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How to Integrate AAC into Clinical Practice in Aphasia

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What is Aphasia?

- ◆ Classic definition
 - Multimodal impairment
 - Language and symbolic representation
 - Encoding AND decoding

The Puzzle of Language/Cognitive Impairment vs. Motor



From: www.photos.com

Integrating AAC

- ◆ Start early
- ◆ Meet needs – avoid non-use
- ◆ Careful assessment
- ◆ Dynamic treatment
- ◆ Honoring personhood

- ◆ When do we start AAC?
- ◆ Do we start soon enough?
- ◆ Do we start too soon?

Communicator Types - Overview

How we describe the
people we see?

Garrett & Lasker

- ◆ Partner-dependent communicator:
 - Emerging
 - Contextual choice
 - Transitional
- ◆ Independent communicator:
 - Stored message communicator
 - Generative communicator
 - Special needs communicator

Partner-Dependent

- ◆ Emerging Communicator
- ◆ Contextual Choice Communicator
- ◆ Transitional Communicator

Independent Communicators

- ◆ Stored Message Communicator
- ◆ Generative Communicator
- ◆ Specific Needs Communicator

Common Classification System (Davis, 2007)

- ◆ Non-fluent
 - Broca's
 - Transcortical Motor
 - Global
 - Mixed Transcortical (Isolation)
- ◆ Fluent
 - Wernicke's
 - Transcortical Sensory
 - Conduction
 - Anomic

Common versus Garret & Lasker

- ◆ How do these classification approaches differ from each other?

Assessment

How to assess for AAC in aphasia

- ◆ What do you know?
- ◆ When does it start?

- ◆ Traditional Assessment of Language and Cognition
 - Why?
- ◆ Needs assessment
 - Why?
- ◆ AAC Skills assessment
 - Why?
 - How?

AAC Skills Assessment

- ◆ Skills to assess
 - Unaided modalities (gestures, facial expression)
 - Partner-supported techniques (written choice, types of questions asked)
 - External Stored information
 - Stored messages through voice-output systems
 - Generative messages through voice-output systems (Lasker, Garrett, & Fox, 2007)

Methods of Assessment

- ◆ Basic system trials
 - Stored message trials
 - Several devices based on motor/cognitive information
- ◆ Advanced system trials
 - Combining Stored and generative messages

Methods of Assessment

- ◆ Categories of Communicators with aphasia Checklist (Lasker, Garrett, & Fox, 2007)
- ◆ Baseline Modality Assessment
 - PACE-like procedure (Davis and Wilcox, 1985)
- ◆ Conversational strategy trial
 - Personally relevant conversation
 - Model strategies

THE MULTIMODAL COMMUNICATION SCREENING TASK FOR PERSONS WITH APHASIA MCST – A

- ◆ <http://aac.unl.edu/screen/score.pdf>
- ◆ <http://aac.unl.edu/screen/picture.pdf>

Scanning/Visual Field/Print Size/Attention Screening Task

- ◆ <http://aac.unl.edu/screen/wordscan.pdf>
- ◆ <http://aac.unl.edu/screen/aphasianscreens.pdf>

Discussion of Communicator Types - Dynamic Treatment

Information in this section
from: Garrett & Lasker,
2013

Partner-Dependent Communicators

Information in this section
from: Garrett & Lasker,
2013

Emerging Communicator

Emerging Communicator

- ◆ Very severe
- ◆ May be misidentified as not having rehabilitation potential
- ◆ Severe disability in the area of speech and symbol use
- ◆ Attention may be affected

Emerging Communicator: Intervention Goals - Client

- ◆ Low tech AAC for choices (choose preferred items)
- ◆ Develop turn-taking
- ◆ Develop choice-making ability
- ◆ Develop referential skills
- ◆ Affirmation/ rejection (Yes/NO?)
- ◆ Teach partners to provide appropriate opportunities for above

Emerging Communicator: Partner Training

- ◆ Develop **contextual routines** for choice making, accept/reject
- ◆ Create **scrapbook/remnant photo book**
- ◆ Provide contingent feedback for communicator's referential, joint attention, affirmation, and rejection signals
 - “Oh, you're looking at the lemonade...so that's what you want!”
- ◆ Engage visual attention in joint tasks (games, pictures)
- ◆ Augmented Input
- ◆ Tagged yes/no

Primary Communication Strategy: Augmented Input Strategy/Basic Choice

- ◆ Augmented input
 - Partner then supplements the most difficult, or the most important concepts, by:
 - a. Writing key words on paper
 - b. Gesturing symbolically
 - c. Gesturing deictically (pointing)
 - d. Pantomiming
- ◆ Basic Choice (later in the process)
 - Choices may be presented at the end to create a basic choice situation for expression.

