



## Show Notes - Episode #19

### The Intersection of Flow and the LPAA Framework with Dr. Tom Sather

Dr. Jerry Hoepner (University of Wisconsin Eau-Claire) speaks with Dr. Tom Sather about the concept of flow and how it can be applied to the LPAA framework for people with aphasia.

Tom Sather is an assistant professor in the Communication Sciences and Disorders Department at the University of Wisconsin Eau-Claire. He continues to work clinically as a speech language pathologist with adults and families of those with neurogenic, cognitive, communication, and swallowing difficulties in the critical care, acute care, and outpatient settings at the Mayo Clinic Health Systems in Eau Claire, Wisconsin. Tom is also a board member and staff member of the chief of Chippewa Valley Aphasia Camp and the Chippewa Valley Aphasia Group. He serves as chair of the Wisconsin Hearing and Speech Board. Further, he is a board member of Aphasia Access. He earned his Ph.D. at Western Michigan University's Interdisciplinary Health Sciences Ph.D. program studying the concept of flow and aphasia. His research examines flow among individuals with aphasia, aphasia camps, the use of social media among persons with aphasia, and instructional techniques.

#### In today's episode, you will:

- Find out what flow is
- Learn how flow applies to people living with aphasia
- Learn about the interaction between environment and flow experience
- Hear about the experience sampling method and its applications to the study of aphasia and the life participation approach

*Note: These show notes has been edited and condensed.*

#### **I know that communication partners are something that are near and dear to your heart. Could you share a little bit about your work in that area?**

Both you and I were communication partners and both of us spent time doing that as students. We're fortunate to have some time resources and some student and community resources to formalize that a little bit more here. Over the last few years we've had undergraduate students and graduate students from UW-Eau Claire work with people with aphasia. Some of those pairings have gone on for two to three years. Some are newer and we're starting to see leadership roles from the older students. While it's important for the students to learn about aphasia, it's also truly a reciprocal benefit because the community members (most of whom don't get to have formal services) still have communication needs. Through programs like this, they get a chance to interact and spend time together with and develop relationships with students that they really grow to enjoy. It can be everything from doing yard work and things



around the house to having tacos and playing ping pong at home on a Tuesday night. Those are pretty impacting things and I think it's impacting because of how much of an influence it had on you and I when we were students and seeing that happening more often I think is really powerful.

**You mentioned those authentic experiences and I know we've already talked about our aphasia camp a couple of times on this podcast, but I'd be remiss if I didn't have you weigh in a little bit on that and talk about the reciprocal benefit and the importance of that authentic experience for people with aphasia and their partners.**

You've talked about aphasia camps on the podcast and **Esther Kim** and **Andrew Rueling** have talked about them too. We're fortunate to have this growing body of aphasia camps as one of those authentic experiences - **Lynn Fox** has been kind of the godmother of all of that and our colleague **Mary Beth** who really generated the first Chippewa Valley aphasia camp here.

The idea is that we're getting outside of the clinic room and moving into "non-traditional environments" where it gives people with aphasia a chance to interact, develop relationships, engage socially, and increase participation which is really what all of our missions really are about. At the same time, we get a chance to provide students with an amazing opportunity to learn from people with aphasia. At our camp, it's three days of immersion with 20 people with aphasia, their care partners, and their friends and families. It's an amazing experience to have that as an undergraduate student and we have heard that it has had an amazing educational impact years down the road. Again, that dual purpose exists: it's not just to give students a chance to learn but it's also a truly authentic experience for people with aphasia. I am impressed with all of the opportunities nationally and internationally that are truly reciprocal where both people with aphasia benefit and students benefit. They don't have to be three or four day camps in the woods, these experiences can be one day where we get out of the clinic room and provide some opportunities. That's where the literature and research is guiding us. It's certainly more difficult when you have third party reimbursers or constraints and things like that. But again I think that we're encouraged by how there can be some application across all settings for those types of situations.

