Aphasia: Functional Communication
Therapeutic Techniques and Life-Based Goal Setting

Course Objectives:
• Attendees will be able to discuss traditional therapeutic techniques for PWA.
• Attendees will be able to adapt traditional therapeutic techniques for PWA to effectively promote life participation.
• Attendees will be able to write patient-centered goals for PWA to effectively include functional communication modes into care structures.

WHAT DO WE ALREADY KNOW ABOUT APHASIA THERAPY?

Pseudo Pre-test 😊

TRUE or FALSE:
It is always easy to diagnose an aphasia syndrome in our clients.

TRUE or FALSE:
We are fortunate to be able to choose a nicely packaged treatment plan for specific aphasia syndromes.

TRUE or FALSE:
Social considerations are not necessary to consider when formulating a treatment plan for persons with aphasia (PWA).
TRUE or FALSE:

Treatment should always focus on the client first and the caregiver second.

TRUE or FALSE:

There is no better feeling that seeing a client successfully communicate for the first time!

What is functional communication?

expression  reading  AAC  social  conversation  success  prosody  understanding  writing  speaking  community

What are we currently doing and how it is effective.

THERAPY

What therapy is NOT.

- Clean and easy...
- A one size fits all approach...
- Prescribed...
- One sided...
What therapy IS.

- Patient-centered...
- Dynamic...
- Need-based...
- Inclusive...

Tried and True...

There are many things that we already do that are quite effective when treating PWA.

Some of which are:

Word Finding Treatment
Syntax Treatment
Reading Treatment
Writing Treatment
Melodic Intonation Therapy

And Still More...

Some therapeutic methods are more situation dependent and must align with the values of a PWA and their support system.

These may be:

Constraint Induced Language Therapy
Group Therapy
Reciprocal Scaffolding
Augmentative and Alternative Communication
Verbal Network Strengthening Treatment

So, the question is...

WHEN DO WE USE WHAT?

Non-fluent
- Melodic Intonation Therapy
- Syntactic Treatment
- Word Finding Treatment
- AAC
- CBT

Fluent
- Verbal Network Strengthening
- Word Finding Treatment
- Cognitive Approaches

Complex
- Computer-based
- Multi-modal Approaches
- Reading and Writing Considerations

Making the EBP framework work for aphasia care...

- Use what has been found to work...
- Recognize the power in our own rich experiences...
- Incorporate the client’s values as an EQUAL part of our tx planning...

Why reinvent the wheel?

CURRENT METHODS MEET A LIFE PARTICIPATION MODEL.

What is the Life Participation Approach to Aphasia? (ASHA, 2000)

- Developed in 2000 by ASHAs LPAA project group (Chapay, Duchan, Elman, Garcia, Kagan, Lyon, Simmons-Mackie)
- Focuses on THE CLIENT’S wants and needs
- Goals are to be meaningful to the PWA and aid in life/community reintegration to their highest level of potential
- Aims to reduce negative life consequences that aphasia may cause

LPAA Values: (ASHA, 2000)

1) Enhance life participation
2) All PWA are entitled to service
3) Documented life-enhancement changes are included as measures of success
4) Personal and environmental factors are tx targets
5) Services are available as needed at ALL stages of aphasia
Living with Aphasia: Framework for Outcome Measurement
(Kagan, et al., 2007)

Adult Learning Theory

1) Life Experience as a resource
2) Responsibility = Greater Outcomes
3) The need to know WHY?
4) Internal motivation toward quality life roles

Understanding these principles allows the PWA to...

- Equalize the social relations of service delivery
- Create authentic therapeutic experience
- Create experiences that are engaging
- Establish user control
- Become accountable to other partners

This all makes sense... So now what???

How our goals drive our care.
GOALS, GOALS, GOALS...
Early decisions in our patient’s care drive the duration of our interaction with them...

Patient-Centered Outcomes
Consider:
- How do I create the goals for my patient?
- How do the goals I create affect the care I provide?
- Does my patient and his/her family know the goals I have determined?

More on this later

What do you notice about the questions on the previous slide?

The VALUES element of EBP...

- Do we know what therapeutic techniques have research to back up their use for this PWA?
- Do we have experience to guide us in clinical decision making toward appropriate tx measures?
- HAVE WE ASKED THE CLIENT WHAT HIS/HER GOALS ARE?

Recognizing our role...
When LPAA and the A-FROM model are the foundation for our practice in aphasia care, the client will always be at the center of our decisions...
Patient-Centered Outcomes

Now, consider:

• How did the patient arrive at this goal?
• How can the care provided be shaped to meet the needs of a PWA?
• Does the patient and his/her family understand how these goals can be achieved?

More on this later 🎉

Patient-Centered Outcomes will drive productive care that our clients are more invested in, thereby increasing motivation...

