectual Disability
  - Multiple Medical Conditions
  - Other: _____________________________

- As of January 1, 2011, how many years has your child been receiving co-treatments?
  - 0-1 years
  - 2-3 years
  - 3-4 years
  - 4-5 years
  - 6+ years
In what setting has your child received co-treatments (check that apply)?
- School
- Private clinic/ rehabilitation center
- Hospital
- Other: _______________________

Were you involved in the initial decision to use co-treatments as an intervention method for your child?
- Yes
- No
- Not Sure

If you answered “no” to question 8, who suggested the use of co-treatments for your child (check all that apply)?
- Speech-Language Pathologist
- Occupational Therapist
- Special Education Teacher
- General Education Teacher
- Director of Special Education
- Other:
Are you involved in the planning/implementation of your child’s co-treatment therapy?
- Yes (please refer to question 10a)
- No (please refer to question 10b)

10a.) If yes, in which ways are you involved and what responsibilities you hold? (check all that apply)
- Creating and selecting treatment goals
- Observing therapy sessions
- Working on treatment goals at home
- Other: ___

If no, why are you not involved in the planning/implementation of your child’s co-treatment therapy? (please select all that apply)
- I was not aware that parent’s could be involved in their child’s therapy
- I feel as if the professionals know better than me
- I was never asked to be involved in my child’s therapy
- I am too busy to be involved
- Other:
Were you initially concerned that by choosing a co-treatment approach your child would receive fewer services?
- Yes (please refer to question 11a)
- No

11a.) If yes, how was this concern address? (check all that apply)
- Your child received individual services along with co-treatments
- The amount of services your child received did not differ with the co-treatment approach
- You still worry that the co-treatment method reduces the amount of services my child receives.
- Other:

If you are very unsatisfied, unsatisfied, or neutral, how could your child’s co-treatment approach be improved?
- Your child appears to be receiving less services
- Your child has not made much improvement with this approach
- Your child appears to be overwhelmed with two professionals in the same room
- The professionals do not appear to plan and coordinate as much as you would like
- Other:
What benefits or improvements have you seen in your child while being involved in co-treatments (check all that apply)?

- Behavioral improvements
- Communication improvements
- Motor improvements
- Educational improvements
- Social improvements
- Other

Would you recommend co-treatments to other parents?

- Yes
- No

If you have any other comments or suggestions regarding your child’s co-treatment intervention please include them below.