**Who were the people who inspired you both inside and outside of the aphasia community?**

I'd certainly be remiss not to talk about **Tom Hintgen**, a speech pathologist at Eau-Claire, and **Mary Beth Clark**, another speech pathologist at Eau-Claire. Both of them were at Mayo Clinic Health System when we were students and starting and they really laid a big footprint to impacting the community of aphasia. They are who I learned from the most - in terms of their knowledge, dedication, and passion for improving the lives of people with aphasia. I feel a bit of



a responsibility to carry on that tradition. You and I have worked together for over 20 years. We also have others on our main speech pathology team - **Karn Keyes, Michele Knutson, Tanya Riske, Amy Hilbert.**

As I did my Ph.D. at Western Michigan, I was very fortunate to have **Nikki Nelson** as my adviser and chair of the program. While her primary skill set is in child language, she's massively talented in pretty much everything. So, I learned a great deal from her. Also, I learned a great deal with **Tammy Howe** on my dissertation committee.

Also, there are people in our aphasia groups that we've learned a lot from and have challenged us and expanded our horizons on what living with aphasia is regardless of what a textbook says.

**I understand that over spring break you visited the University of Chicago library. Can you tell our listeners what you found and what that means to you?**

It was pretty interesting. We're going to be talking about the idea of flow and the experience sampling method. The concept of flow - that you're so engaged in something that you might lose track of what you're doing - was derived by a guy named Mihaly Csikszentmihalyi - a big long name, but he's really the godfather of flow. He has TED Talks and has written hundreds of articles and books about positive psychology and flow and it was his books and articles that really shaped a lot of my dissertation and research. He's a fascinating guy and he's available from a pop culture standpoint - he has books on the shelves at Barnes and Noble, but he also has some very detailed and very complex articles about positive psychology and engagement and things like that. So he's a huge factor in my my research and a lot of my thinking. He was a student at University of Chicago, did his Ph.D. there, and was also faculty.

So, we were there over spring break with our family and we toured the University of Chicago for my oldest son. We had a little time and on a whim we went to the library just to look at it. I kind of have a reverence for him and I just thought I'd ask if they had a shrine to him or anything. Turns out they had his dissertation there. I asked if I could see it and, through this high-tech automated robot, I was able to hold his dissertation on creativity within a minute. I ended up sending some pictures of it to Dr. Csikszentmihalyi and he wrote a very kind emailed response and said "it's really great to see and to think back to those times."

**Tell us a little bit about how you got interested in flow.**

In the early days working at Lutheran Hospital Mayo Clinic Health System, **Tom Hintgen** and **Mary Beth** had talked about it a little bit and I had read one of the books about it and got intrigued by it. **John Lyon** had written some things about flow early on - about that idea of



losing yourself in the presence of a communication or cognitive disorder. What really fascinated me was that you get so engaged in what you're doing that you lose track of time and you tend to forget about things that are on your mind. It might be you're doing some work and you look up at the clock and you say, "Oh man. It's already two thirty in the afternoon!" Time flew by. The idea with flow is that time flies because you're so engaged. It's an optimal balance of skill and challenge, so that you're challenged, but not overwhelmed or bored. I thought about that especially in terms of people with aphasia - could people with aphasia get so lost in flow that they forget about aphasia? Also, how is flow different for people with aphasia and those who don't yet have it.

**You recently authored a paper called *Optimizing the Experience of Flow for Adults with Aphasia: A Focus on Environmental Factors*. Can you talk a little bit about the interplay between flow and the environment?**

That's a great question and that was one of the roots of the paper. One of the things that comes out of the flow literature is that there's some discussion about whether or not there's a predisposition to having flow experiences. It's probably something internal that people might be more likely to be in flow which is just like a lot of other characteristics that some may have more of an internal predisposition. On top of the internal predisposition, it also takes a certain kind of environment for people to have the opportunities for flow. That environment might be one that challenges you, but that's not too challenging - so it's a fine line. One of the flow tenants is that you may invoke anxiety if something is too challenging. A good example would be the simple housework that you can do - they're straightforward and they can help take your mind off of things. I can get into flow doing projects like that. We did a big project - installing an egress window - and it was a real mess. It was a disaster, it was time-consuming, and it was way over my head because the challenge was too high and my skills were low. So that's a bad flow environment for me.

