

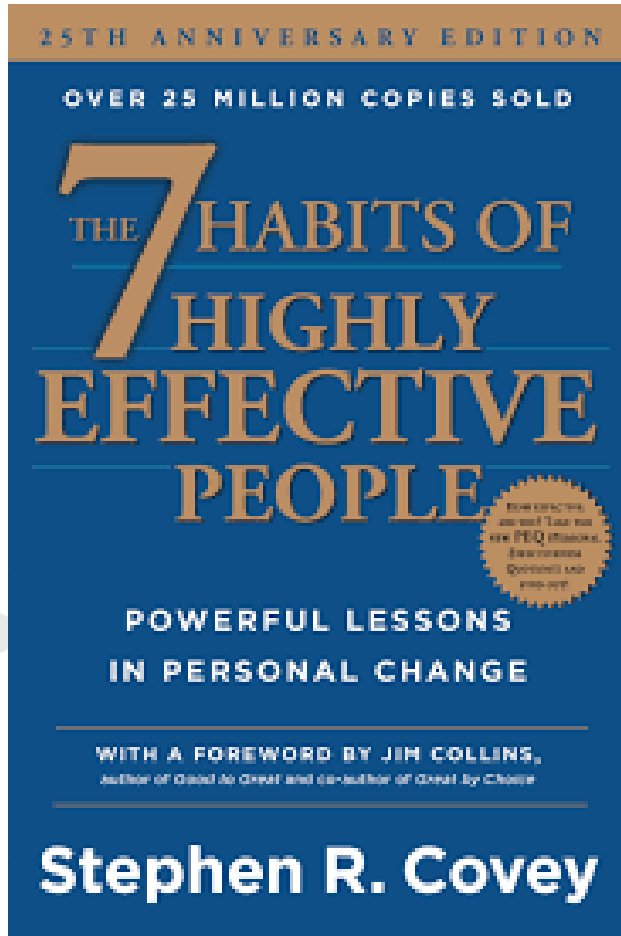
The Seven Habits of Highly Effective Aphasia Therapists

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

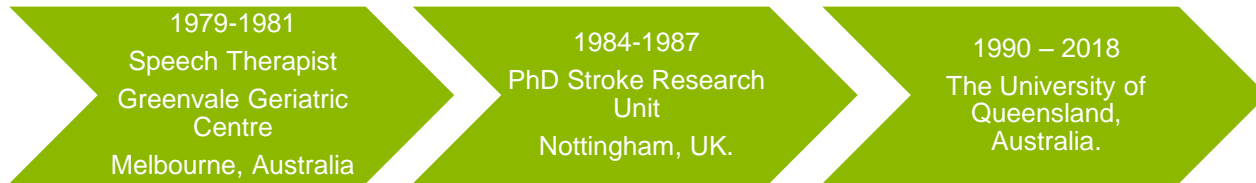


- describes a principle-driven approach
- embeds habits within everyday life
- uses popular catchphrases and storytelling as persuasive devices



Aim

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



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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

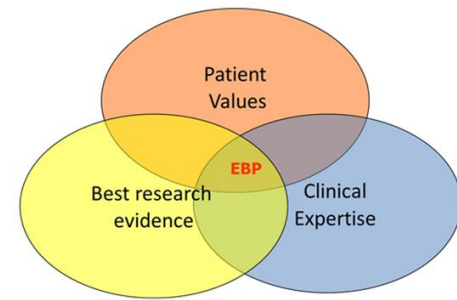
Brigette Larkins

Edwin Yiu

Other colleagues

You know who you are.....

Methods & Procedures



Sackett D et al (2000): Evidence-Based Medicine. Churchill Livingstone

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)



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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.



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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



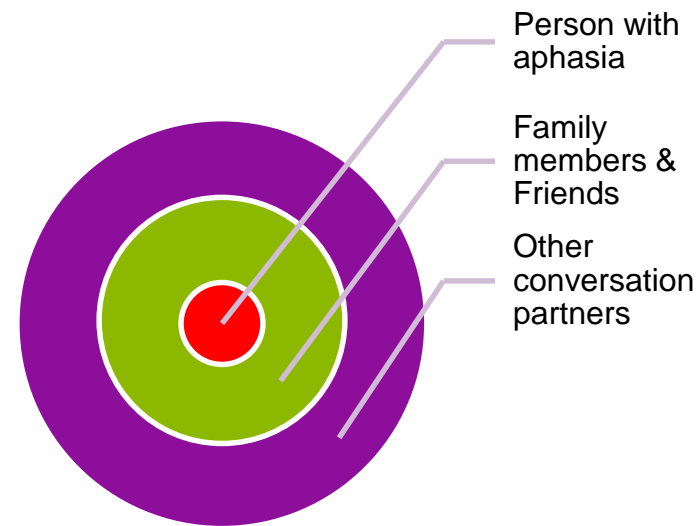
7 Poor Habits!