Contextual Choice Communicator

Contextual Choice Communicator

- ◆ Cannot consistently initiate communication acts
- ◆ Retains skills in automatic/familiar activities
- ◆ Persistent global aphasia, expressive (Broca's) aphasia, or receptive (Wernicke's) aphasia

Contextual Choice Communicator: Intervention Goals

- ◆ Conversation around familiar topics
- ◆ Consistent referencing of what they are talking about (pointing)
- ◆ Communicate specific information by pointing to written choices
- ◆ Communicate opinions/preferences by pointing to qualitative rating scale



Contextual Choice Communicator: Intervention Goals (2)

- ◆ Develop use of AAC strategies and tools to allow participation in controlled, predictable exchanges and routine conversations
- ◆ Teach both patients and partners to participate in these exchanges -- the partner has a huge role!

Primary Communication Strategy: Written Choice Strategy

- ◆ In this strategy, the partner scaffolds the conversation by...
 - Providing topic choices
 - Asking open-ended conversational questions (sincere questions)
 - Writing potential answers in the form of large print word/phrase choices (usually vertical, indicate start of phrase with * or -)
- ◆ OR uses graphic scales, asking the PWA to point to a choice/scale to communicate
 - Continuing the conversation by asking a follow-up question

Written Choice Instruction Card

- ◆ **I have had a stroke. I would like to talk to you, but I cannot speak. We CAN converse if you ask me a question and offer me written choices to point to.**

Here's how:

- ◆ **THINK OF A QUESTION YOU WOULD HAVE ASKED ME BEFORE MY STROKE. TRY TO FIND OUT MY OPINION, GET MY ADVICE, OR PREFERENCES**

Basic Choice Example

- ◆ Use a dark pen or marker
- ◆ Write it in a book for later reference
- ◆ Put a dot before each to set them apart
- ◆ Example
 - ◆ Cookie
 - ◆ Cake
 - ◆ BrownieOR
 - ◆ Chiefs
 - ◆ Broncos
 - ◆ Neither

Other Intervention Strategies:

- ◆ When cued, learn to ask questions by pointing, gesturing, and/or using rising intonation
- ◆ Answer partner's tagged "yes/no" questions with reliable gestures, head nods, or verbal responses

Contextual Choice Communicator: Partner Training

- ◆ To have a conversation with the patient using:
 - Written Choice Technique
 - Augmented Input
 - Tagged Questions
- ◆ To incorporate graphic rating scales where appropriate
- ◆ To respond to gestural, augmentative, vocal, or verbal communication attempts

Transitional Communicator

Transitional Communicator

- ◆ Retains a variety of fragments of communication skills
- ◆ Attempts to communicate, including via natural speech
- ◆ Uses multiple modalities (think about modality switching ability)
- ◆ Usually Broca's (expressive) or conduction aphasia

Transitional Communicator

- ◆ Initiates communication with minimal cues
- ◆ Recognizes pictured messages consistently; good text recognition for **FAMILIAR** words and phrases
- ◆ May use some natural communication modalities effectively, including telegraphic or automatic speech, fragmented writing/spelling, some symbolic gestures

Transitional Communicator: Intervention Goals

- ◆ Signal the desire to communicate
- ◆ Introduce self
- ◆ Communicate via pointing to previously stored information (old basic choice)
- ◆ Use a simple communication book or SGD to answer predictable questions
- ◆ Use topic setters
- ◆ Activate a SGD for a simple story

Transitional Communicator Client Goals (2)

