Patient-Centered Outcomes and the Coaching Model
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“What you do with what you have is more important than what you have.”
- Mark Ylvisaker

Outline
- Patient-centered outcomes
- The Coaching model
- Caregiver training and education
- Class Case Simulations
What are Patient-Centered Outcomes?

**Clinician Determined Goals**
- Patient/family with limited goal awareness
- Little awareness of how treatment will be relevant to life needs
- Reduced likelihood of real-life rehearsal that may yield carry-over of skills

**Collaborative Patient-Centered Goals**
- ↑ motivation with therapeutic process
- Improved self-awareness
- Improved meta-cognitive strategy
- Quicker rates of generalization

Tippett (2012); Kennedy, et al. (2012)

**Intentions for PCOs and Actuality of use…**
- Maitra (2006): younger, acutely ill patients reported more collaboration with healthcare professionals
- Complex medical complications are at risk factor for higher rates of vulnerability and reduction in decision making
**World Health Organization (2001)**
- Focus shift changed how we look at the medical model...
- Assessment and Intervention are now truly comprehensive and dynamic...
- Quantitative and Qualitative information combined yield more informed goal determination...

**Is there more to it?**

**Practice Shifts and Advancement**
- Goals established are no longer strictly criterion based
- Goals now must correlate with life competence

*The goal should always be to improve someone’s Quality of Life!*

**What’s the next step?**
- Contextual factors
  - Setting
  - Need
  - Desire
- Maintenance of client values while collaboratively bridging that gap
  - Where they are versus where they want to be...
Strict use of standardized measures is a decontextualized approach…
- Translation into dynamic intervention plan
- Consideration of personal value/desire

Equal consideration of quantitative and qualitative measures provides the most information…
- This easily translates into a dynamic intervention plan
- Easily allows for collaboration of personal/familial values and desires
- Maintains professional capacity for measurement, documentation, and insuring generalization of skills

Quantitative Patient-Centered Outcomes
- # of social activities attended
- Grades
- Survey completion throughout the course of intervention
- # of communicative successes for a particular setting

Qualitative Patient-Centered Outcomes
- Self-report of successes
- Personal satisfaction with a particular outcome
- Report of sense of wellbeing
Patient-Centered Outcomes

A combination of Quantitative and Qualitative outcomes is optimal

Examples of combined quantitative and qualitative goal writing:

- The client will…
  - Respond to spoken yes/no questions via head nods and/or yes and no verbalizations with at least 80% accuracy in structured conversations on topics of personal relevance.
  - Silently read newspaper articles and respond to written comprehension questions about them with 80% accuracy.
  - Initiate a verbal comment or questions in aphasia group at least once per session.
  - Order dinner at a restaurant with less than two prompts from his spouse via self/family report.

Goal Considerations for Outcome Determination…

- Modalities should be linked to patient activity/participation preferences
- Integrity of documentation is maintained through measurement
- Documentation can be improved as qualitative measures support generalization of skills
• Evidence-Based Practice: Integration of research principles and clinical experience with principles of Patient-Centered Outcomes

Integration of Principles

• EBP framework lends itself to be tailored to a specific patient
  – Consideration of patient autonomy

Potential barriers to implementing PCOs:
• Institutional barriers
  – Type of institution (i.e. acute care versus day program)
• Procedural barriers
  – High productivity demands
• Complicating patient factors
  – Cognitive impairment

Womack (2012)
Patient-Centered Outcomes

Relevant Populations:
- Any individual and their families who are navigating the habilitation/rehabilitation process
- Our focus today will be based around case studies...
  - Adolescent TBI survivor
  - Adult CVA survivor

Patient-Centered Outcomes

TBI Survivor
- Considerations for life competence and success...
  - Daily needs
  - Social activities
  - Educational needs
  - Future goals

CVA Survivor
- Considerations for life competence and success...
  - Daily needs
  - Social activities
  - Vocational needs
  - Future goals

Patient-Centered Outcomes

Dynamic Assessment
Multi-modal Intervention
Positive Clinician - Client Interaction
Patient-Centered Outcomes

Benefits to beginning tx in this format are many...
- Increased likelihood for reaching out for emotional support
- Requesting guidance for decision making.

Further benefit can be seen in:
- True Collaboration
- Generalization
- Client Motivation
- Dynamic Assessment
- Multimodal Intervention
Other considerations when determining development of PCOs...
- An individual's ability to participate in life situations
- The environment(s) in which they use communication and cognitive skills
- An individual's attitudes and feelings regarding themselves
- Their individual limitations

The Coaching model helps us bridge the gap between the therapeutic process and PCOs...
- It naturally helps to alleviate patient anxiety associated with goal achievement...
- It helps SLPs promote patient/family adherence to therapeutic plans...
- It helps SLPs foster improved motivation in our clients...

