OUTLINE

- Background, rationale and evidence for providing conversational support
- Key concepts of SCA™
- Practical applications and additional research on SCA™

BACKGROUND

The idea of communicative access is in keeping with recent trends
- in the World Health Organization
- Within the field of disability
- Within the field of speech-language pathology

As communication specialists, what is our role in relation to access and equity?

- Physical access?
  - Taken for granted
- Communicative access?
  - Lags far behind but equally valid

Communicative Access and ‘Conversation’

- Being able to engage in conversation is essential to participating in healthcare - access to our healthcare system gives access to a central part of culture and community for all of us
- Conversation is an intrinsic part of our work, not what happens before and after the ‘real’ work
Our role in relation to the environment

(Where 'conversation' fits in)

- **WE** are part of the environment for people with aphasia
- Conversation is where we 'meet' our patients/clients

Conversation is the 'Currency' for Participation

- Relationships – Interaction
- Activities of choice
- Social roles and responsibilities

Expanded Definition of Aphasia

...an acquired neurogenic language disorder that may *mask inherent competence normally revealed through conversation*
What Do We Mean By Conversation?

- The broad range of human interaction
  - from the everyday and mundane (e.g., discussion about what someone wants to drink)
  - to the highest levels of philosophical discourse (e.g., ‘why me?’, fears about the future)

Specific principles underlying SCA™

- Emphasis on the social unit or dyad incorporating the conversation partner – not only the person with aphasia
- Interaction/social connection is as important as transaction/information exchange
- The person with aphasia is treated as a competent person capable of making decisions if appropriate support is provided
- A commitment to decrease the barriers to conversation

Theory of SCA™

- A new dimension to the definition of aphasia – "aphasia can mask competence which is normally revealed through conversation"
- There is a direct relationship between perceived competence and opportunity for conversation
Theory of SCA™ cont.

• The ability to engage in conversation and reveal competence lie at the heart of “communicative access” to participation in daily life.

• The competence of people with aphasia can be revealed through the skill of a conversation partner who provides a “communication ramp” for increasing communicative access.

ACCESS TOOL

Supported Conversation for Adults with Aphasia (SCA™)

for patients/clients who “Know More Than They Can Say”

KEY CONCEPTS OF SCA™

Supported Conversation for Adults with Aphasia (SCA™)

For patients/clients who “Know More Than They Can Say”

Acknowledge Competence

• Techniques to help patients/clients feel as though they are being treated respectfully.

Reveal Competence

• Techniques to get and to give accurate information.

Acknowledging Competence

Are You Treating the Patient/Client Respectfully?

- Speak naturally (with normal loudness), using an adult tone of voice.
- Acknowledge the patient/client’s frustrations and fears of being thought of as stupid e.g. “I know you know”.
- Deal openly with situations in which you have to communicate with a partner to obtain or give information.

Acknowledging Competence

Are You Treating the Patient/Client Respectfully?

- Explicitly attribute breakdowns to your own limitations as a communicator (humour).
- Deal openly with situations in which you have to communicate with a partner to obtain or give information.
- Integrate supports (techniques) into natural talk.
**Revealing Competence**

**Techniques to get and to give accurate information**

- In
- Out
- Verify

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**In: Is Your Message Clear?**

- Use short, simple sentences and expressive voice
- As you are talking:
  - Use gestures that the patient/client can easily understand
  - Write key words/main idea e.g. ‘pain’ in large bold print
- Use pictures–focus on one at a time

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**Out: Does the Patient/Client Have a Way to Answer or Ask Questions?**

- Ask “yes/no” questions and make sure that the patient/client has a way to respond
- Ask one thing at a time
- Ask the patient/client to give clues by gesturing, or pointing to objects, pictures and written key words (e.g. “can you show me…?”)
- Give the patient/client time to respond

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**Revealing Competence**

**In: Is Your Message Clear?**

- Eliminate as much distraction as possible (noises, other people, too much material)
- Observe the patient/client to assess comprehension (facial expression/eye gaze, body posture, gesture)
- Hierarchy of techniques to support talking:
  1) gesture
  2) writing
  3) pictures/objects
  4) drawing

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**Out: Does the Patient/Client Have a Way to Answer or Ask Questions?**

- Fixed choice questions versus “yes/no” questions
- Again, make sure the patient/client has a way to respond
- Phrase “yes/no” questions in a logical sequence: (general to specific)
Verify: Have You Checked to Make Sure You Have Understood?

- Summarize slowly and clearly what you think the patient/client is trying to say, e.g. “…so let me make sure I understand…”
- Add gesture or written key words, if necessary

Verify: Have You Checked to Make Sure You Have Understood?

