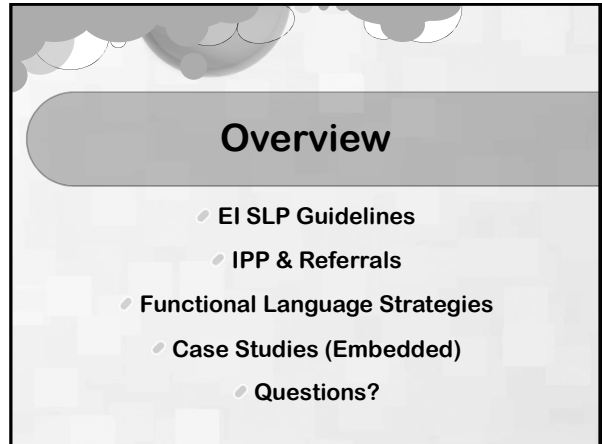


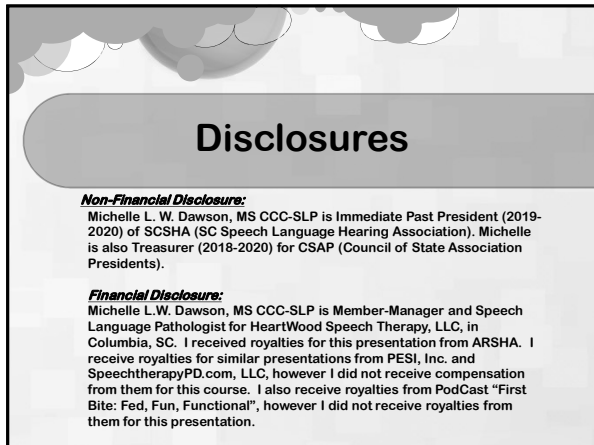
EI Best Practices for the Medically Fragile and Complex Child

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4/05/2019
Arizona Speech Language Hearing Association



Overview

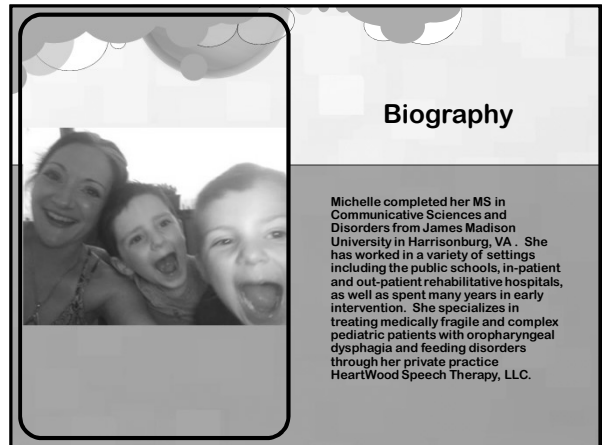
- EI SLP Guidelines
- IPP & Referrals
- Functional Language Strategies
- Case Studies (Embedded)
- Questions?



Disclosures

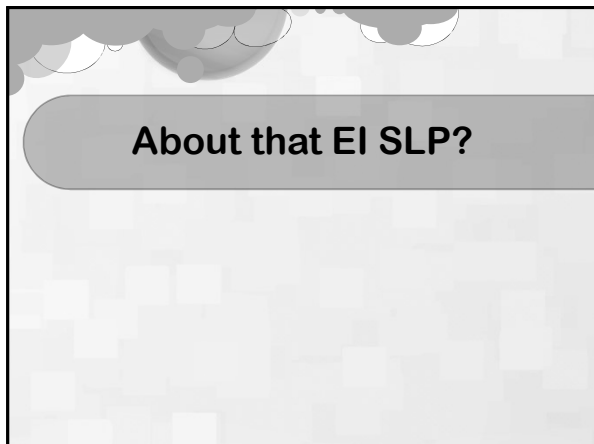
Non-Financial Disclosure:
Michelle L. W. Dawson, MS CCC-SLP is Immediate Past President (2019-2020) of SCSHA (SC Speech Language Hearing Association). Michelle is also Treasurer (2018-2020) for CSAP (Council of State Association Presidents).

