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Discourse Intervention in Aphasia: The Clinical Value of Stories and Conversation

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DISCOURSE INTERVENTION IN APHASIA: THE CLINICAL VALUE OF STORIES AND CONVERSATION

Tricia Olea Santos, PhD, CCC-SLP

CONTINUED

LEARNING OBJECTIVES

- Describe the importance of patient-centered care in aphasia rehabilitation.
- Describe one approach to integrating narrative discourse into aphasia rehabilitation.
- Describe one approach to integrating conversational discourse into aphasia rehabilitation.

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**PATIENT PREFERENCES IN
APHASIA REHABILITATION**

- Worrall et al. (2011) examined the goals of persons with aphasia (PWA)
 - Increasing independence and respect
 - Obtaining more information about aphasia, stroke, and services
 - Communicating opinions
 - Engaging in social, leisure, and work activities
- The majority of the goals highlighted the importance of activities of daily living to persons with aphasia

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LIFE PARTICIPATION APPROACH

(Simmons-Mackie, 2008)

- Facilitates successful participation of persons with aphasia (PWA) in various communication contexts
 - Providing communicative support systems in different communication environments
 - Promoting advocacy and social action

CONTINUED

LIFE PARTICIPATION APPROACH, Cont'd.

- Offers PWAs with **intensive** and **individualized** aphasia therapy which has a *meaningful impact* on communication and life
 - Emotional well-being
 - Life activities: how satisfying they are
 - Social connections: how satisfying they are

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Living with Aphasia: A Framework for Outcome Measurement (A-FROM)

(Kagan & Simmons-Mackie, 2008)

- A reinterpretation of the ICF, tailored to the needs of PWAs
- Considers the impact of aphasia on life areas identified as important by PWAs and their families
- “Living with aphasia” is central to various domains*:
 - *Personal identity, feelings and attitudes*
 - *Language and related impairments*
 - *Communication and language environment*
 - *Participation in life situations*

* A-FROM domains are appropriate to all aphasia severity levels

CONTINUED

A-FROM, Cont'd

- Outcome measures are person-centered
 - The PWA determines and chooses relevant outcomes
 - The PWA is the most appropriate person for judging “meaningful” life change

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FUNCTIONAL COMMUNICATION IN APHASIA

- Communication in contexts that are natural and personally meaningful to persons with aphasia (Holland, 1991; Holland & Hopper 1998)

CONTINUED

FUNCTIONAL COMMUNICATION IN APHASIA

- Limited transfer to untrained items, especially given the short treatment time (Hinckley & Carr, 2005)
- Significant gains in communicative competence are demonstrated, especially when contexts are practiced in therapy (Hinckley, Patterson & Carl, 2001)

CONTINUED

DISCOURSE

CONTINUED

DISCOURSE

- Language that is “beyond the boundaries of isolated sentences”
(Ulatowska & Olness, 2004)
- Manner through which sentences are combined to form meaningful wholes
(Duchan, 1994)

CONTINUED

DISCOURSE

- Developed from work in sociolinguistics
 - Speech styles in New York (Labov , 1960s)
 - Interactional sociolinguistics (Gumperz,1980s)
- Studied in various disciplines
 - Anthropology (Clifford, 1988)
 - History (White, 1981)
 - Sociology (Drew & Heritage, 1992)
 - Linguistics (Halliday & Hassan, 1976)
 - Psychology (van Dijk & Kintsch, 1983)
 - Education (Cazden, 1988)
 - Neurolinguistics /Speech language pathology (Joanette & Brownell, 1990)

CONTINUED

DIFFERENT DISCOURSE GENRES (Longacre, 1986)

- Narrative discourse
 - Description of picture sequences
 - Story recall
 - Story telling
- Procedural discourse
- Conversational discourse
- Expository discourse

CONTINUED

WHY SHOULD WE CONSIDER DISCOURSE IN APHASIA REHABILITATION?

- FROM THE PATIENT'S PERSPECTIVE
 - PWAs choose to speak about their life experiences, reconnect with their families, and focus on communication that helps them in activities of daily living (Holland, Halper, Cherney, 2010)
 - 1970s: Holland and Sarno emphasized “functional communication” rather than “linguistic accuracy” for PWAs
 - Persons with aphasia “communicate better than they talk” (Holland, 1977)
 - Little relationship between severity of language impairment and communication in daily life (Holland et al, 2010)

CONTINUED

WHY SHOULD WE CONSIDER DISCOURSE IN APHASIA REHABILITATION?