At the same time you can have certain environments that may support more opportunities for flow. To bring it back to people with aphasia, one of the things that we saw in some of the research that we did was this idea of challenge. Challenge is a necessary part of flow and a necessary part of development. As we talked with people with aphasia about that and looked at some of the data that we got over the course of a week, we saw that the absence of challenge became more noticeable - both in terms of when there wasn't challenge and also, when challenges did occur, what brought them on. And so we had some people with a whole lot of challenge and, in part, that was because a few of the people were no longer working. Some weren't working because of their stroke and some had been retired. But, it's that idea that if you have this whole big chunk of free time (which everybody kind of inherently seeks out), but at the same time not a lot happens. So, unless you're challenging yourself, you don't rise up to those situations of achieving flow or development and personal growth.



The flow literature massively looks to flow experiences that happen at work even though people say, "Oh, you know, this is my grind. I'd rather be home." And when you're at home you're laying on the couch, watching television and eating snacks, and those aren't flow situations. It's one of the things that really showed the need for appropriate challenge and that's often missing because maybe people with aphasia don't seek it out or because of feelings of embarrassment or challenge. It could also be that the challenge is simply too great.

Bringing this back to LPAA principles, for someone with aphasia, going to the exercise class at The YMCA might not be feasible because maybe it's too advanced or the teacher talks too fast. They can't go to the book club at the library because they read much more lengthy material. All of this can lead people with aphasia to simply not seek out those kinds of opportunities. If they're able to find aphasia-friendly book clubs and exercise classes, then those have the potential to create an environment for flow.

I don't know that we always think about that clinically. Sometimes it's getting at the root of why there's less challenge in your life. It's the same for all of us. There are certain things that look insurmountable so we shy away from them. If we have a deadline, like we have to teach class at 2 o'clock, whether or not we want to do it, we're going to be in front of those 40 students at 2 o'clock. Those deadlines force us to be prepared and then when we're done, oftentimes we think, "Yeah. That was pretty good." But, it's all about finding that Goldilocks balance of challenge and skill.

I was hopeful we'd be able to find some kind of perfect formula that everybody could just apply and then they'd simply understand flow and get it. Obviously, that's a really simplistic view because it certainly isn't that different for everybody. But thinking along those lines are a little bit unique and I think there's some potential to have environments that support people with aphasia or other cognitive or communication impairments so that they can have the opportunity for embracing some challenge without being overwhelmed.

**That's such a great segue. What is the applicability of flow to individuals with aphasia and their care partners? Also, what's the applicability of flow from a clinical standpoint?**

I think one interesting area is mindset. We did some qualitative interviews and one of the themes that came out was this idea that people simply don't think about flow. Sometimes, after you've thought in those kinds of frameworks, it changes things a little bit. In our initial article, we just did a weeklong sampling of people with aphasia. What we have have started now is a project where we're going to be working with people with aphasia to review what they looked at for a week or two weeks and what their their results were. So, you might say, "Alright. Here's your results for eating healthy for the last week." Then you look at it and determine how it went and what you could do better the next week. and you look at it. I didn't do too hot on that week I need to do better next week or do something differently. We just want to be thinking along the



lines of the skills that someone possesses and the challenges that they face and how they can be modified. It all comes back to goal setting. If somebody wants to get back to playing golf or wants to get back to reading the lesson at church, maybe that's too much to think about to do on Sunday or to do next week at golf league. But, how can you mitigate that challenge so that it's doable. It's not just about tweaking the environment - it's both skills and challenges. I think that framework is important.

I think looking at your own data is important. We did the sampling method where you get beeped or sampled at random times six times a day for a week. The purpose of that is that you don't just cherry pick the times that you write about. You have these data points and I think it's important to look at that. I've done it for a week and I know that you've done it as well. It really shows you that you weren't doing as much of X as you thought. So, data like that is also really important.

A third important thing would be to think about and address in an Aphasia-friendly conversation would be: what's keeping you from addressing some of the challenges? Is it that there aren't challenges available in the environment or is it that I'm scared of looking like a fool? "I'm scared of the words don't come out right." It really reinforces this identity that I haven't yet embraced and that can get into all kinds of discussions.

**You mentioned it's a pretty complex construct. What have you learned so far through your experiences among people with aphasia?**

It is complex. We tried to simplify it a little bit. There is something called the Flow Quadrant Model which basically says, "Depending on your balance of skill and challenge either you're in flow (high skill/high challenge), anxiety (high challenge/low skill), apathy (low skill/low challenge), or boredom (high skill/low challenge)." We looked at people with aphasia over the course of a week and as we did the numbers and the stats, we found that people with aphasia were in flow the second most amount of time. Apathy came out the most, followed by flow, then boredom, then anxiety. Anxiety happened the least and I think some of that is because there weren't tons of challenges that people reported.

