

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 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

- Association of University Center Disabilities. (2007, September). Interdisciplinary Practice. Retrieved April 28, 2011, from http://www.aucd.org/docs/councils/cis/board_ideef_2007.pdf

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 you 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.