Financial Disclosure:
Michelle L. W. Dawson, MS CCC-SLP is Member-Manager and Speech Language Pathologist for HeartWood Speech Therapy, LLC, in Columbia, SC. I received royalties for this presentation from ARSHA. I receive royalties for similar presentations from PESI, Inc. and SpeechtherapyPD.com, LLC, however I did not receive compensation from them for this course. I also receive royalties from PodCast "First Bite: Fed, Fun, Functional", however I did not receive royalties from them for this presentation.

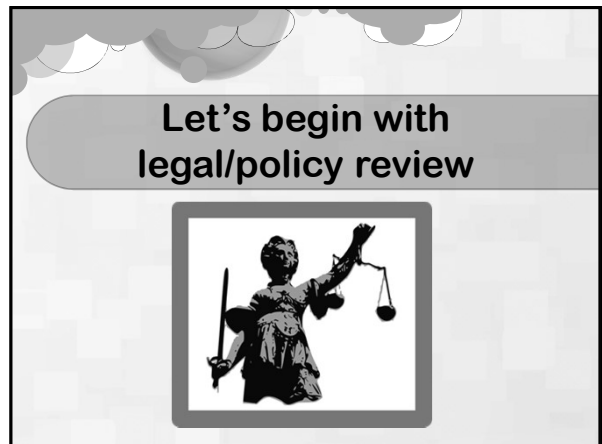


Biography


Michelle completed her MS in Communicative Sciences and Disorders from James Madison University in Harrisonburg, VA. She has worked in a variety of settings including the public schools, in-patient and out-patient rehabilitative hospitals, as well as spent many years in early intervention. She specializes in treating medically fragile and complex pediatric patients with oropharyngeal dysphagia and feeding disorders through her private practice HeartWood Speech Therapy, LLC.



About that EI SLP?



Let's begin with legal/policy review



Guidelines

- IDEA
- DEC
- ASHA
- AAP

What does IDEA Part C Say?

- **Early Intervention Services in Natural Environments Code 303.126**
 - Each system must include policies and procedures to ensure, consistent with other provisions in the part, that early interventions services for infants and toddlers with disabilities are provided
 - A. To the maximum extent appropriate, in natural environments; and
 - B. In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP team, only when early intervention services cannot be achieved satisfactorily in a natural environment
- **Natural Environments Code 303.26**
 - "settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of code 303.126 (Early intervention services in natural environments).

What does DEC Say?

- **8 Guiding Principles: Leaders, Assessment, Environment, Family, Instruction, Interaction, Teaming and Collaboration, Transition**
 - **E1:** Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning environments
 - **F1:** Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity
 - **F6:** Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences
 - **IN6:** Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities
 - **INT3:** Practitioners promote the child's communication development by observing, interpreting, responding contingently, and providing natural consequences for the child's verbal and non-verbal communication and by using language to label and expand on the child's requests, needs, preferences, or interests

What does ASHA say?

- **Technical Report: Roles and Responsibilities of Speech-Language Pathologists in Early Intervention**
 - Functions of SLP
 - Prevention
 - Screening, Evaluation, and Assessment
 - Planning, Implementing, and Monitoring Intervention
 - Consultation and Collaboration with the Family and Other Team Members
 - Service Coordination
 - Transition Planning
 - Advocacy
 - Awareness and Advancement of the Knowledge Base in Early Intervention

ASHA continued

- **Position Statement: Roles and Responsibilities of Speech-Language Pathologists in Early Intervention**
 - *Our Roles should be implemented in accordance with these guidelines:*
 1. Services are family centered and culturally/linguistically responsive
 2. Services are developmentally supportive and promote children's participation in their natural environments
 3. Services are comprehensive, coordinated, and team based
 4. Services are based on the highest quality of evidence that is available

IDEA and ASHA

- **IDEA Part C Issue Brief: Natural Environments**
 - *Implications for ASHA Members:* "Natural environments" and "family-centered" practices involve helping families learn how to encourage their children's participation in everyday situations and are the focus of members' intervention in Part C


How does this work with Medically Complex Pts?

