

Post-Stroke Communication Group Clinician Orientation

The Post-Stroke Communication Group was started in 2000 through grant funding focused on group therapy processes. The group is based upon the “Life Participation Approach to Aphasia” (LPAA Project Group: Roberta Chapey, Judith F. Duchan, Roberta J. Elman, Linda J. Garcia, Aura Kagan, Jon Lyon, and Nina Simmons Mackie, ASHA, 2009) meaning that it is directed by the needs and desires of the participants and is focused on a re-engagement in life. Camaraderie and communication are the overriding goals of this group. Group members are actively involved in setting the agenda for the group meetings.

People are referred to the group from a variety of community sources including friend-friend, physicians, speech pathologists or self-referred from information gained on the CMSI website. All interested parties who call the center about the group complete an Intake Form with front office staff. **NOT ALL REFERRALS WILL BE SEEN FOR A FULL SPEECH-LANGUAGE EVALUATION.** Determination of the need for a full evaluation prior to starting group is made by the Clinic Director or Clinical Supervisors and is based on recency of speech language therapy, documentation of current status on case history form, notes from outside providers.

At the beginning of each semester:

1. Supervisor will provide electronic and/or paper copy of current participants. Member information is maintained in a Microsoft Excel spreadsheet which can be used to develop “Welcome Letters” using Mail Merge.
2. The first PSCG meeting is typically held one week later than the first week of general clinic.
3. “Welcome Letters” are sent to current and old participants (2wks prior).
4. Follow-up phone calls to confirm participants (1-2 wks prior).
5. Sign out the conference room or the classroom for the appropriate time for the entire semester.
6. Review client files in preparation for initial supervisory meeting (1 wk prior) and first group meeting. For new members who have not been seen at this center for evaluation, initial background chart review and write-up per Aphasia Class format. Any relevant documentation from recent community providers that is not already part of the clients file will be called for.
7. Any new participants need to complete a Sliding Scale Payment form that can be obtained from Dale or the front office.
8. One working file should be established for the group for the current semester. All working files for the Stroke Group are kept in its own section in the filing cabinet (i.e., NOT in alpha order).
9. Readings are located on BB under Second Year Grads: Helm-Estabrooks & Albert, Chapter 24 – Group Therapy for Aphasia; Elman Chapter 3 –

Measuring Outcomes of Group Therapy; Elman Chapter 7 – A Problem-Focused Group Treatment Program for Clients with Mild Aphasia.

Weekly:

1. Prepare treatment plans, procedures and roles and submit to supervisor at the agreed upon time.
2. Complete treatment logs with data, observations, impressions, and meeting minutes for each client no later than Thursday, 5:00 pm.
 - Minutes briefly reflect the activities of the session including attendees, roles, activities, client comments, concerns, actions to be taken, etc.
 - Minutes are written for the clients and are to be printed and read/discussed at the following week's group meeting. Copies should go in the PSCG working folder.
3. Document attendance in each client's file, reflecting the date and session duration.

Prior to each session:

1. Plan to arrive at least 30 minutes prior to each session to prepare the room. Have water, coffee, napkins, cups, etc. ready to accompany refreshments.
2. Bring in a box of stroke group supplies including the following:
 - Name tags
 - White boards with dry erase markers
 - Paper and pens
3. Have client folders and minutes ready to start the weekly discussion.

Monthly:

1. Complete billing sheets for each client and submit them to Front Office.

Documentation and Data Collection:

1. Weekly SOAP note including group and individual goals, progress and plans (see attached).
2. Plan for group activities for next week, including individual goals if they have been identified. Clients for whom more detailed Projected Treatment plans and Progress Reports will be done should be divided as evenly as possible between student clinicians leading the group. This documentation will include goals, data, outcomes and semester summary. This will allow each student to count the full length of all group meetings towards their hours.
3. Client observation sheets and data collection a minimum of 3 times over the course of the semester.
4. Final progress reports on group and/or select members .
5. Summary letters sent to client members.