Promoting Life Participation for People with Aphasia through Group Communication

NKY BRIDGES Conference
March 29, 2019
Promoting Life Participation for People with Aphasia through Group Communication

NKY BRIDGES Conference
March 29, 2019
Presenters

• Lindsey Adams, M.A. CCC-SLP
• Krista A. Beyrer, M.A. CCC-SLP, CBIS
• Elizabeth Uchtman, M.S., CCC-SLP
• Amber Yusko, M.S., CCC-SLP
Learning Objectives

Upon completion of this seminar, participants will be able to:

• identify characteristics of aphasia
• recognize evidence-base which supports communication groups, including WHO and LPAA models
• identify the requirements and components of a successful communication group
• describe how an aphasia group is structured
• recognize how to establish/join an aphasia communication group
• describe community-based programs available for individuals with aphasia
What is aphasia?

- **Aphasia** is an impairment of language, affecting the production or comprehension of speech and the ability to read or write.
- **Aphasia** is always due to injury to the brain—most commonly from a stroke, particularly in older individuals. But brain injuries resulting in aphasia may also arise from head trauma, from brain tumors, or from infections.
- Various types depending on characteristics, abilities, and challenges
- Ranges from mild to severe

[What is Aphasia? National Aphasia Association (1:30)](#)
WHO: World Health Organization

- WHO's primary role is to direct international **health** within the United Nations' system and to lead partners in global **health** responses.

- WHO-ICF
  - The International Classification of Functioning, Disability and Health, known more commonly as ICF, provides a standard language and framework for the description of health and health-related states.
  - It is a classification of health and health-related domains -- domains that help us to describe changes in body function and structure, what a person with a health condition can do in a standard environment (their level of capacity), as well as what they actually do in their usual environment (their level of performance). These domains are classified from body, individual and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation. In ICF, the term functioning refers to all body functions, activities and participation, while disability is similarly an umbrella term for impairments, activity limitations and participation restrictions. ICF also lists environmental factors that interact with all these components.
International Classification of Functioning, Disability, and Health (ICF)

The ICF is a classification of health and health-related conditions for children and adults that was developed by World Health Organization (WHO) and published in 2001.
LPAA: Life Participation Approach to Aphasia

• LPAA is an underlying philosophy which supports treatment for individuals with aphasia (LPAA project group, 2000).

• It is consistent with the goals of the WHO:ICF to promote participation in individuals with health-related conditions.
LPAA core values:
Goal is enhancement of life participation
Services are available to all affected by aphasia
Changes in the environment are essential to participation
Success is measured by document life changes
Services are available as needed at all stages
LPAA

• Places life concerns of people with aphasia at the center of all decisions.
• Clinicians strengthen daily participation of activities of their clients’ choice.
• The clinician works not only on communication but also on establishing and maintaining social links – community participation!
LPAA & A-FROM

• LPAA is informed by a framework entitled A-FROM, developed by Kagan et al in 2007.
• A-FROM: Aphasia Framework for Outcomes Measurement.
• A-FROM is conceptualized around 4 domains:
  • Impairment
  • Participation
  • Environment
  • Personal factors

• A-FROM- the premise is to increase access while reducing barriers in healthcare and facilitating participation in personally relevant activities.
Considers:
- Family's skills
- Communication support
- Friends' attitudes and knowledge
- Adaptation to activities

Considers:
- Conversations
- Relationships
- Community activities
- Opportunities
- Volunteer activities
- Leisure

Considers:
- Personal identity, attitudes, and feelings
- Confidence
- Self-esteem
- Identity and autonomy

Considers:
- Language activities to support specific roles
- Vocabulary for KEY interests
- Scripts for specific activities
- Language and related impairments

Used with permission from the Aphasia Institute; aphasia.ca
History of the CHAT group

CHAT: Communication Helps Achievement Together

- CHAT is an adult communication group offering intervention and support for speech and language impairments resulting from stroke or brain injury. The CHAT group was founded in 2007 at the University of Cincinnati (UC).

