The Seven Habits of Highly Effective Aphasia Therapists

Professor Linda Worrall BSpThy PhD FSPA
School of Health and Rehabilitation Sciences
The University of Queensland
Australia.
Are you an effective aphasia therapist?

✓ Do you prioritise relationship centred care?
✓ Do you connect people with aphasia with others?
✓ Do you begin therapy with the end goal of successfully living with aphasia?
✓ Do you practice SMARTER therapy?
✓ Do you actively support people to their next phase?
✓ Do you monitor and manage low mood or depression?
✓ Do you enable people with aphasia to self-advocate?
Background

- describes a principle-driven approach
- embeds habits within everyday life
- uses popular catchphrases and storytelling as persuasive devices
Aim

To distil 40 years of aphasia research, teaching and practice into 7 habits of highly effective aphasia therapists

1979-1981
Speech Therapist
Greenvale Geriatric Centre
Melbourne, Australia

1984-1987
PhD Stroke Research Unit
Nottingham, UK.

1990 – 2018
The University of Queensland, Australia.
Informed by…

**PhD graduates (in aphasia)**

Caroline Baker
Kirstine Shrubsole
Alexia Rohde
Sarah Wallace
Felicity Bright
Lucette Lanyon
Abby Foster
Edna Babbit
Brooke Ryan
Caitlin Brandenburg
Karen McLelland

Kyla Brown
Meghann Grawburg
Deborah Hersh
Bronwyn Davidson
Robyn O’Halloran
Tami Howe
Tanya Rose
Madeline Cruice
Brigette Larkins
Edwin Yiu

**Other colleagues**

You know who you are…..
Methods & Procedures

Reviewed **48 of my publications** for habits of effective aphasia therapists.

These studies sought the views of

- people with aphasia (30 studies)
- speech pathologists (11 studies)
- family members (5 studies)

- compared all stakeholder’s perspectives (2 studies)
Other Value-driven Approaches to Aphasia

Life Participation Approach to Aphasia (Chapey et al., 2000)

1. The explicit goal is enhancement of life participation.
2. Everyone affected by aphasia is entitled to service.
3. Success measures include documented life enhancement changes.
4. Both personal and environmental factors are intervention targets.
5. Emphasis is on availability of services as needed at all stages of aphasia.
Byng et al at **Connect UK.** (2002, 2007)

**Social model of Disability**

- equalising social relations
- creating authentic involvement
- creating engaging experiences
- establishing user control
- becoming accountable to users

**Aphasia Re-Connect**
What’s Different this Time?

These 7 habits:

• Focus on what the clinician needs to do
• Adds recent research
• Uses everyday memorable habits
• Explicitly derived from a body of published research that sought the perspective of the aphasia community
7 Poor Habits!

1. **Devaluing the importance of relationship** to “rapport building”.

2. **Communicating about language processing skills** rather than communication for the person and their life.

3. **Extinguishing hope** by focusing on acceptance of the aphasia.

4. **Not meeting the information needs** of people with aphasia.

5. **Not meeting the needs of family** by ignoring that aphasia is a family problem.

6. **Deciding what is relevant or important** to the person with aphasia.

7. **Not linking sub-goals to the broad goals** of the client.

(Worrall et al, 2010. JIRCSD)
Habit 1. Prioritise Relationships with People Living with Aphasia

A strong therapeutic relationship is core to rehabilitation success.

(Worrall et al, 2010. JIRCD)

With Drs Tami Howe, Deborah Hersh, Sue Sherratt, Bronwyn Davidson, Alison Ferguson
Good Relational Communication

- Responsive to patient
- Active listening
- Interactional
- Considered to have therapeutic value

Communication content
- Clinical
- Non-clinical

Communication acts
- Joking
- Touch
- Laughter
- Questioning
- Body language

Communication techniques
- Supported communication
- Time
- Silence

Bright et al, in press. IJLCD
An Effective Aphasia Therapist....