- FROM A CLINICAL PERSPECTIVE
 - Comprehensive analysis of language requires examining communication in actual social contexts (Armstrong & Ferguson, 2010)

CONTINUED

**DISCOURSE: AN IMPORTANT
CLINICAL TOOL**

- Discourse allows us to examine cognitive–linguistic aspects of expressive language via forms of natural communication

(Fergadiotis & Wright, 2011)

CONTINUED

**DISCOURSE: AN IMPORTANT
CLINICAL TOOL**

- A complex task that involves executive skills, working memory, long term memory
 - Recalling information from memory
 - Selecting what to include or exclude
 - Remembering what has been said
 - Organizing upcoming utterances
 - Accounting for what the listener may / may not know
 - Maintaining a particular topic

(Glosser & Deser, 1992; Rogalski, Altmann, Plummer-D'Amato, Behrman & Marsiske, 2010; Wright, 2016)

CONTINUED

DISCOURSE: AN IMPORTANT CLINICAL TOOL

- Discourse can be used to identify meaningful changes in communication abilities of PWAs that may not be detected by standardized aphasia test batteries

(Fox, Armstrong, & Boles, 2009; Goral & Kempler, 2009; Peach & Reuter, 2010; Marini, 2011)

CONTINUED

DISCOURSE INTERVENTION IN APHASIA

- Osiejuk (1991) single case study
 - Discourse therapy increased the amount, complexity and organization of information when producing narratives and procedures despite grammatical and referencing errors
- Comparison of drill- and communication-based treatment for aphasia (Kempler & Goral, 2011)
 - Drill-based treatment had a small positive effect on verb-naming accuracy
 - Communication (discourse)-based protocol had a pronounced positive effect on sentence and narrative structure
 - Allowed participants to exchange new information and use intact conversational and pragmatic skills

CONTINUED

DISCOURSE INTERVENTION IN APHASIA

- Discourse treatment for word retrieval vs structured naming tasks
 - Discourse treatment showed more communicatively appropriate responses and improved word retrieval abilities

(Antonucci, 2009; Goral & Kempler, 2009; Best et al., 2010; Hengst et al., 2008, 2010; Herbert et al., 2003; Peach & Reuter, 2010)

CONTINUED

DISCOURSE INTERVENTION IN APHASIA

- Crossover Randomized Controlled Trial
 - (Stahl, et al., 2016)
 - Significant improvement in language performance in standardized aphasia test batteries when verbalizations were produced in the context of communication and social interaction (vs naming therapy)

CONTINUED

NEUROIMAGING STUDIES

- Increased brain activity when utterances are embedded in relevant communicative settings
 - Requesting objects from a person elicited stronger neurophysiological and neuroimaging responses in cortical language and motor regions than naming pictures using the same verbal utterances
(Egorova, Pulvermueller, & Shtyrov, 2014; Egorova, Shtyrov, & Pulvermueller, 2013; Egorova, Shtyrov, & Pulvermueller, 2016)
 - Broca's area and precentral gyrus are more strongly involved when requesting for an object in a communication context than during simple naming tasks (Egorova et al., 2013, 2014, 2016)
- The human brain benefits most when linguistic forms are practiced in communicative interaction

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DISCOURSE AND PERSONAL RELEVANCE

- Treatment should emphasize topics of high personal relevance
 - Personal stories: preference for sharing stroke story, memorable experiences
 - Conversations: with family (especially grandchildren), seeking/providing information, discussing interests

(Holland, Halper, Cherney, 2010)

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NARRATIVE DISCOURSE AND APHASIA REHABILITATION

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NARRATIVE DISCOURSE “Stories”

```
graph LR; A["Beginning  
(Orientation/  
Setting)"] --> B["Middle  
(Initiating event,  
Complicating Action)"]; B --> C["End  
(Resolution,  
Coda)"]; subgraph Evaluation; A; B; C; end
```

Evaluation of events (attitudes and opinions pertaining to events)

Essential components of narratives:

- +Main character
- + Chronological sequence of events
- +Evaluation (emotions, judgments)

(Polyani, 1989; Labov & Waletzky, 1967; Labov, 1972)

CONTINUED

WHY STUDY NARRATIVES IN APHASIA?

