SUPPORTING INDIVIDUALS WITH APHASIA LEARNING TO USE HIGH TECH AAC SYSTEMS

Julie Gatts, M.A., CCC-SLP

Kansas Speech and Hearing Association Annual Convention

October 5, 2018

DISCLOSURES

- I am paid an annual salary by the University of Kansas
- KSHA provided one night of lodging for me at this conference
- KSHA provided a small stipend for each presentation at this convention
- I have no other disclosures to provide

AAC AND ACQUIRED DISORDERS EVIDENCE AND AVAILABILITY?



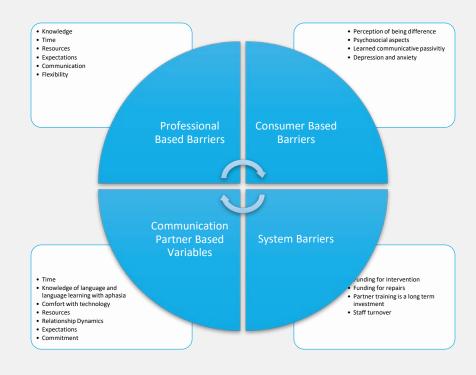


Individuals with dysarthria (without cognitive or linguistic difficulty) Individuals with aphasia



Individuals with cognitive communication disorder

BARRIERS



Express Participate Integrate

Itativo Visit Augmentative Visit Communicate Aphasia Use Communication
SGD Adapt Success Participation
Device Advocate Alternative AAC Achieve Support Independence Talk Voice Socialize Social Life Preferences

Partner Heard Socializing
Information Talking Message



 "Every person, regardless of the severity of his/her disabilities has the right....to communicate with others, express everyday preferences and exercise at least some control over his or her daily life. Each individual, therefor, should be given the chance, training, technology, respect and encouragement to do so"

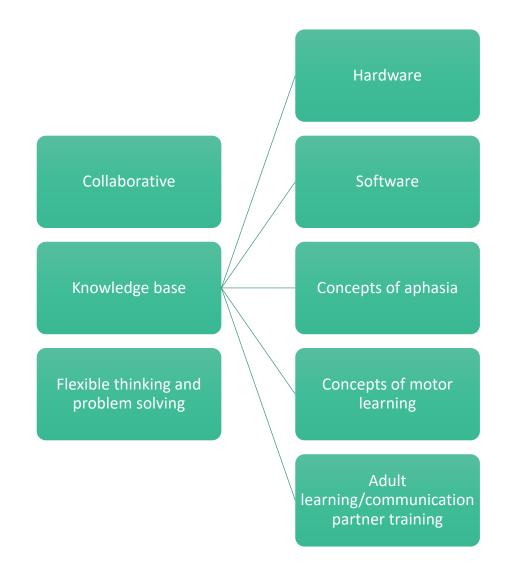
Bob Williams, former U.S. Deputy Assistant Secretary and an AAC user.

Taken from the Vermont Communication Resource Guide (2002)



- How comfortable are you working with high tech AAC systems with people with aphasia?
- What makes/made you comfortable?
- What makes/made you uncomfortable?

CLINICIAN VARIABLES



CONTINUUM OF COMMUNICATION INDEPENDENCE (UNIVERSITY OF WASHINGTON AUGCOMM)

- Emergent
- Context dependent
- Independent
- Level of communicator will guide how you set up the system and teach use of it. It also determines the length of an intervention program and the format.

EMERGENT

Does not have a **reliable** method of **expressive** communication through **symbolic language.**

They may use nonsymbolic gestures

Trials with AAC strategies and devices may be happening but performance is inconsistent.



CONTEXT DEPENDENT

Has symbolic communication that is reliable but is limited to particular contexts or partners.

