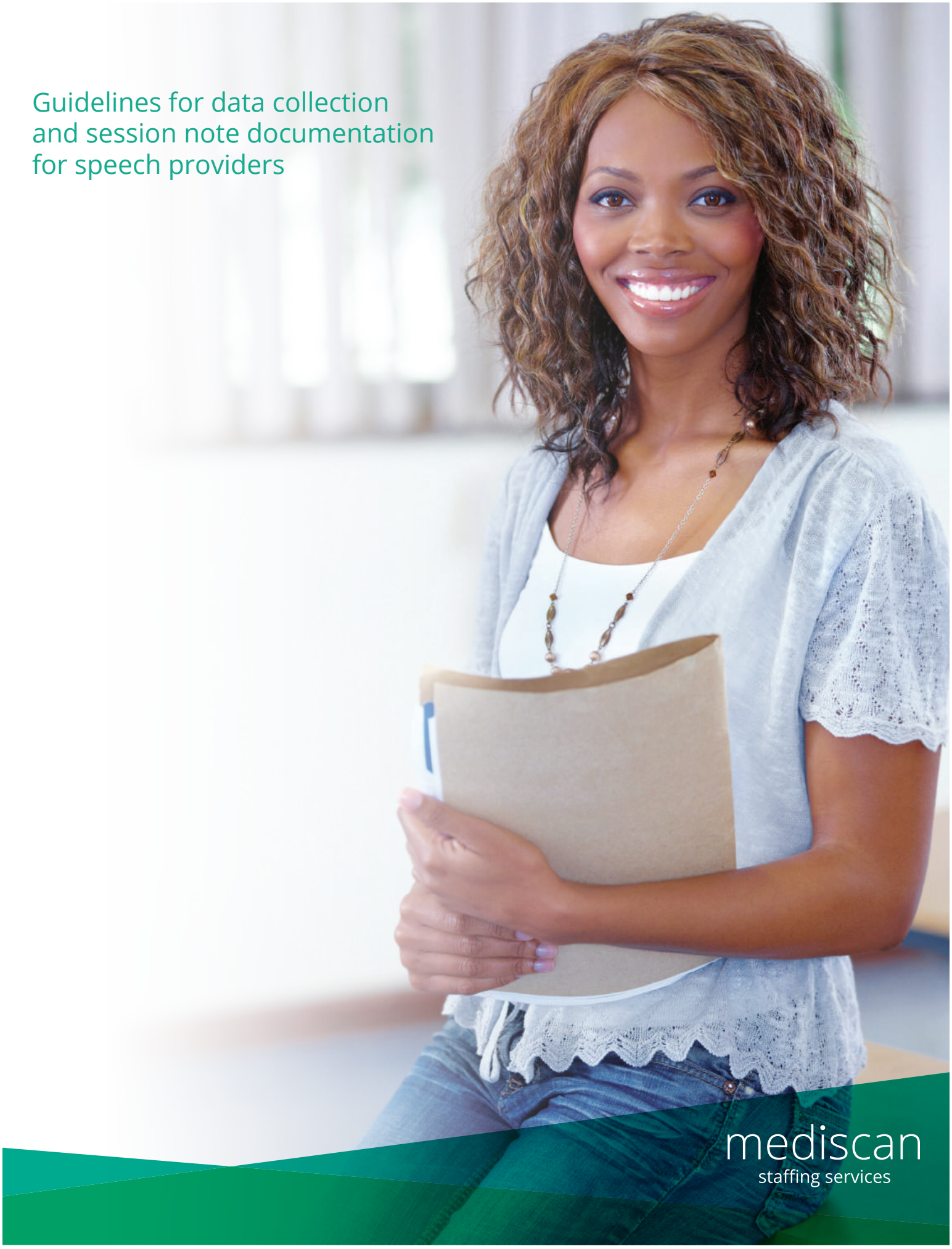
Guidelines for data collection and session note documentation for speech providers



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Data collection during each therapy session and writing session notes after each session are expected professional activities across all settings, and for all clients. Data collection is "the primary mechanism for ensuring clinician accountability." (Roth and Worthington, 2005, pg. 28)

Why collect data during each session?