American Academy of Pediatrics:

- "Create frequent opportunities that allow for 'learning in the natural environment' rather than in simulate 'treatment' situations"
- "Utilizing methods of 'coaching' as a model for families"

Remember their unique ADL needs require FXNL ST

That leaves EI SLP's where?



Intervene in Natural Environments

<p>Acceptable</p> <ul style="list-style-type: none"> ◦ Homes ◦ Backyard ◦ Wal-Mart ◦ Grocery Store ◦ Park ◦ Mall ◦ Chick-fil-a 	<p>But <i>Also</i> Acceptable</p> <ul style="list-style-type: none"> ◦ Daycare ◦ Clinic ◦ Hospital Out-Pt <ul style="list-style-type: none"> ➢ not ideal but for some circumstances only options: <ul style="list-style-type: none"> ▪ Rural Settings ▪ Therapist Safety
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Interventions in a Natural Environment

Do

Not

Include

- Bringing an object outside of their Home for tx and take it away:
 - Examples: Tablets and expensive toys
- Bringing in foreign objects to medically fragile homes
- If you use OME tools, do not share between Pts!!!

Leave that Bag at HOME!!

IPP & Referrals

"We can do that in Early Intervention?"
 "What?"
 "Really?"
 "Why?"

ASHA Guidelines

- Principle of Ethics I
 - B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- Principle of Ethics II
 - G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- Principle of Ethics IV
 - A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.

ASHA and Interprofessional Practice

- Did you know?
 - <https://www.asha.org/Practice/Interprofessional-Education-Practice/>
- Co-Treatments and Referrals are part of IPP

What does IPP and EI look like?

<h3 style="text-align: center;">Co-Treatments</h3> <ul style="list-style-type: none"> ◦ Open collaboration with colleagues ◦ Blending of practices within a session ◦ Merging of Minds 	<h3 style="text-align: center;">Referrals</h3> <ul style="list-style-type: none"> ◦ Starts with a question... <i>"Why?"</i> ◦ Then we Research ◦ Then we take action!!
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How about Co-Treatments?

ASHA Technical Report, Guiding Principle Three:

"Services are Comprehensive, Coordinated, and Team Based"

DEO TC2: "Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions"


So... Do this "Thang"!

Even with ABA!!!




Cotreatments

- Lead
- Follow
- Divide



How Do I Do Referrals?

- Pick up the phone and call the PCP
- Pick up the phone and call the Special Needs Coordinating Nurse
 - Fax SLP evaluation
 - Attend an MD apt





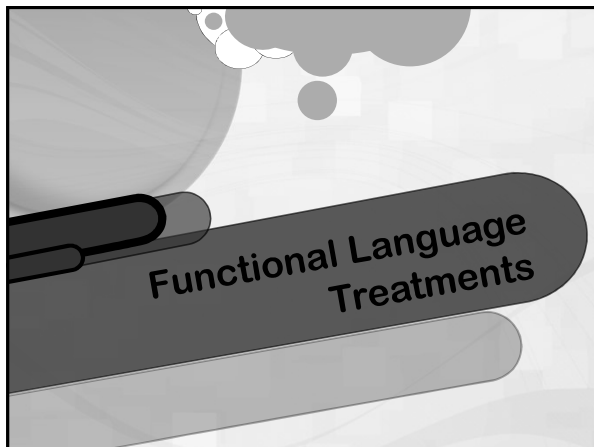
Everyone...