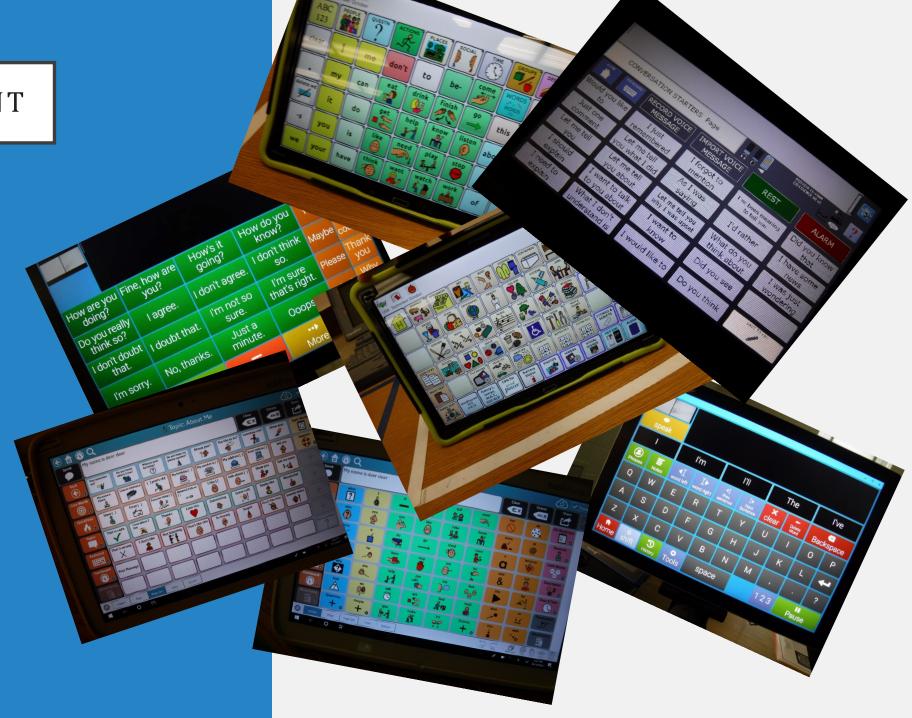
Use of AAC techniques with vocabulary chosen by others or

AAC strategies that are effective only with familiar persons



INDEPENDENT

The ability to communicate anything on any topic to anyone in any context.



KEYS TO SUCCESS

Education for communication partners and PWA (ongoing)

Individualization of the system (ongoing)

Individualization and integration of teaching strategies and techniques and use in natural interactions

EDUCATION FOR PERSON WITH APHASIA AND COMMUNICATION PARTNER/S

EDUCATIONAL COMPONENTS



COMPONENTS OF A PARTNER TRAINING PROGRAM/COLLABORATIVE INTERVENTION PROGRAM

Education

- Aphasia
- Intended use
 - Contexts
 - Independence
 - Purposefulness long term

Device

- Hardware
- Software Set up
 - Dynamic
 - Functional
 - Individualize

Role of Communication Partner

- Knowledge of user system
- Collaborating with user set up
- Facilitation and purpose of strategies
- Creating opportunities for use

EXPECTATIONS

Outcomes

- How will the system be used?
- When will the system be used?
- What is the purpose of the system?
- Why?

Level of Involvement

- PWA
- Communication Partner
- SLP

Time Line –
This is a
journey, not
an event

- Process
- For the Duration

FOCUS ON PARTICIPATION







MESSAGES AND VOCABULARY



TEACHING WITHIN ACTIVITIES



CONTEXT/LOCATION (HOME, COMMUNITY, IMPORTANT EVENTS)

PARTICIPATION

Pre-Aphasia Participation and Activities	Current Participation and Activities Goal for Participation and Activities		
Work as a clinical educator at a University	Share my story with students and professionals		
Walk each evening		Walk each day and if in wheelchair have longer rolls	
Cook a few meals a week but enjoy cooking new recipes		Cook one new recipe a week	
Attend church on Sunday's and run the sound board	Attend church on Sundays and join a Bible study		
Talk with daughters on the phone - 5 times a week		Talk with daughters by face time several times a week	
Listen to audio books (thrillers)			
	Attend therapy		
Watch sports and a few shows on TV	Watch TV	Watch sports and a few shows	

EIGHT SUGGESTED STAGES OF PARTNER INSTRUCTION (KENT-WALSH & MCNAUGHTON(2005)

Pretest and Commitment to Instructional Program

Strategy Description

Strategy Demonstrat<u>ion</u> Verbal Practice of Strategy Steps Controlled Practice and Feedback Advanced Practice and Feedback Posttest and commitment to long-term strategy use

