

# Cognitive-Communication Intervention for Neurocognitive Disorders

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Project ECHO Dementia  
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# **Role of Speech Pathology**

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## **Who do we evaluate and treat?**

### **Patients diagnosed with Mild and Major NCD:**

- Mild Cognitive Impairment (MCI)**
- Dementia (Alzheimer's, FTD, LBD, Vascular)**
- Parkinson's Disease (PD)**
- Primary Progressive Aphasia (PPA)**
- Other neurodegenerative diseases (e.g., ALS, MS, etc.)**



# Role of Speech Pathology

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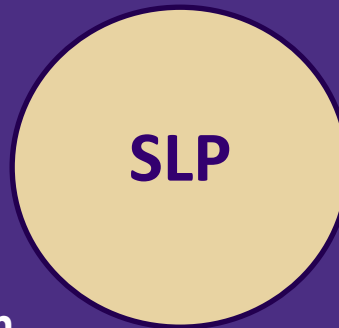
## What do we evaluate and treat?

### Cognition

Attention  
Memory  
Reasoning  
Problem Solving  
Executive Functions

### Caregiver Training/Education

- Compensatory strategy use
- Safety
- Partner training
- Augmentative/Alternative tools/devices
- Future Planning



### Language

Auditory Comprehension  
Verbal Expression  
Motor Speech  
Reading Comprehension  
Written Expression  
Pragmatic Communication

### Swallowing

Diet Modifications  
Postural Strategies  
Family Training



# Referral to Speech Pathology

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## > **Yes**, IF a patient can:

- Demonstrate ability to learn and implement new strategies
- Identify functional goals
- Be accompanied to all appointments by a family member or caregiver (for implementation and carryover)

## > **No**, IF a patient:

- Is residing in a skilled nursing facility (SNF)\*
- Cannot demonstrate ability to learn or adequately participate
- Has limited social support or other psychosocial barriers that prevent consistent participation

\* Patient should be served by facility (SNF) SLP



## Bonus!

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> **Prior to SLP referral, we would prefer:**

- **Completed medical work-up (brain scans, lab work, etc.)**
- **Completed Neuropsychological Evaluation**
- **Completed Family Conference**
- **Community Resources from Social Work (SW)**
- **Please advise family/caregiver that they *must* be present for SLP sessions (to facilitate history and carryover)**



# Cognitive/Language Intervention

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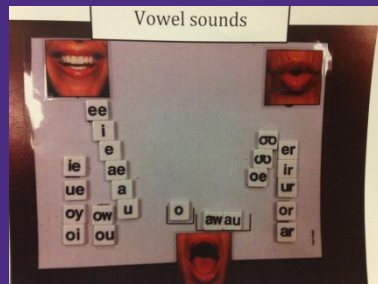
## Restoration vs. Compensation

When is each one appropriate?  
(Well, it depends...)



# Restoration vs. Compensation

**Restoration:** Aim to improve the process/system itself



**Compensation:** Use of strategies to problem solve specific barriers in the environment



(a) Treatment: Sentence practice.



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## Treatment Principles

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- > **Because of the neurodegenerative nature of the disease process, favor focusing on use of compensation strategies to maintain (or improve) current level of function and promote safety**
- > **Strategy training with emphasis on consistency and durability over time**
- > **Trial strategies sequentially, targeting most problematic issues first**
- > **Provide suggestions to encourage generalization**
- > **Determine appropriate follow-up (may be months from now)**





## Cognitive Techniques (Restoration)

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- > **Spaced retrieval** – useful for more impaired individuals (e.g., repetitive questioning)
- > **Errorless learning** – can be utilized in training for other compensation strategies



## Case Example – “Robert”

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- > 74 y/o male with vascular dementia referred from UW Memory and Brain Wellness Clinic (MBWC)
- > Retired high school teacher
- > Lives with his wife at home on their farm
- > Complaints: “Short term memory”, being “forgetful” of doctor’s names, appointments, and content of recent phone/conversations
- > Neuropsychological Evaluation completed