Has relationships as a philosophy of practice

Weaves relationship skills and technical tasks together

Bright et al, in press. IJLCD
Habit 2. Finds their client a rope team
Rope Teams are in **Aphasia Groups**

**Appraisal process**

- Evaluating my needs
- Group functioning
- Access to supports

**Costs and benefits of participation**

Lanyon et al 2018

Dr Lucette Lanyon
Aphasia Groups are Social Microcosms

People with aphasia seek meaningful participation experiences

- Companionship
- Helping and supporting
- Purpose and social activity
- A sense of belonging
- Isolation
- Helplessness
- Disablement

Lanyon et al 2018
Aphasia Groups Should Meet Their Needs

Group participation is an **active endeavour**
People with aphasia weigh up whether the group will and does meet their needs.

- Pre-group
- During the group
- Leaving/ Remaining in the group

Theme of **reconceptualising my situation**

Lanyon et al 2018
People with aphasia evaluate the benefits of group participation against

- **Tangible supports**
  - Transport
  - Distance
  - Consistency of service (location, facilitators)

- **Social supports**
  - Presence/ absence of close others
  - Relationships with services/ speech pathologists

Lanyon et al 2018
The Group Needs to Have:

- Structure
- Group objectives
- Shared roles/ responsibilities
- Supported communication

See the free Community Aphasia Group manual at https://aphasia.community/resources/resources-for-aphasia-groups
An Effective Aphasia Therapist.....

1. Connects their clients to:
   • Family and friends through supported communication.
   • Local aphasia groups.
   • Other organizations that enable participation.

2. Supports local aphasia groups.
   • Emotionally and tangibly supports people with aphasia to attend an aphasia group.
   • Encourages the effective functioning of the aphasia group
   • Encourages the family member to connect with other family members
   • If not geographically able, consider Facebook or other online supports.
Habit 3. Begin with the end in mind

How many people with aphasia do you know 10 years post stroke?
What is the outcome or end?
Successfully Living with Aphasia

Theme 1 - Doing Things

- Meaningful or important activities to me
- Independence in doing things
- Sense of achievement from doing things
Doing Things
Theme 2 - People

- Support from family and friends
- Acceptance from family and friends
- Other people with aphasia
Theme 3 - Positive Way of Living

- Acceptance
- Attitude
- Improving – seeing how far I’ve come
- Getting on with life – looking to the future
An Effective Aphasia Therapist

- Knows what the end can look like
- Begins by helping people to live successfully with aphasia
Habit 4. SMARTER therapy

Goals in the early stages
I want to go home!
Will he get better?

Goals in the later stages
I want to catch the bus to therapy
I want to be able to read a bedtime story to my kids
I want to be able to Skype my sister
I want to drive again
SMARTER Goal Setting

Hersh et al., 2012
Goal: To Catch a Bus to Therapy

- Timetable reading
- Clock reading
- Finding the bus stop
- Choosing the correct bus
- Paying the fare
- Finding the destination bus stop
- Finding the bus stop
SMARTER Goal Setting and Task Analysis

Shared – worked on goal & task analysis together

Monitored – check each session

Relationship-centred – coffee shop hello

Accessible – written

Evolving – catching the bus to other places

Transparent – shown how other tasks relate to this

Relevant – only one bus
Australian Aphasia Rehabilitation Pathway

Supporting speech pathologists working with people with aphasia.
The eight parts of the pathway

1. Receiving the right referrals
2. Optimising initial contact
3. Setting goals & measuring outcomes
4. Assessing
5. Providing intervention
6. Enhancing the communicative environment
7. Enhancing personal factors
8. Planning for transitions
An Effective Aphasia Therapist....

Uses SMARTER goal setting processes and task analysis

Assesses for therapy planning after goal setting
Habit 5. Leave no man behind

Acute care

Rehabilitation

Community

Walking aphasic
Mild aphasia
Aged care
Only speech therapy needed
“Plateau”
No referral
An Effective Aphasia Therapist…. 