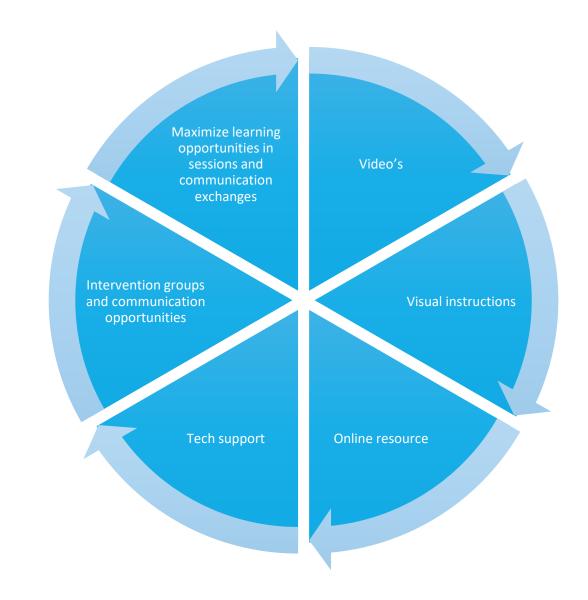
Generalization of Targeted Strategy Use

WHAT DOES PARTNER EDUCATION LOOK LIKE IN AN INTERVENTION SESSION

Intervention Protocol

- Review of concerns/issues/successes (hardware and software)
- Changes to pages or user layout based on above
- Education and review of concepts
- Education, modeling, and demonstration of use facilitation strategies
- Brainstorm changes
- Identify questions or concerns

PROVIDING ONGOING SUPPORT/RESOURCES



INDIVIDUALIZING THE USER

CONCEPTS FOR CREATING THE USER PAGES



What do they want to communicate – prioritize availability of this



Talk like they talked



Using the device is a process not an event



Use is not a test



Understand how they sort, categorize, and think about language and build on what they have in this area

INDIVIDUALIZATION OF SYSTEM

- User
 - Layout
 - Pre-programmed content
- Organization
 - Pages
 - Icons on the page
- Home page and easy links
 - Topics
 - Pages
 - Words

- Visuals
 - Photo's
 - Obect or action
 - In context
 - Icon's
 - Text
- Actions
 - Auditory
 - Visual
 - Respond with an action (link)

B'S USER

- Photo's and icon's paired with single word text most helpful
- Limited semantic organization
- Strong desire to communicate
- Participation Focus
- Topics of interest include: travel, farming, family, music and Lawrence
- System: NOVA Chat 8 'Tabby' with a 20 button grid
- Changes over time
- Context Dependent Communicator
- Interests: geography, culture, people, music, farming

G'S USER

- NOVA Chat Communication Journey Aphasia as a template
- High contrast icons, bolded text, photo's
- Direct access triggered on release
- Consistent location when possible
- Fewer buttons spread out but same grid
- Binary choices if needed
- Emergent Communicator
- Interests: TV, sports, calling/face timing with friends and family, joking with people

P'S USER

- Compass App on ipad Stroke and Brain Injury Persona
- Home page is Quick Phrases
- Two primary pages on the user
 - Quick Phrases
 - Photo Album or Stories
- Started with Topics but needed to simplify
- Photo's in context
- Written word or phrase
- Emergent Communicator
- Interests: history, Lawrence, Germany, political hearings

B'S USER



T10 using Compass Brain Injury and Stroke Persona



Pages targeting specific needs



Communicated primarily with family (almost exclusively)



Icons and photo's with text

TEACHING STRATEGIES

TEACHING STRATEGIES AND CONCEPTS Prepare for, focus on and practice natural interactions in a variety of contexts

