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Supporting Clients and Families Living with Moderate to Severe Aphasia

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- [Carolyn] At this time, it's my pleasure to welcome back to SpeechPathology.com today's presenter. Dr. Katie Strong is an assistant professor in the Department of Communication Sciences and Disorders at Central Michigan University. You can read more about Dr. Strong on our website. Dr. Strong, welcome, and I'll turn the microphone over.

- Thank you so much. I'm so excited to be here today, and I hear that there are about 300 of us that might be online who are interested in learning about how to better support our clients and families living with moderate to severe aphasia, and I so appreciate you taking time out of your busy schedules or perhaps since it's August, you might be poolside listening to some of this. So thank you very much for spending time with us today. I'm delighted to be here. I wanted to let you just a little bit about myself as we get started. I have been working with people with aphasia, moderate to severe aphasia or just aphasia in general, for about 25 years, and I do facilitate groups on campus, do individualized therapy, have a research line that I'll talk about a little bit today. But also, I've been a member of a support group for about 15 years helping to facilitate that in my local area in Lansing, Michigan.

And I just tell you that because I set the stage that I really have a keen interest in wanting to support people who are living with chronic aphasia that is moderate to severe in nature. So, today, I hope that you'll be able to walk away with having had an opportunity to think about two or more key factors that might be helpful for you in collaborative goal setting with people who have moderate to severe aphasia, or if you're already using these techniques that maybe it's very verifying or validating that you're doing some great work. Also thinking about being able to give you some opportunities to expand your tool belt on evidence-based intervention practices for working with people who are living with moderate to severe aphasia. And then a big part of today's talk is really getting you in touch with some great resources that are

available to help you as a clinician, be able to support you in partnering with family members and other partners to be able to help them better communicate with their individuals that they're living with that have aphasia. So, before we get all academic and start talking about strategies, or clinical and start talking about strategies, I wanted to introduce a client that I made up, but I think all of us might be able to relate that we've probably worked with somebody like Steve. So, Steve is 52 years old and when he was born 52, he had a stroke.

Before his stroke or at the time of his stroke, he was married, had two teenage children, was working as a public school teacher and quite an active guy: active in golf and a voracious reader of fiction and active in some civic engagements as well. After the stroke, Steve's living with moderate to severe aphasia, he's not working, he's struggling with low mood or maybe even depression, and he doesn't see many people, he's not as in contact with his friends or colleagues. I bring this up because we all know that living with aphasia and the negative impact that aphasia has on life, quality of life in particular, but also opportunities for people to engage in activities that they really enjoy. We know that people who have stroke are at risk for depression, but our clients who have stroke and aphasia are at an even higher risk of having depression, not being able to participate in former activities, and friends disappearing from the scene.

This is important because aphasia just doesn't go away. Oftentimes, when we need a client with aphasia, if it's early in their recovery or as they're moving forward and have been living with aphasia for a while, their aphasia might reduce, but it's probably always going to be a part of their lives. And if we think about how long we are living these days, you know, in the U.S. about 78.6 years of age is the average life expectancy. We also know that people with aphasia are, or excuse me, people who have stroke are having stroke younger, so 34% of people who have stroke that are hospitalized are under the age of 65. So if we think about Steve, then he having his

stroke at 52 years of age could live 25 years or longer beyond his stroke and with his aphasia. So the Life Participation Approach to Aphasia, which is celebrating its 20th year this year, really focuses on how we can support people, engaging in a meaningful life and participating in things that are meaningful to them. Many of you are probably already familiar with LPAA or the Life Participation Approach to Aphasia, but if not, hopefully, this will give you a quick introduction to that. Success really is measured in documented life enhancement changes. So if we think about goal setting, we want to think a little bit bigger than word level or sentence level. We're really talking about how people can engage in their life.

As well as thinking about both personal and environmental factors in therapy and how we might be able to support those. Dr. Simmons-Mackie, Nina Simmons-Mackie recently wrote a chapter that could have challenged us to think about what embracing Life Participation Approach to Aphasia might look like. And one of the things that is really important is choice. And we all like choice as adults and individuals, but choice is closely identified to identity and who we are as people and having opportunities to make choice is really an important part of our personhood. So giving our clients opportunities for choice really challenges us to be listening to what their hopes and dreams are.