# Case Example – “Robert”

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- > **Patient’s/Wife’s Goal: “Learning memory strategies”**
- > **Intervention:**
  - Introduced and developed memory book which included bio page, calendar/schedule, emergency numbers, photos/contact info of medical providers, family tree/contact info, common phone numbers, medication chart, Zoom instructions, etc.
  - White (dry erase) board for daily priority tasks/events
  - Trial of “phone log” (notebook) for recording important information from conversations



## Case Example – “Robert”


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- > **Provided time between sessions for trial/implementation of strategies (modify as needed)**
- > **4 sessions completed, with option for re-referral in future as needed**



# Memory/Communication Books

**Name:**  
Dorothy Hamilton



**Address:**  
4433 24<sup>th</sup> Ave W  
Seattle, WA 98199

**Home phone:** 206-363-5578

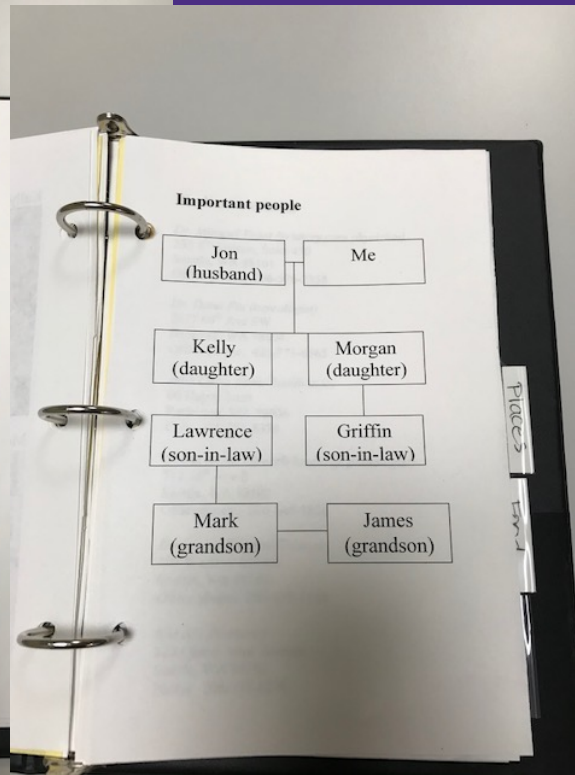
**Birth date:** February 18, 1939

**Blood type:** O positive

**Allergies:** Peanuts & penicillin

**In case of emergency contact:**

Kelly or Lawrence Parker  
Home phone: 206-363-5578  
Kelly cell: 206-458-2965  
Lawrence cell: 206-557-8639



**Medical contacts**

*Dr. Michael Praat (primary care physician)*  
235 5<sup>th</sup> Avenue, Suite 450  
Seattle, WA 98101  
Office phone: 206-576-2858

*Dr. Dana Fin (neurologist)*  
2577 60<sup>th</sup> Ave SW  
Bellevue, WA 98004  
Office phone: 425-773-6565

*Julie Carm (home health aide)*  
86 Happy Lane  
Redmond, WA 98006  
Cell: 425-378-8376

*Gloria Reede (Speech-language pathologist)*  
512 16<sup>th</sup> Ave E  
Seattle, WA 98102  
Office phone: 206-668-1836

*Evergreen Physical Therapy*  
105 Western Avenue  
Seattle, WA 98101  
Office phone: 206-638-1658

*Rite Aid Pharmacy*  
125 Queen Anne Avenue  
Seattle, WA 98101  
Phone: 206-337-8276

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# Long Term Follow-Up

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- > Patients with progressive diagnoses often need to be followed over time
- > This does *not* mean they are receiving therapies the entire time
- > May complete a re-evaluation and multiple sessions of follow up for education and modifications to home environment and other tools/systems they are using
- > Patients/families **MUST HAVE** specific functional goals!



# Questions?

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