Conversational Interventions:
Aphasia

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Defining conversational treatments in aphasia

Participation in Conversation

Impairments (lexical-semantic retrieval, syntactic, graphic)

Impairments (lexical-semantic retrieval, syntactic, graphic)

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Overview
A conversational treatment in which any modality can be used to communicate ideas from one partner to the other. The client and clinician take equal turns in the sender and receiver roles, and this promotes conversational participation.

Candidacy
Procedures can be adapted to specific linguistic impairments, thus people with a variety of types and severities of aphasia can benefit from this treatment.

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Promoting Aphasics’ Communicative Effectiveness (PACE)  
(Davis & Wilcox, 1978)

**Goals & Expected Outcomes**

Use appropriate communication modalities (speaking, writing, drawing, gesturing, communication notebook or other AAC strategies) to effectively participate as sender and receiver.

**Procedures**

1. The clinician and client exchange new information.
2. The clinician and client participate equally as senders and receivers of messages.
3. The client has a free choice as to the communicative modes used to convey a message.
4. The clinician’s feedback as a receiver is based on the client’s success in conveying the message.

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Advantage of modelling

Gives clinician the opportunity to model relevant communication behavior

Cognitive requirement

Probably requires relatively good cognitive abilities, like executive functions, for client to achieve independent success in transferring the targeted strategies to a variety of communication settings.
## Overview

A type of “loose training” which works to improve lexical retrieval and the number of content words produced by an individual with aphasia. Forward chaining, or elaboration, of the client’s utterances is used.

## Candidacy

A person with aphasia who can benefit from expanding content in conversation; effectiveness shown across types of aphasia including those with aphasia and apraxia.
Response Elaboration Training

Goals & Expected Outcomes
Improve verbal production in conversation; increase number of content words in conversation; improve word retrieval in conversation; support generalization of expanded utterances across contexts and conversational partners

Procedures
1. Elicit initial verbal response to picture
2. Reinforce, model, and shape initial response
3. Wh- cue to elicit elaboration of initial response
4. Reinforce, model, and shape the two patient responses combined
5. Second model and request repetition
6. After reinforcement elicit delayed initiation of the combined response.

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As stated by Wambaugh and Martinez (2000, p. 614), “there is more empirical support for the use of RET than for the majority of aphasia treatments.”
THE SATURDAY EVENING POST

An Illustrated Weekly
Founded April 28, 1905

OCTOBER 27, 1917

Knowledge is Power.

FOLLOWING THE RED CROSS—By Elizabeth Frazer

Norman Rockwell
<table>
<thead>
<tr>
<th>RET Steps</th>
<th>Clinician’s stimulus</th>
<th>Patient’s response</th>
<th>Clinician feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Elicit initial verbal response to picture</td>
<td>Line drawing of simple event (man with a broom) “Tell me what’s happening in this picture.”</td>
<td>“Man…sweeping”</td>
<td></td>
</tr>
<tr>
<td>2. Reinforce, model, and shape initial response</td>
<td></td>
<td></td>
<td>“Great. The man is sweeping”</td>
</tr>
<tr>
<td>3. Wh- cue to elicit elaboration of initial response</td>
<td>“Why is he sweeping?”</td>
<td>“Wife…mad!”</td>
<td></td>
</tr>
<tr>
<td>4. Reinforce, model, and shape the two patient responses combined</td>
<td></td>
<td></td>
<td>“Way to go! The man is sweeping the floor because his wife is mad.”</td>
</tr>
</tbody>
</table>
Reciprocal Scaffolding
(Avent & Austerman, 2003; Avent, Patterson, Lu & Small, 2009)

Overview
Based on an apprenticeship model, communication abilities are embedded in activities that are personally relevant and meaningful to the individual with aphasia.

Candidacy
Individuals with different types and severities of aphasia may be able to benefit.
Reciprocal Scaffolding

Goals & Expected Outcomes
Improved content and fluency in conversation, particularly communication that is embedded within personally meaningful contexts. Variety of vocabulary, increase in content in oral written language, and improved life participation, can be expected.

Procedures
• The client and clinician select a personally meaningful context (activity)
• Scaffolding techniques are embedded within the activities that facilitate communication. In addition, practice doing the activity fosters expressive abilities and life participation.

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Script training
(Cherney and colleagues)

Overview
A co-constructed monologue or dialogue, pertaining to a communication topic or situation that is important to the person with aphasia, is practiced intensively.

Candidacy
Effective for a number of different types and severities of aphasia.
Script training

Goals & Expected Outcomes
Fluency of production for the trained script; fluency of production and generalization of particular forms to other contexts; improved social interaction.