So thinking about choice as one way to embrace LPAA. Another thing to think about is meaningful outcomes and reaching beyond language goals to participation, how can we help our clients really engage in things that are meaningful to them. And the trick to this is that meaningful is in the eye of the beholder. So we're really looking at our client, and what their wishes are, to be able to think about what is meaningful to them, not what we think might be meaningful to them. Also, embracing the LPAA thinks about environments and how we might be able to support the social and physical factors in the home and community. Supporting more than the person with aphasia, but also extending that support to care partners, involving them in therapy and supporting their

own wellbeing in addition to that of our client who has aphasia. And finally thinking about how we as clinicians can support identity and emotional experience in our clients, thinking about the psychosocial health and connection that language brings to our identity. So the A-FROM or the "Living with Aphasia: Framework for Outcome Measurement" really focuses on the WHO ICF model of language and impairments. And if we think about Steve, we know that he has moderate to severe aphasia, and that impacts his language domain. But we also know that he has other areas of his life that have been impacted as well. So, personal and identity, thinking about his depression or low mood, and struggling as his roles as a husband, father, teacher, and how he's negotiating those currently. In the language environment area, let me see if I can get this to start, oops, I was playing around with the, oh, there it is, trying to get my clicker going, but it's not gonna go, so that's okay.

Anyway, sorry, I'm trying to get the little arrow to go but I missed it, but anyway, so over here in the language environment, the red area, thank you very much for that. He's staying home, he's not participating as much as he used to in his language and people are having trouble communicating with Steve. So his environment is not as conducive to him being able to talk as he used to or communicate. And then in this area of participation, he's not working, he has limited interaction with colleagues, maybe he's not reading as much as he used to, those types of challenges.

So, as we enter our experience together today, I wanted to have us think of two, in addition to LPA and A-FROM, two additional areas to think about when we work with our clients. One of them is the PERMA theory of wellbeing that's brought about by Seligman from Psychology, but really brought to speech pathology and audiology fields by Audrey Holland. This PERMA, thinking about having opportunities for positive emotion, engagement, relationships, meaning and accomplishments as a part of having a life of wellbeing. The other thing to think about is that Linda Worrall challenges us as clinicians to really say that our therapy begins and ends with the relationship, and

this opportunity of relationship-centered care that there's some reciprocity between the client and clinician, and that the relationship is really the center of our care that we provide for our clients. So if we move into goal setting, or collaborative goal setting, and we're thinking about wellbeing and relationship from the beginning, thinking about how we can collaborate with our clients to help them set goals, and this is easier said than done, but there are some really great tools that are available for you to implement into your practice, and thinking about being strategic about how and when you might like to utilize those different tools. So we're all more than familiar with SMART goals. I'm not going to tell you about those because all of us as clinicians know what a SMART goal is.

But Deborah Hersh and colleagues have put out some information, a number of years ago, but that's still highly relevant today, challenging us as clinicians to think about SMARTER goals. These SMARTER goals don't replace SMART goals, but they help us to guide our practice in being more collaborative in goal setting as a process, that it's not a one-and-done but that it's a process that we're thinking about. So the idea of goal setting being shared and a meaningful process that's shared between the client, the family and other team members that are working together. That goals are monitored as a continuous evaluation and part of therapy. Goals are accessible, meaning that they're aphasia friendly. Clients are able to understand their goals and what they mean.

SMARTER goals also are relevant or applicable to life, and that goals don't always just come from a list of deficits that are identified through an evaluation, but that they're really relevant to that person's life. The T in SMARTER goals or transparent, meaning that clients sometimes have trouble seeing when we're working on a deficit-based goal that's very body structure function like word retrieval and naming at one level and seeing how that then can really transfer into a participation of being able to have a conversation or being able to read a book, in the case of Steve, or those types of

things, so being very transparent about this little goal and how that builds on the larger goal for how that would enhance your life. Goals also in a SMARTER framework would be evolving, and that we revisit those goals not just as us as clinicians but that we're including the team members, including the client as a part of revisiting those evolving goals. And also the relationship-centered experience, and that thinking about ourselves and our personhood and our clients and their personhood and how we can really be more communicative about goal setting, when also we know that communication is one of the challenges and areas as to why they're even working with us as clinicians. Another great model that is available for us to think about for collaborative goal setting is the FOURC model, and this was brought about by Katarina Haley and colleagues. This is a great collaborative process that has us think about making goal setting more active with our clients than a passive process. And rather than focusing on all of the problems that really FOURC is linked to helping us to think and our clients think about what can we build on with regard to strengths.