- Modeling
- Aided Input
- Self Talk

Maximize use of motor memory

- Repetition
 - In context
 - Across context

MODELING

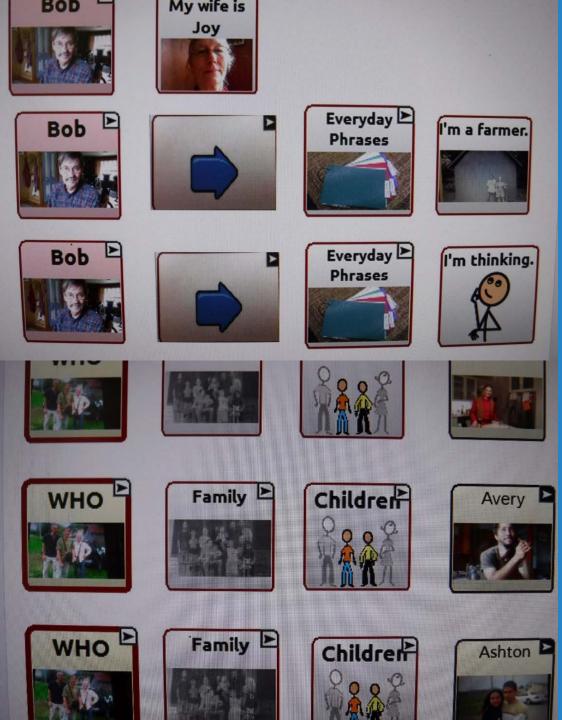
- The clinician models use in tasks and with functional use. Leveling the playing field by using the same language system as they use
- You yourself use the AAC system to communicate so they can see how you navigate to specific information
- You can pair this with self-talk to identify how you made the navigation choices
- After you model the expectation is that they complete the sequence of touches but they may require support or then use aided input
- Link to a great description of modeling
- https://www.youtube.com/watch?v=VppaSuAF0f4

AIDED INPUT

- This is modeling with expansion using the device. Take what they give you and add a bit more
- Pairing the language or message on the device when communicating a message.
 - You might model use by saying "I am really hungry" while navigating to the dinner page. "My husband is making dinner tonight and I hope he makes..." while navigating to the dinner item page and touching the buttons so the device says 'steak, asparagus, sweet potatoes'.
 - You can than navigate back to the main page, and point to and activate 'dinner' and say,
 'what do you want for dinner?'.
 - Link to someone using aided input with an adult (but not acquired)
 - https://www.youtube.com/playlist?list=PL9yzF58nGHOJ2yBLFud8PSynsqb9lHwf2

SELF TALK/THINKING OUT LOUD

- Pair with modeling and aided input as appropriate
- 'I'm looking for the Target. Target is a place (touching places) and is a type of store (touching store). I recognize the big target symbol target"
- You can use this type of narration even if you aren't sure where something is....you can demonstrate your thought process and acknowledge its wrong and go back and talk through a different route.



ICON MAP

Create map with icons of the pathway for a message.

Different level of support

Allows practice at home for some

A good method to work on motor memory

Allows you to focus on functional use and let the motor memory practice to

happen at some level outside of intervention

Helps partners learn the routes as well

AUGMENT TRADITIONAL INTERVENTION WITH DEVICE

Word finding/naming
Spelling/graphic modality
Descriptive tasks



HOME USE AND PRACTICE

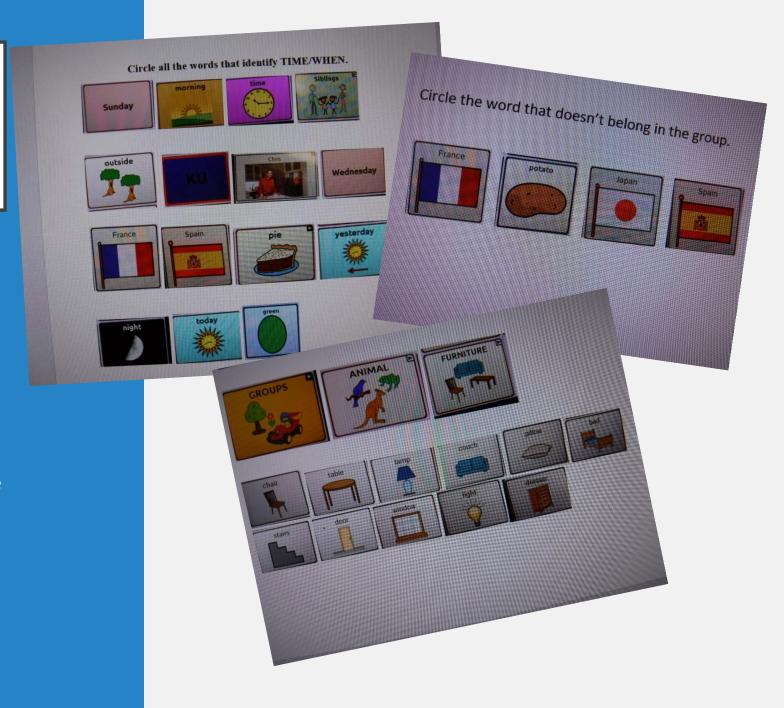
Icon map practice

Finding a message or icon (with or without maps)

