

Collaborative-Consultative Therapy Service Model Guidelines

The Collaborative-Consultative Model of therapy services may be utilized to address an individual's therapy needs exclusively, or in combination with the Direct Treatment Model. The Direct Treatment Model may not be used alone. The determination of whether the Direct Treatment Model is required in addition to the Collaborative-Consultative Model should be made by the therapist in consultation with the IDT, and based upon the therapeutic assessment, the ISP and the purposes of therapy. It is important that the IDT actively engage all members, including the individual and their family, in this decision. The therapy purposes are stated in the NM Medicaid DD Waiver Standards as follows: to support the individual's functioning related to health, safety, achievement of individual ISP outcomes and increasing participation and independence during daily routines and activities.

In the Collaborative-Consultative Model, Direct Support Personnel (DSP) and other support personnel apply Written Direct Support Instructions (WDSIs) and ISP Teaching and Support Strategies (TSSs), as designed by the therapist, to support the individual's functioning to achieve ISP outcomes and function during daily routines and activities. This process is initiated as the therapist performs an assessment of current functioning in the targeted area to determine the need for support. When support is needed, the therapist will, either alone or in collaboration with DSP, identify specific methods of providing support that successfully result in effectively accomplishing the desired outcome. This may include use of assistive technology (AT) or detailed procedures that enable successful participation (Participatory Approach). The therapist must record the procedures in either a WDSI or TSS document. DSP must be trained to implement the strategies correctly. Ongoing mentoring of DSP may be necessary for a period of time. After a therapist determined period of monitoring indicates consistent appropriate implementation by DSP, the therapist may begin to fade their supervision. Ongoing routine implementation of an established WDSI or TSS, as documented, is the role of DSP, not the therapist. These strategies, designed by therapists, are intended to support activities of a functional nature that occur during daily routines and in natural environments. They are often targeted activities that are included in the ISP vision statements.

Consultation among all IDT members and especially those who implement strategies is fundamental to this model. The role of the therapist is to collaborate directly with the individual, DSP and other members of the IDT to deliver all therapy services so that the individual is supported to participate communicatively and physically in life activities and to function with greater independence. This collaboration is required during the following therapy services: initial assessment; trial and development of strategies; design and development of assistive technology/environmental modifications; application of strategies; training and supportive monitoring of strategy implementation. An objective of this model is to assure that DSP, responsible for daily support of individuals, learn to enable their function in the absence of the therapist. Therapists should determine when they may fade ongoing direct involvement based upon correct and stable implementation of strategies. As fading occurs ongoing training and monitoring may continue to be needed.

The Direct Treatment Model may be more useful than the Collaborative-Consultative Model for teaching specific skills that benefit from therapeutic trials (e.g., articulation training, gait training that requires facilitation of a specific muscle group, tactile desensitization), for teaching new behaviors (e.g., initial use of a complex augmentative and alternative communication system, initial use of an environmental control system, computer access, bathing, teaching a new work task, learning a transfer procedure from the wheelchair to the bathtub or workstation), for linking interaction-based skills, for minimizing auditory and visual distractions, and for offering privacy. Exclusive use of the Direct Treatment Model with persons who are intellectually and developmentally disabled (IDD) is not appropriate when the overall outcome is to promote the use of skills in other contexts. Failure to generalize is a commonly cited drawback to traditional pull-out models of service delivery for persons with IDD.

The generalization of skill use becomes a non-issue when functional skills are taught in the environments in which these skills are expected to be used and reinforced. Intervention within everyday settings minimizes the need to program for generalization from a training setting to settings of use.

Compensatory strategies that require DSP to learn a strategy may be taught to DSP in natural environments for application.

The Collaborative-Consultative Model is most compatible with goals related to functional participation where generalization is an integral aspect of the treatment rather than being a separate treatment goal. With the Collaborative-Consultative Model, a therapist offers services directly in the home, community inclusion site, volunteer or work environment and works collaboratively with DSP. The therapist plays a more indirect role in this model and the context for treatment is a natural environment. There are several advantages to providing services in the everyday contexts of persons with IDD. More contextually based models are consistent with the natural environments philosophy and the move toward inclusive settings. This model is also used to prepare persons with IDD for transitions to independent living and working. By providing services in everyday contexts, the therapist is aware of the typical requirements of the situation and can readily compare the function of the person with IDD to the function of other individuals in the same setting. This model is consistent with ecological assessments as best practice for use by some therapy disciplines (SLP and OT). By focusing on multiple contexts, one can maximize the time available for teaching and the opportunities for learning by dispersing intervention throughout the day within frequently occurring activities, events, and routines. Supportive opportunities to respond and utilize skills have been cited as robust predictors of learning independent function. Placing individuals with IDD in natural environments is not sufficient. The therapist and other IDT members must ensure that the individual is engaged in meaningful activities. If the individual is to master functional adaptive skills, the environment must be structured to provide opportunities to participate, practice and gain feedback.

Intervention in multiple contexts implies a portable approach to service delivery that allows the person with IDD to practice functional skills whenever and wherever they are useful and meaningful. It also implies that multiple support personnel other than therapists are involved in serviced delivery in various settings. Involved support personnel may include DSP, IDT-members, family members, friends, program administrators, employers, job coaches and fellow workers in vocational settings and community based natural supports at restaurants, churches, coffee shops, stores, etc. A coordinated and collaborative approach to service delivery can optimize the use of strategies designed by therapists. The therapist may take responsibility for teaching DSP various techniques that foster successful function. For example, the SLP may arrange the environment to set the occasion for communication and may model the use of prompts and cueing strategies, assistive technologies and/or interaction techniques. SLPs may encourage support personnel to be responsive to the behavioral communication attempt of non-verbal persons served. The therapists need to consider the abilities, resources, and preferences of DSP and natural supports in various everyday contexts. Training and interaction with those individuals will necessarily need to be tailored to their learning style. Collaborative-Consultative and contextually based service delivery models appear to be the most appropriate approaches to use when services involve multiple settings and partners.

Reference:

American Speech-Language-Hearing Association. (2005). Roles and Responsibilities of Speech-Language Pathologists Serving Persons With Mental Retardation/Developmental Disabilities. Available at <http://www.asha.org/docs/html/GL2005-00061.html>