- Play a central role in almost every conversation (Labov, 1997)
- Are ecologically salient (Ulatowska, Reyes, Santos, & Worle, 2011)
- Have multiple functions (Olness & Ulatowska, 2011; Ulatowska, Santos, Walsh, *in press*)
 - Sharing and evaluating life experiences
 - Reminiscing
 - Transmitting wisdom
- Tap autobiographical memories and various memory systems (Ulatowska, Santos, Walsh, *in press*)

CONTINUED

WHY STUDY NARRATIVES (Cont'd)?

- Are a means of studying communicative competence (Olness & Ulatowska, 2011)
- Enable clinicians to appreciate cultural patterns and individual variations in communication (Santos, Ulatowska, Cuadro, 2016)

CONTINUED

WHY STUDY NARRATIVES (Cont'd)?

- Allow clinicians to see the person and not just the diagnosis
 - PWAs are given the opportunity to reflect on and express their identity (who they are) and their perspective on life events

(Armstrong & Ferguson, 2010; Armstrong, 2005; Ulatowska, Reyes, Santos, 2013)

CONTINUED

HOW TO ELICIT NARRATIVES

- Tasks and activities must represent *daily communication contexts that are naturalistic or realistic* (Elman & Bernstein-Ellis, 1995)
- Assess favorite topics (past times, significant milestones in life) (Olness & Ulatowska, 2011)
 - Experiences in one's memory peak are typically preserved (Rubin)
 - Rationale: Good coherence and rich discourse is elicited in PWAs when speaking about meaningful experiences (Ulatowska, Reyes, Santos, et al, 2013)

CONTINUED

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ELICITING NARRATIVES

- Sample questions:
 - *Can you tell me about the events that happened when you had your stroke? Where were you and who was there with you when it happened?*
 - *Do you remember a time when you were (frightened/disgusted/happy)? What happened?* (Labov, 1972)
 - *I don't know you well, but I've been told that (you had an interesting experience when you vacationed in Hawaii)* (Olness & Ulatowska, 2011)

CONTINUED

ANALYSIS OF NARRATIVES: WHAT ARE WE LOOKING FOR?

- Coherence : Does the story make sense?
(Ulatowska, Reyes, Santos, et al, 2013; Olness & Ulatowska, 2011; Ulatowska & Olness, 2004)
- Narrative structure (beginning, middle, end)
 - Do they provide key background information: what the listener may want or need to know (Berman, 1997)
 - Do they focus on the main characters and their activities?
 - Is there a linear temporal-causal sequence of events?

CONTINUED

ANALYSIS OF NARRATIVES: WHAT ARE WE LOOKING FOR?

- Evaluative language

(Olness, et al, 2010; Olness & Ulatowska, 2011; Armstrong & Ulatowska, 2007)

- Expressing emotions or opinions
- Examples of evaluations
 - Repetition (i.e., *I talked to my arm and I said please let me get up. I gotta get up*)
 - Direct speech (i.e., *And he said, "It kinda look like she had a stroke"*)
 - Metaphoric language (i.e., *We ran a marathon and won*)
 - Emotions (i.e., *I was happy she said that*)
 - Judgment (i.e., *That was the worst experience I have ever had*)

Note: Evaluation does not requires the use of complex language

CONTINUED

STUDIES ON NARRATIVES IN APHASIA

- Overall, PWAs demonstrated relatively preserved coherence, narrative structure, and use of evaluations

(Olness et al., 2010; Olness & Englebretson, 2011)

- Preserved global coherence (Glosser & Deser, 1990)
- Shortened temporal-causal sequences, especially in cases of more severe aphasia (Ulatowska, Olness, & Williams, 2004; Olness, 2006)
- Preserved use of evaluations, except in cases of severe impairment (Armstrong & Ulatowska, 2007; Olness & Englebretson, 2011; Olness et al., 2010)
- Simple syntactic structure (i.e., quoting others/direct speech) (Berko-Gleason et al., 1980; Ulatowska, Reyes, Santos, 2013)
- Difficulties with reference (Ulatowska, Allard, & Chapman, 1990)