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 focussing 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. JIRCD)

Habit 1. Prioritise Relationships with People Living with Aphasia

A strong therapeutic relationship is core to rehabilitation success.



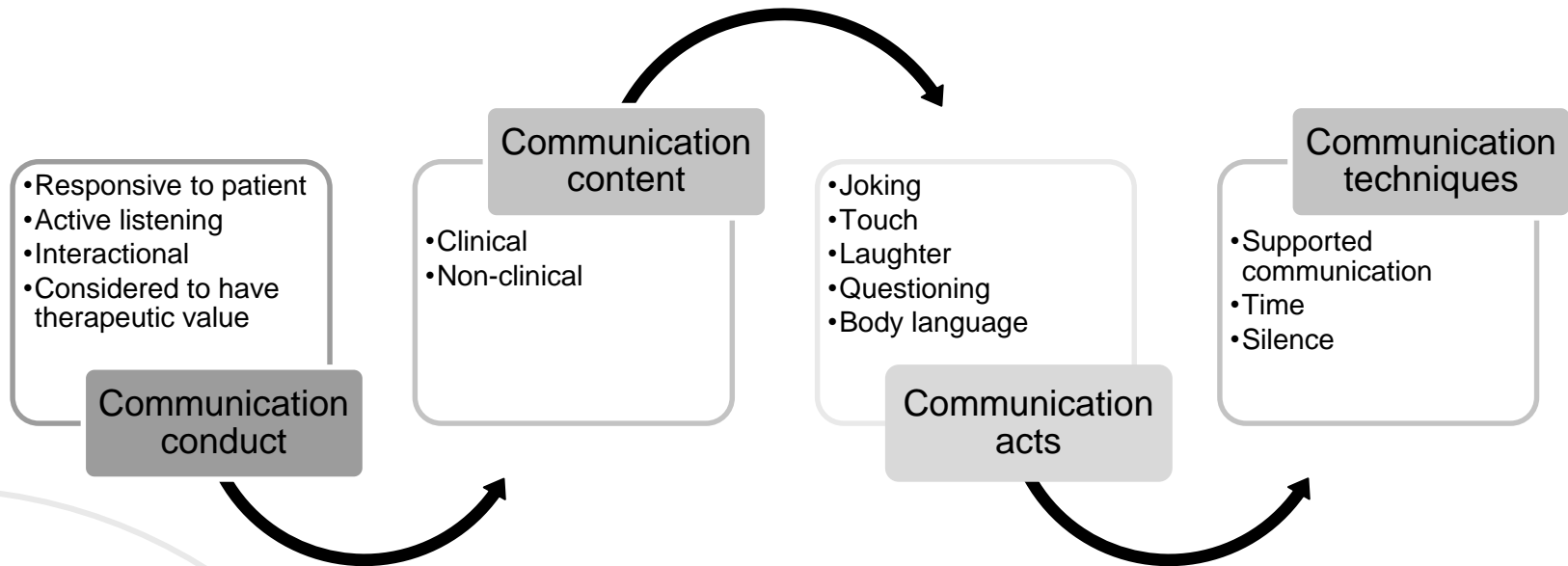
(Worrall et al, 2010. JIRCD)

