The Effectiveness of Reciprocal Scaffolding Treatment in Anomic Aphasia
Jan Avent, Janet Patterson, Angelica Lu & Kelly Small
Department of Communicative Sciences and Disorders
California State University East Bay

Introduction
Reciprocal Scaffolding Treatment (RST)
• Life participation (Chapey et al., 2001)
• Based on natural language use with communication partners during shared learning activities (Rogoff et al., 2001)
  • Partner with aphasia is the expert
  • Teaches novices a new skill
  • Novices provide natural & complementary language models
  • Treatment occurs during genuine interactions
  • Often used in conjunction with other techniques

Results from previous study
• Positive results in a case study (Avent & Austermann, 2003)
  • Improved verbal fluency
  • Improved writing & drawing
  • Improved life participation

Purpose of the current study
• Investigate the effect of RST on improvement in word & conversational contents for an individual with anomic aphasia

Participant (AE)
• 53 year old Caucasian male
• College graduate
• 36 months post onset LH frontal oligodendroglioma surgically removed
• No prior history of mental illness or substance abuse
• Pre treatment measures
  • WAB AQ = 96.2
  • FAS-Test = 23

Research Design
• Pre-post assessment study
  • Part of a larger multiple baseline across behaviors study
• Independent variable = RST
• Dependent variables
  • FAS-Test
  • Unfamiliar partner conversational samples
    • CIUs
    • TTR

Procedures
• Conversational & FAS-Test samples collected before & after 7 week treatment trial

Treatment
• Conversational Group
  • Twice weekly for 7 weeks
  • Session = 50-55 minutes
  • One graduate student clinician
  • 3-4 individuals with aphasia
  • Activities selected by clinician, e.g. current events, lecture activities, life histories
• RST
  • AE demonstrated facilitative communicative techniques
  • AE instructed the graduate clinician using self-selected means
• Treatment Schedule
  • AE demonstrated techniques to the 1st novice clinician for 3 sessions
  • Next, he demonstrated techniques to the 2nd novice clinician for 3 sessions
  • He proceeded to the next clinician for 3 sessions, then to the 4th for 3 sessions.

Reliability
FAS-Test, CIU, & TTR measures scored independently by 2 investigators. Discrepancies discussed until 100% agreement.

Results
Quantitative Data
<table>
<thead>
<tr>
<th></th>
<th>PreTreatment</th>
<th>PostTreatment</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAS-Test</td>
<td>23</td>
<td>30</td>
<td>+7</td>
</tr>
<tr>
<td>CIU</td>
<td>81%</td>
<td>87%</td>
<td>+6</td>
</tr>
<tr>
<td>TTR</td>
<td>.28</td>
<td>.33</td>
<td>+.05</td>
</tr>
</tbody>
</table>

Qualitative Data
• Pre-Tx
  • FAS Data
    • More Nouns (61%)
• Post-Tx
  • FAS Data
    • More word classes
      • 37% Adjectives
      • 33% Nouns
    • Conversational samples
    • Fewer false starts
    • Fewer incomplete utterances

Conclusions
• Reciprocal Scaffolding Treatment effective
• Pre-post scores
• Generalization to verbal fluency and conversational contexts
• Results support social treatments of aphasia

Selected References