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FOCUS ON THE STROKE STORY

- Shadden (2005): The onset of aphasia is associated with the “theft” of one’s identity
 - Illness narratives allow persons to cope with impairment and understand its impact on identity and life goals (Frank, 1997; Kleinman, 1988)
 - Exchanging stroke stories and the consequences of stroke has healing power for PWAs (Holland, 2007; Ulatowska, Reyes, Santos, et al, 2013; Santos, Ulatowska, Cuadro, 2016)
 - Stroke stories serve as a venue through which PWAs renegotiate their identity after aphasia within a social network (Shadden, 2007)

CONTINUED

NARRATIVES: ACTUAL CLINICAL EXAMPLES

- Assess for coherence
- Assess for narrative superstructure
- Assess for evaluative language

CONTINUED

EXAMPLE 1: STROKE STORY

I was at home...I felt light-headed... After 15 minutes, my aunt called back and said I should be brought to UST (hospital) right away...that I had a stroke...so when I arrived at UST, I had difficulties explaining...they asked me, 'one plus one,' I couldn't answer...they admitted me...they did an MRI. They saw that I did have something on my left (side)...there was a small...clot...that's it"

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EXAMPLE 2

- *I was brushing my grandbaby's hair and talking to her. Suddenly she said, "Nana, you sound like you got cotton in your mouth." I said, "I ain't got no cotton in my mouth." She told me she'd call Paw-paw. I spoke to my husband. He said the same thing. He said, "you're having a stroke" He called 911. And here I am.*

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EXAMPLE 3

- *I'm upstairs, and I'm getting ready for bed, and I put the light out and got in bed. And something started crawling over my... over my sheet...over...and I woke, turned on the light, there was a rat. Scared the daylights out of me.*

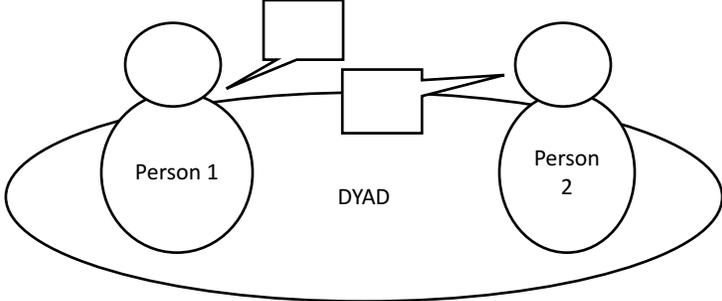
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**CONVERSATIONAL
DISCOURSE**

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CONVERSATIONAL DISCOURSE “Conversation”



- Interaction between two or more people (Schiffrin, 1988)
- Free exchange of thoughts, information, ideas or feelings
- Spontaneous, extemporaneous and context sensitive (Clark 1997)

CONTINUED

CONVERSATIONAL DISCOURSE

- Conversation is the “heart of human communication” (Armstrong and Mortensen 2006)
 - Central to life participation (Fox, Armstrong & Boles, 2009)
 - The root of relationships (Lock, et al., 2001)
- Fundamental to self-identity and social situations (Schiffrin, 1988, 1994; Simmons-Mackie, 1998; Tannen, 1994, Ulatowska et al., 1992)
 - Develop and maintain a notion of self
 - Meet emotional needs
 - Construct social relationships
 - Follow social etiquette

CONTINUED

WHY STUDY CONVERSATIONAL DISCOURSE IN APHASIA?

- The ability to understand the impact of aphasia on a person's day-to-day functioning is enhanced by closely examining conversation (Ferguson, 1994)

CONTINUED

STUDIES ON CONVERSATIONAL DISCOURSE AND APHASIA

- Preserved turn-taking skills despite aphasia
(Goodwin, 2003; Ulatowska *et al.* 1992)
- Successful repair of conversational breakdown in aphasia
(Lubinski *et al.* 1980, Newhoff *et al.* 1982, Linebaugh *et al.* 1985, Ferguson 1992, 1993, 1994, 1998)
 - Extends over a longer series of turns
 - Involves greater participation of the communication partner
 - Repairs are done via simple strategies (i.e., seeking assistance with word finding, repairing prior turns)
- Preserved script knowledge (Armus *et al.* 1989, Ulatowska *et al.* 1992)

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CONVERSATIONAL DISCOURSE IN APHASIA THERAPY

- Emphasis on communicative competence as opposed to linguistic or grammatical 'accuracy' (Ulatowska, et al., 1992; Worrall, 2014)
- Main goal: To create conversational interactions that help participants
 - Develop relationships
 - Co-construct one's psychosocial identity (Schiffrin, 1988)

CONTINUED

CONVERSATIONAL DISCOURSE INTERVENTION: WHERE DO I BEGIN?

