MAKING IT WORK!

Functional Therapy Techniques for Acquired Aphasia

Kelly Rutherford M.S., CCC-SLP
Assistant Professor
Marshall University
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Disclosures:
Kelly Rutherford is a full-time Assistant Professor at Marshall University, where she receives a salary for classroom teaching, clinical education provision, and additional teaching and education provision as needed.

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Course Objectives

1. Participants will identify the core values prescribed by the Life Participation Approach to Aphasia and recognize how to apply them to a variety of therapeutic techniques.

2. Participants will practice clinical decision making for integration of impairment-based, non-impairment-based, and generalization approaches for clients with different needs and values.

3. Participants will describe proper education tactics for the PWA and their support system in accordance with psychological and adult learning principles.
Measurement of Participant Success...

• Feel empowered that much of what you are doing is right!
• Recognize that progress is only partially measured by language outcomes!
• Own more knowledge and tools to continue serving individuals with aphasia and their families to the best of your ability!
Core values as a driving force...

*aka How we approach the diagnosis matters!*

**LIFE PARTICIPATION APPROACH TO APHASIA**
One asked you to make a slight change to how you thought about a therapy, would you do it?
Have you ever heard of the Life Participation Approach to Aphasia?

- Yes
- No
- I don't know
In the concept title, provide a single word that might describe what Participation Approach to Aphasia is all about.
Shifting the focus from what I can’t do to what I **CAN** do!

- Strengths
- Successes
- Promotion of Health

WHO, 2001
What is the Life Participation Approach to Aphasia?  (ASHA, 2000)

- Developed in 2000 by ASHAs LPAA project group (Chapey, 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

(Kimbarow, 2007)
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

(Kimbarow, 2007)
Discussion and Break...
INTEGRATION OF THERAPY TECHNIQUES
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 our 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...
Aphasia

Non-Fluent: Limited ability to produce speech; effortful and with few words.
- Good Understanding of Language (spoken and written)
  - Broca's Aphasia (cannot repeat words or sentences)
  - Transcortical Motor Aphasia (can repeat words or sentences)
- Poor Understanding of Language (spoken and written)
  - Mixed Non-Fluent Aphasia (some ability to produce speech)
  - Global Aphasia (most severe; little to no comprehension or expression)

Fluent: Able to produce connected speech
- Good Understanding of Language (spoken and written)
  - Conduction Aphasia (numerous phonemic paraphasias such as, "poon", "soon" or "pone" for "spoon")
  - Anomic Aphasia (primary limitation is difficulty retrieving desired words when communicating; "it's on the tip of my tongue")
- Poor Understanding of Language (spoken and written)
  - Wernicke's Aphasia (cannot repeat words or sentences)
  - Transcortical Sensory Aphasia (can repeat words or sentences)

- Computer-based Tx
- Constraint Induced Language Therapy
- Melodic Intonation Therapy
- Reading Treatment
- Syntax Treatment
- Treatment of Underlying Forms
- Verb Network Strengthening Tx
- Word Finding Tx
- Writing Tx

- Multimodal Tx
- Partner Approaches
- Pragmatic Tx
- Reciprocal Scaffolding
- AAC
- Script Training

(ASHA, 2017)
Non-fluent

- Melodic Intonation Therapy
- Syntax treatment
- Word Finding Treatment
- AAC
- CILT

Fluent

- Verbal Network Strengthening
- Word Finding Treatment
- Cognitive Approaches

Complex

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

How do I know what to do?

- Identify your resources
  - ASHA’s Practice Portal
    http://www.asha.org/practice-portal/
  - SIG 2 http://www.asha.org/SIG/02/
- Keep in check with the research
  - ASHA Wire
    https://www.youtube.com/watch?v=OqML6fvENB0

How do I further develop my expertise?

- Network
  - Online communities – Aphasia Access
    http://www.aphasiaaccess.org/
- Collaborate
  - Cultivate collaborative relationships with other SLPs or find a mentor
- Educate
  - Seek out CEs in specific areas of the field
Impairment-based Treatment Strategy

Nonimpairment-based Treatment Strategy

Generalization Strategies
Script Training
Partner Approaches
Reciprocal Scaffolding
Group Therapy

Generalization Strategies

(ASHA, n.d.)
How do we decide which method (or combination of methods) to choose?