- ◆ May be able to communicate novel information by using first letter technique (writing or pointing). This is not alphabet supplementation
- ◆ Transition to self-initiated communication via natural communication modalities (i.e., use gestures and partial speech to ask/request/comment)
- ◆ Initiate communication via low or high tech AAC strategies in structured contexts (e.g., nail salon)

Transitional Communicator Partner Training

- Provide suggestions, hints, or direct instructions to encourage PWA
- Pause and expect communication
- Provide opportunities for communication of specific information within contextual familiar conversations and routines
- Assist PWA to develop scrapbook or communication wallet

Transitional Communicator Partner Training

- Assist PWA to store autobiographical or topical messages on a VOCA prior to conversing
- Assist PWA to identify, collect, and present tangible topic setters to partners
- Assist PWA to identify favorite stories and program the messages on a VOCA

Stored Message Communicator

Stored Message Communicator

- ◆ Frequent efforts to initiate communication
 - Responses, comments, questions - without waiting for cues
- ◆ Locates pre-stored messages symbolized with remnants, photos, pictographic symbols, or written words to communicate messages in specific contexts (e.g., community transactions, familiar conversations, doctor's visits)

Stored Message Communicator (2)

- ◆ Often uses natural communication modalities to communicate specific information
- ◆ Has specific environmental communication needs
- ◆ Experiences frequent communication breakdowns in unfamiliar contexts -- but is aware of them and attempts to repair them

Stored Message Communicator Intervention Goals

- ◆ Develop an organized means of storing messages and vocabulary for specific communication situations
- ◆ Teach PWA to access stored messages in a timely and appropriate manner – have them identify these
- ◆ Develop and teach breakdown resolution strategies using natural communication modalities

Stored Message Communicator Intervention Strategies

- ◆ Participate in identification of specific situations, stories, or communication routines
- ◆ Practice accessing vocabulary during structured, scripted role playing situations (in therapy)

Stored Message Communicator Intervention Strategies (2)

- Then communicate in real-life situations and have them evaluate:
 - Effectiveness of interaction
 - Efficiency of interaction
 - Changes in approach
- Gradually use the system in more demanding situations

Generative Communicators: Intervention Goals

- ◆ Ask questions via pointing to pre-stored information
- ◆ Draw or point to maps/figures to communicate
- ◆ Write the first letter of the word
- ◆ Resolve conversational breakdowns with control phrases
- ◆ Organize and access mementos/remnants
- ◆ Use a variety of communication modes as needed (mode switching)

Generative Communicator Intervention Goals (2)

- ◆ Use of a word dictionary
- ◆ Use of an alphabet card
- ◆ Use of a new information pocket
- ◆ Utilize breakdown resolution clues
- ◆ Learn to use conversational control strategies (slow down, say it again)
- ◆ May be able to use an SGD in somewhat novel way
- ◆ Use natural communication modalities (speech, gestures) to supplement communication

Generative Communicator: Partner Goals

- ◆ Allow the individual to introduce self and explain disability
- ◆ Identify important biographical information for inclusion in notebook
- ◆ Ask appropriate yes/no questions
- ◆ Interpret and guess at specific words during first letter pointing
- ◆ Allow opportunities for person to ask questions
- ◆ Encourage patient to use most efficient modality for communication

Specific Needs Communicator

- ◆ Needs support in certain situations that require specificity, clarity, timeliness (e.g., on phone)

Specific Needs Communicator: Intervention Goals

- ◆ Scripted conversations
- ◆ Programmable voice output devices
- ◆ Pre-written information

Specific Needs Communicator: Partner Goals

- ◆ To help identify specific needs
- ◆ To assist in developing system components
- ◆ To provide opportunities to use system components