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

Good Relational Communication



Dr Felicity Bright

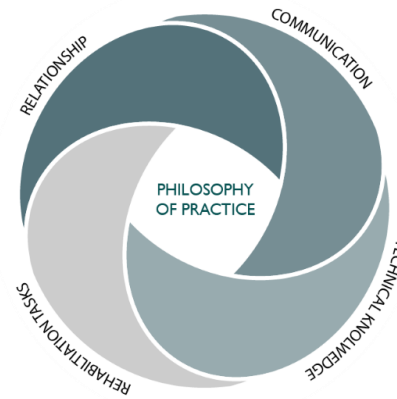


Bright et al, in press. IJLCD

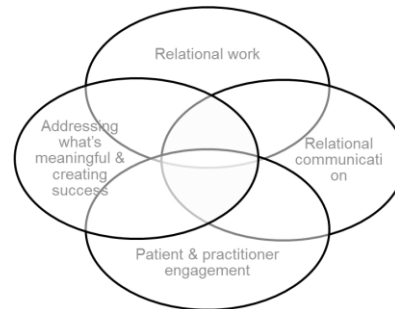


An Effective Aphasia Therapist....

Has relationships as a philosophy of practice



Weaves relationship skills and technical tasks together



Bright et al, in press. IJLCD



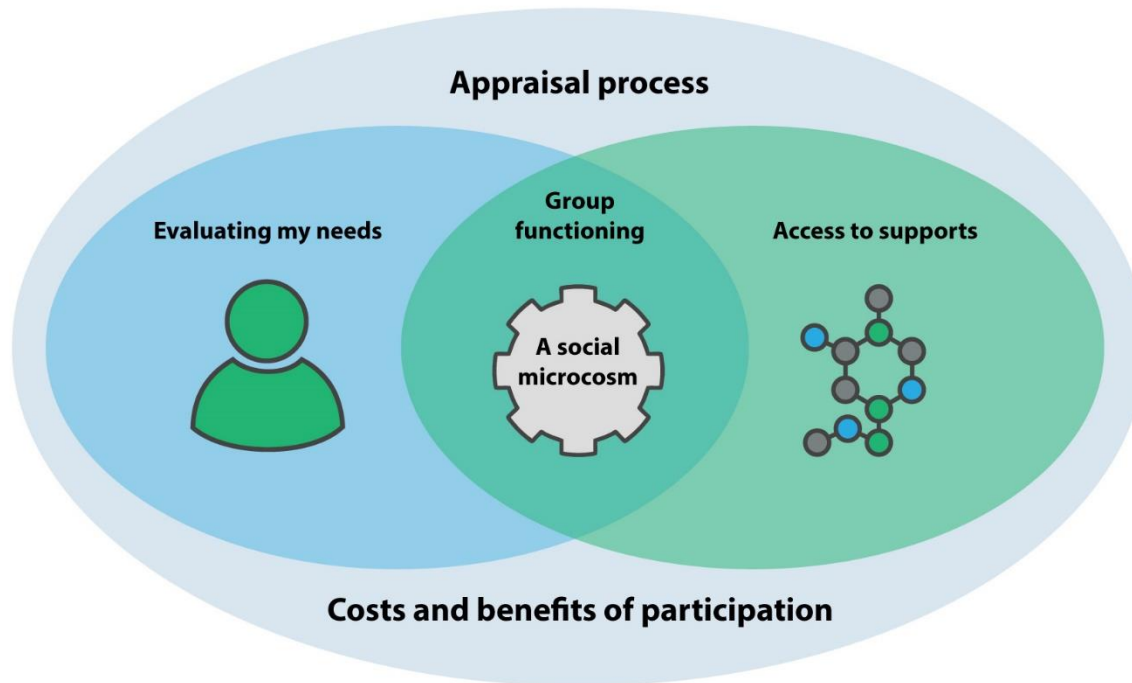
Habit 2. Finds their client a rope team



Rope Teams are in Aphasia Groups

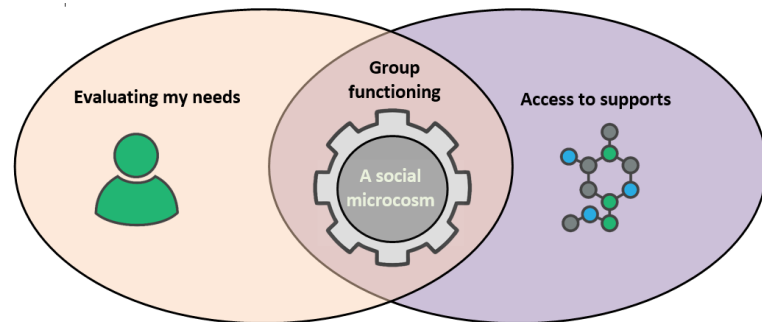


Dr Lucette Lanyon



Lanyon et al 2018

Aphasia Groups are Social Microcosms

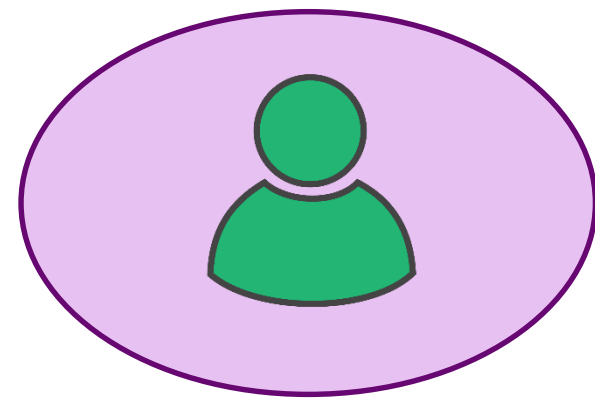


People with aphasia seek meaningful participation experiences

- **Companionship**
