



# **Session Conduct AASL Clinician Procedure**

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### **Session Conduct AASL Clinician Procedure**

#### **Checking Out Therapy and Evaluation Measures**

1. At each respective office location where evaluation materials are kept, there is a sign out sheet to check out standardized tests, manuals, and materials for use. Please follow the instructions on the sign out sheet and return as soon as you are done with the materials by checking them back in.
2. Please send department wide emails for standardized tests that we only have one copy of that you may need for an evaluation/re-evaluation and plan on removing from either office location. Feel free to collaborate with other colleagues to help you get the measure you need at whatever office location is needed. Please return the standardized tests as soon as you are done using them to their appropriate office location. DO NOT separate manuals from tests.
3. Please also include the individual responsible for scheduling in this email so they are aware when booking evaluations so not to cause any double-booking of evaluations where the same standardized measure may be required
4. For evaluations that are used frequently or there is a need for, please bring to your CM's attention at your weekly meeting and it will be communicated to the Clinical Director for further consideration

#### **Greeting for an Evaluation**

5. Warmly and enthusiastically greet the caregiver first, give your name and discipline
6. Allow the caregiver to introduce you to the child OR you may introduce yourself to the child, depending on their age/comfortability with new people
7. Get down to the client's level and talk to them about what they are doing (i.e. I see you just arrived, you were playing on your mom's phone, you brought \_\_\_\_, I like your \_\_\_\_)
8. Ask three essential questions when you greet the client:
  1. When ask 1 question, it shows you are polite (i.e. How are you?)
  2. When ask 2 questions, it shows you're genuinely interested in the other person. (i.e. How are you? Did you have a nice weekend?)
  3. When ask 3 questions, it takes that interaction to a whole new level, making the other person feel important (i.e. How are you? Did you have a nice weekend? Oh you had a birthday, what did you do for your special day?)
9. Talk about where you are going to be working (i.e. Younger child: I have a room with games/fun things to do with pictures and paper, do you want to play some games with me? If the child says no, ask the parent and they should then be willing to come back if their parent is willingly going to walk back with you--adjust what you talk about for clients age)
10. Follow any in-office policies or procedures for check-in, if applicable
11. Get the client's permission to go to where you are going to be working (i.e. Are you ready to walk on back?)
12. Determine parents wants and needs by creating:
  - Affinity: a liking for someone or something
  - Reality: something actually experienced or seen
  - Communication: exchanging of information
14. Find out the child's wants and needs, if applicable/appropriate
15. Follow Steps for Therapist Procedure for Conducting Evaluations



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#### Greeting for A Treatment Session

\*Assuming the client has been to our office before, if not greet the parent first

16. Warmly and enthusiastically greet the client first and then the caregiver/parent
17. Ask 3 essential questions when you greet the client:
  - When ask 1 question, it shows you are polite (i.e. How are you?)
  - When ask 2 questions, it shows you're genuinely interested in the other person. (i.e. How are you? Did you have a nice weekend?)
  - When ask 3 questions, it takes that interaction to a whole new level, making the other person feel important (i.e. How are you? Did you have a nice weekend? Oh you had a birthday, what did you do for your special day?)
18. Ask the caregiver/parent how the week went
19. Ask how the home program is going, if applicable (i.e. you won't see parent at wrap-up etc.)
20. Determine if the caregiver or client specifically wants you to focus on anything in session today given general feedback from your check-in in step 2-2.
21. Follow any in-office policies or procedures for check-in, if applicable
22. Verbally communicate any relevant or pertinent information to the parent in person before you take their child back into treatment if they aren't joining you and you will not see them or be in communication with them at the end of the session (i.e. paperwork to fill out, things needed for re-evaluation, schedule changes etc.).
23. Transition back to the therapy room; engaging in small talk and talking to the client about what you will be doing today, if appropriate, and/or picking out any games or toys to use in session. Can also ask the client what they want to do first, what games they want to play first, when they will take a break, if they need a drink of water or to use the restroom, what they will do for their home program this next week, or who will do the wrap-up today
24. Give them some level of "control" over something that happens in the course of their time at the office and in treatment with you! By giving them a sense of "control" it enhances our rapport with the client and their level of compliance and willingness in the therapy process.
25. If appropriate and applicable, encourage the parent to join you in the treatment session
26. Verbally relay time for wrap-up and when you expect to communicate with the caregiver/parent when therapy(ies) have completed.

#### Establishing Rapport

27. Your role is to become an extension of/a caring member of their family
28. Be happy, cheerful, enthusiastic and personable
29. Continue to reinforce affinity, reality, and communication.
30. In getting to know them use open-ended question asking as a way to show you care!  
Ask 3 essential questions when you greet the Family (see above in Greetings)
31. You need to understand what is going on for that family and what challenges they are dealing with (i.e. do they have working cars, work schedules, health problems, family members living with them). Understanding these things will allow you to be caring toward them and adjust whatever may be needed, within reason, so the family continues



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- to remain committed to the therapy process (i.e. adjust the schedule to see client one time per week vs making them feel bad for stopping therapy altogether).
32. When therapy is commencing, hear what their reason for coming to AASL is and make sure you address that problem/concern FIRST
  33. Listen to the family! Again, listen to the family! Hear what their primary concerns are!
    - If they feel they are being heard and understood, they are going to be invested in therapy and build trust with you. This will then allow you to better manage “unrealistic expectations” (i.e. a parents has a 3 month old and they want their child to walk; your first goal would be to address why you aren’t going to address walking immediately in therapy and then you will share what you are going to work on skill-wise to get their child to be able to walk)
    - We have to get them to understand WHY you are doing or not doing whatever it may be tied to their concerns
  34. Keep open lines of communication with them
    - Hold them to policies and expectations we have of them in your communication with them and with the help of the Front Desk.
    - It’s okay to get to know them on a deeper level outside why they are coming to AASL (i.e. find out things in common, engage in small talk) This shows you are human too and builds a bond so they continue to build their rapport and relationship/communication with you!
    - Love what you do and have fun! The more they see that, the more they are going to buy into the therapy process, trust their child to you and our company, and follow through with the home program, stay committed to therapy, and complete their treatment plan with AASL!

