9 microlessons in aphasia assessment and intervention for the practicing clinician

The Iowa Conference on Communicative Disorders

Tom Sather, PhD/CCC-SLP
University of Wisconsin - Eau Claire
Mayo Clinic Health System - Eau Claire

Concept of microlessons -

• Little chunks in isolation, designed to teach/expose a certain skill or knowledge area
• Grounded in theory, but...refined to just the key components.
• Applicable across settings

Disclosures

Financial relationships to disclose: Stipend received for presenting

Non-financial relationships to disclose:
• Board Member: Chippewa Valley Aphasia Network
• Board Member: Chippewa Valley Aphasia Camp
• Board Member / President - Elect Aphasia Access
1. Participation – Project based interventions
2. Participation – Participant generated photography
3. Personal identity/attitudes/feelings – Google maps
4. Personal identity / attitudes/feelings - Motivation
5. Language and related impairments – PACE
6. Language and related impairments – RET
7. Environment – Social network interactions
8. Environment – Communication Support Team
9. Collaborative goal setting
Learning Objectives

Identify two specific aphasia interventions that can be implemented in clinical practice to support increased verbal expression.

Identify two specific aphasia interventions that can be implemented in clinical practice to support environmental facilitation.

Identify two specific aphasia interventions that can be implemented in clinical practice to support identity renegotiation.

Identify two specific aphasia interventions that can be implemented in clinical practice to support participation.

Participation

Project Based Interventions

Participant Generated Photography

Project Based Interventions
Making an aphasia card – A Project Based Intervention

Project-based interventions

- The project is the “intervention” -- all parts of the project
- This can occur anywhere regardless of environment
  - (point being you don’t need a weekend camp or a massive fundraiser, can be anywhere for example or any age, any population)
- The outcomes are driven by the participants
- The importance of balancing challenge and skill
- The momentum of project-based interventions --- group, art projects, etc.

Consider the context for embedding...strategies, scripts, interventions (RET, ORLA, etc.); Goal-Plan-Predict-Do-Review, VSM, reflection, meta for both individual and Care Partner
(1) Doing an activity in preparation for connecting with others
(2) Being with others (alone but with people around)
(3) Interacting with others (social contact) without doing a specific activity with them
(4) Doing an activity with others (collaborating to reach the same goal)
(5) Helping others and (6) contributing to society

Behn, 2016

Taxonomy of Social Activities
Ylvisaker on tenets of Project-Based Interventions

- **Concrete product** or artifact as a product of long-term, collaborative investigation, involving multiple-dimensions, interactions with multiple people and resources
- Motivated by a **meaningful theme**, topic, question
- Requires deep thought and investigation to develop - including skills related to cognition, communication, and behavior
- Support is provided by everyday partners in **authentic contexts**
- **Meaningful to the person**
- The end product is something **designed to help other people** in some way

AUTHENTIC Communication and Strategy

NEGOTIATION AND PLANNING

USING TECHNOLOGY IN THE MOMENT
Projects

- A stocked cupboard for the new cook
- Coffee shops...rated
- Tie-blankets for community shelter
- Technology troubleshooting
- Fantasy Football scoring
- Aphasia books for those with aphasia
- A visitor’s guide to Eau Claire (aphasia friendly)
- Weekly emails sent out to aphasia group members
- Games inventory in lobby
- Tie-blankets for community shelter

As the clinician, your biggest challenges are likely to stay out of the way...and give it time
Project Based Intervention Resources
https://core.ac.uk/download/pdf/76981877.pdf


Project-Based Aphasia Access podcast
http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/101/1/Patient%20Centred%20Care%20Case%20Study.jpg

Twitter: @NicholasBehn

Participant generated photography

Take a picture... discuss

The picture can be a tool for discussion... for participation... or both
Options

Photo diaries - include reflective comments, ranging from descriptive to interpretive.

Photo voice - The photographs and descriptions/narratives promote empowerment with regards to circumstances; supports and encourages reflection (Tornbom et al., 2019).

