

# THE MORE, THE MERRIER

THE WHO, WHAT, & HOW OF GROUP THERAPY  
ACROSS PATIENT POPULATIONS

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Pueblo Speech and Neurological Rehabilitation Center



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## DISCLOSURES



PUEBLO SPEECH &  
NEUROLOGICAL  
REHABILITATION

Financial: Owner of Pueblo Speech and  
Neurological Rehabilitation Center

Nonfinancial: None

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## OBJECTIVES



Describe the benefits of group therapy across multiple patient populations

List multiple group therapy techniques to be used across various patient populations

Develop a plan to start or enhance group therapy programming within your own practice

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## ABOUT ME



Previous clinical experience in acute, home health, inpatient rehab, SNF, & as director of rehab

Founded Pueblo Speech and Neurological Rehabilitation Center in 2020 after seeing the need for outpatient in southern Colorado

Clinic serves patients across the lifespan & across the SLP scope of practice

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## BENEFITS OF GROUP THERAPY

- Promote interaction in a safe environment
- Increased variety of communication contexts
- Wider array of communication partners for more generalization
- Naturalistic and potentially more complex interactions
- Socioemotional benefits, reducing feelings of isolation
- Increased motivation. Patients feel accountable for attending (if not, others will ask!)
- Can be offered alone or in conjunction with individual sessions
- Can be logistically/practically beneficial to maximize therapy dosage, provide services to uninsured or underinsured patients, or maintain gains after discharge
- Evidence-based way to enhance therapeutic outcomes
- It is so much fun! 🎉👏



Behrman et al., 2020; Conner et al., 2021; Corbin, 1951; Hoover et al., 2025; Lo et al., 2024

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## BENEFITS OF GROUP THERAPY

Quotes from current group members:

1. "I live for this group. I look forward to Tuesday afternoon every week."
2. "I'm sad because I feel like I got cheated just a little bit. I am learning to live with it because I am coming here."
3. "You can share things in here that you may not want to share at home."
4. "Living in a remote place has made the Zoom access a godsend to keep me connected to others who have experienced a similar situation."

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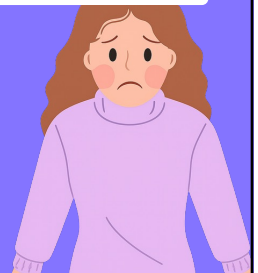
## BENEFITS OF GROUP THERAPY

Group therapy should not be viewed as secondary to individual therapy but as a key component of a comprehensive treatment plan.

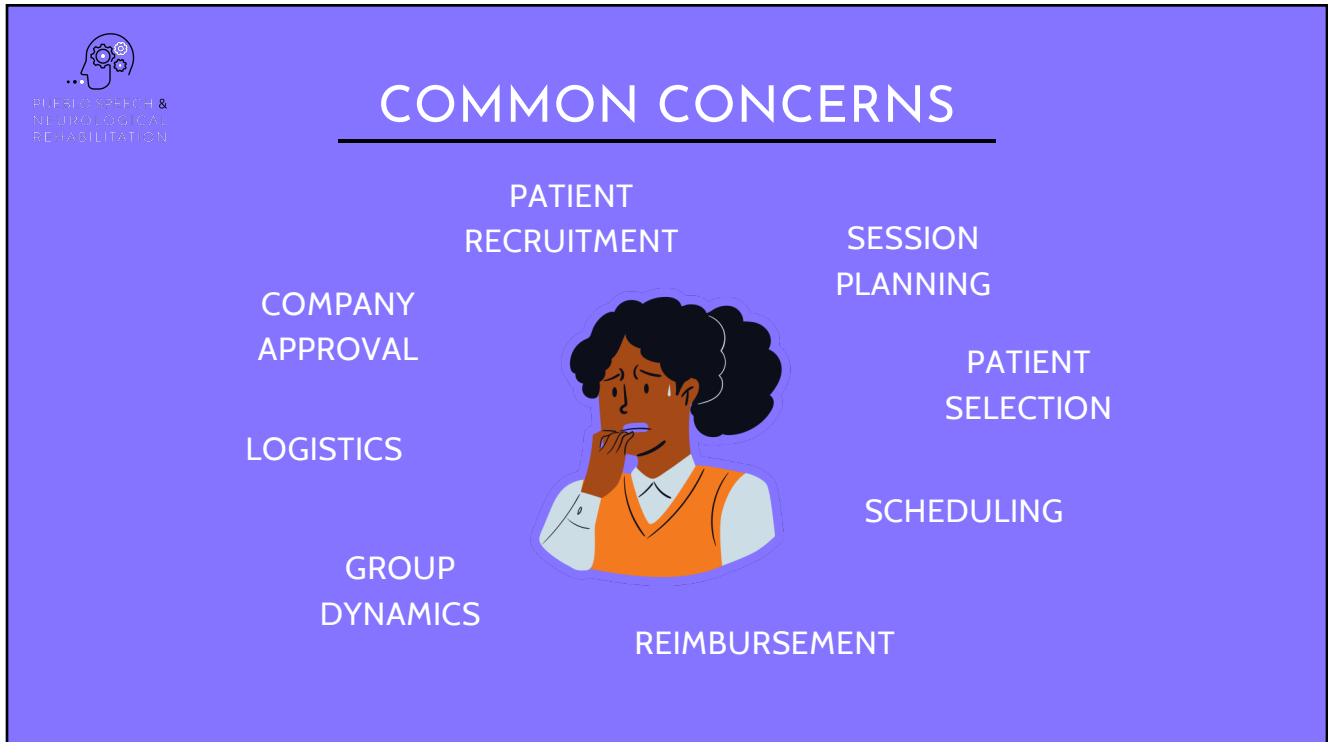
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I'm sold! Group therapy sounds amazing!  
But... where do even I start?!