Procedures
• The client and clinician collaboratively determine the type of script that would be most useful and meaningful to the client. This could be a monologue.
• The clinician and client practice the script until the client is able to produce phrases within the script independently.
• The script is then practiced repetitively by the client.
• Practice contexts in which the person with aphasia can use the script are created.
<table>
<thead>
<tr>
<th>Step 1.</th>
<th>Select topic and draft target script.</th>
<th>The client selects the topic for the script, with collaboration from the clinician. The clinician and client work collaboratively to produce target script.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2.</td>
<td>Begin training – phrase repetition, choral reading with clinician, independent training.</td>
<td>Client practices first phrase. When client can produce phrase accurately 20 consecutive times, add next phrase. Continue.</td>
</tr>
<tr>
<td>Step 3.</td>
<td>Client practices independently for at least 15 minutes per day.</td>
<td>Client can be given audiotapes or other assists for independent practice.</td>
</tr>
<tr>
<td>Step 4.</td>
<td>Practice using script in appropriate social situations.</td>
<td>These should be facilitated initially by the clinician.</td>
</tr>
<tr>
<td>Script theme</td>
<td>No. of monologues</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>Stories from life</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td><em>Story of my stroke</em></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td><em>Introducing me to others</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>Prestroke story</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>Retelling an impersonal story or event</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Prayers, testimonials, speeches, and lectures</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Outside interests</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Making plans</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28</strong></td>
<td></td>
</tr>
<tr>
<td>Script theme</td>
<td>PWA-R</td>
<td>PWA-I</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Conversations with family</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Seeking or providing information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>About strangers</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>About family</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>From salespeople</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Asking/answering questions</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Outside interests</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Ordering in a restaurant</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Phoning</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Conversations with others</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Stories from life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present life</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Prestroke</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Retelling an impersonal story or event</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Work talk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making plans</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>40</td>
</tr>
</tbody>
</table>

Note.  PWA-R = person with aphasia as the respondent of the dialogue; PWA-I = person with aphasia as the initiator of the dialogue.
Aphasia Book Clubs

- Designed to facilitate social interaction and reading for pleasure
- Modelled after other community book clubs
- Aphasia-friendly materials support reading comprehension and discussion
Aphasia Book Clubs: Candidacy

- Able to read at the multi-paragraph level
- Desire to participate; desire to read for pleasure
Aphasia Book Clubs: Outcomes

• Outcomes of Aphasia Book Clubs can include:
  – Improved reading pleasure; improved participation in hobby
  – Improved perceived wellness
  – Improved social interaction/reduced social isolation
  – Although Aphasia Book Clubs target social interaction and reading for pleasure, improvements on measures of reading impairment have been observed

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Principles in common among the treatments

• Conversational improvements that come as a result of the treatment are specifically linked to the conversational practice that makes up the treatment;

• The clinician plays the role of a conversational partner and coach, in accordance with principles of the life participation approach to aphasia;
Principles in common among the treatments

• Priorities for conversational topics are determined by the client and thus reflects the client’s values;

• Conversational topics are co-constructed by the client and the clinician;

• As in all conversation, the exchange of information collaboratively is the goal and purpose. Successful interaction and transmission of information are the rewards.
Conversation and aphasia

• The person with aphasia is acknowledged and assumed to be someone with the cognitive and pragmatic ability to participate in conversation.
Communication Partner Training: Aphasia

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Communication Partner Training (CPT)

• Training any communication partner with strategies designed to improve the communication participation and effectiveness of adults with aphasia (Turner & Whitworth, 2006, among others)

• Results in improved communicative access and participation for adults with aphasia

• Training partners may result in direct improvement in the communication behavior of the adult with aphasia (Simmons-Mackie et al, 1987)

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Compendium of EBP Guidelines and Systematic Reviews

In the summer of 2005, staff of ASHA's National Center for Evidence-Based Practice in Communication Disorders (N-CEP) embarked upon a project to identify and obtain clinical practice guidelines from all over the world related to audiology and/or speech-language pathology. As noted elsewhere on this site, clinical practice guidelines, when tied directly to a systematic review of scientific evidence, can be an invaluable tool in helping clinicians to make the best decisions with and for their clients. Learn more about the N-CEP Compendium.

Search Tip - To see the listing of available titles, simply click on a corresponding link next to each keyword. Once the search results page is displayed, click on the desired document title to view N-CEP’s assessment of that particular article. You may also view all systematic reviews and all clinical practice guidelines that have been evaluated.
Which people with aphasia are likely candidates for CPT?

- Although often thought of for individuals with more severe impairments, can be useful for even mild aphasia
- Often used in post-acute and chronic stages of aphasia
Who are communication partners?

- Communication partners can be:
  - Family members
  - Friends, neighbors
  - Volunteers
  - Health care professionals, including doctors, nurses, nursing assistants, other therapists, etc.
Characteristics of communication partners

• When family members or close others, training can be more individual-specific

• When training individuals who will come into contact with a variety of individuals, more generalized strategies may be appropriate
Training family members

• Some couples naturally develop communication styles, strategies and techniques that are effective
• Some couples can be helped to improve effectiveness; other couples have relatively poor styles or communication problem-solving skills and need more training
Training volunteers or community members

• Some volunteers are relatively good partners, even before training (Simmons-Mackie & Kagan, 1999; Garrett & Huth, 2002; Ramsberger & Menn, 2003)

• Other volunteers are relatively poor partners before training
  – Rigid communication styles
  – Focused on information transmission
  – Pay less attention on the social/interpersonal aspects of the interaction

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Important characteristics of potential partners