- **Helping and supporting**
- **Purpose and social activity**
- **A sense of belonging**

- **Isolation**
- **Helplessness**
- **Disablement**

Aphasia Groups Should Meet Their Needs



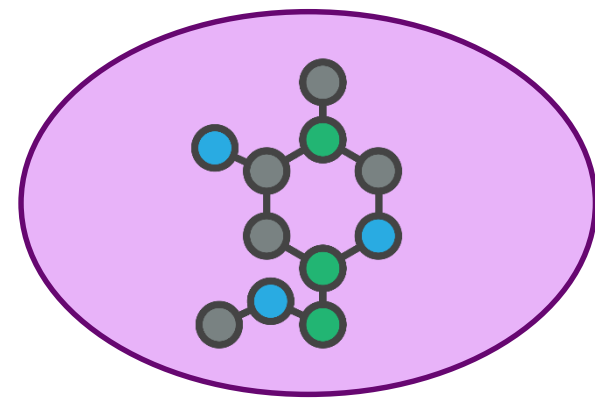
Group participation is an active endeavour

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

They Need Access to Supports

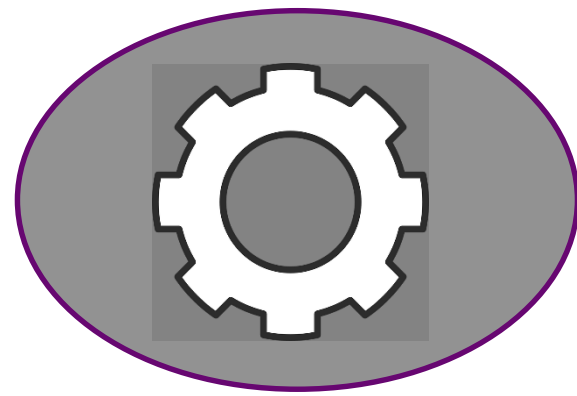


People with aphasia evaluate the benefits of group participation against

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

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

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?



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What is the outcome or end? Successfully Living with Aphasia



Dr Kyla Hudson
(nee Brown)