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**STARTING SPEECH THERAPY GROUP GUIDE**

JACALYN SAWAGE, MS, CCC-SLP

**PARTICIPANT SELECTION**

Diagnoses:  
Demographics (e.g., age):  
Severity:  
Therapy Goals:

**LOGISTICS**

Minimum number of patients:      Maximum number of patients:  
Time duration (e.g., 30 minutes, 90 minutes):      Total duration (e.g., 8 weeks, indefinitely):  
Day of the Week:      Frequency (e.g., weekly, monthly):  
Location:      First group date:

**INSTITUTIONAL CONSIDERATIONS**

Necessary staffing (e.g., how many SLPs, other professionals):  
Billing (e.g., insurance, private pay, no cost):  
Marketing to patients:  
Marketing to employees:

**STEPS NEEDED TO START**

1.	3.
2.	4.

**YOUR "WHY"**

Reflect on how this group will help your patients, your community, your company, and your own clinical practice. Write down your motivation and refer back to it in the future to remember your "why."

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## PARTICIPANT SELECTION

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Demographics (e.g., age):

Severity:

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# INSTITUTIONAL CONSIDERATIONS

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Necessary staffing (e.g., how many SLPs, other professionals):

Billing (e.g., insurance, private pay, no cost):

Marketing to patients:

Marketing to employer:

### Billing:

1. Insurance (must be justified in plan of treatment)
  - a. 92508: Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals
  - b. No group swallowing code
  - c. Check insurance reimbursement rates and any restrictions (e.g., # of group members, location)
2. Private pay
  - a. Set rate or sliding scale
  - b. Cannot charge Medicare eligible patients for a Medicare covered service (consider non-skilled maintenance or wellness group and give ABN)
3. No Cost
  - a. Therapy to patients after discharge to maintain gains and monitor for new decline.
  - b. Provide additional therapy beyond what insurance allows to patients on the caseload.
  - c. Provide therapy to uninsured or underinsured patients.
  - d. Marketing tool to increase individual caseload.
  - e. Reduce therapist documentation burden.

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# INSTITUTIONAL CONSIDERATIONS

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Necessary staffing (e.g., how many SLPs, other professionals):

Billing (e.g., insurance, private pay, no cost):

Marketing to patients:

Marketing to employer:

### Marketing to Patients

1. Support groups
2. Community centers
3. Doctor's offices
4. Disability organizations
5. Other SLP or rehab clinics/facilities
6. From your individual patient caseload
  - a. Many patients are hesitant to join a group. Often, patients report feeling embarrassed by their deficits, preventing them from wanting to try group therapy. However, once they attend one session, often those fears are alleviated.
  - b. Incorporate group therapy from the beginning. Recommend group when establishing your plan of treatment, e.g., "I recommend individual speech therapy 3 times per week and group therapy once a week."
  - c. Ultimately, a patient can decline your recommendation, but how you present group therapy can help get the patient through the door the first time, which is the hardest part.

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## STEPS NEEDED TO START

### STEPS NEEDED TO START

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

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## YOUR "WHY"

### YOUR "WHY"

*Reflect on how this group will help your patients, your community, your company, and your own clinical practice. Write down your motivation and refer back to in the future to remember your "why."*

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## DON'T WAIT!

Do not wait for things to be perfect.  
The hardest part about group therapy is starting.