Dr. Haley has a really great website. The link is here, it's in your handout also, so I'd encourage you to check that out if you're not familiar with FOURC. But some things to think about is when we're getting ready to talk with our clients about goals, we're not talking about the list of things that are wrong, but maybe we're asking questions about, "Who are your communication partners?" Or, "What's important to you? "How do you want to grow? "Or what resources do you have "that you can pull from?" So that we're building and engaging them. If we look at the bottom left-hand corner of this slide, it has the four steps of FOURC: choose a communication goal, create client solutions, collaborate on a plan, and complete and continue. So that it's an evolving process that we're doing over and over again. The tangs of the FOURC or the colored areas here really represent areas that we should be considering in each of those four steps. So thinking about skills and mobility really related to the language modality, intentional strategies such as self-cuing or metacognition, what can the client do to help them think about things in each of those steps along the way? Environmental supports,

trained communication partners, what does the community know about aphasia or how accessible is print in those environments? And also then motivation and confidence or really thinking about what does that client know about aphasia, what's their aphasia knowledge? Can they do some self-reflection on their goals? And also thinking about choice and initiative. So, again, I'd encourage you to check out Dr. Haley's website or read the reference that's cited here. It's a really fabulous article that is accessible to clinicians and it has some really great tips in it. Another resource developed by Dr. Haley and colleagues are the LIV Cards, or the Life Interests and Values Cards, and these are great in collaborative goal setting because essentially, what they do is provide you a platform to be able to start talking about maybe some activities that a client might be interested in that they might not think about to bring about.

So they're essentially a box of cards that contain black and white drawings with these four areas listed here: home and community, creative and relaxing, physical, social, etc. And what these do then is give you an opportunity to do a sorting task, what do you want to do more of, what are you not interested in doing, so that then you get this pile of cards where they say, "Yep, I'm interested in doing more of this." And then you sort through those, again to say, "What do you need help with in doing more of "or what can you handle on your own?" And then from that, "What do you need more of "that I'm interested in doing, "more of that you need support with?" Might be an area to start talking about what might be some meaningful, relevant goals to that individual. There's also a questionnaire for family members or care partners, and Katarina Haley has a great resource here for looking up about LIV Cards that you can access here. One other tool in the collaborative goal setting approach is Goal Attainment Scaling, and this is a popular method of measuring goals. I bet maybe a lot of you are already using Goal Attainment Scaling, and there's some great resources that exist including a couple of really fabulous talks from SpeechPathology.com, so if you're interested in taking a deeper dive in this, I'd encourage you to do that. But for our purposes today,

dipping our toe in, thinking about using Goal Attainment Scaling for collaborative goal setting. Really, it's an individualized outcome measure of success for each client, but gives us a standardized way to measure that. And the goals and success of goals are determined and agreed upon before we start intervention. The link here has a great little cheat sheet on using Goal Attainment Scaling, but just in general, we identify the goals and then we weigh them, so think about like, "Which goals are more important, "not important at all, very important, "which ones are least difficult to most difficult?" To give us an idea of maybe how much it might take to get in that goal.

And then we would talk about what the expectation would be, how do we know that we got to that goal, we score the baseline and then we use Goal Attainment Scaling, which is this sort of scoring format where whatever the goal that might be identified, a zero would be they achieved that goal, and anything plus or minus two would be, plus one or plus two, they're achieving more than expected, or minus one or minus two, thinking about performing less than expected. And the client is aware of this scoring format and they help to actually rate themselves on their performance. So again, giving engagement in the goal process.

So if we think about our client, Steve, we've thought about thinking about Steve in the Life Participation Approach and A-FROM models to think about Steve beyond his language impairment, and we might have used the LIV Cards during a SMARTER goal setting session with him or the FOURC model to establish maybe three goal areas to target: talking more to other people, feeling more confident going out to breakfast, and connecting with his family or Rotary friends through email. And we could then work with Steve to really get those in a measurable format using Goal Attainment Scaling. So if we think about now we've got some tools for goal setting, what are some opportunities and evidence-based practice techniques that we could use to target in therapy, and I'm going to focus on targeting identity and environment outcomes instead of talking about the language impairment. There's lots of great resources out

there on language impairment. But thinking about targeting identity and thinking about Steve and some of the challenges he's having in the personal identity domain, some of his low mood or depression and struggling with who he is as a person now that he's living with stroke and aphasia, one technique that's really hit the speech pathology field in very recent times is the Stepped Psychological Care model, Brooke Ryan in Australia and lots of colleagues internationally are really pushing this. That we know that our clients with aphasia are at higher risk for having depression and so what can we do as speech pathologists, as mental health professionals collaboratively to support people with aphasia in managing that?