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

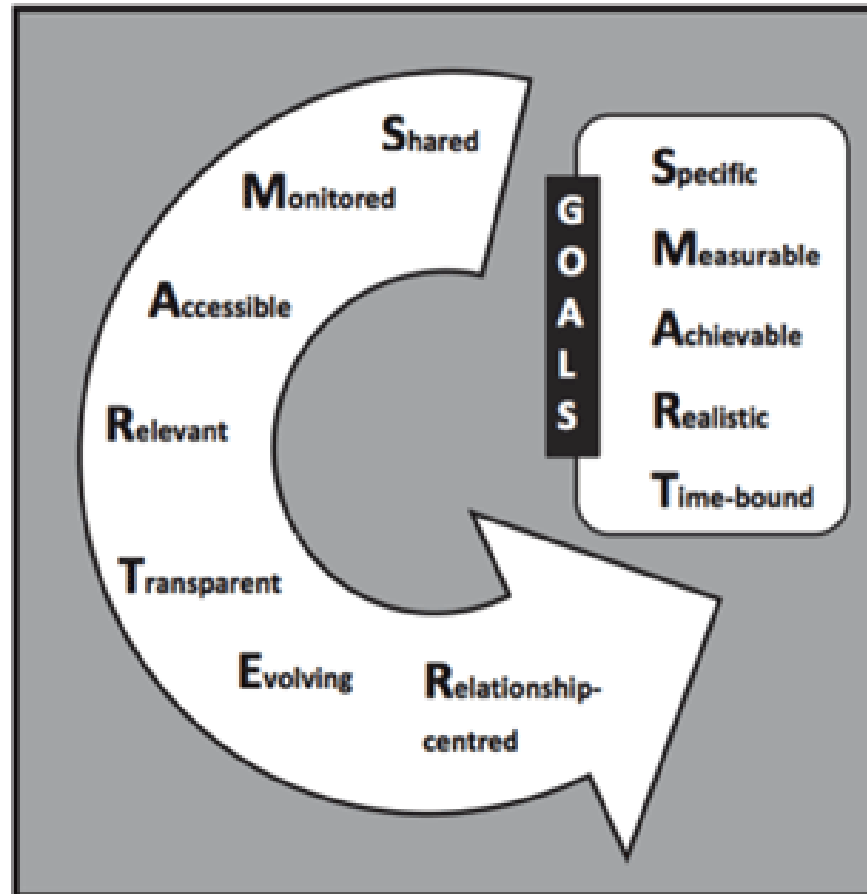
I want to catch the bus to therapy

I want to be able to read a bedtime story to my kids