Group therapy objectives

- Participation in CHAT allows an individual to maximize his/her communication abilities by providing a socially and emotionally supportive environment to enhance skills. Group activities focus on themes which promote productive living and communicative success using a variety of methods/modalities.
CHAT Present

Amber Yusko M.S. CCC-SLP
CHAT Present
Candidates For The Group Should Be Able To:

- Attend to a group setting for 90 minutes
- Demonstrate relatively intact auditory comprehension to follow the topic/theme of the week
- Engage in appropriate conversational exchange and be supportive to other participants
- Demonstrate motivation to communicate and work through frustrations
- Have relatively intact vision in order to follow along with materials

- Admittance to the group is determined by a 1 time, informal evaluation.
Ground Rules

• Every member deserves a break! Give everyone time to get the message out!
• Take turns – WAIT!
• Everyone shares his/her answer during the trivia games – also write the answer!
• More open forum discussion among members.
• Student will check with everyone before moving to next topic.
• Stay on topic as much as possible.
• Keep side conversations at a lower volume.
• Have fun!
What is A Session Like?

• 90 minutes
• Graduate students lead under the supervision of a licensed speech language pathologist.
  – 1:1 conversational coach to facilitate conversation
• Each session centers around a topic or theme.
• Handouts are provided.
• All modalities of language and communication are targeted through the planned activities and evidence-based practice
Activity Example

• This is the syfy/fantasy short story our Monday CHAT members wrote.

• Captain Dan D. Chatters is getting thirsty, so he heads to the bubble castle for a beer. While he is drinking his beer, he orders a galactic bagel. He looks like a drunk robot. He talks like a half-elf half-sloth. Captain Dan D. Chatters left the poisoned magical peas. The fairies approached him in the woods for food and water. Captain Fan D. Chatters pulled out a magic Twizzler wand. He cast a spell to turn a nearby roach into a marshmallow rocket. The rocket blasts Captain Dan D. Chatters to safety.
How Do We Measure Our Outcomes

• At the end of each semester we provide our members with an anonymous survey.

1. Was the time convenient? | YES NO
2. Was the day of week convenient? | YES NO
3. Did CHAT help you communicate easier in everyday life? | YES NO
4. Did CHAT make you feel supported? | YES NO
5. Were there an appropriate number of members in the group? | YES NO
6. Did CHAT give you more confidence while speaking? | YES NO

Please provide suggestions for future sessions. What did you like best about the CHAT group? What did you not like about CHAT?
What CHAT is Not

• Individual therapy session
• Utilization of traditional therapy approaches (except to promote carryover of those already learned)
• A support group
The Growth of CHAT

- Since 2017 we have been able to expand our group to three separate groups; taking place on Mondays, Wednesdays, and Fridays.
- Our Monday and Friday groups are held at Drake Rehabilitation Hospital.
- Our Wednesday group is held at TriHeath Rehabilitation Hospital.
CHAT Future

Lindsey Adams M.A. CCC-SLP
&
Elizabeth Uchtman M.S. CCC-SLP
CHAT at Gateway

• UC and Gateway Rehabilitation Hospital are partnering to bring the group to Northern Kentucky communities.

• Gateway strives to have a presence in the community.
  – Our goal is to bring awareness to medical conditions and to offer services and support to those in the community.

• Gateway is service oriented and involved in many events that give back to the community.
CHAT Outcomes

• Over the 10 weeks of CHAT at Gateway, the graduate student’s knowledge and treatment abilities improved greatly.
  – Improved knowledge, evaluation and treatment skills
  – Improved ability to work with adults with a variety of impairments and diagnoses

• The CHAT participants improved in many different ways:
  – Improved functional language skills
  – Improved self-monitoring and awareness
  – Improved social interaction in a group setting
Quality of Life

• CHAT can improve quality of life:
  – Depression and isolation can result from stroke or brain injury
  – Participants get a chance to interact with others t/o the day
    • Important when living alone and not working
  – Participants meet others with similar impairments helping them to gain support, feel included, and gain confidence communicating
Participants of Gateway CHAT

• Participants come from the community, from inpatient, and from outpatient services

• CHAT can help current outpatients transition from therapy services to the community

• Participants may have aphasia (language impairment), cognitive deficits, and/or other communication deficits
For More Information:

Liz Uchtman, Speech Pathologist
euchtman@vrhgateway.com
859-426-2392

Gateway Rehabilitation Hospital
5940 Merchants St.
Florence, KY 41042
859-426-2415
References


• Williamson, Darlene (2014). Maximizing Outcomes in Group Treatment of Aphasia: Lessons Learned from a Community-Based Center. Perspectives on Neurophysiology and Neurogenic Speech and Language Disorders 24(3):100. DOI: 10.1044/nnsld24.3.100