- Pulmonologist: airway concerns
- Otolaryngologist: airway concerns, vocal quality concerns, tethering
- Gastrointestinal: emesis, BM changes, hunger cues/refusals
- Allergist: Eczema and GERD and URI!!
- Registered Dietitians: weight changes, FTT, variety in diet
- OT and PT: overlaps of scopes, core strength
- "Equipment Guy": positioning


OT/PT/SLP

Don't forget these:

- Developmental Pediatrician: differential diagnosis
- Early Intervention System: need the team
- Endocrinologist: weight gain/growth issues
- Cardiologist: weight gain/voice issues
- Infectious Disease Specialist: the unknown (salmonella)
- Audiologist: r/o hearing loss
- Neuro-Ophthalmology: r/o CVI or other vision loss
 - Another SLP!!!



USE Multiple Modalities



- ASL
- Touch Cues
- AAC
- Auditory Bombardment
 - Remember use a **combination**

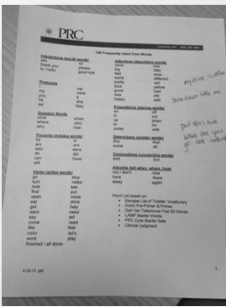
First 100 Words

CORE Vocab

These are actions!

Language acquisition happens on the go!

No Flashcards Required



Sign Language

- Use in conjunction with the spoken word
 - SLP and Family Model
 - Hand over hand with the Pt
- Focus on the Core Vocabulary

❖ Fine Motor/Gross Motor deficits can hinder this tool

ASL In Action


Case Study:
 Esophageal Atresia
 Microcephaly
 CN X Damage
 s/p 2 years "Tube" therapy
 ASL
 AAC
 Touch Cues
 Combo

Touch Cues

- SHAV 50th Anniversary
- Provides external cues to musculature to guide productions
- Provide auditory bombardment and visual supports too
- Modified Kaufman Apraxia Cues

Touch Cues

Case Study:
 19 months old
 Schwa vowel only
 WNL Receptive Language
 Apraxia?
 Constipation/Delayed GI System
 "Low tone" w/ PT
 Limited Touch Cues



AAC

Does the Child have the prerequisite skills for the task?


- Gross Motor Skills
- Fine Motor Skills
- Head/Neck Control
- Vision

Remember Consult the TEAM!!




AAC

AAC should mean: teaching the child to say what **they** want to say ...rather than saying what **we** want them to say.




AAC

- AAC means learning language, **NOT** operating switches/devices
- **Core Vocabulary** plus fringe vocab 80/20 approximate ratio
- **Motor Memory**... Trial and error is how we learn.



AAC



- AAC has to be multimodal
- Not hand over hand, but we should model instead with aid of gestures, facial expressions, and our posture...engage their AAC device in language exchange

AAC Case Study

Mosaic 13q Deletion Syndrome
s/p 3 years of ASL ST
What will I do differently?
AAC !!!
Babysteps


Is it Fun?

Just Say No to NSOMEs

1. Transference of Part to Whole
2. Strength
3. Task Specific Brain Organization (CPGs)
4. Lack of Effect on Mouth Awareness
5. Lack of Evidence

Lof, G., Watson, M. (2010). Five Reasons why Nonspeech Oral Motor Exercises (NSOMEs) Do Not Work. (SIG 18 Perspectives on School-Based Issues, 11, 108-117.

HEP




- Home Exercise Program
 - Not just for insurance documentation!!!
- Family/Caregivers help to create this, but they rely on the guidance of the expert...you!

HEP Case Study

9 month s/p unilateral cleft repair
 Bilateral min-mod/severe sensorineural hearing loss
 Limited cv-cv reduplication
 Working Momma
 Working/Student Daddy
 In-Home Daycare
 How do we do continuity?

HEP Case Study 2

All Hands on Deck
 Momma
 Daddy
 Nurse
 Grandparents
 Multiple HH Therapists
 ECSE Team
 How do we do continuity?



**Make Interventions Fun!
 But...
 Balance with Tough Love**

References

- See Attachments

Questions