Verbal practice of words or phrases in device

Copying of words in text

Categorization



AHERN HEIRARCHY

PROMPT HIERARCHY

ALWAYS USE AIDED LANGUAGE STIMULATION

(aka: Modeling, Aided Language input, Partner Augmented Input) intensively, across all environments. This is the umbrella under which all AAC learning happens.

CREATE MOTIVATION - Create circumstances which are highly engaging and make communicating more likely. Be a motivating communication partner.

INVITING/EXPECTANT PAUSE - Pause and wait for the individual to respond. Consider using a clock to ensure you are waiting long enough. Some individuals need just a few seconds, others need much longer. For individuals with anxiety, an inviting, distracted pause may be more effective.

INDIRECT VISUAL CUE - Use a gesture, point a light at, move the communication system closer or otherwise help the individual direct attention to communicating a message. Use an inviting, expectant pause.

WAIT

WAIT

DIRECT VISUAL CUE - Directly point at or otherwise indicate possible messages the individual may want to use. Use an inviting expectant pause.

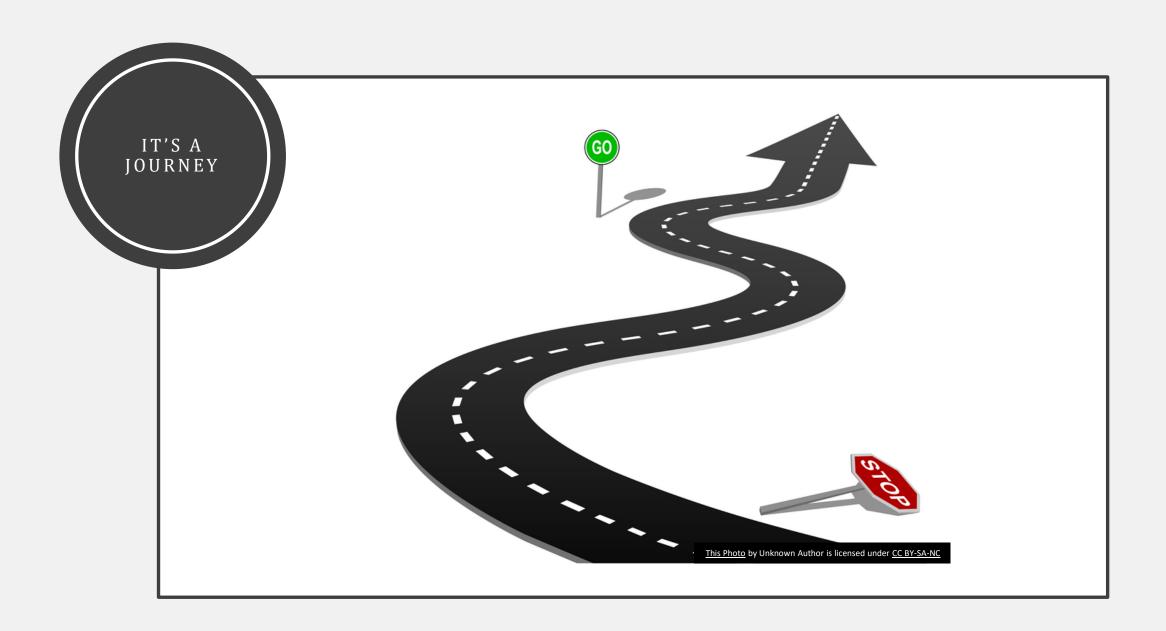
INDIRECT VERBAL CUE - Give a hint, use a partial verbal cue such as phonemic cue or unfinished sentence. Ask what they think. Use an inviting, expectant pause

DIRECT VERBAL CUE - Directly tell the individual possible messages they might want to share. "I wonder if you think it's..." Use an inviting, expectant pause

NON-DIRECTIVE MODEL - Tell the individual something like "Some people might say..." or "I think it's..." and then model some possible messages. Use an inviting, expectant pause.