Impairment Based Therapy
- Word Finding Treatment
- Syntax Treatment
- Melodic Intonation Therapy
- Constraint Induced Language Therapy
- Treatment of Underlying Forms
- Reading and Writing Treatment

Non-Impairment Based Therapy
- Multi-modal Treatments
- Script Training
- Partner Training
- Reciprocal Scaffolding
- AAC
- Group Therapy

WHERE IS OUR HAPPY PLACE???

Beginning with the end in mind (sort of)...
- We are all aware that the combination of treatment modalities is an individualized puzzle, not a neat equation...
- Patient-Centered Goal creation done in collaboration with the PWA will help us to see what they want out of therapy...
- They will be able to clearly see how much of what is necessary!

How much do we do of what???
This will give us Measurable and Attainable...

**FUNCTIONAL OUTCOMES!**

<table>
<thead>
<tr>
<th>Well-written LTGs</th>
<th>Poorly written LTGs</th>
<th>Why there’s a problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>The PWA will respond to spoken yes-no questions via head nods and/or verbal yes and no with at least 80% accuracy in structured conversations on topics of personal relevance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The PWA will improve auditory comprehension.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No specific behavior is targeted; improvement can’t be directly measured; no criterion is set.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The PWA will respond to yes-no questions related to biographical info (e.g. name, family names, address, occupation) with 60% accuracy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The PWA will increase auditory comprehension for simple yes-no questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No specific behavior is targeted; there is no increase indicated; no criterion is set.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted: *Neuro Linguistic Analysis* et al., 2004

Table 16.1

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**STG Considerations...**

In what ways will the goals be implemented to enhance life participation?
Are life-enhancement changes included as measures of success?
Are the STGs able to be quantified or qualified for appropriate documentation needs?
Are there personal and environmental factors included as tx targets?
Is the service plan appropriate for the PWA based on his/her needs relative to the stage of aphasia they are experiencing?
Do the goals lend themselves to motivation and responsibility for the PWA?

ASHA, 2000; Kimbarow, 2007; Brookshire, 2015

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The big picture of what may change...

**THE FACE OF APHASIA THERAPY**

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What therapy IS... (again)

- Patient-centered...
- Dynamic...
- Need-based...
- Inclusive...

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Using what works in the most effective way...

Context...
- Relevant materials
- Client accountability for transference/generalization
- Community reintegration goals
Trying something new (or maybe just looking at it more objectively)…

- Impairment Based Treatment techniques for PWA are good!
  - Massed Practice/Neuroplasticity
- Non-Impairment Based Treatment techniques may serve to bridge the gap between structured tx and generalization!
- Therapeutic Conversation and Daily Goal Creation…

Family, family, family…

Inclusion becoming broad scope!

- Conversational Partner Training…
  - Should be a direct goal of aphasia therapy!
- Script Training…
  - Expect community rehearsal at a more prescribed level!
- Reciprocal Scaffolding…
  - Train family/caregivers how to set their loved one up for success!

Sometimes it’s what we don’t see that makes the biggest difference…

Discussion Break and Time to Stretch 😊

Mr. Standish – WVSHA 2016

Mr. Standish is a 62-year-old male admitted to the hospital for which you work. He suffered a CVA to the left inferior lateral frontal lobe. He was pleasant, however frustrated throughout your assessment. You gave Mr. Standish the Short form of the Boston Diagnostic Aphasia Examination, as well as conducted informal measures to predict stimulability and determine appropriate treatment methods.
A CHANGE IN FOUNDATIONAL IDEALS PROVIDING BETTER FUNCTIONAL OUTCOMES...

From table, to home, to community, and beyond!

What therapy IS... (again)

• Patient-centered...
• Dynamic...
• Need-based...
• Inclusive...
• Ongoing...


...IT IS NOT THE PERSON WITH APHASIA WHO HAS REACHED A PLATEAU; IT IS THE CLINICIAN.”

Nancy Helm-Estabrooks

The MYTH of the aphasia plateau...

• What does putting a timeline on recovery do for our patients with Aphasia?
• How would you feel if you were in their shoes?
• What would you want to hear if you or a loved one were the PWA?
• How can we mediate the desires and needs of our patients with delivering honest information regarding prognosis and expectations?


“COULD A GREATER MIRACLE TAKE PLACE THAN FOR US TO LOOK THROUGH EACH OTHER’S EYES FOR AN INSTANT?”

Henry David Thoreau

Psychosocial considerations...

• There has been movement in our field as a whole to move from a biomedical framework to a BIOPSYCHOSOCIAL framework of care.

Rosenbeck, 2016

WHY???
Vision of the life path for Persons With Aphasia...
Hinckley, 2016; Shadden, 2007

THANK YOU SO MUCH FOR THE OPPORTUNITY TO SHARE THIS INFORMATION WITH YOU!
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Final Question and Answer Session

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References: