Creating an Effective Group Therapy Environment for Adults with TBI

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Objective

- Define “group therapy” its purpose and applicable settings.
- Understand insurance policies for group therapy.
- Introduce group therapy techniques, activities, and ideas.
If a client has been able to engage successfully in clinic activities but leaves the session basically unchanged, then the probability is high that his gains will not have permanence.

Backus, 1951
Group therapy is not prescribed for purposes of socialization or recreation, they represent a means rather than an ultimate goal.
What is Group Therapy?

Therapy in the presence of a skilled therapist in which several patients work towards common therapeutic goals.
Pros/cons of Individual Therapy

**Pros**
- Goals are targeted in isolation
- Undivided attention of clinician
- Behaviors are practiced in a quiet, non-distracting environment

**Cons**
- Patients often times assume a submissive role
- Patient can still experience feelings of “isolation”
- 1:1 therapy is not representative of a community-based setting
Pros

• Cost effective
• Opportunity to practice new cognitive-communication skills in small group setting
• Opportunity for dynamic assessment in social-group setting of behavior/interaction.
• Therapeutic groups support risk taking behavior in communication
• Provides a sense of belonging, acceptance, and security
• Opportunity for leadership and supporting roles with peers
• Next step towards community re-integration. (generalization)
• Treating the patient as a “whole” vs. only treating the patient’s deficits.
• Mirrors many normal day to day interactions.

Cons

• Difficult for one therapist to manage a large group
• More time for planning activities initially for seamless integration of goals
• Requires skilled therapists to facilitate group
• Medical emergencies may be difficult to manage.
The most effective group therapy programs are a hybrid which include both individual therapy and group therapy intervention.
The Big Question

Will we get paid?
Insurance Policies

Medicare & LCD

• Reasonable: appropriate amount, frequency/duration, and accepted standard of practice.

• Necessary: appropriate treatment for the patient’s diagnosis and condition

• Specific: targeted to particular treatment goals

• Effective: expectation for improvement within a reasonable time.

• Skilled: requires the knowledge, skills and judgement of a Speech-Language Pathologist that is complex and sophisticated
Insurance Policies

Medicare & LCD

The standard of care is 1:1. Group therapy is an adjunct to individual therapies. In those instances where group therapy better meets the patient’s needs on a limited basis, the situation and rationale should be justified in the medical record.

Rehabilitation inpatients are required 3 hours of therapy everyday or 15 hours per week (7 day week).
Insurance Policies

ASHA developed using CMS guidelines

• Services are rendered under an individualized plan of treatment and integral to achieving the patient’s individual goals
• The skill of the clinician (SLP) are required to safely and effectively carry out the group services
• The group consists of 4 or fewer group members
• The group therapy satisfies all of the “reasonable and necessary” criteria
• Group therapy accounts for no more than 25% of the patients total time in therapy
• Social and support groups are not reimbursable
What does the research say?
The treatment gains and the cost advantages of group treatment should lead speech pathologists to consider it within a client’s treatment plan.

Wertz et al 1981
Research

R Elman, E Bernstein-Ellis

- Participants: 6 months post
  - All Groups
    - Paired with age and severity
    - 4 months treatment trial
  - Immediate Treatment Group (IT)
    - 2 1/2 hour structured group treatments; 2x a week.
  - Deferred Treatment Group (DT)
    - 2 1/2 hour social group interactions; 2x a week.
Research

R Elman, E Bernstein-Ellis

IT Group Members’ Roles

- Facilitated pre-planned discussions
- Directly requesting increased participation
- Encouraged peer feedback and cueing
- Practiced activities involving creative expression
Research

R Elman, E Bernstein-Ellis

Results

- DT group did not benefit from random group interaction
- More individuals in the IT made “significant clinical improvements”
- Many family members and patients reported dramatic life changes
Research

Robert Marshall 1993

Clients participated in activities that they had not done in years

• Filling prescriptions usually filled by spouse
• Ordering a sandwich that the client *really* wanted
• Participating in the initiation ceremony of his son’s boy scout group
So Who Cares?
Group therapy

Identifying patients appropriate for group therapy

- Medically stable
- Rancho VI or higher*
- Complementing goals and functional levels
- Can interact for 30+ minutes
- Group similar languages
Group therapy

Contraindications for group therapy

- Contact isolation (airborne)
- Severe behavioral issues
- Severely decreased endurance
- Medically unstable
Group therapy

What is needed to implement a successful group therapy model?

- A set policy and procedure for referral
- Referral sheet
- Goal-focused activities
- Collaboration amongst disciplines
- Support from governing bodies
- Flexibility, adapting to the needs of the patient
- Feedback form is helpful
Group therapy

Goals to consider:

- Improving the ability to convey a message
- Fostering initiation for conversational exchanges
- Expanding understanding of their impairments
- Expanding self-awareness of personal goals
- Recognition of progress made towards goals
- Promoting confidence for attempts at communication
- Controlling impulsiveness
Sample Group Therapy Session

Plan a get together

- Who will be invited and why
- Make the invitations
- How will you distribute the invites
- Decorations
- Activities
Sample Group Therapy Session

Scavenger Hunt

• 1st group generates the clues
• 2nd group searches for objects
• Members in the 1st group accompany the 2nd group and provide cues.
Sample Group Therapy Session

Cooking Group

- Discuss favorite foods
- Determine menu (considering dysphagia and dietary needs of all group members)
- Find recipes
- Make a grocery list
- Cook!
Models for Group Therapy

Rehabilitation Institute of Chicago, *Chicago, IL*

- 2 hours of individual speech and language therapy
- 1 hour of computer-based treatment using one-of-a-kind language programs developed at the RIC’s center for Aphasia Research
- 1 hour of group therapy that target reading, writing, and conversational skills
- 1 hour of specialized treatments in aphasia and augmentative communication
- Caregiver workshops and support exercises
Models for Group Therapy

Craig hospital, *Englewood, CO*

- Mat Class: group exercises for people in the early stages of mobilization
- SMAT class: for people working on higher level balance and coordination
- Fit Class: for strengthening and conditioning
- Speech Group: working on conversational activities
- Skills Class: an educational lecture group
- Project Group: procedural and hands on group activities
- Cooking Group
- Horticultural Group
Case Study

- 28 year-old-male s/p severe TBI
- Globally aphasic
- Behavioral considerations
References


Questions?