Project: What makes it easy or hard for you to eat healthy?

1. For X weeks the individual/s took pictures in response to this prompt
2. In discussion, select the photograph most meaningful
3. Why is it important? Why did you pick that one? Why not some of these other ones?

Project: What are some ways you connect with others in your community?

1. For X weeks the individual/s took pictures in response to this prompt
2. In discussion, select the photograph most meaningful
3. Why is it important? Why did you pick that one? Why not some of these other ones?

Participants were asked to reflect about their daily lives, and to take pictures of situations, persons, or anything else which they considered meaningful. They were invited to share both negative and positive aspects of their lives after stroke (Tornblum, 2019).

Sites of meaning
Times of emotion
People in your life
Going places

30 day photography challenges

EXPERTPHOTOGRAPHY.COM
Self portrait
Black and white
Texture
High Angle
Silhouette

PINTEREST (INFINITE)
What you wore today
Clouds
Something Green
A bad habit
Shoes
Hands
Childhood memory
So…how does it support participation…

1. **Doing** - a craft, a project, a garden, a task, an experience
2. **Sharing** - communication, conversation
3. **Going** - to a place, a restaurant, a park, a road trip, a bakery, etc.
4. **Interacting** - during the prep, the task, the sharing; it’s Zoomable too…

Participant-generated Photography Resources


Aphasia and Identity

“...a composite of roles, values, and beliefs that are acquired and maintained through social interaction”

(Shadden & Agan, 2004, p. 175)

Aphasia as Identity Theft (Shadden, 2005)

“Identity is the background for all of our actions and interactions...Renegotiation of self and identity is particularly critical when aphasia has stolen language, a primary tool used to engage in social interactions that affirm identity” (Shadden, 2005, p. 213).

(Re)negotiation of Identity & Aphasia

Simmons-Mackie & Elman (2011) Negotiation of Identity in group therapy for aphasia: the Aphasia Café
Google Maps for Identity (and more)

- Google Maps has potential to support communication, increased participation, enhanced identity.
- **Participation:** Potential for increased participation within individual or group sessions. Potential to inspire traveling of developed routes, even among local areas.
- **Identity:** Sharing of personal narratives, life experiences, photos, and videos.
- **Sharing of Self:** Share with group members in the moment or with family and friends later.
- Map itself creates a visual representation that is both Aphasia-friendly and functional.

Broot, Buzan, Sather, & Schermer (2017)
Treatment should facilitate recognition work by helping persons affected by aphasia to explore their past, present and evolving identities.

Shadden, 2005, p. 221
Identity renegotiation is critical, and is dependent on social contexts and social others.

Treatment should facilitate recognition work by helping persons affected by aphasia to explore their past, present and evolving identities.” Shadden, 2005, p. 221
Google Maps Resources

https://www.blog.google/products/earth/new-google-earth-creation-tools/?utm_source=keyword&utm_medium=referral&utm_campaign=mysmaps&utm_term=creationtools


Understanding and Capitalizing on Motivation

The role of motivation

“The motivational dynamics underlying activities that people do freely and those that they feel coerced or pressured to do” (Deci, 1992, in Helm- Estabrooks & Whiteside, 2012).

Primary construct of self-determination theory - doing as directed by self rather than others.
Optimal motivation and engagement occur as the result of:

- Autonomy
- Competence
- Relatedness

“When people engage in activities that are fully aligned with their priorities, when they find they can complete challenging tasks successfully, and when they experience social connection, their performance and persistence increases.” (Haley, 2012, p. 4)

When the goals/tasks are self-directed...

Increased performance outcomes (Trombly, Radomska, Trexel, & Burnett-Smith, 2002)

Deeper processing of information, increased creativity and engagement (Vansteenkiste, 2004 in Biel et al., 2018).