What does the PWA want and need?

(Kagan, et al., 2007)
Impairment-based Strategies

- Word Finding Therapy
- Reading and Writing Treatment
- Syntax Treatment
- Constraint Induced Language Therapy
- Melodic Intonation Therapy
- Computer-based Treatment

(ASHA, n.d.)
Can we make Impairment-based Strategies... MORE?

- Word Finding Therapy
- Reading and Writing Treatment
- Syntax Treatment
- Constraint Induced Language Therapy
- Melodic Intonation Therapy
- Computer-based Treatment

YES!!!

(Kagan, et al., 2007)
Clinical Decision Making

• Familiarity and Life Relevance
  – Use materials and targets the PWA is familiar with and that are relevant to their life roles

• Clarity of Intent
  – Make the intent of the treatment clear to the PWA

• Accountability and Ownership
  – Use of familiar/relevant materials and reaching a degree of understanding for tx intent helps the PWA to be accountable for their role in the tx process

(ASHA, 2000; Brookshire, 2015; Kimbarow, 2007)
Nonimpairment-based Strategies

• Multimodal Therapy
  – AAC
  – VAT
  – PACE
  – ORLA

• Pragmatic Treatment

• Group Therapy

(ASHA, n.d.)
Are Nonimpairment-based Strategies truly a bridge to generalization?

- Multimodal Therapy
  - AAC
  - VAT
  - PACE
  - ORLA
- Pragmatic Treatment
- Group Therapy

Redefining SUCCESS with Aphasia...

(Kagan, et al., 2007)
Redefining Success

• For many, Aphasia syndromes are chronic, but...
• That does not limit our ability to make a difference in the Quality of Life for a PWA...

Since the inception of the WHO-ICF framework in 2001 and development of LPAA, we now appreciate that SUCCESS = LIFE PARTICIPATION as defined by one’s ability to resume life roles important to them!
The Goal Reconstructed...
Discussion...
Who, what, why, how, and when...

THE VALUE OF EDUCATION
Education Considerations for the PWA and their Caregivers

• Language Barriers
• Psychological readiness to receive information
• Caregiver burden
• Promoting responsibility in the PWA
Education Considerations: Language Barriers

- Re-think how we provide education to the PWA...
  - Language load considerations
  - Attention need for the PWA (Hardin & Ramsberger, 2011)
  - Alternatives to talking (Helm-Estabrooks et al., 2014)
  - Education through action (Partner Training)
Education Considerations: Psychological Readiness

- *When and how we provide education matters*...
  
  - Provide *HOPE*
  
  - Gauge how much the PWA and their caregiver can handle
  
  - Amount and type of education depends on the individual family unit, as well as timing post-diagnosis

(Helm-Estabrooks et al., 2014)
Education Considerations: Caregiver Burden

• Empathy
• 24/7/365 is very different than 5x/wk for one hour increments
• Strategies must fit their existing schema, not the other way around
• Strategies need to be easy to implement
• Strategies need to be provided one at a time with many families we serve

(Kimbarow, 2007)
Education Considerations: Education through Action!

• Therapy and Education provision can be one in the same!
  
  – Generalization strategies such as Conversational Coaching, Partner Training, and PACE can be active forms of education.
  
  – It is important to provide a safe space for the PWA and their partner to rehearse strategy use before implementing it into their daily life.
“What the aphasic patient wants is to recover enough language to get on with his life.”

- Schuell et al., 1968
Discussion...
THANK YOU SO MUCH FOR THE OPPORTUNITY TO SHARE THIS INFORMATION WITH YOU!

Kelly Rutherford M.S., CCC-SLP
davis139@marshall.edu
304-696-2982
Resources

- http://www.aphasiaaccess.org/
- http://www.asha.org/SIG/02/
- https://www.youtube.com/watch?v=OqML6fvENB0
References


References

