Clinical vs. Home Based Therapy,
A Comparison of Effectiveness:
A Round Table Discussion

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This round table discussion centered around the relative merits of treatment of patients in a clinical setting compared with treatment in the patient's familiar, home setting.

The following areas were covered in the discussion:

1. Physical Setting
2. Transportation
3. Cost
4. Patient Commitment
5. Emotional Security
6. Structure of Therapy
7. Carry-over, Functionality of Patient
8. Benefits for Different Types of Patients

(1) Physical Setting. Positive aspects cited for the clinical setting included ability to control noise, light, and spatial arrangements, easy access to equipment and materials, and immediate availability of colleagues and related professionals to discuss patient care. The opportunity to interact with other people, and to participate in groups is also available for patients seen in a clinical setting.

The familiarity of the setting was seen as being a positive element for home based therapy, as was access to items familiar to the patient for use as therapy materials. Interruptions, interference by family members, and possible depression due to lack of change of scene were cited as negative aspects of home based therapy.

(2) Transportation. Transportation to the center was seen to be a problem for some physically involved patients, and those without immediate family. The opportunity for the clinician, to utilize between-therapy-session time for record keeping, conferences and phone calls, instead of for driving appeared to be a strong 'plus' in the clinical setting.

(3) Cost. At present the medicare patient seen in the home setting may obtain 100% coverage for speech therapy charges. When he travels to a center, the patient is generally eligible for only 80% coverage.

(4) Patient Commitment. Greater patient commitment, and its relationship to better prognosis for improvement, was discussed by some participants who felt that patients who were prepared to make the effort to travel to a center regularly were more totally committed to the concept of rehabilitation and would therefore make better progress.

(5) Emotional Security. The patient seen for therapy in his familiar surroundings may feel more secure. In some cases, however, it was felt that problems in the patient's emotional interaction with other family members may make him fearful of discussing his difficulties in this setting. The clinical setting was generally viewed as providing less security for the patient except in the area of confidentiality in discussing problems with the clinician.

(6) Therapy Structure. Therapy conducted within a clinical setting was viewed by some participants as having the potential for much more structure and control than home based therapy.

(7) Carry Over, Functionality of Patient. The opportunity to observe the patient interacting with familiar persons in his own environment may give the clinician a more realistic view of his functionality.

(8) Type of Patient. A point raised in this area was that where the family is overhearing or observing treatment sessions, they are more likely to have a realistic view of the high level patient's language deficits or the low level patient's strengths. This may enhance the communication which occurs with the patient.