Understands their link in the chain

Fixes the leaking pipe by actively supporting people with aphasia to the next phase
Habit 6. Look behind the mask

Low mood has consistently shown to affect:

- Quality of life
- Successfully living with aphasia  
  Cruice et al., 2003
  Worrall et al., 2016

The majority of people with aphasia will have depression
Peter & Mathew
Aphasia Twins!

Peter
58 years old
Married, 3 children
Anomic aphasia
Aphasia score in first year = 74.9 - 80

Mathew
61 years old
Married, 3 children
Anomic aphasia
Aphasia score in first year = 73.8 - 81.9

Dr Brooke Ryan (nee Grohn)
Life With Aphasia – Over the First Year

Figure 5-5  ALA Life with Aphasia score

<table>
<thead>
<tr>
<th>Time</th>
<th>Mathew</th>
<th>Peter</th>
</tr>
</thead>
<tbody>
<tr>
<td>3mpo</td>
<td>0.00</td>
<td>50.00</td>
</tr>
<tr>
<td>6mpo</td>
<td>0.00</td>
<td>12.50</td>
</tr>
<tr>
<td>9mpo</td>
<td>75.00</td>
<td>75.00</td>
</tr>
<tr>
<td>12mpo</td>
<td>100.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Depression

Figure 5-3  HADS Depression score

Transformed score*

3mpo  6mpo  9mpo  12mpo

52.38  42.86  33.33  42.86  42.86  0.00  0.00

Mathew  Peter

Low mood

No anxiety or depression
Low mood has consistently shown to affect:

- Quality of life
- Successfully living with aphasia

The majority of people with aphasia will have depression at some time post stroke

Cruice et al., 2003
Worrall et al., 2016
**Translating Stepped Psychological Care for Aphasia**

**Level 4**

Behavioural specialist service

**Levels 3 & 4**

Mental health specialists; clinical psychology and if cognition impaired then neuropsychology also; one to one therapy approaches; antidepressant medication

**Level 2**

Behaviour therapy; psychological education and problem-solving

**Level 1**

Routine assessment; post-stroke psychological information provision and group support; biographic-narrative therapy; communication partner training; aphasia choir; self-management workbook; goal setting.

*Effective therapies*
Habit 7. Give them a voice
An Effective Aphasia Therapist….

Understands that people with aphasia and their family are the most effective advocates for better aphasia services

Offers communication support to clients who wish to advocate
Are you an effective aphasia therapist?

✓ Do you prioritise relationship centred care?
✓ Do you connect people with aphasia with others?
✓ Do you begin therapy with the end goal of successfully living with aphasia?
✓ Do you practice SMARTER therapy?
✓ Do you actively support people to the next phase?
✓ Do you monitor and manage low mood or depression?
✓ Do you enable people with aphasia to self-advocate?
The 7 Habits of Highly Effective Aphasia Therapists

Habit 1. Prioritise relationships
Habit 2. Find them a rope team
Habit 3. Begin with the end in mind
Habit 4. Practise SMARTER therapy
Habit 5. Leave no man behind
Habit 6. Look behind the mask
Habit 7. Give them a voice
Thank you:

**PhD graduates (in aphasia)**
Caroline Baker
Kirstine Shrubsole
Alexia Rohde
Sarah Wallace
Felicity Bright
Lucette Lanyon
Abby Foster
Edna Babbit
Brooke Ryan
Caitlin Brandenburg
Karen McLelland

Kyla Brown
Meghann Grawburg
Deborah Hersh
Bronwyn Davidson
Robyn O’Halloran
Tami Howe
Tanya Rose
Madeline Cruice
Brigette Larkins
Edwin Yiu

**Other colleagues**
You know who you are.....
Professor Linda Worrall
School of Health and Rehabilitation Sciences
The University of Queensland
QLD 4072
Australia
Phone +61 7 3365 2891
Email: l.worrall@uq.edu.au
https://researchers.uq.edu.au/researcher/1
orcid.org/0000-0002-3283-7038
References


