

TEMPLATE FOR INCLUDING CONVERS-ABI-LITY IN INITIAL NDIS PLANNING

The following text may be able to be integrated into an NDIS planning report, to support funding for access to the convers-ABI-lity program.

Capital supports

Purchase AT

Funding for assistive technology as a result of substantially reduced functional capacity

- One years' subscription to convers-ABI-lity online program (\$XXX). **Rationale:** The convers-ABI-lity online program will complement the proposed speech pathology therapy program to address X's capacity building goals relating to successful communication with his/her family, friends and local community. The focus of the convers-ABI-lity program is more successful conversations between X and family members/carers/community members. This will result in improvements in X's participation in social interactions / decision making / vocational activities. The convers-ABI-lity online program will maximise the impact of speech pathology sessions through providing X and family members/carers with self-guided activities to complete outside of sessions and providing the speech pathologist with a record of completed home activities so that feedback can be given. The subscription fee provides further value for money over the long term, by ensuring that X and his/her carers have ongoing access to self-guided activities and recorded examples of successful use of communication strategies. The convers-ABI-lity program addresses evidence based clinical practice guidelines to provide training to communication partners of people with cognitive-communication disorders after brain injury (Togher et al., 2014). The efficacy of convers-ABI-lity has been tested as part of research. It provides a structured, evidence-based approach to capacity building in communication skills, which is beyond the scope of what family members / carers can provide.

Capacity Building supports

Therapeutic supports

- **Speech pathology:** X requires a speech pathology assessment and therapy program to maintain communication essential for X's participation in everyday tasks and communication. **30 hours for convers-ABI-lity** (add further hours if anticipated more time required to cover the material / if providing multiple interventions). This total comprises:
 - Face-to-face activities (16 hours): Initial assessment (2 hours), orientation to the program (1 hour), 10 x 1 hour sessions (10 hours), review assessment (1.5 hours), follow-up assessment (1.5 hours).
 - Billable non face-to-face activities that assist the participant, as per the NDIS price guide (14 hours): 10 x 0.5 hour to review practice on the website before each session (5 hours), 10 x 0.5 hour for planning and documentation (5 hours), multidisciplinary liaison (2 hours), report writing (2 hours).

Please see Appendix below.

The following text expands on the recommendation for funding of the convers-ABI-lity program and may be suitable for an appendix

APPENDIX A: ALLIED HEALTH RECOMMENDATIONS

Therapist name and contact details: X, **contact details**

Discipline: Speech Pathology

Participant's NDIS Goals:

- 1) **To maximise my ability to communicate successfully with my family, friends, and community**
- 2) **To increase my independence in activities of daily living and community environments**
- 3)

Assessment results: *(State the quantifiable results of tests and assessments and describe the meaning of results in plain language.)*

e.g., X scored on the [assessment of language / cognitive-communication skills e.g., close other score of above 50 on the La Trobe Communication Questionnaire, score below cut-off on the Functional Assessment of Verbal Reasoning and Executive Strategies] indicating that he has more difficulty with communication than most people. The Adapted Kagan scales (Togher et al., 2010) showed that the communication partner was not able to successfully support X in conversation.

For X, communication difficulty means that he/she [edit below as relevant to the individual]:

- *is not able to fully participate in decision making*
- *feels stressed in social situations*
- *has lost connections with friends*
- *has had breakdown of relationships with family members*
- *requires supervision when in community settings*
- *has limited vocational opportunities.*

Recommendations:

