Patient-Centered Outcomes and the Coaching Model

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“What you do with what you have is more important that what you have.”
- Mark Ylvisaker

Outline
• Patient-centered outcomes
• The Coaching model
• Caregiver training and education
• Class Case Simulations

Patient-Centered Outcomes

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
Patient Centered Outcomes

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 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...

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

Strict use of standardized measures is a decontextualized approach...
- Translation into dynamic intervention plan
- Consideration of personal value/desire

Patient-Centered Outcomes

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.

- 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

**Goal Considerations for Outcome Determination…**

- Evidence-Based Practice: Integration of research principles and clinical experience with principles of Patient-Centered Outcomes
- Patient-Values 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
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

PCOs and the Coaching Model...
- 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 SLRs promote patient/family adherence to therapeutic plans…
- It helps SLRs foster improved motivation in our clients…

Patient-Centered Outcomes

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

Patient-Centered Outcomes

Benefits to beginning tx in this format are many…
Further benefit can be seen in:
- Increased likelihood for reaching out for emotional support
- Requesting guidance for decision making.

Patient-Centered Outcomes

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
- 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.anncs.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., 2009; Kennedy et al., 2009; Sohlberg et al., 2003; Sohlberg et al., 2007; Takahata et al., 2003)
  - Practice of authentic tasks to automaticity
    (Broussard, Schraw, & Norby, 2013)
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

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/
• Patient Competency Rating Scale (PCRS)
  – Patient and family rating of basic skills
  – 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

Coaching Process
Assessment & Interview
Treatment & Support
Outcomes
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
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practice
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practice
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practice
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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</thead>
<tbody>
<tr>
<td>How much do you care about this strategy?</td>
<td>How helpful was this strategy?</td>
<td>How often did you use it?</td>
<td>How much effort did it take 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.

Self-Management

How can I manage my life effectively?

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
(ScanLearn 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

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.

Evaluate Current Strategies

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

Overview Coaching Structure

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

**Coaching Process**

- Assessment & Interview
- Treatment & Support
- Outcomes

**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

Resources

- Self-Awareness Deficit Interview (SADI)
  - Search “self-awareness deficit interview” online for download
- Patient Competency Rating Scale (PCRS)
  - tbioms.org/combi/prcs/
- 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


Group Cases

John Smith
Miles Standish

Keep In Mind

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

References

References