

Treatment Plan MUS 298

SMT: JD Hogue

Initial of Client:

Diagnosis: Alzheimer's

Age: ~70

Gender: Female

Location of Sessions:

Individual/No. in Group: 10

Length of Session: 50 minutes

Information Sources: This information came from the director of the Alzheimer's clinic and from talking with and observing the client.

CURRENT STATUS:

Behavioral

Client readily interacts with others and initializes social interactions. Client responds to the environment and follows directions.

Verbalization/Communication Skills

Client can verbalize and will say complete sentences. If asked a direct question, she will provide an answer that is on topic and related to the question. If she did not know an answer, she stated that she could not answer and use nonverbal communication to explain why.

Daily Living Skills

Client appeared high functioning and could eat, dress, sit up, and walk by herself.

Cognitive Skills/Receptive Skills

Client knew whom she was, information about her family, and could do simple subtraction. She displayed problems verbalizing words for every day objects and experiences.

Emotional

Client displayed emotions by smiling and using her hands to show affection. When talking about a more serious issue her face became more serious to reflect the tone.

Reinforcers/Preferences

Client responds to typical positive reinforcement statements.

SUMMARY OF IDENTIFIED STRENGTHS AND NEEDS:

Strengths

Client can walk and eat independently. When asked a question, she can answer and stay on topic.

Needs

Client needs to maintain these walking and cognitive skills to slow the mental and physical decline. She also needs help verbalizing common words and remembering information.

GOALS AND OBJECTIVES:

Goal: To maintain verbalization

Objective: Client will verbally respond to the SMT when the SMT asks her a question at least 4 out of 5 trials (80%) during the session.

Rationale: Client currently is verbal and is capable of speaking. Maintaining her verbalization rate will allow her to communicate for as long as possible what she does and does not want.

Data Collection Method: Frequency; the number of times Client responds to the SMT.

Treatment Strategies: Interventions to obtain this goal could include singing and saying "goodbye" during the Goodbye Song, discussing song lyrics, and answering questions.

Goal: To maintain gross motor movement

Objective: Client will complete at least 80% (4 out of 5) of the physical movement trials in every session.

Rationale: Client is currently functioning mostly independently by walking on her own. Maintaining these skills will help ensure that she can remain physically active for as long as possible and slow down the rate of degeneration.

Data Collection Method: Frequency; the number of completed trials during a session.

Treatment Strategies: Interventions to obtain this goal could include dancing, playing an instrument, and moving to music.

Goal: To maintain short-term memory

Objective: Client will correctly perform an SMT movement by herself after the SMT showed it to her at least 4 out of 5 trials during a session.

Rationale: Client is showing signs of memory decline. By repeating a phrase by herself, she will show that she can continue using her short term memory to complete tasks.

Data Collection Method: Frequency; the number of correctly performed movements when the SMT is not performing the movement.

Treatment Strategies: Interventions to obtain this goal could include instrument playing, clapping, and singing.

Goal: To maintain long-term memory

Objective: Client will tell at least two stories from her past as prompted during the session.

Rationale: Client is currently reminiscing stories from her past. Maintaining this skill will help Client connect with people for as long as possible.

Data Collection Method: Frequency; the number of times client tells a story from her past

Treatment Strategies: Interventions to obtain this goal could include discussing songs and recalling a gross motor action she used to do during song.