

# Intervention Plan

**Client Name:** GC

**Team # and “Clinicians”:** 1 Pre-Course Revision

Outcomes	Long-Term Goals
<p>1. G wants to be able to have basic conversations with her husband and grandchildren to express her wants, needs, thoughts, and feelings.</p> <p>2. G wants to be able to read short stories to her grandchildren.</p>	<p>1. G will be able to utilize a nonverbal communication system to independently and correctly answer conversational questions 60% of the time with minimal assistance by the end of the semester.</p> <p>2. G will be able to verbally communicate by reading to a familiar listener with 30% intelligibility by the end of the semester.</p>
<p><b><u>Treatment Goals</u></b></p> <p><b>1a-</b> G will increase her knowledge and use of a communication system by accurately identifying photos of various objects with 80% accuracy.</p> <p><b>1b-</b> G will be able to answer questions about a story the clinician reads her with moderate cues from the clinician using her communication device.</p> <p><b>1c-</b> G will independently structure 5 sentences of at least 3 words using her communication device.</p> <p><b>2a-</b> G will fully protrude and retract her lips 30 times in a row, 5 times</p> <p><b>2b-</b> G will produce /p/ and /b/ with 60% accuracy in isolation, in CV, and CVC contexts.</p> <p><b>2c-</b> G will produce /t/ and /d/ with 40% accuracy in isolation and in CV contexts.</p>	

### **Teaching Strategies**

**Prompting:** The clinician will prompt G to answer questions so that G is aware of what she should be doing. The clinician will prompt G in the right direction if she is having trouble locating the correct button on her AAC device.

**Pause time:** The clinician will give an appropriate amount of pause time after a prompt for G to form an answer and respond to the WH questions. Time will be allowed for G to locate the correct button on her AAC device to answer questions.

**Choice:** The clinician will encourage G to pick which questions she wants to answer and will also have the choice to respond with a written response, verbally or using her AAC device.

**Open-ended questions:** The clinician will ask questions to G in an open format, thus no yes or no questions will be used. Open-ended questions will relate to topics about her home life and family and promote deeper thinking.

**Modeling:** The clinician will model the oral motor exercises and the articulations for G so that she has a visual of the exercise.

**Direct Instruction:** The clinician will do direct instruction with people naming, Bingo, and sentence creation.

**Immediate Feedback:** The clinician

### **Activities**

**Greetings and WH questions:** The clinician will greet G and ask her “How are you?” G will then be prompted to carry on the conversation using WH questions. The clinician will provide 5 cards with a variety of WH questions and G will choose 2 to be asked.

**Story Questions:** To get G familiar with her AAC device, the clinician will read a story and ask various basic questions about the story *throughout and during* the reading, allowing G to practice using her AAC device.

**Photo Identification:** The clinician will present visuals of various daily objects that G is likely to encounter. G will locate the correct button for the object on her AAC device.

**Sentence Creation:** G will create basic sentences by becoming familiar with the buttons on her AAC device. The clinician will provide different beginnings of sentences such as, “I feel...” “The weather today is...” “I want...” etc., and G will locate 3 appropriate responses for each probe.

**Oral Motor Exercises:** The clinician will have G complete a variation of oral motor exercises to strengthen her lips, tongue, and jaw movements.

**Bingo:** G and the clinician will play “Bingo.” The board will consist of CV

<p>will provide a mirror to G during the oral motor and articulation exercises for her to see how exactly she is moving her mouth.</p> <p><b>Repetition:</b> The clinician will model that repetition of targeted phonemes and prompt G to do this because this will strengthen the muscles needed to produce those phonemes and also increase muscle memory.</p> <p><b>Scaffolding:</b> The clinician will provide assistance to G when needed but will provide the least amount necessary.</p> <p><b>Feedback:</b> The clinician will give appropriate feedback and encouragement to G when she is participating in the activities.</p>	<p>segments with targeted phonemes. The clinician will have G repeat these CV segments 4 times if G does not have it on her Bingo board, and twice if she does have it on her bingo board.</p> <p><b>People naming:</b> The clinician will work with G to increase her articulation of the names of her husband, children, and grandchildren using pictures of them.</p> <p><b>UNO:</b> G and the clinician will play UNO. Whichever number the clinician plays (for G to play off of), G will say her targeted phoneme for that session that number of times.</p>
<p><b><u>Rationale for Teaching Strategies and Activities</u></b></p> <ul style="list-style-type: none"> <li>● The small talk that will occur at the beginning of the session will allow G to ease into the session and help establish rapport with the clinician. Her choice of answering verbally or with her AAC will give the clinician a feel as to how comfortable G is with both modalities of communication.</li> <li>● While the people naming does not correlate with her targeted phonemes, it is a good way to introduce other phonemes as well as increase her enjoyment of the session and improve quality of life by being able to say important family members' names.</li> <li>● The repetition is one of the most impactful strategies for Glenda. This will help her become familiar with her AAC device as well as improve articulation.</li> <li>● Repetitious articulation exercises are boring, Bingo and UNO will make the exercise more enjoyable.</li> <li>● During story questions, G will be asked questions during the reading so that cognition is less involved; G won't have to recall her memory. Cognition is less involved because the goal is familiarity with her AAC device.</li> </ul>	

- Modeling and immediate feedback should give G a good comparison as to what her articulators should be doing versus what they are doing.

#### Team 6 Summary:

Our team met on Friday, April 13th after our K-Team meeting to discuss our final group project. First, we developed the outcomes and long-term treatment goals for our client as a group. After that, we all mentioned ideas of goals, strategies, and activities we could use for our intervention plan. We divided up parts that we needed to accomplish, and we decided we would work on that separately and come back together when we were finished. The next time we met was on Friday, April 20th after our K-Team meeting to discuss the goals and ideas we each individually came up with. During this meeting, we were able to finish the majority of our project and had most everything figured out. We helped each other tweak our goals and activities to better fit our client and so that we all agreed on our project. The last time we met was on Thursday, April 26th to come together as a group and make any last-minute edits. We all agreed we were confident in our work and happy with our group project and we turned it in. We feel that each group member worked on the project equally and we were happy with the outcome of our project. By doing a part of it together and then a part of it individually, it helped us learn from each other and get to integrate all of our creative ideas. L, K, M, and B were present at all group meetings.