# SLP Role in Progressive Conditions — BLOG POST

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In CVA or TBI patients, we see the heftiness of the impact on function from the onset, and work to restore functional abilities. However, oftentimes, SLPs are called in on a case where a progressive neurological or other condition is present, and recovery is not possible. This blog post serves to explore the SLP role in progressive conditions, and insights into this process.

Such conditions that fall into the progressive nature category may include:

* Amyotrophic Lateral Sclerosis (ALS),
* Primary Progressive Aphasia (PPA),
* Parkinson’s Disease and similar conditions:
  + Corticobasal Degeneration (CBD)
  + Drug or Alcohol-induced Parkinson’s Disease
  + Essential Tremors
  + Dementia with Lewy Bodies (DLB)
  + Multiple System Atrophy (MSA)
  + Vascular (Arteriosclerotic) Parkinsonism
  + Progressive Supranuclear Palsy (PSP)
* Dementias
* Huntington’s Disease
* Creutzfeldt–Jakob Disease (CJD)
* Brain and spinal tumors
* Cerebellar degeneration
* Myasthenia Gravis
* Guillain-Barré syndrome
* neurological complications of AIDS progression
* and more.

###### Evaluation

At evaluation, a thorough assessment of all areas of speech pathology is vital for a clear picture of the areas of involvement and strengths of the patient that exist. Standardized measures and informal measures should both be utilized to descriptively paint a picture of the patient’s current status, as over time, documentation of the changes will need to be updated. Different measures over time may need to be utilized as different needs present themselves; however, it is important to consider all needs from the start and utilize standardized and normal-referenced measures on areas of anticipated impact from initiation of contact.

###### Goals of the Patient

Vital to the role of the SLP is the focus of asking the patient what their objective is. Not just the objective of speech pathology, although that is important, too. But what is their objective in their care — altogether. Are they desiring to pursue all medical options at this time? Are they desiring to utilize more of a comfort-measures route and have less doctor’s visits along the way? Asking the following questions will be helpful in teasing out what direction to go in treatment with the patient:

* “Please finish this statement: ‘The medical care I desire to receive at this point needs to focus on …’“
* “What I really want is …”
* “My goal moving forward in my life is …”

###### Areas of Involvement Identified, Future Needs Described

Once the current deficit areas are captured in testing measures, and the goals of the patient are communicated into the plan of action — it is important to consider as a clinician the typical progression of the condition and what areas of functioning are often impacted and in what manner, and a plan for addressing these areas can be systematically developed. Always continuing to keep the patient’s goals in the approach of treatment in mind every step of the way is important in the process in proceeding, and the following areas can be utilized in addressing these areas in treatment:

* Equipment. Augmentative/assistive communication devices and microphones, to assistive swallowing tools — it is important to consider what can be provided in order to modify the environment in order to assist the patient in keeping them as independent as possible for as long as possible. This may also involve additional time required for documentation in order to submit requests to payor sources. It is well worth the time in order to impact the lives of these patients.
* Education. Discussions about what is to come in a gentle but informative manner that is helpful and is delivered in a problem-solving delivery can be beneficial. Taken with the approach that they will have help along the way and there are options to address deficits can ease transitions that are coming down the line. Giving the patient and families time to process this with support can be helpful, and giving them a chance to ask questions in a safe environment can be an asset to care — particularly in how it impacts the area of speech pathology areas.
* Compensatory strategy training. It can be indicated that there are coping strategies in order to compensate for deficits now, or anticipated in the future. Training can occur at any stage in order to address this, at the evaluation or in advance of a projected deficit. Patients and caregivers will benefit from this sort of education.
* Direct treatment/graded cues for improvements. In some cases, there may be the possibility of addressing deficits through traditional treatment approaches. This can always be attempted, if indicated.
* Referrals. Referrals to other allied health professionals when needs arise can be helpful, such as physical therapy, occupational therapy, dietitians, medical social workers, counselors, specialists, etc. If there is a particular individual that understands a palliative-type approach to care for patients with progressive conditions, it is best to make a referral to an individual, as patients tend to appreciate knowing the individual has experience with patients who are anticipated to have declines over time.
* Social supports. The patient and caregivers may benefit from support groups, information about organizations that can assist the patient or information that is readily available to them in the community. Starting the process of opening the door to such relationships and content can be particularly helpful. Sometimes it just takes an introduction to start the process, and then it opens up a whole world of support to the patient and family.

###### Modifying Along the Way

At each session, modifications in the plan may need to be made — every step of the way.

Due to the complex nature of the needs of a patient with a progressive neurological or similar condition, changes to the action steps in order to address deficits require constant updating. This requires planning ahead, and perhaps even calling the day before to receive an update so to prepare materials for the visit based on the new information that is available.

Another way of modifying the plan is in pursuing maintenance as a service delivery model. A formal maintenance therapy program might be indicated throughout the course of treatment once it is clear that it is time — if the patient meets the criteria.

###### Referring to Hospice Programs

Part of the role of the SLP in providing care is also to assist with transitions. Assessing readiness of the patient’s condition, as well as the patient’s/caregiver’s readiness in terms of decision-making in when to make the change to hospice is important to sort through each visit. When it is time to make the referral, it is important to act because the earliest the patient can be transitioned to hospice and receive the benefits of a hospice program, the earliest patients and families also receive the specialized support that only hospice can provide. While there are many factors to contemplate in considering when it is “time,” (such as if non-hospice equipment that the patient will eventually desire is in place, etc.) the earliest that is in fact the indicated time frame for moving forward, it will be beneficial to make those referrals. This may mean planting seeds in conversation early on, and bringing in professionals into the sessions to discuss options along the way in a gentle and easy to digest manner that is effective for consideration, emotionally, on the patient and family.

It also means developing good relationships with these hospice partnership individuals and communicate with them about changes over time, as well as asking for guidance in how to proceed next based upon new information.

Constant communication with nursing and other key team members regarding this is important, too, along the way.

Flexible, Responsive and an “Out of the Box” Approach

Providing care to patients who have an anticipated declining condition requires a sensitive and different types of approach than a traditional speech pathology patient — it needs to be flexible, responsive and “out of the box.” Resourceful in every visit, the clinician needs to be part SLP, but also needs to put on the hats of social workers, resource-finders, advocates, educators, “transitioners” of care, etc. Extra time might be needed for the visits.

There are many aspects to consider when taking on the care of a patient with a progressive neurological condition. The most effective approach to take is to consider that this patient is an aunt, grandmother or friend of the family — and what level of care would we as clinicians want to provide in order to thoroughly meet the speech pathology needs of this patient, from a more palliative care perspective.

From evaluation, goals of the patient, identifying areas of involvement and future anticipated deficit areas, modifying along the way, referring to hospice programs to having an “out of the box” approach — this is much we can do as SLPs to contribute to the quality of life, comfort, dignity, effectiveness of tasks and overall care of patients with progressive conditions.

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[Bekah Wilson Nice, M.A., CCC-SLP](https://nicespeechlady.com/owner-bio/), is the owner of [nicespeechlady.com](https://nicespeechlady.com/). Nice created a platform for medical SLPs to have free access to practical clinical resources on [Nice Speech Lady;](https://nicespeechlady.com/)she also enjoys blogging and writing news articles on medical SLP issues. Nice also works full-time as a home health SLP.

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