- Identify the PWA's social support system
 - Key individuals who may support the PWA and improve communication
 - Rationale
 - To provide communication skills training for communication partners
 - To address previous communication habits may negatively affect communication with the PWA (Hopper, Holland, Rewega, 2002)
- Important tools:
 - Checklist of Conversational Abilities (Lesser & Miroy, 1993)
 - The Conversation Analysis Profile for People with Aphasia (CAPPA) (Whitworth et al, 1997)
 - Supporting Partners of People with Aphasia in Relationships and Conversation (SSPARC) Conversation Assessment (Lock et al, 2001)

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DIFFERENT APPROACHES TO CONVERSATIONAL DISCOURSE INTERVENTION

- **Supported Conversation for Aphasia™**
- **Conversational Coaching**
- Supporting Partners of People with Aphasia in Relationships and Conversation (SPPARC)
- Counseling
- Education

***Script training**

CONTINUED

ANALYSIS OF CONVERSATIONAL DISCOURSE (Worrall, 2014)

- Strengths-based approach when assessing natural interactions between PWAs and their communication partners
- Essential features in conversation
 - Taking turns
 - Repairing communicative breakdowns
 - Managing topics
 - Maintaining topics

CONTINUED

SAMPLE STRATEGIES IN CONVERSATION

PWA

- Using various modalities (gesture, drawing, writing, verbalization)
- Requesting for help
- Requesting for more time

Communication partner

- Decreasing interruptions
- Facilitating comprehension
- Encouraging use of various modalities
- Rephrasing PWA utterance during communication repairs

ANALYSIS OF CONVERSATIONAL DISCOURSE, Cont'd.

- Judges' ratings are increasingly being used to evaluate conversations involving PWAs

(Hickey, Bourgeois, & Olswang, 2004; Kagan, Black, Duchan, Simmons-Mackie, & Square, 2001; Purdy & Hindenlang, 2005; Rayner & Marshall, 2003)

- The Measure of Skill in Supported Conversation (MSC) – rates the conversation partner (Kagan et al., 2001, 2004)
- Measure of Participation in Conversation (MPC) – rates the level of participation of PWAs (Kagan et al., 2001, 2004)
- These are designed to evaluate any conversation between the PWA, with any conversation partner, in any context; and to capture both the interaction and transaction

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HOW MUCH CONVERSATION IS NECESSARY?

- 10-minute samples adequately reflect speaking rate, utterance length in conversation, and occurrence of conversation repair

(Boles and Bombard, 1998)

CONTINUED

SCRIPT TRAINING

- Developing communication
 - Via simulated situations (general/highly specific)
 - With/without a conversation partner
 - Centered on a topic of interest
- Situation-specific therapy
 - Must be relevant to the PWA
 - Prioritized by the importance and potential for impact on PWA's life

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SCRIPT TRAINING

- Can be used to teach functional communication skills
- Sample situations:
 - Ordering food in a restaurant
 - Making appointments
 - Purchasing something
 - Following a map
 - Understanding the evening news
- Social validation measures that evaluate the effects of treatment on everyday life should be considered when assessing treatment efficacy

CONTINUED

SCRIPT TRAINING

(Hopper & Holland, 1998)

- Methodology
 - Train to express simulated emergencies via phone:
what is your emergency?
 - Respond and provide information on *who, what, where*
(man drown pool)
- Results
 - Script training was effective within 10 sessions, produced variable levels of generalization
 - Lasting effects at 4 weeks post-treatment

CONTINUED

SCRIPT TRAINING

(Hinckley, et al., 2001)

- Training PWAs to order a shirt over the phone also increased their skill in ordering a pizza over the phone

CONTINUED

CONVERSATIONAL COACHING

(Hopper, Holland & Rewega, 2002)

- A technique that involves teaching effective verbal and non-verbal strategies for the PWA and partner to improve communicative interactions
- Both communication partners play an equal role in improving conversation

CONTINUED

CONVERSATIONAL COACHING

- Clinician coaches both communication partners regarding communication strategies
 - Primary outcome: the effective use of identified communication strategies in conversation
 - Direct clinician intervention during
 - a communication breakdown
 - miscommunication

CONTINUED

CONVERSATIONAL COACHING: WHAT ARE WE MEASURING?