1. Even if you only have three people, just start. Momentum will be gained for more patients.
2. Once established, you can tweak things like time, topics, patient demographics, etc.



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I have my group established!  
Now what?!



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## MANAGING GROUP DYNAMICS

Leadership is shared among group members. Clinician's role is not to direct, but be a resource.

Facilitate patient to patient communication versus multiple individual sessions at once.

Facilitate a safe and inclusive environment for all participants.  
Establish group guidelines.

Tuckman's Group Development Stages: Storming, Forming, Norming, Performing

Tuckman, 1965

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## Speech Therapy Group Activity Ideas & Real-Life Examples

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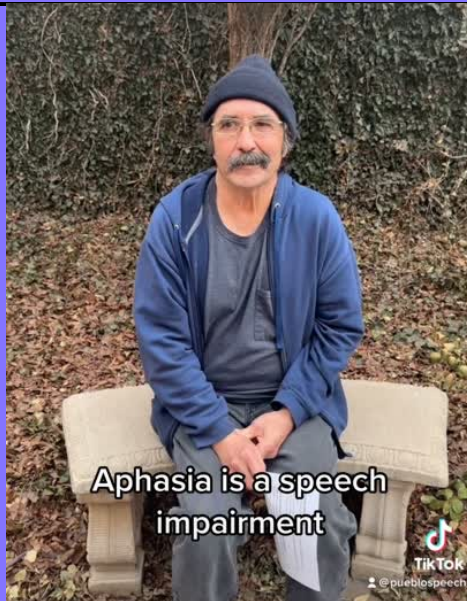
## PROJECT BASED INTERVENTION

1. Videos
2. Handouts
3. Websites
4. Events
5. Art
6. Gardening
7. Patient Interest Projects

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## PROJECT BASED INTERVENTION



Aphasia is a speech  
impairment



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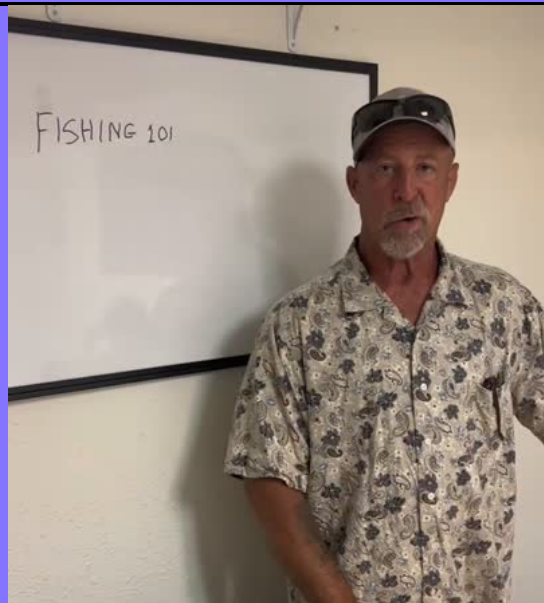
## PROJECT BASED INTERVENTION



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## PROJECT BASED INTERVENTION



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## PROJECT BASED INTERVENTION

### Advice for Stroke Survivors from Stroke Survivors

- Understand what caused the stroke and the signs of stroke for the future. You may not realize you are having a stroke.
- Remember BE FAST (Balance, Eyesight, Facial Droop, Arm Weakness, Speech Difficulty, Time to call 911).
- Seek out more information about your injury, learning more about it can help.
- Remember It's not your fault.
- Realize it's a problem. Be grateful you're here.
- Rely on faith, family, and friends.
- Curb your anger.
- Be patient. Do the work and work at it everyday.
- Recovery takes time and depends on the the severity and location of stroke and other health factors.
- It is so easy to say, "Screw it, I'm done." You must have the discipline and drive to do the work.
- Do what you love, e.g., horse riding, working, sports, animals, reading, fishing, things that take your mind off your problems. Prioritize your mental health.
- Your brain gets tired. You need to recover to stay calm.
- Go ahead and just cry sometimes. It's okay to cry.
- Try box breathing.



- Go to speech therapy or the other therapies depending on your needs (e.g., physical or occupational therapy). Keep up with your rehab exercises.
- First step is showing up, and that's the biggest step.
- Find a group. Listen to other people's experiences and what they do. You are not alone. We have all had similar experiences. Even if you're hesitant, just try it.
- You can get frustrated, but it calms me being in a group.
- You cannot quit. The more you practice, you will get better.
- It can be embarrassing in the beginning. You may think "I don't need this" but you do. Need it.
- Names can be hard. It is hard to remember.
- Use technology. Using my phone and making notes helps.
- Read out loud.
- Listening to music or eBooks can help.
- If you can't think of the word, talk around it.
- It's okay to be afraid. But you need to conquer your fears and move on.
- Use your aphasia card.
- We are all in the same boat. Maybe just different positions in the boat.
- You're not a victim, but a survivor.