So, this Stepped Psychological Care is really a framework for addressing mental health needs, and it matches the current needs of the client with the severity of what's going on to an appropriate level of care. So levels one and two are lower levels of intervention: mood screening, appropriate interventions for mood symptoms. And then levels three and four might be more appropriate for someone who's having more significant, moderate or severe depression. The thing I'd really like for us to be thinking about today in this talk is that SLPs have a direct role in this Stepped Psychological Care at the level one model. We also have a direct role in referring to people for other mental health needs to other professionals that have a bigger tools set than we do in this area.

But we as SLPs certainly can address mood and identity at the level one area. So an example of this, and Brooke Ryan and her colleagues talk about some different techniques that speech pathologists can utilize to target level one support for psychological care. Biographical biographic narrative approach is one, so using story to link to identity to help someone navigate who they are. Support groups, focusing on sharing personal experiences or stories about aphasia. The ASK, the Aphasia Action Success and Knowledge therapy. Some solution-focused brief therapy, and motivational interviewing, which I think has some really, SpeechPathology.com, I

looked over what we have here as a resource and there's some great resources on that if you're looking to develop that skill a bit more. But what I wanted to talk about is the supporting our clients with narrative, so the biographic narrative approach. Barbara Shadden and I have been doing some research in this area and have a couple of, we have a new chapter out as well as a publication, but I wanted to bring attention to you about the role that you might have as a speech language pathologist in thinking about your client and how you can support them in supporting their language but also supporting who they are as a person, and linking stories to who we are as people is really important, and really, I think as speech pathologists we're well suited for that.

I'd like to just bring your attention today to one idea if you're interested in supporting story or thinking about that, you can read a little bit more in the resources, or reach out to me, I'm happy to speak with you, but Taking the PULSE of Those Living With Aphasia is an acronym that Barbara Shadden developed. Thinking about, if we're going to be receptive to working with our clients and hearing their stories and helping them tell their stories, we need to have a partnership or that relationship-centered care again, and recognize that while we may have worked with lots of people who have aphasia, every client that we work with, every person that we work with has a unique story and we need to be open to hearing the uniqueness of what their experience is.

Also storytelling, we need to be really good listeners. I know we all are, but we really need to be present and available when we're having the honor of hearing someone's story or helping them navigate through that. Using our techniques such as supported communication or keywording or all of those sorts of things that you all have great expertise in already in helping them to tell their story. And then just being open to recognizing that stories need exploring, and we have to be open to that. I think sometimes clients tell us our stories and we sometimes shut them down because we have to get on to the other goals that we've established. And so I'd like to challenge you to think about supporting someone and telling their story maybe a very therapeutic

intervention for them that would help them not only with their language, but also with navigating their identity domain. Connecting other people living with aphasia with other people living, or connecting people with aphasia with other people living with aphasia or support groups are a really important aspect of our role as clinicians. And I'd encourage you to check out the local area support groups that you have in your area. But also if you have a support group that isn't registered with the American Heart Association or the National Aphasia Association, I'm challenging you today as an action step to see if you might register your group on those websites, because you can be sure that people with aphasia or their family members are going to these resources to find out what supports are available.

Now, in this time of COVID, we know that we're not able to always meet collectively in the same room physically, but being online, there are some really great opportunities for people living with aphasia to support one another. One of those is the ARC or the Aphasia Recovery Connection. If you haven't heard of ARC, I'd encourage you to check it out. There's a website link here, but they also are a huge Facebook Community group, over 10,000 members across the globe, family members, people with aphasia, clinicians, people interested in supporting people who are living with aphasia.