Internalization: “the process through which an individual acquires an attitude, belief, or behavior regulation and progressively transforms it into a personal value, goal or organization” (Deci & Ryan, 1985, p. 130, in Biel et al., 2018).
How to enhance internal drive

Promoting Autonomous Motivation

1. Autonomy (to act on one's own)
2. Competence (the perception of being able to impact the outcome of what is being chosen)
3. Relatedness (a connection with others in some capacity)

Promoting autonomous motivation

“Essentially, patients are more likely to adopt behaviors and values when they:

a. feel they have a choice in doing so (autonomy)
b. feel that their behavior or value will increase their experience of confidence in their capacity to affect outcomes (competence),
c. and they receive help from clinicians they believe care about them unconditionally (relatedness)” (Biel et al., p. 399).
1. Autonomy (to act on one's own)

**Clinician:** Avoid the “righting reflex” and being the solution generator. Instead:
- Reflective listening (simply re-stating key statements/phrases); “tell me about that”
- Provide (controlled) choice: 3-5 may be optimal
- Meaningful rationales

2. Competence (the perception of being able to impact the outcome of what is being chosen)

**Clinician:** Support the ongoing journey of perceived competence by:
- Tasks that provide optimal challenge (not too hard, not too easy).
- Feedback - from the task or from another person about progress that is objective, not controlling.

3. Relatedness (a connection with others in some capacity)

**Clinician:** Application to the therapeutic relationship as well as beyond
- Therapeutic alliance of trust and accountability
- Connecting beyond the clinician/client relationship - strategic and scaffolded opportunities
Resources - Motivation and Self-Determination Theory


Language and Related Impairments
PACING
Response Elaboration Training
PACE
Promoting Aphasia
Communication Effectiveness

Based on 2 Assumptions
1. Most PWA have an ability to communicate
2. Natural conversation presents difficulties

PACE models elements of conversation, it is not synonymous with conversation (Davis, 2015)
4 Principles

**Equal participation:** the clinician and patient participate equally as senders and receivers of messages.

**New information:** There is an exchange of new information between the clinician and the patient.

**Free choice of channels:** The patient has a free choice as to which communicative channels (modalities) s/he may use to convey new information.

**Natural feedback:** Feedback is provided by the clinician, when receiving, in response to the patient's success in conveying a message.
Probably most important aspect differentiating from other naming tasks is equal participation through turn-taking.

Known vs. Unknown condition

Traditional Naming Tasks: both know the item “the common knowledge of a message minimizes the communicative usefulness of a patient's verbal or gestural attempt.” Davis 2005

Communication is the goal - whatever works…

("Cheap steak" vs. "cheap skate")
Authentic feedback... in the moment

Communicative Adequacy first → Linguistic adequacy if desired

PACE RATING SCALE

Rating Scale for PACE Interaction
(Owens, 1980)

Scope 3

Scope 2

Scope 1

Scope 0

Scope -L

Communicative Adequacy first → Linguistic adequacy if desired

3/5/2021
Adapting/modifying for communicator types
Vs.

Wordless short videos...
4 Principles

- **Equal participation:** the clinician and patient participate equally as senders and receivers of messages.
- **New information:** There is an exchange of new information between the clinician and the patient.
- **Free choice of channels:** The patient has a free choice as to which communicative channels (modalities) s/he may use to convey new information.
- **Natural feedback:** Feedback is provided by the clinician, when receiving, in response to the patient's success in conveying a message.

References - PACE


**Response Elaboration Training (RET)**
(*Kearns, 1985*)

- Designed to facilitate generalized increases in the amount of informational content.
- Uses shaping, chaining and modeling techniques.
- Emphasis is on loosening the response parameters of therapy by using patient-initiated utterances as the focus of intervention (Loose Training).
- Technique similar to scaffolding.
- Developed on the premise that treatment should encourage the creative use of language rather than require the production of predetermined, convergent responses.

**Primary Aspects of RET** (*Kearns, 1985*)

1. Verbal Instruction and stim (*Client: "Running")
3. Cue with "wh" - "Why is she running?" (*Client: "Race.")
4. Combine and reinforce - "Got it. She is running in a race."
5. Request for repetition and model - "Give this a shot: ‘She is running in a race. You got it.’"
6. Affirm, reinforce - "Nailed it. She is running in a race. You got it."