- Data collection is needed to monitor the client's progress from session to session.
- Data collection is needed to demonstrate the "efficacy of a given treatment strategy."
- Data collection is used to guide the therapy process by showing when therapeutic changes should be made.
- Data collection objectively shows how the client is changing. (Roth and Worthington, 2005, pgs. 28-29)

Reminders for good data collection

- During each therapy session, be prepared to collect data.
- Bring a data collection form with you, ready to use.
- A variety of data collection forms are available in textbooks and on the internet, or you can create your own.
- Consistent and systematic data collection will assist you when writing daily session notes and present levels of performance.

What data do you collect during therapy?

Based on the annual (long-term) goal, write a session objective that includes the following:

- Observable target behavior (example: production of final/s/in carrier phrase)
- Condition — type/amount of cues, setting, materials (example: when shown pictures and given clinician model, "I see house; I see bus")
- Criterion level for success (example: 7/10 trials)

How to collect meaningful data

Collect data on the quality of the target behavior (response), such as:

- Independent
- Imitated (model given)
- Cued
- Type: verbal, visual, gestural, tactile, phonemic, physical
- Amount: max cued, mod cued, min cued
- Multiple choice
- Incorrect

Examples of session objectives based on annual goals

- Produce final/s/ in carrier phrase ("I see bus") when shown picture and given model for imitation, 7/10 trials.
- Name pictures of common household objects when given function cue, 6/10 trials.
- Say "noun is verbing" when shown picture, and asked, "What is noun doing?" with *is* cue card, 8/10 trials.
- Follow one-step directions using prepositions (under, next to, on, between) with max (gestural and verbal) cues, 14/20 trials.

Writing session notes

- Good data collection leads to good session note documentation.
- As Moore (2013) stated, "Lack of documentation is lethal. Poor documentation is worse." (pg. 431)
- You need to document after each and every session.
- Write your notes as soon as possible after the session.

Why write session notes after each session?

- Session notes ensure that you are accountable!
- As Moore (2013) noted: "Yes, it's true, if it's not documented, it didn't happen!" (pg. 431)
- Session notes enable you to monitor treatment progress.
- Session notes provide information to other therapists who work with the client.
- Session notes facilitate the continuity of treatment if there is a change in therapists. (Roth and Worthington, 2005, pg. 61)
- As noted by Moore (2013), "Although it is not a requirement in schools, following a SOAP note format is useful for therapy note documentation in schools, as well as medical and private practice settings." (pg. 430)

Writing good session notes

Using the widely used data collection system known as "SOAP" notes is one very effective method in the practice of data collection. Below is an explanation on how to write SOAP notes, as well as some SOAP note examples.

S= Subjective (your opinion about how client is feeling and participating)

O= Objective (description of the session objective and data you collected)

A= Assessment (your interpretation of the data, comparison to prior session)

P= Plan for next session

Example 1: SOAP session note

S: Jay was excited to come to therapy

O: Sinal/s/in carrier phrase with picture and immediate model to imitate (7/10 trials); Results: 7/10 and 8/10 accurate across two cycles

A: Second session at 70%–80% accuracy w/immediate imitation

P: Next session give delayed model

Example 2: SOAP session note

S: Lisa sick; head on table most of session

O: Name pictures of common household objects with function cue (6/10 trials); Results: Cycle 1: 4/10 w/function cue; Cycle 2: 7/10 function cue + phonemic cue

A: Last session 70% accurate w/function cue only

P: Cycle 1: function + phonemic cues (7/10); Cycle 2: function cue only (6/10)

Example 3: SOAP session note

S: Kevin late to session; doing classroom assignment

O: Follow one-step directions with prepositions (under, next to, on, between) with max (gestural and verbal) cues (14/20 trials); Results: 15/20 directions w/max (gestural/verbal) cues; missed all five directions with between

A: First session at this level; needs more practice w/between

P: Explain, demonstrate, model between directions for 7/10 criterion; then repeat per above

References

- Moore, B. (2013), *Documentation Issues* in R. Lubinski and M. Hudson (Eds.), *Professional Issues in Speech-Language Pathology and Audiology* (pp. 420-443). Clifton Park: Cengage
- Roth, F. and Worthington, C. (2005). *Treatment Resource Manual for Speech-Language Pathology* (3rd ed.). Clifton Park: Cengage

Let's talk it out.

Mediscan is here to help you every step of the way. So, if there's anything we didn't cover here in this literature... simply reach out to us and tell us what you want to know. We'll do our best to answer any question you have or help resolve any obstacle you're facing.