### **End of Session Wrap Up**

35. If parent joined in therapy room, can occur in the therapy room and then you can escort out to the waiting area for them to exit
36. If the parent is meeting you back at the end of the session to wrap-up, follow any in-office policy and procedure, where applicable, and talk with them for the 5-7 minute duration following the conclusion of treatment
37. Use the “sandwich” approach for wrap-up: start with something good/positive about the session, fill in with things you continue to work on or harder moments of the session keeping in mind ARC and your rapport with the caregiver/family, and conclude with another positive, what you look forward and/or will address in coming session.
38. Point out more good things/good news than things that need improvement bad/news as parents, for the most part, are well aware of the struggles of their children!
39. Discuss why the skills that need improvement are important and how this ties into goals and development and the WHY behind needing treatment
40. Explain what is missing developmentally that the child doesn’t have this skill (i.e. Need to get tongue back in their mouth in order to make the /k/ sound so will continue to work on this movement to make /k/ come in easier)--explain this information and what you are addressing in treatment to help with this goal or developmental milestone
41. The parent-wrap up is KEY to getting them on board with the treatment process, especially if they aren’t participating in therapy sessions! We cannot emphasize this enough! If you do not get the parent on board, they will not return for therapy, they



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won't follow the treatment plan in place resulting in high cancellations, unpaid bills etc. Communication with caregivers/parents is one of the most important parts of the session with you! You must get them to understand what you expect of them until you see them again at the next session, why they need to come back, what improvements you are making, why things are working, what the next step is, what skills will be addressed going forward, and continue to touch base on the timeline for treatment (i.e. by this summer we want to see X skill or have met this goal)

42. Touch base on home program and communicate any pieces of information that need to be shared with the family
43. Send them off with a cheerful farewell!

### **Home Programming**

44. A home-program is a very important part of your client's success with treatment, their ability to meet their goals, to educate families, and provide extra opportunities for practice.
45. However, the home-program is not meant to be something that takes up so much of your additional time each day and week in terms of prepping/planning each week.
46. AASL strives for quality in our day to day practice and how this company is run. This is a great procedure for commenting on quality and what our expectations are of therapists that work at AASL
47. Quality Definition: A) the standard of something as measured against other things of a similar kind; B) general excellence of standard or level.
48. When we define AASL as a practice in terms of quality, we want to be known as providing the best possible care to our clients, and to be known in the Tampa Bay Area as a premier company that has the best therapists providing the best therapy services possible to families.
49. When we define AASL in terms of providing the best possible, quality care we have therapists on our team that exhibit all the characteristics of the Therapist Hat, are high on the tone scale, and through their training and skill set are providing evidence-based, results-driven treatment, that results in a completed VFP for their division and the company as a whole.
50. While the above sets a high standard, this does not mean you need to provide "new" pieces of information for families with each visit, unless it is warranted, given goals being addressed and/or their progress and how committed the family is to the home program
51. If a family is not following through on their home program, you will need to educate them on the WHY and how it is important relative to their child's plan of care and meeting goals. However, this also means that you do not need to keep providing them new information for the home program if they've failed to complete what has previously been sent home.
52. Use electronic means first for sending home program information (i.e. links to websites, links to handouts, emailed pdf, TPT documents etc.) instead of always printing resources at the office.
53. Share information for parents to create their own resources, when applicable, rather than using office resources (i.e. PECS materials, visual schedules etc.)
54. A home program should be simple and effective: it targets your goals and objectives of the treatment plan and is realistic for the parent to carry over with at home



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55. Remember, the families coming to us for services are often juggling multiple therapies for their child, multiple children, and are overwhelmed and stressed out; so keep this in mind in sharing resources for home programming with them. Send resources that they can easily incorporate into their day to day routines, not something that is going to occur to them as “one more thing to do.”
56. As AASL makes advancements in parent and family resources via our website and other platforms, these will be communicated to you to share with them accordingly to access for any additional materials/resources that could be used to support a home program.

### **Direct Parent Feedback**

Additional insight regarding communication from a parent perspective:

57. Make sure that therapists continue to check in with the parents to see how things are going at home, with the plan of care, and what they are seeing/how they are feeling relative to their child/family and therapy in general. Many of our parents want to feel validated given there are so many dynamics at play in therapy, especially for friends who are lower and/or have potential diagnoses at play etc.; they value the check ins for themselves as well as on behalf of their child.
58. Communicate clearly around what goals were being addressed tied to the plan of care for that session so they continue to know and understand that therapy is important and there is progress being made rather than wondering if therapy is actually helping their child or not. This is important because we don't want to have misunderstood expectations or miscommunication that results in drop outs or parents not being invested in therapy, which leads to scattered attendance etc.
59. Ongoing communication relative to a home program. Not that materials need to be sent home every week for every child, but suggestions or manageable tips should be shared each week for continued practice given children are with their families for greater time than they are with us. Again, this is important for buy in and carryover for practicing and targeting generalization of goal areas as well





## PROCEDURE AGREEMENT LOG

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