**Modified RET for aphasia and apraxia (M-RET)** (*Wambaugh & Martinez, 2000; Wambaugh, Wright, & Nessler, 2012*)

- Accounts for potentially apractic difficulties with initiation.
- Modelled responses.
- Integral stim.
- Repetition practice.
M-RET (Wambaugh, Wright, & Nessler, 2012)

1. Random picture – tell me about this picture, what does it remind you of, what’s happening
   1. Appropriate – move on to Step 2
      1. Appropriate – move on to 2
      2. Still challenging – move on to 3
2. Repeat production and reinforce 1 –”Nailed it! Great. – shaving”
3. Request an elaboration – with a wh- if possible (If difficult, provide modeling in similar fashion) – Why is he shaving? What is he shaving?
4. Reinforce Step 3 production and model a combo of Step 1 and 3 “Yes, got it – He’s shaving the face.”

M-RET (Wambaugh, Martinez, 2000)

5. Model combined production and again request repetition
   a. If correct – request 3 more repetitions, integral stim as needed
   b. If incorrect – try four productions of target using integral stim
6. Remove picture, wait 5 seconds, return picture and request description.
   a. If correct – reinforce and go on
   b. If incorrect – or partial – reinforce, model, request production with integral stim as necessary – go on
3. So....what if we went from

1. Verbal Instruction and stim (Client: "Running")
2. Clinician expands. Model. Reinforce ("You bet...she's running.")
3. Cue with "wh" - "Why is she running?"
   (Client: "Race")
4. Combine and reinforce - "Got it. She's running in a race."
5. Request for repetition and model - "Give this a shot. She is running in a race."
6. Affirm, reinforce - "Nailed it. She is running in a race. You got it."
Some more considerations regarding stimuli

Intriguing Stimuli

106

107

108
Intentionally “non-fancy”

Does not have to be “extraordinary” pictures and there’s actually value in modeling simple participant photos.

“Take a few pictures during the week and let’s talk about them.”

Avoid the pressure or perceived need to have “extraordinary” pictures – they could be, but definitely don’t have to be. Often non-posed pictures work best (active vs. posed).

This could take the place of your prep!!

No workbook stim, no pre-published stim cards....
References for RET


Among those without aphasia

Larger social networks associated with lower reported loneliness (Berscheid & Reis, 1998; Cacioppo, Fowler, & Christakis, 2009; Child & Lawton, 2019)

Social organization participation is associated with reduced loneliness and isolation (Niedzwiedz et al., 2016; Child & Lawton, 2019) and may foster sense of community and place of support (Talo, Mannarinia & Rochira, 2014).

Perceptions of social support is directly, and positively, associated with mental and physical health (Cohen & Syme, 1985; Seungyoon, Jae Eun, & Namklee, 2018).

Family focused networks associate with stronger psychological outcomes; friend focused networks associate with stronger physical outcomes; reduction in social network diversity is associated with higher potential for negative health outcomes (Li & Zhang, 2015).

“…researchers have suggested that reduced social relationships should be considered a risk factor similar to obesity or alcohol abuse and that reduced social contact is “equivalent to smoking up to 15 cigarettes a day”

Among those with aphasia

Nine fewer social contacts, and three fewer leisure activities (Cruice, Worrall, & Hickson, 2006)

Less diverse social networks (Northcott, Marshall, & Hilari, 2016)

“Clinicians should consider the personal social relationships and networks of each client on an individual basis to enhance participation, accommodate throughout challenges, maintain friendships, and minimize social isolation (Brown et al., 2012).”