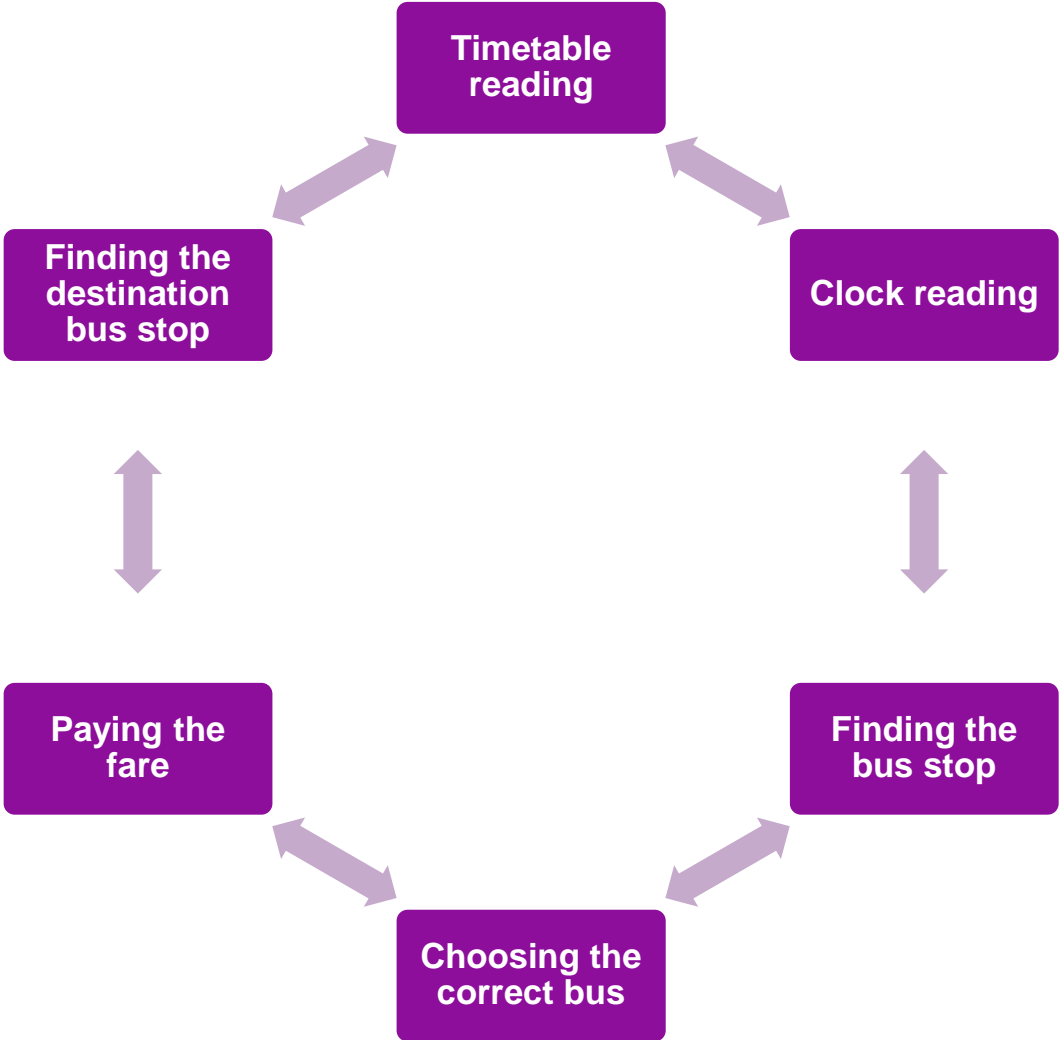
I want to be able to Skype my sister

I want to drive again

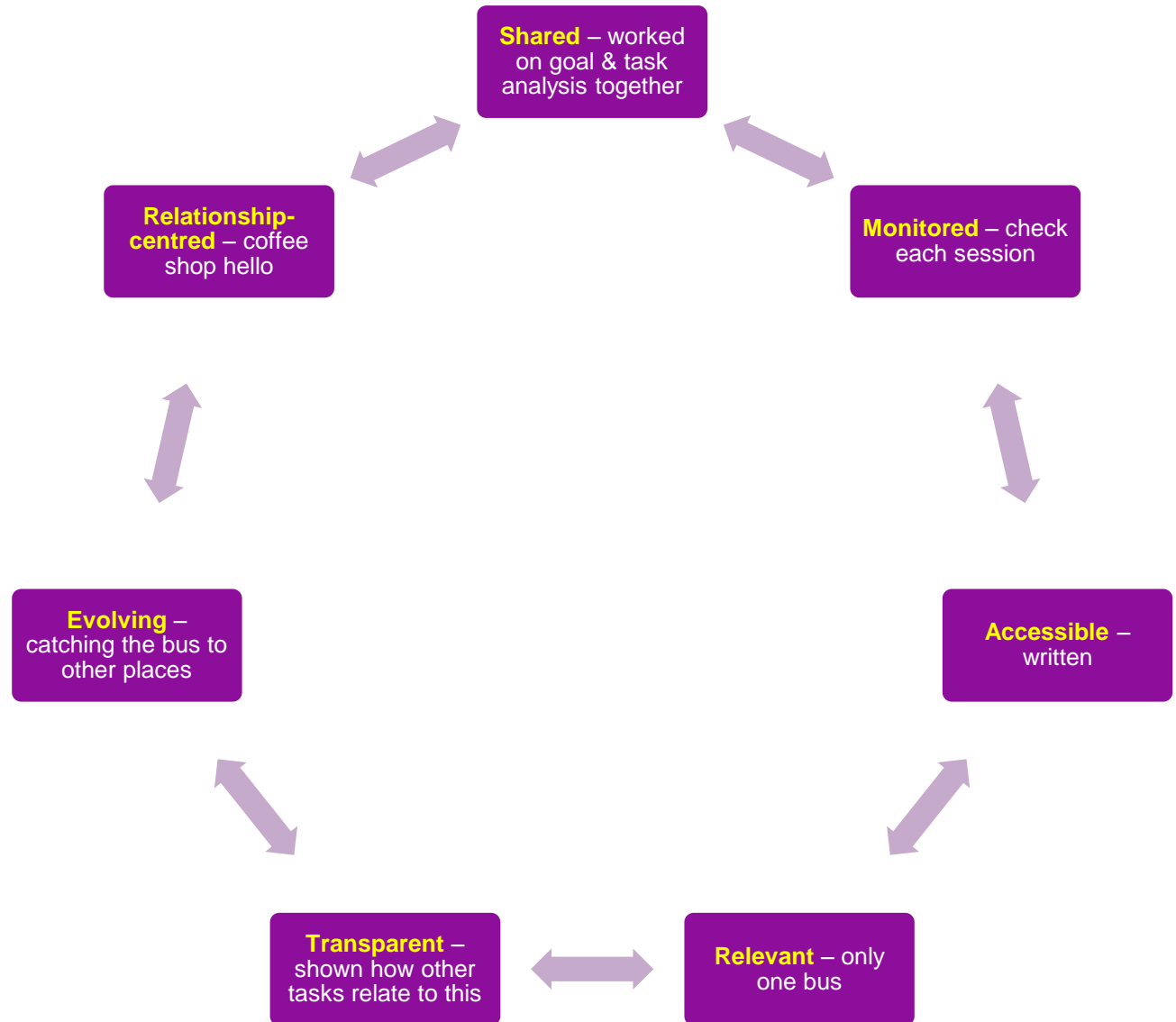
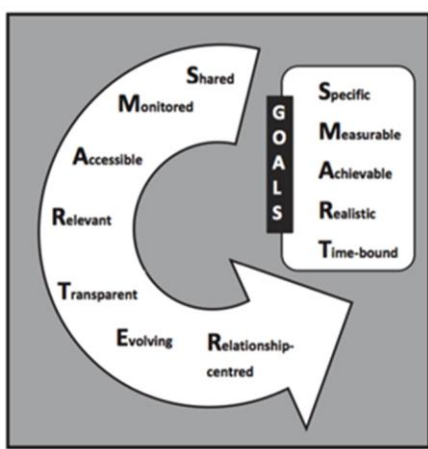
SMARTER Goal Setting