- a) **Recommendations & measureable outcomes** *(link the recommended NDIS funded supports with the NDIS goals of the person with disability).*
 - *A speech pathologist will work with X and his family members / support staff to explore communication supports that are essential for X's participation in everyday tasks and communication. The speech pathologist will integrate use of the convers-ABI-lity online program. It is recommended that X maintain access to the convers-ABI-lity online program for one year to support maintenance of communication skills. The measureable outcomes will be [edit below as relevant to the individual]:*
 - a. *Outcomes: An increase of 1 point on a 5-point goal attainment scale for communication will improve participation in everyday communication situations. Related NDIS goal: "To maximise my ability to communicate successfully with my family, friends, and community."*
 - b. *Adapted Kagan Scales (Interaction and Transaction): An increase of 0.5 point on a 4 point rating scale evaluating interaction and transaction in a everyday conversation*
- b) **Quantity** *(Be specific about the recommended quantity of each type of the support or item recommended (e.g. how many hours of therapy) to make it easy for the NDIS to identify and translate into line items from the NDIS Price Guide.)*

- a. X requires funding for 30 hours for a speech pathologist assessment and therapy program, which is required to help X meet his NDIS goal “To maximise my ability to communicate successfully with my family, friends, and community.”
 - b. X requires funding for one year of access to the convers-ABI-lity online program, which is required to help X meet his NDIS goal “To maximise my ability to communicate successfully with my family, friends, and community.”
- c) **Risk of no support** (Reports should detail the risk of not providing the recommended supports, and if relevant, include sound rationale for how the individual’s impairments might worsen without them.)
- a. Lack of access to speech pathology services and the convers-ABI-lity online program will lead to ongoing unsuccessful and unrewarding conversations, which will result in decreased social participation within 12 months.

How the recommendations are reasonable and necessary in line with Section 34 of the legislation

1) Capacity building goals

- X requires XX hours of speech therapy at the beginning of his/her plan, to enable the speech pathologist to develop specific communication goals together with X, and to work together with X and family members / support workers to identify and practice positive communication strategies for successful conversations. Use of the convers-ABI-lity online program will be integrated in speech pathology sessions and used to support maintenance of positive communication skills. This supports his/her NDIS goal “to maximise my ability to communicate successfully with my family, friends, and local community.”

2) How the capacity building facilitates social and economic participation

- Improvements in successful communication over the next 12 months increase X’s chances of achieving his/her goal of increased participation in decision-making / increased community participation / improved relationships / development of new relationships / paid employment within the next two years.

3) How the capacity building is value for money

- The speech pathology therapy program and integration of the convers-ABI-lity online program will lead to the development of an individualised toolkit of communication strategies for X and his family members / support workers to ensure successful communication. This initial investment will provide value for money through upskilling and resourcing family members / support workers, so that less intensive speech pathology support is required in the future.

4) How the capacity building is effective and beneficial (i.e. evidence based)

- The INCOG guidelines for brain injury recommend that people with a cognitive-communication impairment should be offered a speech pathology treatment program which includes training of communication partners (such as family members and support workers) (Togher et al., 2014). The convers-ABI-lity online program has been developed based on research evidence and has been shown to be beneficial in increasing successful communication.

5) How the capacity building cannot be provided appropriately by the family or broader community

- Speech pathologists have specific expertise in developing communication supports. X’s family members / support workers do not have the appropriate expertise to effectively develop the required communication supports.

6) How the capacity building is unable to be funded by other service systems

- X has previously participated in speech pathology sessions with the local health service. All rehabilitation options have now been explored, and X continues to experience substantially reduced functional capacity.
- It is not financially possible for X to access capacity building through private speech pathology. X does not have private health cover / is on a pension / rebates for Medicare Chronic Disease Management items will not cover the costs of the required services.

REFERENCES

Togher, L., Power, E., Tate, R., McDonald, S., & Rietdijk, R. (2010). Measuring the social interactions of people with traumatic brain injury and their communication partners: The adapted Kagan scales. *Aphasiology*, 24, 914-927. <https://doi.org/10.1080/02687030903422478>

Togher, L., Wiseman-Hakes, C., Douglas, J., Stergiou-Kita, M., Ponsford, J., Teasell, R., ... & Turkstra, L. S. (2014). INCOG recommendations for management of cognition following traumatic brain injury, part IV: Cognitive communication. *Journal of Head Trauma Rehabilitation*, 29(4), 353-368. <https://doi.org/10.1097/HTR.0000000000000071>