Finding what works for each individual...
The Dynamic Coaching Model

“Value is in the process, not just the product.”
Kennedy, Krause, O’Brien, & Yu 2011

Why Dynamic Coaching?

- Collaboration
  - Determining goals
  - Identifying successful strategies
  - Evaluating outcomes

- Ownership

- Generalization

- Evidence-based Practice

Collaboration

- The clinician and client are partners in
  - Determining goals
  - Identifying successful strategies
  - Evaluating outcomes
Ownership

- The client guides session content and focus
  - Takes responsibility for selecting, implementing, and evaluating novel strategies
- Problem solving and critical thinking

Generalization

- Everyday activities
- Self-selected strategies
  - tested in authentic environments
- Clients develop self-regulation skills and become experts in implementing strategies to meet their current and future needs. (Kennedy et al., 2011)

Evidence Base

- Best practices in cognitive rehabilitation therapy (CRT) (www.ancds.org)
  - Functional, self-identified goals from functional assessment
  - Direct instructional practices that capitalize on procedural, implicit memory
  - Practice scheduling should be distributed
    (Ehlhardt et al., 2008; Kennedy et al., 2008; Sohlberg et al., 2003; Sohlberg et al., 2007; Teasdale et al., 2001)
  - Practice of authentic tasks to automaticity (Bruning, Schraw, & Norby, 2001)
**Evidence Base**

- Aligns with recommendations for best practice from ASHA (www.asha.org/Practice-Portal/Clinical-Topics)
  - ↑ education for clients and family members
  - External supports and strategies
  - Development of client-centered goals

**Coaching Process**

- Assessment & Interview
- Treatment & Support
- Outcomes
**Assessment & Interview**

- Observation
- Interviews/Questionnaires
  - Patient history & current status
  - Personal communication goals
  - Description of current strategies*
- Norm-referenced assessment
- Criterion-referenced assessment

**Self-Awareness Measures**

- Self-Regulation Skills Inventory
  - Main area of difficulty, awareness of deficit, motivation to change, strategy awareness, strategy use, strategy effectiveness
- Self-Awareness Deficit Interview (SADI)
  - Deficits, functional impact, realistic goals?
  - [www.me.umn.edu/.../self-aware/](http://www.me.umn.edu/.../self-aware/)
- Patient Competency Rating Scale (PCRS)
  - Patient and family rating of basic skills
  - [tbims.org/combi/pcrs/](http://tbims.org/combi/pcrs/)

**SLP Role Post Assessment** (Kennedy & Krause, 2010)

- Discuss evaluation results with client — in terms of functional performance
  - Develop individualized recommendations
- Develop objectives based on the client’s goals and current strategies
  - Backward Design (Markle, 1967)
- Provide overview for future sessions
Coaching Process
- Assessment & Interview
- Treatment & Support
- Outcomes

Areas of Treatment
- Self-Learning
- Self-Advocacy
- Self-Management

Self-Learning
What is it I want to learn or relearn how to do?
Self-Learning Goals

- Strategy-based:
  -
- Performance-based:
  -
- Process-based:
  -

Self-Learning Strategies

- Vary by individual and learning profile
  -
- Traumatic Brain Injury
  -
- Stroke
  -
- Degenerative Disorder (e.g., ALS)
  -

Examples
### Tracking Strategy Use

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Care</th>
<th>Help</th>
<th>Use</th>
<th>Effort</th>
<th>Worth</th>
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<tbody>
<tr>
<td></td>
<td>How much do I care about this strategy?</td>
<td>How helpful was this strategy?</td>
<td>How often did I use it?</td>
<td>How much effort did it take to use this strategy, or how hard was it to use this strategy?</td>
<td>Was it worth it?</td>
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Rate all responses as 1-5: (1) Not at all, (2) a little, (3) somewhat, (4) quite a bit, (5) very/all the time.