Miller, 2020, p. 13

Social Convoy Model

Person with aphasia

Inner circle - closest

Middle circle - not as close, still important

Outer - less close, still part of life

Antonucci & Ajzen, 1987
Social Convoy Model - Prompts

**Inner Circle:** 'people you feel so close to that it is hard to imagine life without them.'

**Middle Circle:** 'people who you may not feel quite that close to, but are still very important to you.'

**Outer Circle:** 'people you have not mentioned yet, but are still close and important enough in your life to be placed in your social network.'

Important next questions...

1. How satisfied are you with [each circle]?
2. How would you like to see [each circle] change, if at all?

---

Stroke Social Network Scale (SSNS) (Northcott & Hilari, 2013)
Stroke Social Network Scale – Northcott & Hilari, 2013

Children
Relatives
Friends
Neighbors
Groups

Proximity
Overall
Loneliness

Social Network Resources

https://caraportal.blob.core.windows.net/manifests/manifest-4-24/assets/SSNS_scoring_form.pdf


Develop a Communication Support Team

Communication Support Teams

A collection of individuals with:
1. Connection to the person with aphasia
2. Desire to help

Silverman, 2011
Communication Support Team development

- Identifying Social Networks
  - Prompt: "I belong to..."

- Contacts begin

- Soliciting interest; extent; often best done by SLP

- Coordinating attendance at sessions

- Ongoing communication

  - Google Doc; FB; etc.

Communication partner reflections

- Open discussion:
  - What did you learn about your partner’s aphasia in general?
  - Strengths of the last joint event and why you think it did go well:
  - Weaknesses of the event that didn’t go well and why you think it did not go well:
  - Impact of other events on those sessions (what went differently and what you would do differently):
  - Key factor you identified last week and how you implemented it:
  - Any factor that impacted your week’s efforts:
  - Questions/comments:
    - What you need discussion, feedback, support, don’t know, more feedback, less feedback, etc.

Supporting wellbeing through peer-befriending (SUPERB) for people with aphasia: A feasibility randomised controlled trial

Katerina Hilt1, Nicholas Beheshti2, Kirsty Jarrold1, Sarah Northcote1, Jane Marshall1, Nicky Thomas2, Alison Simpson2, Becky Mason2, Chris Rod2, Sally McVicker1 and Kimberley Goldsmith1
Communication Support Teams Resources


Triangle Aphasia Project website: https://www.aphasiaproject.org/about-us/our-story-
collaborative-goal-setting?

Aphasia Access Podcast with Maura Silverman: https://aphasiaaccess.libsyn.com/engaging-your-community-in-conversation-with-
maura-silverman

@TAPUnlimited
Collaborative Goal Setting using the FOUR-C Format (Haley et al., 2019)

- A model for intervention planning and implementation

Choose a communication goal
Create client solutions
Collaborate on a plan
Complete and continue

Haley et al., 2019

Skills and abilities
- Language production and processes

Intentional Strategies
- Self-cueing
- Metaskills
- Practice patterns and plan
- Multimodal and compensations

Environmental Supports
- Partners’ skill and knowledge
- Social opportunities
- Access (print, interactions, physical)

Confidence and Motivation
- Reflection
- Choice
- Autonomy
- Accountability
Maura at TAP - “The Individualized (Re)engagement Plan”

What do you want to do?
What’s getting in the way?
What would help (access)?

Time frame
The Activity Card Sort

89 Photographs
4 categories (Instrumental, Low physical demand, Leisure, High physical demand, Leisure, Social)

Sorting task

*Done PTA, Not done PTA*

*Do more of, same, Less of, Given up?*

The Life Interests and Values Cards

Home and Community
Creative and Relaxing
Physical
Social


Pre-and post-aphasia activity – probing for interest

ACTIVITIES PRE-APHASIA  ACTIVITIES POST-APHASIA

142

143

144
Goal Setting Resources

I believe the first thing that should occur to any of us as we choose intervention approaches is: How will this help the person with aphasia reconnect with his or her life? Sometimes the paths are circuitous, but the question should be foremost in all of our activities.
Please reach out with any questions, comments, thoughts, ideas.

Tom Sather
sathertw@uwec.edu
@TomSatherSLP