TRAINING STUDENTS TO FACILITATE GOAL-DIRECTED CONVERSATION GROUP TREATMENT FOR PEOPLE WITH APHASIA: FEEDBACK, PRINCIPLES AND DOCUMENTATION

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ACKNOWLEDGEMENTS

CONVERSATION GROUP TREATMENT FOR APHASIA

- Aimed at improving participation and communicative interactions

- Is a dynamic, complex form of treatment

- Effective facilitation requires a distinct skillset and special training for graduate student clinicians

STUDENT TRAINING

- Begins with independent review of papers related to conversation treatment methods
  - Archer et al., 2019 - "Key wording practices in three aphasia conversation groups: a preliminary study"
  - Archer et al., 2020 - "Facilitating participation in conversation groups for aphasia"
  - DeDe et al., 2019 - "Two to Tango or the More the Merrier? A Randomized Controlled Trial of the Effects of Group Size in Aphasia Conversation Treatment on Standardized Tests"
  - Lee & Azios, 2019 - "Facilitator Behaviors Leading to Engagement and Disengagement in Aphasia Conversation Groups"
  - Simmons-Mackie et al., 2007 - " Management of Discourse in Group Therapy for Aphasia"
  - Elman RJ & Bernstein-Ellis E., 1999 - "The efficacy of group communication treatment in adults with chronic aphasia."
  - Elman RJ & Bernstein-Ellis E. -1999 "Psychosocial aspects of group communication treatment. Preliminary findings."

STUDENT TRAINING CONTINUED

Combined student training session (BU/TU), including:

- A brief introduction to Life Participation Approach in Aphasia

- A brief history of aphasia group treatment and its efficacy

- Discussion of the stages of group process
  - Forming, storming, norming, performing (Tuckman 1965)

- Video examples of group treatment

- An overview of conversation treatment and common principles
  - See following slides for examples

GUIDELINES FOR STUDENT CLINICIAN WHEN YOU ARE TALKING

- **Model** use of multimodal communication

  (e.g., use gestures, facial expressions, writing to augment)

- Speak slowly, pause intermittently

- Try to avoid long, complex sentences

- Keep comments to 1-2 sentences

- Repeat and rephase as needed

- **Wait** 5-10 seconds before jumping in

- **Avoid** being the teacher

ROLE OF STUDENT CLINICIAN WHEN YOU ARE <u>LISTENING</u>

- Pay attention to and acknowledge nonverbal bids and body language

- Guess judiciously

- Don't pretend to understand. If you didn't understand, it's likely that no one else did either.

    o You can say "I'm confused, can you explain that again?"

- It is okay to say "I'm sorry, I am not getting it. Can we try and come back to it later?"

- Always have a pen and paper on hand

- Don't sweat the small stuff

WAYS TO INCREASE PARTICIPATION

- Sometimes it is helpful to ask a question that everyone answers to "warm them up"

- Comment on participants' comments rather than bombarding them with questions

- Summarize a comment that was presented by a participant to elicit further discussion

- Ask participants to clarify or expand on their comments - "what do you mean?"

- Use exclamations like "WOW!" or repeat what was said with surprised intonation to encourage increased elaboration of a participant's comment

- If two participants are talking, step in to allow one to finish, then ask the other participant for their comments

- If asking questions, try to use open-ended questions vs yes/no questions
  - e.g., How do you feel about traveling overseas? vs Do you like to travel overseas?

CUEING FOR ANOMIA

Always ask if you can help first!

-Get on topic
  oAre we still talking about ….?

-Provide broad choices
  o Example: Is it a new movie or an older movie?

-Ask them to *describe* the target word
  o Reinforce any attempts at self-cueing

-Encourage the use of multimodal communication (e.g., writing, drawing, gesturing, AAC)

-Ask the client what to "google" to look it up on the internet

-Avoid the pile-on!

CUEING TO SUPPORT COMPREHENSION

- Write down a topic word

- Gesture while you speak

- Use visual aids (pictures, pointing, maps)
    o Can use internet searches for this

- Use a whiteboard to highlight **key words**/thoughts that are generated
    o "So we are talking about...." <write topic word>
    o "We want to know if you prefer X <write it> or Y <write it>?"

- Pay attention to body language and repeat as needed

SUPERVISOR ROLE AND FEEDBACK

- Demonstrating and modeling within the session can be very effective teaching strategies

- The debrief is integral!
  - Student impressions of session
  - Supervisor feedback and impressions

Conversational Treatment

Date: 06/06/2024

Day of Week: Thursday

Dyad 1

Participant Initials: JB & CB

Topic: Sights in Boston

Communicative Effectiveness:

5= Independently communicates a clear message.

4= Speech required minimal interpretation and support on behalf of listener (less than 25%).

3= Speech required moderate interpretation and support on behalf of the listener (25-50%).

2= Speech required maximal interpretation and support on behalf of the listener (50-75%).

1= Speech was not understood by the listener.

Communicative Attempt Index:

5= **Frequently** initiated communication and/or responded to questions

4= **Often** initiated communication and/or responded to questions

3= **Sometimes** initiated communication and/or responded to questions

2= **Rarely** initiated communication and/or responded to questions

1= Responded to questions but made **few or no attempts** at initiating communication.

Personal Goal Scale:

5= **Frequently** demonstrated goal behavior

4= **Often** demonstrated goal behavior

3= **Sometimes** demonstrated goal behavior

2= **Rarely** demonstrated goal behavior

1= **Never** demonstrated goal behavior

Participant	Communicative Effectiveness Index	Communicative Attempt Index	Personal Goal 1	Personal Goal 2
JB			Goal 1: Request repetition or repeat for clarification when he feels confused/lost/overloaded	Goal 2: When experiencing anomia, slow down and use strategies.
	Likert Scale: 5 Comments:	Likert Scale: 5 Comments:	Likert Scale: 4 Comments:	Likert Scale: 3 Comments:
CB			Goal 1: Recall at least one proper name throughout the session	Goal 2: Initiate at least one new conversation topic each session and complete utterance within 10 seconds
	Likert Scale: 3 Comments:	Likert Scale: 2 Comments:	Likert Scale: 3 Comments:	Likert Scale: 2 Comments:

DAILY DOCUMENTATION

CASE SCENARIOS

SCENARIO #1:

- Participants seem disengaged and start looking at their phones

SCENARIO #2:

- A participant is contributing ruminating/perseverative/inappropriate thoughts

SCENARIO #3:

- A participant is quiet and has limited participation

SCENARIO #4:

- A participant is monopolizing the conversation

SCENARIO #5:

- A participant is easily distracted and is pulling other members into side conversations

SCENARIO #6:

- A participant is interrupting other members when they are speaking

SCENARIO #7:

- The group is primarily consisting of clinician-participant interactions, not participant-participant interactions

SCENARIO #8:

- The group goes significantly off-topic

SCENARIO #9:

- A participant says something offensive to a student or another participant

FINAL THOUGHTS?

THANK YOU!

PLEASE CONTACT US WITH FURTHER QUESTIONS OR COMMENTS

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