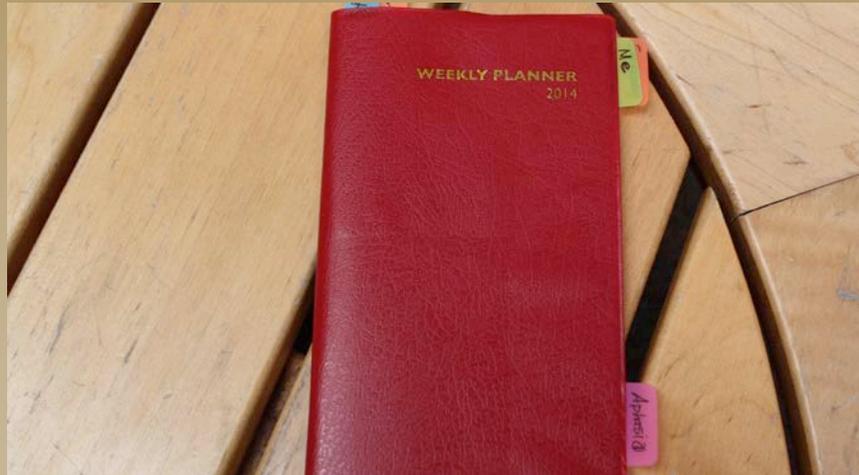
Future Trends in AAC for People with Aphasia and Their Caregivers

- ◆ Continued education of people with aphasia, caregivers, family, professionals
- ◆ Increased use of AAC **early** in the recovery process
- ◆ Further development of assessment materials and treatment programs
- ◆ Increased advocacy by patients and family members to promote continued participation in life post stroke

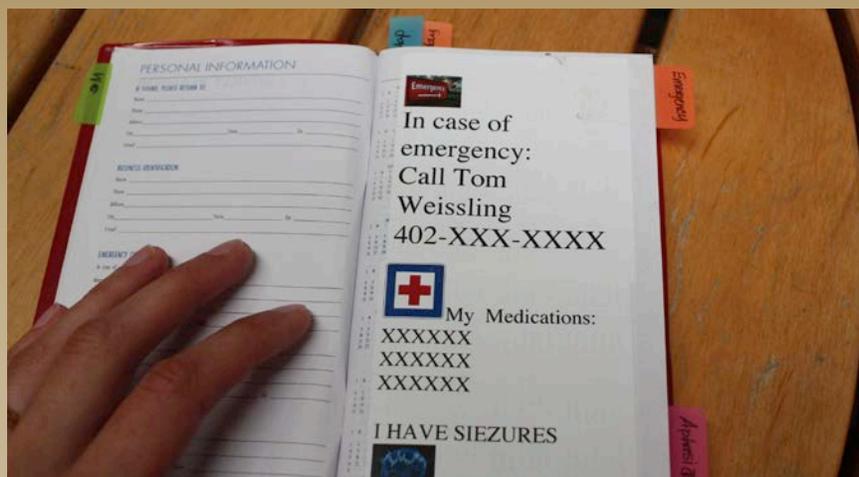
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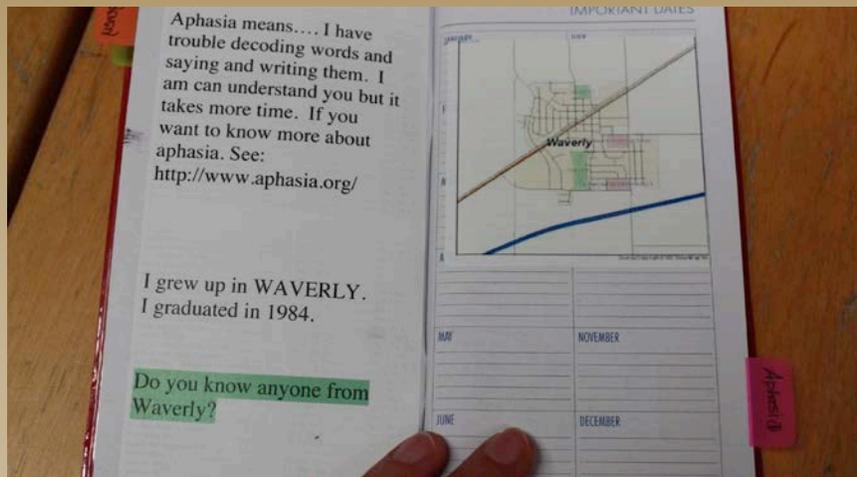
Episodic Organization



Emergencies



Partner Instructions - Maps



Check list



More Open Format



Selected References

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