There are two ARC groups. One is a group for caregivers and one is a group for people with aphasia. As a clinician, you can join both of those groups, and I think I'd encourage you to get familiar with that so that then you can introduce the clients that you're working with to a community where they can connect with other people with aphasia. Another thing that's happened recently since COVID, and I've been involved in this, I'm on the leadership team for Virtual Connections. It's a joint effort between Aphasia Recovery Connection and Lingraphica that is targeting the goal of ending isolation for people with aphasia. Now, that's a pretty lofty goal. But what they're offering are two to three groups daily, seven days a week that are free for people with

aphasia to join in. So I'd like you to think about jotting this down, checking it out and thinking about hooking up the people that you have, that you're working with aphasia with these opportunities that they might be able to participate in a conversation group or something along those lines. This is just a screenshot of last week's offerings. I'd encourage you to go to the website and check it out. They change weekly and if you're interested in becoming a part of this, reach out to Virtual Connections and we'd love to have you join us. I think, though, the challenge of having people with aphasia get online, we all have worked with clients who we know that it would be great for them to be able to be more online, but it's challenging for them.

So I just want to point you to this resource that's been around for a while, but it's a fabulous resource. Excuse me, this one's hot off the press. There's another one that I'm going to share with you that's been around for a while. But this one is actually new, within the last like four months or so from the Stroke Association, called "Getting Online for People with Aphasia", and it's a PDF that has 14 different sections about how to link into wifi or an email or Google Maps. And so, bookmark this, clinicians, because you can use this in your therapy to help your clients and you don't have to recreate this information. It's made in an aphasia-friendly format, and really a fabulous resource.

They also say on their website that they're going to be adding videos with step by step guidance in the near future. So, I know I'm really looking forward for that. So if we think then about, we've talked about identity and now we think about how we might change and support the environment, we think about Steve staying home most of the time, people in his environment have difficulty talking with him, what can we do to help support Steve in his environment? And so here's where I'd like to bring to your attention some resources that are available for you as a clinician in training family members, so that you can utilize them yourself or you can share them with the families that you're working with. So, Communication Partner Training is, you know, we know in

our field, we don't have a lot of high levels of evidence for all of our therapeutic interventions that we use, but Communication Partner Training for aphasia is one of those areas that has a Level 1 Evidence, that's the highest there is, to support that this works. Training other people how to communicate and how to support the person with aphasia is a Level 1 Evidence. The challenge is, we as clinicians don't always target that in our therapy. So one of my big goals in this talk today is to see if we can get this on the radar for you. If you're already doing this, fabulous, but I think a lot of us aren't, and so thinking about how we might be able to make this a high-priority goal, not just a goal that happens because people aren't making progress with aphasia. We know their language challenges are going to stay with them, and so how can we support changing the environment?

So thinking, though, broadly about who a communication partner is. I feel like we think quite narrowly as clinicians about who our communication partners are with our clients, and I think we sometimes just think, family, but let's broaden that out to thinking about friends. We know that people with aphasia, their friend circle really tightens and diminishes after aphasia, so what can we do to help train people with aphasia's friends on being more successful, feeling more confident, having more tools, being able to communicate with them?

Also, then depending on the environment that you're working with this client, thinking about physicians, nurses, other rehab team members, mental health professionals, direct care providers, or other community members, people serving in a restaurant, barbers, nail technicians. I'm hoping that at some point in our lives we're going to be able to engage in the community in that way. But thinking about who is in the community and supporting individuals or interacting with individuals with aphasia, I think is really important. Now, one of the things that I think is important and many of you probably are already familiar with Supported Conversation for Adults With Aphasia, but if you're not, just dipping our toe in again to think about this. The goals of

Supported Conversation, and Aura Kagan and her colleagues at the Aphasia Institute have been leading the pack for many years about SCA, but the goals of supported communication for conversations with adults with Aphasia is to acknowledge the competence of the adult with aphasia. So we're really thinking about empowering that individual that even though their language may not support them, that they are competent in their ability to engage in communication and decision making.

And then the second area that's vitally important is after we've acknowledged the competence that we're helping the individual with aphasia to reveal his or her competence, and what that means then is thinking about how we can help the person get the message out and help getting the message, excuse me, help getting the message in and then getting the message out. So what we're saying to the person, what they're saying to us, and then verifying what it is that they've said to us to make sure that we understand what they are saying. I don't know if any of you have gone through the Aphasia Institute's training for Supported Conversation.