- Number of main concepts (i.e., watching a short video clip)
- Frequency of behaviors at baseline, mid-treatment, post treatment
 - Person with aphasia
 - Functional Communication Profile: use of writing, drawing, gestures
 - - Communication Partner
 - Supportive behaviors: asking more specific questions, directing PWA to utilize strategies (vs answering for the pt)
 - Dyad
 - Pre-morbid communication patterns (i.e., frequent conversation topics, communication habits, and which spouse was more talkative prior to the stroke)

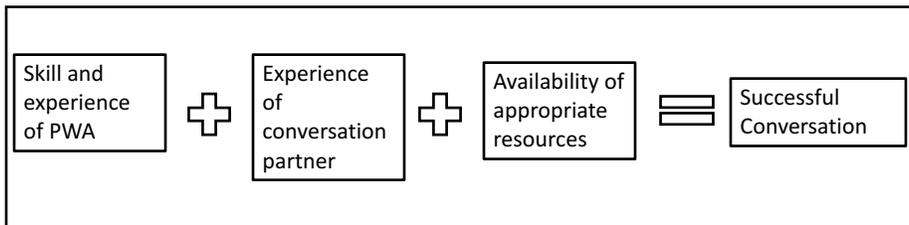
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SUPPORTED CONVERSATION IN APHASIA

(Kagan & Gailey, 1993; Kagan, 1995)

- Focus: Creating opportunities to increase participation in specific activities in the community via conversational partnerships



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SUPPORTED CONVERSATION, Cont'd.

- Highlights the interdependence between communication partners in the dyad
 - Much reliance on the partners of PWAs
 - Less emphasis on the PWA's independent use of communication strategies
- Techniques include a combination of description, demonstration, and role-play opportunities

CONTINUED

**SUPPORTED CONVERSATION
TECHNIQUES** (Kagan & Gailey, 1993; Kagan, 1995)

- 1) Acknowledge the competence of the PWA
 - Implicit: making the conversation sound natural via humor, tone of voice, integration of verbal and non-verbal support
 - Explicit: verbally acknowledging that the PWA knows what s/he wants to say

- 2) Reveal the competence of the PWA
 - Ensuring comprehension
 - Ensuring the PWA can respond/or express what s/he thinks, knows and feels
 - Verifying responses

CONTINUED

**SUPPORTED COMMUNICATION:
EVALUATING DYADS**

(Kagan & Gailey, 1993; Kagan, 1995)

- Scales provide a useful means to make valid observations of discourse across various contexts
 - Measure of Skill in Supported Conversation (MSC)
 - Measure of Participation in Conversation (MPC)

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DISCOURSE CONSIDERATIONS: GOAL SETTING

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KNOWING OUR PATIENTS ADDS PERSPECTIVE TO APHASIA INTERVENTION

- **Scenario A**

XYZ, a 65 year old female with ischemic stroke.

Goals: responding to simple y/n questions, naming common objects,
responding to simple wh- questions.

- **Scenario B**

XYZ, a 65 year old female with ischemic stroke, has 5 children, 10 grandchildren. She used to work as an elementary school teacher. She enjoys gardening and canning fruits.

Goals: responding to simple y/n questions, naming common objects
responding to simple wh- questions related to her interests

Sample goal: Pt will converse about personal topics of interest for 10 minutes using compensatory strategies with the trained/untrained communication partner

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SETTING PERSONALLY RELEVANT GOALS

- International Classification of Functioning, Disability and Health (ICF) Checklist
 - Records information on function and disability
- Life Interests and Value (LIV) cards: UNC School of Medicine
 - Pictorial support for individuals to indicate life participation activities which are most relevant to them

CONTINUED

IMPORTANT CONSIDERATIONS IN GOAL SETTING (Armstrong & Ferguson, 2010)

TOPIC & SETTING	COMMUNICATION PARTNER	ACCOMPANYING EXCHANGE
-Familiar/Unfamiliar	-Familiar/Unfamiliar -Type of relationship with the PWA	-Register (formal/informal) -Modalities (verbal/nonverbal) - Does/does not require an exchange

