

# *Supportive Conversation* *for Adults with Aphasia*

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*Preventing Complications Brag and Steal*  
*Southeastern Ontario Stroke Symposium:*  
*Best Practice Across the Care Continuum*

# What is Aphasia

- A quick reminder, Aphasia:
  - Is an acquired language impairment
  - Affects some or all modalities including:
    - ◆ Speaking;
    - ◆ Understanding;
    - ◆ Reading; and
    - ◆ Writing
  - Does not affect modalities the same way
- Aphasia has **many faces**:
  - Fluent
  - Non fluent
    - Often has a co-occurring **Apraxia of Speech**.

# Take a moment...

- Think about a person who has trouble speaking and / or understanding due to a stroke or other brain injury.
  - ◆ What would it feel like if it were you? A family member?
  - ◆ How might having repeated negative communication interactions affect other future encounters?

# An example...

- A 56 year old male suffered from a left lateral frontal CVA
- Patient is stuck on the word “bathroom” - but this is NOT what he wanted to say
  - As a result the nurse keeps taking the patient to the bathroom.
- **This results in:**
  - The patient becoming frustrated and angry; and
  - The nurse becoming frustrated – leading to the patient’s competence being questioned.

# Outcome of interaction

- For the staff

- Questioning of patients' competence;
- Changes to the staff's view of the patient; and
- Anticipation of negative future communicative interactions

- For the patient

- Social isolation/withdrawal;
- Reluctance to communicate;
- Negative view of interaction;
- Feelings of incompetence; and
- May result in passive communication

# Targeting Supportive Conversation at PSFDH

- **Supportive conversation training targets:** All front line staff directly involved with the patient and family. This includes: Nursing, OT, PT, Dietitian, and family members.
- **Why?**
  - Improves patient care and overall experience;
  - Keeps up with Best Practice Guidelines and Standards;
  - Improves communication and subsequently relationship between the patient and their family, nursing staff, and allied health team; and
  - Fosters communication resulting in better outcomes for patients in terms of self advocacy, drive, and overall recovery.

# Stroke Best Practice Guidelines

- 2012/2013 update: **Section 5.10: *Rehabilitation to improve Communication***
  - i.: “All health care providers working with persons with stroke across the continuum of care should be trained about aphasia, including the recognition of the impact of aphasia and methods to support communication [Evidence Level C].”
  - v.ii: “Treatment to improve functional communication should include Supported Conversation techniques for potential communication partners of the person with aphasia [Evidence Level A]”
- 2015/2016 update: **Section 2.1: *Stroke rehabilitation unit care***
  - ii: “All team members should be trained and capable of interacting with people with communication limitations such as Aphasia, by using supportive conversation techniques. [Evidence Level C]”

# Targeting Supportive Conversation at PSFDH

Our **aim** is to achieve **better**:

- Patient care;
- Patient, family and rehab team integration;
- Patient team relationships; and
- Empowering patients and family to be active members of their rehabilitation



# Changes Made

- Every new patient will get a “communication profile” following SLP assessment.
  - Broken up in terms of expression and comprehension, and outlines:
    - Strengths - Describes supportive conversation strategies that play at the persons communication strengths
    - Weaknesses - Describes supportive conversation strategies that help alleviate challenges
- Management purchased **supportive conversation tools** for allied health team:
  - Talking with your nurse;
  - Talking with your OT;
  - Talking with PT; and
  - Talking with you Doctor

# TALKING TO YOUR OCCUPATIONAL THERAPIST

HELP YOUR OCCUPATIONAL THERAPIST TO HELP YOU



An interactive resource for people and their health practitioners

# TALKING TO YOUR NURSE

HELP YOUR NURSE TO HELP YOU



An interactive resource for people and their health practitioners

# TALKING TO YOUR SPEECH-LANGUAGE PATHOLOGIST

HELP YOUR SPEECH-LANGUAGE PATHOLOGIST TO HELP YOU



Pictographic Resources for People Who Know More Than They Can Say

# TALKING TO YOUR DOCTOR

HELP YOUR DOCTOR TO HELP YOU



An interactive resource for people and their medical practitioners

# TALKING TO YOUR PHYSIOTHERAPIST

HELP YOUR PHYSIOTHERAPIST TO HELP YOU



An interactive resource for people and their health practitioners

# Changes Made, Con't.

- **Joint rehab sessions** – focusing on communication strategies
  - SLP joins OT and/or PT sessions for co treatment, with a focus on helping foster communication between the patient and the team
- **Family “training” session**
  - Supportive conversation strategies provided to the family
  - A few sessions encouraged to have SLP facilitate a conversation interaction where family can practice and get feedback.
- **Weekly updates** to strategies during Rehab Rounds
  - Updates provided to all team members

# Measurement

- Quantitative measurement was not taken
- Qualitative Data – Observations on overall communication ability and interaction with rehab team and family
  - Improved communication by allied health team members from therapy sessions
    - More positive and productive therapy sessions
  - Improved communication with ADLs and in interactions with nursing
  - Self reports from patients and family
  - Less frustration and more active participation in rehabilitation stay.

# Successes, Challenges & Opportunities

- Successes
  - Better patient and family centered care
  - Better consistency of oral care
  - Better productivity in therapy sessions
  - Better participation in rehabilitation
- Challenges
  - Any change is difficult
  - Consistency of strategy use and implementation
  - Being able to provide demonstration to all members of the team – limited SLP hours.
  - Being able to have feedback sessions for all members of the team to improve their implementation of the strategies
- Any further opportunities?
  - Proper measurement using standardized questionnaires
  - Formal SCA training for all allied health team members
  - In-servicing and training for nursing students
  - Making specific “team leaders” and have them take the lead on training staff.

# Contact for more information:

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