It's fabulous, but what I wanted to share with you today is they recently updated their SCA E-learning Module, and it is fabulous. It's an hour-long presentation interactive on training you on the Supported Conversation techniques: these acknowledging competence and revealing competence. The module is free. So, yes, free. So this is exciting because you could take the module and I believe you can pay a small fee to get some CEUs along with it, I think it's \$10 to pay to get the CEU fee. But what I think is even more exciting is that you could have, think of all those communication partners, you could have family members take this, you could have friends take this, you could have physicians or well, that might be a dream, but maybe physicians might take this but other clinicians who are working regularly with people with aphasia to be able to take this training and feel more comfortable. So that then takes a little pressure off of you as a clinician to do that training and then maybe you could have a conversation or talk about then how that might be applied to the specific client that you're working

with, that all of these communication partners may be working with together. Some other resources that are available are ParticiPics, or thinking about, again, remember, we're in that environment domain. And so we can use lots of graphics and pictures, we as speech pathologists are great at that. But what I wanted to bring up about with the ParticiPics from the Aphasia Institute is that these are now free also. They used to be for a cost or they came on a CD-ROM. They're now all in the cloud and there's a searchable database with images that you can download or personalize.

You could use them in your therapy, but also, I'm hoping that you're going to point this resource out for families or other communication partners so that they are more available to support their clients with aphasia or their family members with aphasia as well. Some other resources that are available for you that I'd like to bring your attention to are some training videos through Aphasia Access. These are also free and available on their website. All of these resources are on your link. The training videos are targeted to help educate people becoming better communicators with people with aphasia.

So there are, I think, seven or eight videos that are available there. There's a couple of different video lines that they have there, you can check all of them out but the one I'm thinking of specifically for Communication Partner Training are the "Communication Access: Fundamentals." You can see here on the slide there's some topics like "Adjusting Your Talking", "Using Gestures and Body Language", "Writing and Using Graphics", "Strategies For Acute Care." I think there's some for the other settings such as community based or outpatient. And all of these videos are web based. I think they range from maybe five to 11 minutes in length, and are targeted at some nice takeaways that we can utilize to support our clients in learning more or our family members or our healthcare partners, our team members in being better communicators with people with aphasia. Another resource that I'd like to bring your attention to is "Making Information Accessible" or more aphasia friendly. The Stroke

Association has some great resources. This is googleable, I think the link is probably also in the handout, that if you type in "aphasia-friendly guidelines", this will be the number one thing that pops up. It's a lengthy PDF that's available that helps people to kind of translate information that makes it accessible or approachable. So, they have things like the five steps, and I used their five steps to kind of showcase this five steps area here, but I've used a different color font for the five steps. I used some bold and underlined, I used a box to frame that message or information, and then following the steps of a short message using clear sentences, easy words, a good layout, and they teach you how to make a set also.

So, if we think about our client, Steve, and I feel like maybe I buzzed through a lot of these slides so quickly 'cause I was worried about time. So I'm going to just preface you guys, I'm going to have some time, more time than I had anticipated for conversation and questions. So if you want to start typing some things in Q&A or maybe some things we can start to talk about, we'll have a little more time than I had anticipated. But if we think about returning to our client, Steve, and we think about what we can do for him as a clinician, and that I don't want to sound bleak because our language targets that we do in therapy are helpful, but it's not always the case where we're going to be able to fix Steve or our clients like Steve to the point where they are not living with moderate or severe aphasia.

And so thinking about hopefully today, we've brought some ideas about some other areas that you might be able to target for Steve, thinking about if we talk about the Stepped Care or this. Let me see if I can get my pointer going here. The Stepped Care, the personal identity and attitudes, thinking about how we might be able to start thinking about mental health and wellbeing, re-establishing support through identity, maybe thinking about some of the techniques I talked about through story or the ASK program or other types of ways that are not necessarily targeting language directly, but we're targeting some supports to help him feel better about who he is with his stroke

and aphasia. Also, we've spent a lot of time today talking about how we might help modify the environment or Steve's language environment. So thinking about communication partners and how we can take an active role as speech language pathologists, making this a goal really probably for every client that we work with. I know that sounds pretty bold, but I believe strongly that we could have a goal for every client of helping modify their language environment by taking time in our therapeutic interactions with our clients to help train communication partners.

And if we think about the impact that that might have in comparison to some of the more traditional language targets that we're working on with our clients, not that those don't have a role, and, again, I want to be clear, I'm not saying we don't want to work on those or focus on those, but I think I'm challenging us as clinicians to say we need to put modifying the language environment at the forefront of our interactions with our client, you know, thinking about Steve and talking about how he was not able to engage in conversations with his colleagues or friends and that they were not coming around as well. That's a big impact on having someone have successful life participation. So if there's one thing to take away today, I think that's really the important part of what I'd like for us to be thinking about is how we might be able to support both identity and communication training partner.