INCREASE MOTIVATION AND RE-EXPOSE TO TARGET VOCABULARY - Communication is always a choice, which means that it is ok if the individual does not communicate or says something other than what you were expecting. When this happens, increase motivation and re-expose to target vocabulary Avoid physical prompts as these remove the choice and increase risk of physical and sexual abuse by grooming compliance behaviors.

(C) Kate Ahern, M.S.Ed 2016 with Shelane Nielsen



RESOURCES

- Forbes www.forbesaac.com
- LC Technologies http://www.eyegaze.com/tag/eyegaze-edge/
- Lingraphica <u>www.aphasia.com</u>
- Prentke-Romich www.prentrom.com
- Saltillo www.saltillo.com
- Tobii-Dynavox <u>www.tobiidynavox.com</u>
- Vermont Communication Resource Guide (2002)
 http://www.state.vt.us/dmh/ddscommunicationresourceguide.pdf and
 http://biz.yahoo.com/bw/020508/82364_2.html
- Vicki Clarke http://praacticalaac.org/praactical/aac-assessment-corner-by-vicki-clarke-procedural-resources/
- University of Washington Augcomm Home
 - http://depts.washington.edu/augcomm/03_cimodel/commind1_intro.htm

REFERENCES

- Baxter, S. E., Pam; Evans, Philippa; Judge, Simon. (2012). Interventions using High-Technology
 Communication Devices: A State of the Art Review. Folia Phoniatrica et Logopaedica, 64, 137-144.
 doi:10.1159/000338250
- Hough, M. J., Rachel Kay. (2009). Use of AAC to enhance linguistic communication skills in an adult with chronic severe aphasia. *Aphasiology, 23*(7-8), 965-976. doi:10.1080/02687030802698145
- Jacobs, B., Drew, R., Ogletree, B. T., & Pierce, K. (2004). Augmentative and Alternative Communication (AAC) for adults with severe aphasia: where we stand and how we can go further. *Disabil Rehabil,* 26(21-22), 1231-1240. doi:10.1080/09638280412331280244
- Kent-Walsh, J., & McNaughton, D. (2005). Communication Partner Instruction in AAC: Present Practices and Future Directions. *Augmentative and Alternative Communication*, 21(3), 195-204. doi:10.1080/07434610400006646
- Kent-Walsh, J., Murza, K. A., Malani, M. D., & Binger, C. (2015). Effects of Communication Partner Instruction on the Communication of Individuals using AAC: A Meta-Analysis. *Augment Altern Commun*, 31(4), 271-284. doi:10.3109/07434618.2015.1052153

- Ogletree, B. T., Bartholomew, P., Kirksey, M. L., Guenigsman, A., Hambrecht, G., Price, J., & Wofford, M. C. (2015). Communication Training Supporting an AAC User with Severe Intellectual Disability: Application of the Communication Partner Instruction Model. *Journal of Developmental and Physical Disabilities*, 28(1), 135-152. doi:10.1007/s10882-015-9444-2
- Purdy, M. V. D., Julie A. (2011). <Multimodal_communication_train(1).pdf>. Journal of Medical Speech-Language Pathology, 19(3), 45-53
- Russo, M. J. P., Valeria; Meda, Natalia Nerina; Carcavallo, Lucila; Muracioli, Anibal; Sabe, Liliana; Bonamico, Lucas; Allegri, Ricardo Francisco; and Olmos, Lisandro. (2017). High-technology augmentative communication for adults with post-stroke aphasia: a systematic review. Expert Review of Medical Devices, 14(5), 355-370.
- Simmons-Mackie, N., Raymer, A., Armstrong, E., Holland, A., & Cherney, L. R. (2010). Communication partner training in aphasia: a systematic review. *Arch Phys Med Rehabil*, 91(12), 1814-1837. doi:10.1016/j.apmr.2010.08.026
- Simmons-Mackie, N. N., & Damico, J. S. (2007). Access and social inclusion in aphasia: Interactional principles and applications. *Aphasiology, 21*(1), 81-97. doi:10.1080/02687030600798311