Good luck on your challenge of a lifetime,

Pueblo Speech Stroke Group



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## PROJECT BASED INTERVENTION



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## COMMUNITY OUTINGS

1. Restaurant
2. Arcade
3. Bowling
4. Nature Walk
5. Library
6. Pottery Painting
7. Thrift Shopping



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## COMMUNITY OUTINGS RESTAURANTS



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PUBLIC SPEECH &  
NEUROLOGICAL  
REHABILITATION

## COMMUNITY OUTINGS BOWLING



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PUBLIC SPEECH &  
NEUROLOGICAL  
REHABILITATION

## COMMUNITY OUTINGS NATURE WALK



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## IN CLINIC EVENTS

1. Cooking
2. Show and Tell
3. Food Tasting
4. Game Night
5. Holiday Party
6. Birthday Party
7. Patient Presentations



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## IN CLINIC EVENTS COOKING



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## IN CLINIC EVENTS FOOD TASTING



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## IN CLINIC EVENTS GAME NIGHT



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## CONVERSATIONAL ACTIVITIES

1. Current Events
2. Reminiscence Therapy
3. Topics of Patient Interest
4. Role Playing
5. Debate
6. Improv Exercises
7. Ice Breakers

**Do not be afraid to discuss “real” topics.**

- For example: daily struggles, emotions, frustrations, patient interests, or current events.
- Our patients are real people. Think about what you and those close to you talk about each day.

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## CONVERSATIONAL ACTIVITIES

The New Paper



**TalkPath**™ News



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## COMMUNITY COLLABORATION

1. Physical Therapy
2. Occupational Therapy
3. Music Therapy
4. Mental Health Therapists
5. Equine Therapy

1. Local business owners (e.g., serve at local restaurant for a night)
2. Mix patient populations (e.g., Parkinson's patients read to a pediatric group)
3. Plan a booth at a resource fair

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## COMMUNITY COLLABORATION PHYSICAL THERAPY



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PUBLIC SPEECH &  
NEUROLOGICAL  
REHABILITATION

## COMMUNITY COLLABORATION MUSIC THERAPY









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PUBLIC SPEECH &  
NEUROLOGICAL  
REHABILITATION

## COMMUNITY COLLABORATION EQUINE THERAPY & MIX PATIENT POPULATIONS









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## EXERCISE



Think of how you could adapt one activity for multiple group populations (e.g., aphasia, cognitive-communication, Parkinson's disease, social communication) to target different goal areas (e.g., language, cognition, speech, pragmatics).

Example 1: Going to a restaurant  
Example 2: Debate

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Remember... when it comes to group speech therapy....



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## YOU'VE GOT THIS!



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## SELECT REFERENCES

Behrman, A., Cody, J., Elandary, S., Flom, P., & Chitnis, S. (2020). The effect of SPEAK OUT! and The LOUD Crowd on dysarthria due to Parkinson's disease. *American Journal of Speech-Language Pathology*, 29(3), 1448–1465.

Connor, N. P., Orloff, D. I., & Uswatte, G. (2021). Intensive social interaction for treatment of poststroke depression in subacute aphasia: The CONNECT Trial. *Stroke*, 54(4), e189.

Corbin, M. L. (1951). Group speech therapy for motor aphasia and dysarthria. *Journal of Speech and Hearing Disorders*, 16(1), 21–31.

Hoover, E. L., Szabo, G., Kohen, F., Vitale, S., McCloskey, N., Maas, E., Kulkarni, V., & DeDe, G. (2025). The benefits of conversation group treatment for individuals with chronic aphasia: Updated evidence from a multisite randomized controlled trial on measures of language and communication. *American Journal of Speech-Language Pathology*, 34(3), 1203–1221.

Lo, J., & Caldwell-Harris, C. (2024). A systematic review of peer-mediated interventions for children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*.

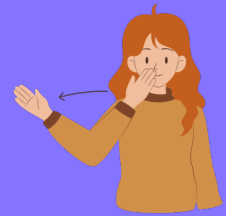
Tuckman, B. W. (1965). Developmental sequence in small groups. *Psychological Bulletin*, 63(6), 384–399.

*Full reference list available at [pueblospeechandneuro.com/ashaconvention2025](https://pueblospeechandneuro.com/ashaconvention2025)*

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# Thank You



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Full slides and reference list are available at  
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