Also thinking about the language environment and making sure that written supports are accessible, and not just supports that we are using. Don't spend your time as the clinician making all of those supports, but or is there a way that you can train the family members, empower the family members or the care partners or whoever it is that's interacting with them or to our clients like Steve on how can they help people know how written information can be accessible to them, I think that's really important. And so then if we think too about how all of that, our efforts in supporting language and Steve's moderate to severe aphasia, but also his identity, his environment, and how those efforts together may then support Steve in participating more in life. Now,

Steve's probably gonna not be employed, we know that. But maybe what we can have now is an environment and an identity where he's interacting more with family and friends through conversation or email, he has some better techniques on how to get online in this COVID environment or we know online is not going away. Maybe he has some opportunities to do some some things that were really important to him like reading a short story, engaging with other people living with aphasia. So thinking about how can we push that support group, and maybe you as a clinician having spent some time in those support groups to know what they're like so that you can help Steve or whatever client it might be to be able to navigate what that's going to be like in that environment.

But I think that's really where the important aspects of our role as clinicians needs to be and thinking about, don't wait until you've only got one session left with your client before you start thinking about this. This should be from out of the gate. We're seeing our client for the first time and we're thinking about how we might be able to engage them in these opportunities. I'm going to go through my last couple of slides and then I'll take the questions.

I love that they're coming in here. So, one of the things I fessed up earlier that I am a member of Aphasia Access and I'm one of the interviewers for the Aphasia Access Conversations Podcast. But I want you to be thinking about a lot of these topics that we've just touched on very briefly today, you can listen to in a larger aspect through these podcasts. And so, I've just outlined a number of them that there's one that just went out on "Online Communication Partner Training", some on "Goal Attainment Scaling", "SMARTER Goals", "Stepped Care". All of these individuals and many of them are the authors that I cited earlier today that you can hear from their viewpoints specifically on what those concepts are and how to engage those. So if we think about where we've been today, framing our thoughts as Life Participation Approach to Aphasia, still embracing impairment models, but thinking about how we can really

stretch ourselves as a clinician to move beyond the language domains, some of those other areas being positive in a PERMA and relationship-centered care, and then thinking about the tools that we have: Collaborative Goal Setting, some of the SMARTER goals, the FOURC model, the LIV Cards, Goal Attainment Scaling. Supporting identity through Stepped Care or other areas like story. And then targeting that language environment is an important aspect of our role as clinicians. And I think that, well, if you're doing this already, fabulousness, kudos. If you're not doing this already, it can seem a little scary to step out of our familiarity of just language, but I think you'll find that it's actually less work to partner with clients and engage them in what they're interested in and help them empower to modify their learning environment to be able to really have a meaningful impact on what's important to them and help them be able to participate more in their life.

So it looks like we've got a couple of questions coming in here. There's a question about finding support groups for people with aphasia whose primary language is not English. And that's a really great question that I don't have a great answer to except that, I think that, and if we see some things happening in the Q&A or chat, I appreciate hearing that also.

But I think that being able to think about like, are there online support groups that have, I know, Virtual Connections is starting to do some Spanish groups that are happening a couple of times a week. I think that maybe sometimes if there aren't the support groups that are available, maybe it's our role as clinicians to see what we can do to help get one going whether or not we're actually facilitating that or whether or not we're thinking about, could we be helping something come together so that there is a network of opportunities there, and I might just see if I can, I'm sorry to not give a great answer to that, but I think that maybe we could collectively, if you guys know of anything, go ahead and put that in the Q&A. I've got another question here that someone's saying, "I think it's important to encourage therapists "to see if local

universities "have speech pathology services, aphasia groups, "and what local aphasia centers "are available geographically." So, absolutely. So if you live in an area where people can be engaging in university-based services or local aphasia groups, aphasia centers, then that's fabulous. And I think it goes back to like knowing what is in your community, and then since the global pandemic is happening, our community has gotten larger too. So knowing what's available in your local proximity, but also recognizing to are there opportunities that are now available that weren't available before. I also, because there's a great question here about, "How do we engage partners who want to drop off "or sit in the waiting room or seem too stressed "with caregiving to participate, engage in therapy?"