We had some interesting things that came out in terms of time pressure and communication complexity. So, when communication complexity wasn't too bad (which is in a sense aphasia-friendly), we actually saw that boredom and apathy were much more likely to occur. One of the things we do to be aphasia-friendly is to try to reduce the time demands and try to reduce the complexity. At the same time, if we do that too much or if there's not a little bit of time pressure, then there's the potential for boredom. Conversely, if we tweak the time pressure just a little bit, then you kind of raise the challenge and that where that whole Goldilocks idea comes into play.



We've talked about our aphasia camp and how if someone wants to go canoeing, then we'll make it happen. At our camps, if people want to do whatever we have offered, then there needs to be a way that we can somehow mitigate the challenge with the skill. It doesn't mean that we do all the work. It means that the person will still do it. We have to tweak it in a way that you know people can have some adaptations to get into the canoe or get into the boat at the same time so they're still able to participate in that. And that's really that idea of flow - it's a combination of modifying the environment, but also having some kinds of expectations for the individuals with aphasia.

**Can you describe a little bit about some of the applications of the experience sampling method?**

Csikszentmihalyi is considered to be the one who developed this idea and it's used in all kinds of things. The idea is that you're sampled at different times over the course of a specific duration (typically a week). But how long you decide it is worthwhile because it can really impact recency bias. Whether it be going to the gym, going to a nutritionist, or quitting smoking, having a real-time log of data is helpful. You might think your week of not smoking went well, but someone can look at the data and say, "Well, it kind of looks like Tuesday and Wednesday that you were really craving a cigarette." So, it has value as we look for ways to manifest change in ourselves or in our clients, so the application isn't just for for aphasia. Some of it gives an idea of a lived experience. Some of the sampling methods will look at emotions at various times and perhaps look at the lived experience of individuals with chronic disorders like cancer, depression, and so on. And that might help guide some treatments. There is one study of a single subject that Fitzgerald Jean did earlier about people with aphasia. it's also been used with people with hearing loss. So it's really broadening and part of the broadening is not just a lived experience but also an intervention. Some of the mental health literature is looking at our experience sampling method helping to guide pharmacological treatments. This helps them answer questions like: Are the meds working? I should mention that this can be high tech or low tech. We put together an Aphasia-friendly app and there are lots of free apps that are readily available, but you can also do it with just a notepad or a reminder on your phone or a journal at night.

**Are there applications of flow beyond people with impairments? For example, clinicians and faculty.**

Yes. Flow can help from personal growth and development as long as you kind of push the margins a little bit and continue to challenge yourself. That's how growth occurs. From a clinician standpoint, there are some indicators of engagement. From a basic human resources standpoint, if your employees are in flow they're thought to be more engaged. I think about it when I might have something that I think is a bit tedious. So, if I have four reports to dictate and I'd rather not do them, I try to think about how I can challenge myself - whether it's not to say



“umm” or if I can get it done in 10 minutes. I just modify the activity so I can become more engaged.

From a clinician standpoint, I've tried to use this as a litmus test. If my mind is wandering other places or if I'm looking at the clock and thinking, “Oh. There’s still 40 minutes left in this session,” then the person I’m working with is probably thinking the same thing because they're picking up on my lower involvement. So, I start to think about ways to get more engaged. I do think there’s application that from a speech pathology standpoint has to be looked at.

**Are there some common misperceptions or pitfalls that we want to look out for if you're considering flow?**

One of the concerns I have is that flow has become a pop psychology idea. I’m not saying that’s a bad or good thing, but sometimes I feel that it can be dismissed because of that. I think it’s important to think of flow in a logical, sequential manner and to look at it from a studied research standpoint. Because you can buy books about it at the bookstore, I think it might be deemed a little bit soft, so I think that we have some responsibility to ensure that this isn't just fluffy stuff. Flow has been studied extensively and in multiple populations. It’s not a panacea and it's not one-size-fits-all. But there's benefits that have been documented from a personal growth standpoint.