CONTINUED

GOAL SETTING EXAMPLE 1

TOPIC & SETTING	PARTNER	ACCOMPANYING EXCHANGE
<ul style="list-style-type: none"> -Telling one's stroke story (familiar) -In the clinic 	<ul style="list-style-type: none"> -With the clinician (less familiar) - Relationship: patient-clinician 	<ul style="list-style-type: none"> -Formal Register - Modalities (verbal + nonverbal) - Requires an exchange

CONTINUED

GOAL SETTING EXAMPLE 2

TOPIC & SETTING	PARTNER	ACCOMPANYING EXCHANGE
<ul style="list-style-type: none"> -Talking about an episode in a movie clip (less familiar) -At home 	<ul style="list-style-type: none"> -With a family member (familiar) - Relationship: patient-caregiver 	<ul style="list-style-type: none"> -Informal Register - Modalities (verbal + nonverbal) - Requires an exchange

CONTINUED

GOAL SETTING EXAMPLE 3

TOPIC & SETTING	PARTNER	ACCOMPANYING EXCHANGE
<ul style="list-style-type: none"> -Describing one's illness (familiar) - In the doctors office 	<ul style="list-style-type: none"> -With the doctor (less familiar) -Relationship: patient-doctor 	<ul style="list-style-type: none"> -Formal register -Verbal + nonverbal modalities - Requires an exchange

CONTINUED

GOAL SETTING EXAMPLE 4

TOPIC & SETTING	PARTNER	ACCOMPANYING EXCHANGE
<ul style="list-style-type: none"> -Ordering food (familiar) - In a restaurant 	<ul style="list-style-type: none"> -Waiter (less familiar) -Relationship: Customer-employee 	<ul style="list-style-type: none"> -Formal register -Verbal + nonverbal modalities - Requires an exchange

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GOAL ATTAINMENT SCALING

(Kiresuk & Sherman, 1968; Malec, 1999; Schlosser, 2004; Worrall, 2000)

- Patient-centered approach:
 - Goals and progress are tailored to the patient
 - Outcome measures are based on personally relevant goals

- Individualized, criterion-referenced measure of a client's goal achievement

- 5 Point scale
 - Most favorable
 - More than expected
 - Expected result within the timeframe
 - Less than expected
 - Least favorable

CONTINUED

GOAL ATTAINMENT SCALING

- Goal: To communicate with family and friends regarding interests and daily events
(familiar setting, familiar partner, informal register, requires a communicative exchange)
- Duration: 4 weeks
 - Most favorable: To communicate daily events with family and friends using 3-5 sentences without assistance
 - More than expected: To communicate daily events with family and friends using 4-5 sentences with min assistance for word retrieval from spouse
 - Expected result within the timeframe: To communicate daily events with family and friends using 3 sentences with min assistance for word retrieval from spouse
 - Less than expected: To communicate daily events with family and friends using 3 sentences with mod assistance for word retrieval from spouse
 - Least favorable: Unable to communicate daily events with family and friends despite max assistance for word retrieval from spouse

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GOAL ATTAINMENT SCALING

- Goal: To order automotive parts from a hardware store
(less familiar setting, less familiar partner, formal register, requires a communicative exchange)
- Duration: 4 weeks
 - Most favorable: To order automotive parts without assistance or error all the time
 - More than expected: To order automotive parts with assistance of a family member and without error all the time
 - Expected result within the timeframe: To order automotive parts with mod assistance from a family member, with some errors some of the time
 - Less than expected: To order automotive parts with max cues from a family member, with many errors produced while performing the task
 - Least favorable: Unable to order automotive parts despite cues/assistance from a family member

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OTHER CONSIDERATIONS WHEN DOCUMENTING PERSONALLY RELEVANT GOALS (Hinckley, 2002)

- Frequency of successfully communicated messages
- Frequency of use of particular communication strategies

CONTINUED

IN SUMMARY

- Discourse intervention is patient centered care which emphasizes communicative competence in aphasia
- Discourse may be used to complement standardized language batteries in aphasia
- Narrative and conversational discourse in aphasia highlight the role of language in relation to functional communication in daily life

CONTINUED

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