Yes, that is a great question. I think it goes back to, well, I'll take the first one first, the partners who are difficult to engage in therapy because they're just sitting in the waiting room or dropping off. I think, one, it starts with relationship. And so the relationship-centered care isn't just the relationship with the client, but also it might extend or should extend to their family members, and it might be inviting them in to the therapy session and saying, "Hey, we really need you to be a part of this." And then giving them some rationale as to what they're going to get for the bang, for their buck, for them spending their time there.

But I do think that it might take us to invite and re-invite and there may be some cultural differences that have an impact on people's ability to participate or their framework for thinking about that, or maybe they do have to run an errand. So then you think about if you can't participate in the session, one, is it because of the time? Could we offer it at a different time? Or is there something that is a barrier, what's the barrier for getting you to come in and help us to be able to know what's happening in therapy? And I think that's where that conversation starts. And I recognize it's easy for me to say this, and sometimes it's really hard to navigate that, but I do think the answer lies in the opportunity to have a relationship and hear what their concerns are

and start to address those concerns and start to give them some tools and have them see why participating will really be beneficial for them. The other question about the caregiving, the caregivers who are too stressed to participate or engage in therapy is certainly a real concern as well. And I think on one of the very first slides that I had, we talked about caregivers being a part of therapy but also supporting their wellbeing including their stress level or mental health. So, that might be, and I know there's a fine line of balancing having a care partner quote unquote hijack a session because their needs are more pressing or pertinent than the client who is on the insurance form or those sorts of things.

So I know this is a delicate balance, but I do think that acknowledging someone's stress level and that this is something that is a part of their recovery process, getting them linked up with supports, whether that's a support group like ARC, whether that's asking them if they have their own mental health resources that maybe they would benefit from some individualized therapy to support them. Maybe you have another care partner with a different client or someone that's no longer a client but that you keep in touch with that would say, "Hey, I would love to talk with my experience "and help someone else move along in their process "of this journey of having a loved one who has aphasia."

So I think that, again, it goes back to relationship, acknowledging that they have valid stressors, valid concerns, and that taking time for themselves is really extending care to their person with aphasia. But again, I think that takes us as clinicians to be willing to engage in that type of conversation, and knowing also that we might not have all of the answers and that we would be on this journey together to see what we can do to help support them. I don't know if that maybe answered or gave gave some ideas. If you're lucky to work in a team member process, you've got team members around with mental health supports available, that would be fabulous as well. Oftentimes, some of us are not working in those environments, but maybe you can create those

networks too within the environments that you're working in. I've got a comment here from Roberta Elman. So her C.A.P.E. model is a great addition to the resource model as well. So thinking about C.A.P.E. is really a great way of thinking about how to help support people with aphasia in engaging in their life. So if you're not familiar with the C.A.P.E. model from Roberta Elman, certainly do a search on that, and if you can't find information on it, you could reach out directly to me or, I'm going to put Roberta on the spot, but I'm sure she would love to talk with you about C.A.P.E. as well. There's one remaining question that's talking about the podcasts and how to access them. There's a couple of ways that you can do that.

One is to be able to just, on your favorite podcast listening app, you can search for "Aphasia Access Conversations Podcast", and it should pop up. But if that doesn't work, you can go to the Aphasia Access website, www.aphasiaaccess.org, and go to the training materials and podcasts is one of those and you can listen to them right from the web. But if you subscribe, then new ones that come in, you'll just be at the ready for being able to listen to them when they come hot off the press. So, I sure enjoyed the conversation today. I hope that I gave you, my goal was really to give you some resources and ideas to be able to think about how to expand your skill set.

And I hope that the resources that I provided today will give you some opportunities to explore a little bit deeper and think about, "Yep, we are language specialists "but how can we help get into those other domains "for identity and environment, "all in the spirit of all three of those areas "really helping our clients with aphasia "participate in their life again." So thank you very much for the opportunity, and I hope you have a beautiful day. And thank you for your work with our clients and their families who are living with aphasia because we need, I was just so tickled that there were so many people on this live call because we'd so need all of us out there advocating and working with our clients who have chronic aphasia. So thank you for your work and thank you for your time today. Have a beautiful day.

- [Carolyn Thank you, Dr. Strong, for all your time and expertise to help everyone be better advocates with their patients out there, talking about patient-centered care and holistic care. What an excellent and informative course. Thank you to everybody who logged in today. We hope to see you on another SpeechPathology.com webinar soon. Have a great day, everybody.

- Bye bye, thanks.