- Reflect: repeat the patient/client’s message
- Expand: add what you think the patient/client may be trying to say
- Summarize: pull things together at the end of a longer discussion

PRACTICAL APPLICATIONS AND ADDITIONAL RESEARCH on SCA™

For people who ‘know more than they can say’

- Application is broader than aphasia
- Teach through aphasia because all language modalities are affected therefore need the whole range of techniques and resources

Two Outcome Measures

Measure of Supported Conversation (MSC)
Measure of Conversation Partners' skill in providing 'Supported Conversation for Adults with Aphasia™'

Measure of participation in conversation (MPC)
Measure of level of Participation in Conversation by the person with aphasia

MSC Rating the Conversation Partner

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Very Poor</td>
</tr>
<tr>
<td>0.5</td>
<td>Poor</td>
</tr>
<tr>
<td>1</td>
<td>Adequate</td>
</tr>
<tr>
<td>1.5</td>
<td>Adequate</td>
</tr>
<tr>
<td>2</td>
<td>Adequate</td>
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<tr>
<td>2.5</td>
<td>Adequate</td>
</tr>
<tr>
<td>3</td>
<td>Adequate</td>
</tr>
<tr>
<td>3.5</td>
<td>Adequate</td>
</tr>
<tr>
<td>4</td>
<td>Outstanding</td>
</tr>
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</table>
MPC Rating the Adult with Aphasia

Goals of SCA™ for clinical researchers and practitioners

- Increase communicative access to participation e.g. giving informed consent
- Increasing efficiency and effectiveness when working with participants who have language problems, including those who don’t speak English

Research provides evidence indicating that:

- Competence is easily masked by aphasia
- It is possible to reveal this competence if appropriate conversational support is provided
- It is possible to train people to provide this support

Supported Conversation for Adults with Aphasia (SCA™) – A controlled trial


Primary Hypothesis

Volunteer conversation partners who are exposed to SCA™ training will score higher on a support measure (MSC) than those who are not exposed to training.

Secondary Hypotheses

- Adults with aphasia talking with conversation partners who are exposed to SCA™ training will score higher on a participation measure MPC than those whose partners are not exposed to training.
- Changes in level of participation of adults with aphasia are related to changes in level of skill of their conversation partners.
Selected Subject Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Volunteers</th>
<th>Adults with aphasia</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>N=20</td>
<td>N=40</td>
</tr>
<tr>
<td>Sex</td>
<td>5 M, 15 F</td>
<td>28 M, 12 F</td>
</tr>
<tr>
<td>Mean Age (years) ± SD</td>
<td>29 ± 10</td>
<td>69 ± 11</td>
</tr>
<tr>
<td>Number of students</td>
<td>28 (70%)</td>
<td>N/A</td>
</tr>
<tr>
<td>WAB AQ (severity of aphasia)</td>
<td>N/A</td>
<td>28 ± 15</td>
</tr>
<tr>
<td>Aphasia type based on WAB AQ</td>
<td>N/A</td>
<td>Broca 75.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conduction 2.5%</td>
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<tr>
<td></td>
<td></td>
<td>Global 15.0%</td>
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<tr>
<td></td>
<td></td>
<td>Wernicke 2.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transcortical 2.5%</td>
</tr>
<tr>
<td>Time post onset</td>
<td>N/A</td>
<td>58 ± 40 months</td>
</tr>
</tbody>
</table>

Method

Pre-post randomized control group design with 40 dyads

<table>
<thead>
<tr>
<th>Experimental Group (n=20 dyads)</th>
<th>Control Group (n=20 dyads)</th>
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<tbody>
<tr>
<td>Video 1</td>
<td>Video 1</td>
</tr>
<tr>
<td>TRAINING</td>
<td>Exposure to aphasia</td>
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<tr>
<td></td>
<td>(opportunity to socialize)</td>
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<tr>
<td></td>
<td>(“Pathways” video)</td>
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Data: 80 videotapes

Dyad = 1 adult with aphasia + 1 volunteer conversation partner

Results indicate that:

- It is possible to train volunteer conversation partners to better acknowledge and reveal the competence of adults with aphasia

- What the conversation partner does has some impact on the level of participation of the person with aphasia

Examples of Pictographic Resources

Mission

Vision

Hope for people with aphasia and their families to develop and flourish.

Innovative solutions to reduce linguistic barriers to full life participation.

Remove and no barriers to living socially and with aphasia.
Role for Our Profession

- Learn how to be a good conversation partner ourselves including use of appropriate resources
- Motivate and provide in-services for professional colleagues
- Take on an advocacy role in relation to communicative access

Recognize different paradigms and carefully consider your own

A social approach does not mean that you don’t work on impairments or functional communication

Communicative Access Improvement Project (CAIP)

- Demonstration project
- Effectiveness study related to SCA
- Trained teams in three healthcare contexts:
  - Acute
  - Rehab
  - Long-term care home
- Encouraging results in two of the three settings – need for more quantitative data

FROM INDIVIDUAL TO SYSTEM
Recent projects incorporating principles of SCA and A-FROM

- Development of quantitative measures to capture data related to communicative access in health systems - Communicative Access Measures for Stroke (CAMS)

- Development and evaluation of the psychometric properties of the Assessment for Living with Aphasia (ALA)

For more information, please contact

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73 Scarsdale Road, Toronto ON M3B 2R2

URL: [www.aphasia.ca](http://www.aphasia.ca)
Email: aphasia@aphasia.ca
Tel: (416) 226-3636
Fax: (416) 226-3706
ASHA Convention 2010 Selected References


For information on Pictographic Resources, please contact Marisca Baldwin at m baldwin@aphasia.ca.
For additional resources, please visit www.ukconnect.org.