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### Self-Management

**How can I manage my life effectively?**

![ORDER CHAOS](image)

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### Self-Management Goals

- Time management: 
- Organization: 
- Planning: 
- Prioritizing:
Self-Management Strategies

• Time management:
  –
• Organization:
  –
• Planning:
  –
• Prioritizing:
  –

Examples

Plan Do Review

<table>
<thead>
<tr>
<th>Task to be completed</th>
<th>Estimated time to complete</th>
<th>Actual time to complete</th>
<th>How accurate was the estimate? What took more/less time?</th>
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Self-Advocacy

Do I know how to speak up on my behalf and ask for what I need? (CanLearn Society, 2013)

Self-Advocacy Goals

(CanLearn Society, 2013)

- Know yourself
- Know what supports you need to be successful
- Know how to communicate your needs effectively

Self-advocacy Strategies

- Knowing yourself
- Knowing what supports you need
- Knowing how to communicate with others
Dynamic Coaching Example - Brooke

Background Information

- University senior in the general education program
- TBI sophomore year of high school following a motor vehicle accident
- 3 weeks in a coma
- Speech, OT, and PT = 2 months inpatient, 6 months outpatient following accident
- Gross and fine motor intact

Assessment Results

- Cognition
  - Attention: WNL
  - Memory: moderate deficits in delayed recall
  - Organization: mild deficits
  - Planning: WNL
  - Judgment/problem-solving: WNL
- Expressive language: mild word-finding deficits
- Receptive language: WNL
Interview

- Strategies
  - Reads assignments multiple times
  - Goes to class
- Chief complaints
  - Does poorly on tests because she can’t remember studied information
  - Has difficulty determining the priorities of tasks and finishing them on time
  - Has difficulty identifying and asking for effective accommodations.

Initial Sessions (~1-3)

- Overview coaching structure
- Establish Initial goals
- Evaluate current strategies
- Introduce 1-2 strategies
- Determine carryover assignments

Overview Coaching Structure

- General structure and expectations
- Portfolio
- Example Table of Contents
  - Exam strategies
  - Time-management strategies
  - Prioritizing strategies
  - Word-finding strategies
  - Resources
Establish Initial Goals

- Brooke wants to maintain a B-average on tests in all of her classes over the course of the semester
  - Brooke will use learning strategies (e.g., imagery, guided questioning) to correctly answer 60% of questions presented after she reads a class assignment.
- Brooke wants to respond to class questions using complete utterances
  - Brooke will use word-finding strategies (e.g., circumlocution) to answer 50% of class questions using complete utterances.
- Brooke wants to receive academic effective accommodations
  - Brooke will advocate for necessary academic accommodations by presenting relevant information to familiar and unfamiliar listeners orally or in writing during authentic situations in 80% of opportunities.

Evaluate Current Strategies

- Reflect on what works
  - Why?
- Reflect on what doesn’t work
  - Why?
- Identify barriers?
  - Environmental
  - Personal
Introduce New Strategies

- Problem-solving
  - Identify problem
  - Develop hypothesis
  - Test hypothesis
  - Evaluate results
- Plan-do-review
- Remember: The goal of any new learning is automaticity (Bruning, Schraw, & Norby, 2011)

The Modeling Process

Discuss Rationale
Model task
Model task steps
Have client practice task steps with guidance
Have client practice task with guidance
Have client complete the task independently

Carryover Assignments

- Complete Plan-do-review chart for one week
- Write down one specific problem to address in the next session
- Purchase/bring a planner
**Ongoing Sessions**

- Evaluate current strategies
  - Use real life examples
- Discuss emergent problems
  - Use problem-solving to select best strategy
- Introduce/Review 1-2 new strategies
  - Apply using real life materials
- Determine carryover assignments
  - Use real life activities

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**Coaching Process**

- **Assessment & Interview**
- **Treatment & Support**
- **Outcomes**

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**Discharge**

- Procedural Knowledge: Client independently implements strategies to meet established goals
- Conditional Knowledge: Client knows where, when, and why to implement strategies to novel situations
- Advocacy: Client feels confident asking for effective accommodations/supports.
Keep In Mind

- Process not product
- Cautious technology implementation
- Reliance on multiple outcomes
  - Actual behavior vs. self-report
- Explicit description of cost/benefit
  - Time vs. strategy

Keep In Mind

- Prochaska’s stages of change
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance
  - Strategy/routine

Group Cases

John Smith
Miles Standish
Resources

- Self-Awareness Deficit Interview (SADI)
  – Search “self-awareness deficit interview” online for download
- Patient Competency Rating Scale (PCRS)
  – tbioms.org/combi/
- Self-advocacy handout from CanLearn Society
  – Search “self-advocacy CanLearn Society” online for download
- Practice guideline publications on cognitive rehabilitation therapy for persons with TBI
  – www.ancds.org

References

## References


