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

Tricia Olea Santos, PhD, CCC-SLP

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

Tricia Olea Santos, PhD, CCC-SLP
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.

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
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
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

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
FUNCTIONAL COMMUNICATION IN Aphasia

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

- 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)
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)
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)

DIFFERENT DISCOURSE GENRES

(Longacre, 1986)

• Narrative discourse
  ▪ Description of picture sequences
  ▪ Story recall
  ▪ Story telling
• Procedural discourse
• Conversational discourse
• Expository discourse
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)

FROM A CLINICAL PERSPECTIVE

- Comprehensive analysis of language requires examining communication in actual social contexts (Armstrong & Ferguson, 2010)
DISCOURSE: AN IMPORTANT CLINICAL TOOL

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

  (Fergadiotis & Wright, 2011)


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, Altman, Plummer-D’Amato, Behrman & Marsiske, 2010; Wright, 2016)
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)

DISCOURSE INTERVENTION IN APHASIA

- Osiejk (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
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)

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)
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, Pulvermüller, & Shtyrov, 2014; Egorova, Shtyrov, & Pulvermüller, 2013; Egorova, Shtyrov, & Pulvermüller, 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

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)
NARRATIVE DISCOURSE AND APHASIA REHABILITATION

“Stories”

- Beginning (Orientation/Setting)
- Middle (Initiating event, Complicating Action)
- End (Resolution, Coda)

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 & Waletsky, 1967; Labov, 1972)
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)

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)
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)

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)
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?
  - 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)

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?
ANALYSIS OF NARRATIVES: WHAT ARE WE LOOKING FOR?

- Evaluative language
  - 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

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, 2009)
  - 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)
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)

NARRATIVES: ACTUAL CLINICAL EXAMPLES

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

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.
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.

CONVERSATIONAL DISCOURSE
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)

- Conversation is the “heart of human communication” (Armstrong and Mortensen 2006)
  - Central to life participation (Fox, Armstrong & Bokes, 2009)
  - The root of relationships (Lock, et al., 2001)

- Fundamental to self-identity and social situations (Schiffrin, 1988, 1994; Simmons-Mackie, 1996; Tannen, 1994; Ulatowska et al., 1992)
  - Develop and maintain a notion of self
  - Meet emotional needs
  - Construct social relationships
  - Follow social etiquette
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)

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
  - 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)
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)

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 & Milroy, 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)
DIFFERENT APPROACHES TO CONVERSATIONAL DISCOURSE INTERVENTION

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

*Script training

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
SAMPLE STRATEGIES IN CONVERSATION

<table>
<thead>
<tr>
<th>PWA</th>
<th>Communication partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Using various modalities (gesture, drawing, writing, verbalization)</td>
<td>• Decreasing interruptions</td>
</tr>
<tr>
<td>• Requesting for help</td>
<td>• Facilitating comprehension</td>
</tr>
<tr>
<td>• Requesting for more time</td>
<td>• Encouraging use of various modalities</td>
</tr>
<tr>
<td></td>
<td>• Rephrasing PWA utterance during communication repairs</td>
</tr>
</tbody>
</table>

ANALYSIS OF CONVERSATIONAL DISCOURSE, Cont’d.

• Judges’ ratings are increasingly being used to evaluate conversations involving PWAs

  • 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  

  • 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
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)

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
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

---

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
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.

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.
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

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)
SUPPORTED CONVERSATION IN APHASIA

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

Skill and experience of PWA + Experience of conversation partner + Availability of appropriate resources = Successful Conversation

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

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

SUPPORTED COMMUNICATION: EVALUATING DYADS

- 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)
DISCOURSE CONSIDERATIONS:
GOAL SETTING

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
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

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

<table>
<thead>
<tr>
<th>TOPIC &amp; SETTING</th>
<th>COMMUNICATION PARTNER</th>
<th>ACCOMPANYING EXCHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Familiar/Unfamiliar</td>
<td>-Familiar/Unfamiliar</td>
<td>-Register (formal/informal)</td>
</tr>
<tr>
<td></td>
<td>-Type of relationship with the PWA</td>
<td>-Modalities (verbal/nonverbal)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Does/does not require an exchange</td>
</tr>
</tbody>
</table>
### GOAL SETTING EXAMPLE 1

<table>
<thead>
<tr>
<th>TOPIC &amp; SETTING</th>
<th>PARTNER</th>
<th>ACCOMPANYING EXCHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Telling one’s stroke story (familiar)</td>
<td>- With the clinician (less familiar)</td>
<td>- Formal Register</td>
</tr>
<tr>
<td>- In the clinic</td>
<td>- Relationship: patient-clinician</td>
<td>- Modalities (verbal + nonverbal)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Requires an exchange</td>
</tr>
</tbody>
</table>

### GOAL SETTING EXAMPLE 2

<table>
<thead>
<tr>
<th>TOPIC &amp; SETTING</th>
<th>PARTNER</th>
<th>ACCOMPANYING EXCHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Talking about an episode in a movie clip (less familiar)</td>
<td>- With a family member (familiar)</td>
<td>- Informal Register</td>
</tr>
<tr>
<td>- At home</td>
<td>- Relationship: patient-caregiver</td>
<td>- Modalities (verbal + nonverbal)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Requires an exchange</td>
</tr>
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</table>
## GOAL SETTING EXAMPLE 3

<table>
<thead>
<tr>
<th>TOPIC &amp; SETTING</th>
<th>PARTNER</th>
<th>ACCOMPANYING EXCHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Describing one’s illness (familiar)</td>
<td>- With the doctor (less familiar)</td>
<td>- Formal register</td>
</tr>
<tr>
<td>- In the doctor’s office</td>
<td>- Relationship: patient-doctor</td>
<td>- Verbal + nonverbal modalities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Requires an exchange</td>
</tr>
</tbody>
</table>

## GOAL SETTING EXAMPLE 4

<table>
<thead>
<tr>
<th>TOPIC &amp; SETTING</th>
<th>PARTNER</th>
<th>ACCOMPANYING EXCHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Ordering food (familiar)</td>
<td>- Waiter (less familiar)</td>
<td>- Formal register</td>
</tr>
<tr>
<td>- In a restaurant</td>
<td>- Relationship: Customer-employee</td>
<td>- Verbal + nonverbal modalities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Requires an exchange</td>
</tr>
</tbody>
</table>
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

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
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

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

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

ACKNOWLEDGMENTS

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