• Attitudes toward communication

• Nonverbal communication skills: good listening skills, appropriate eye contact, appropriate tone and volume

• Turn-taking: Turn acceptance

• Topic management: topic maintenance, topic acknowledgement, topic exploration, topic relevance

• Repair: Avoids reparining speech problems; encourages multi-modality communication
<table>
<thead>
<tr>
<th>Name of Client:</th>
<th>Name of Partner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

### Attitudes to Communication

<table>
<thead>
<tr>
<th></th>
<th>High Candidacy</th>
<th>Low Candidacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequent</td>
<td>Sometimes</td>
</tr>
<tr>
<td>1.</td>
<td>motivated to change</td>
<td>[ ]</td>
</tr>
<tr>
<td>2.</td>
<td>views conversation as a collaborative act</td>
<td>[ ]</td>
</tr>
<tr>
<td>3.</td>
<td>values the social function of conversation</td>
<td>[ ]</td>
</tr>
<tr>
<td>4.</td>
<td>recognises communication has the potential to change</td>
<td>[ ]</td>
</tr>
<tr>
<td>5.</td>
<td>accepts person with aphasia’s communication situation and status</td>
<td>[ ]</td>
</tr>
<tr>
<td>6.</td>
<td>accepts multi-modal communication over speech</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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Turner & Whitworth, 2006)
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Types of training
(Turner & Whitworth, 2006)

• Supported Conversation for Aphasia
• Conversational Coaching
• Conversational-analysis based training
Supported Conversation for Aphasia™ (SCA)

Supported conversation for adults with aphasia based on the idea that reduced ability and opportunity to engage in conversation affects the way that adults with aphasia are perceived. The less opportunity there is to engage in genuine conversation the less opportunity there is to reveal competence. (Kagan et al., 1995)
Supported Conversation for Adults with Aphasia (SCA™): Two principles

**Acknowledge Competence**

Techniques to help PWA feel competent

**Reveal Competence**

Techniques to give and receive accurate information from PWA

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Primary Partner Training at The Aphasia Institute

- Occurs within 12 week Introductory Program
- Post Rehab
- 9+ months post stroke
- Group Intervention
- Ideally each PWA would have a PCP
- Training 4-6 weeks once to twice a week with follow-up opportunities
- Program led by professionals with volunteer support
Conversational Coaching  
(Hopper, Holland & Rewega, 2002)

Overview
Effective communication strategies for both the person with aphasia and the primary communication partner are targeted. The clinician acts as a communication strategy coach for both partners (with and without aphasia). The primary communication partner plays an equal role in improving conversation.

Candidacy
Effective for a variety of types and severities of aphasia. Best outcome will be achieved when there is a primary communication partner who is willing and able to learn and maintain communication strategies.

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Conversational Coaching

Goals & Expected Outcomes
The desired outcome is the implementation of effective communication strategies in conversation by both the person with aphasia and the primary communication partner.

Procedures
1. Effective strategies for each partner are collaboratively identified.
2. A communication situation is created, such as viewing a short video clip. One partner views the video and the other partner should be using their identified communication strategies to achieve a collaborative result.
3. The clinician acts as a coach to each of the two partners.

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Other training programmes

• Include general education about aphasia
• May include general strategies for communication
• Include partner-specific communication strategies
Outcomes of CPT in aphasia
(reviewed in Turner & Whitworth, 2006)

• Improved interactions, as measured by
  – Reduced interruptions and “test questions” 
    (Simmons et al, 1987)
  – Reduced number of turns in collaborative repair
  – Increased amount of information conveyed

• May improve sense of well-being and confidence for people with aphasia (McVicker et al, 2009)

• Duration of training effects may last weeks to months or more
Concluding Comments: Similarities and Differences

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What is a “treatment”? 

Language-Cognitive Profile 
Learning Environment 
Environmental Manipulation 
Goals 

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Change goals relative to language-cognitive profile

Language-Cognitive Profile

Spaced Retrieval

Memory
Goal: Recall info

Language
Goal: Naming

Cognitive impairments: Dementia

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Shared goals for Dementia and Aphasia

• Life participation outcomes:
  – Use meaningful information/strategy
  – Conversation and meaningful interaction with important conversational partners
Change procedures relative to language-cognitive profile

Language-Cognitive Profile

Language Impairments: Aphasia

Written choices, support

Multi-modality strategies

Conversation

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Change procedures relative to language-cognitive profile

Language-Cognitive Profile

Cognitive Impairments: Dementia

Reminder cards

Reminiscence therapy

Conversation

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All of these treatments rely on effective learning tools

• Errorless learning
• Positive practice
• Massed practice
• Relevant rewards
Conclusions

• We are NOT concluding that the same treatment can be used to achieve the same goals for people with dementia or aphasia

• BUT, some procedures are common across effective treatments, because they are based on effective learning and behavior change principles

• AND some goals are common across all disorder types (e.g., participation in conversation)
Conclusions

• The expert clinician chooses the appropriate GOALS OR DESIRED OUTCOMES based on the client’s profile;

• The expert clinician chooses the appropriate PROCEDURES that will most efficiently and effectively facilitate the desired outcome.

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