COMMUNICATION BETWEEN INDIVIDUALS WITH SEVERE APHASIA AND THEIR PARTNERS: A BRIEF, EARLY INTERVENTION

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INTRODUCTION

To communicate with individuals who have aphasia often requires facilities to be tailored partner and use of a variety of modalities. Rehabilitation or functional communication, therefore, requires skills training for both the adult and their close communication partner. Intervention for the individual with severe aphasia targeting use of alternative communication modalities such as signing, gesturing and pointing to visual referents is often necessary. Family members, as key communicative partners, also need training in the skills required to facilitate communication. Training provided to both the adult and individuals who share a relationship with the aphasic person can improve their communication (Correll-Park, 2005; Inwood; Parker, 2002).

Early training, during inpatient rehabilitation, provides needed skills and strategies right at the outset, at a time when family care responsibility and training is most needed. As such intervention continues to thrive, length of stay in a program may need to shift, client needs are specific, and specific language learner’s is typically undertaken under supervision. This study investigated the effectiveness of a brief structured intervention to improve communication between individuals with severe aphasia and their partners.

METHODOLOGY

Study design
Six single subject studies were completed, each as a single subject multiple baseline across cases design.

Participants
Six individuals with severe aphasia receiving inpatient post-stroke rehabilitation, together with their key communication partners participated.

RESULTS

Table 1. The Participants

<table>
<thead>
<tr>
<th>Aphasia</th>
<th>Age</th>
<th>Time post-stroke</th>
<th>Partner</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyad A</td>
<td>Bruce</td>
<td>5 weeks</td>
<td>Wife</td>
<td>Slow speech</td>
</tr>
<tr>
<td>Dyad A</td>
<td>Michelle</td>
<td>2 weeks</td>
<td>Wife</td>
<td>Slow speech</td>
</tr>
<tr>
<td>Dyad B</td>
<td>Michelle</td>
<td>7 weeks</td>
<td>Daughter</td>
<td>Slow speech</td>
</tr>
<tr>
<td>Dyad C</td>
<td>Bruce</td>
<td>2 weeks</td>
<td>Wife</td>
<td>Slow speech</td>
</tr>
<tr>
<td>Dyad D</td>
<td>Bruce</td>
<td>2 weeks</td>
<td>Wife</td>
<td>Slow speech</td>
</tr>
<tr>
<td>Dyad E</td>
<td>Bruce</td>
<td>7 weeks</td>
<td>Daughter</td>
<td>Slow speech</td>
</tr>
</tbody>
</table>

Procedure
1. Baseline measures
   - Western Aphasia Battery (Kertesz, 1982)
   - Baseline measures with partner: Time 1, 2 and 3 (see Measures below)
2. Baseline with stranger
3. Group-based education and training session for partner involving aphasia education and training plus practice in effective communication techniques
4. Complementary therapy targeting reliable response to yes/no questions
5. Discrete trial training and partner training.
6. Post-training and dyad therapy.

INTRODUCTION

Communication is a crucial tool for daily life. The intervention investigated consisted of a 3-week intervention.

Overall Results

The intervention improved communication in all measures.
1. Use of ‘yes’/‘no’ communication modalities
2. Use of ‘yes’/‘no’ communication modalities with partner
3. Use of ‘yes’/‘no’ communication modalities with stranger
4. Use of ‘yes’/‘no’ communication modalities with stranger
5. Use of visual cues, more prompts and asked fewer open and forced choice questions immediately after treatment, but remained after dyad therapy
6. The communication partners also modified their communication behaviours and so facilitated communication more effectively.

DISCUSSION

This intervention is delivered in 3 week sessions, offering abilities in 3 week time frames. As such, it is relatively brief, for multiple delivery in the acute care setting and is a potential for the clinical setting for the challenging client.

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REFERENCES