Goal: To Catch a Bus to Therapy



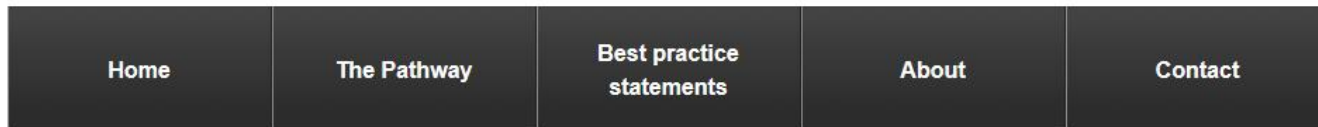
SMARTER Goal Setting and Task Analysis



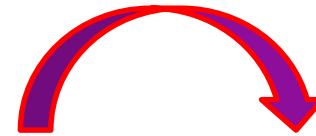
Australian Aphasia Rehabilitation Pathway

Australian Aphasia
Rehabilitation Pathway

Best practice for aphasia services across the continuum of care



The eight parts of the pathway



The Pathway



Receiving the right referrals

Details



Optimising initial contact

Details



Setting goals & measuring outcomes

Details



Assessing

Details



Providing intervention

Details



Enhancing the communicative environment

Details



Enhancing personal factors

Details



Planning for transitions

Details

An Effective Aphasia Therapist....

Uses SMARTER goal setting processes and task analysis

Assesses for therapy planning after goal setting

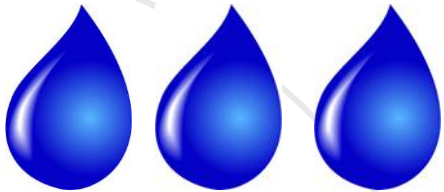


Habit 5. Leave no man behind

Acute care

Rehabilitation

Community



Walking
aphasic

Mild
aphasia

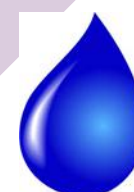
Aged
care



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!

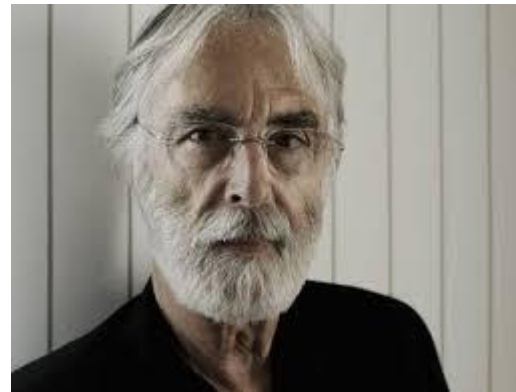


Dr Brooke Ryan
(nee Grohn)



Peter

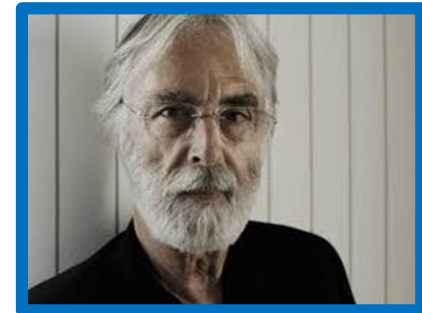
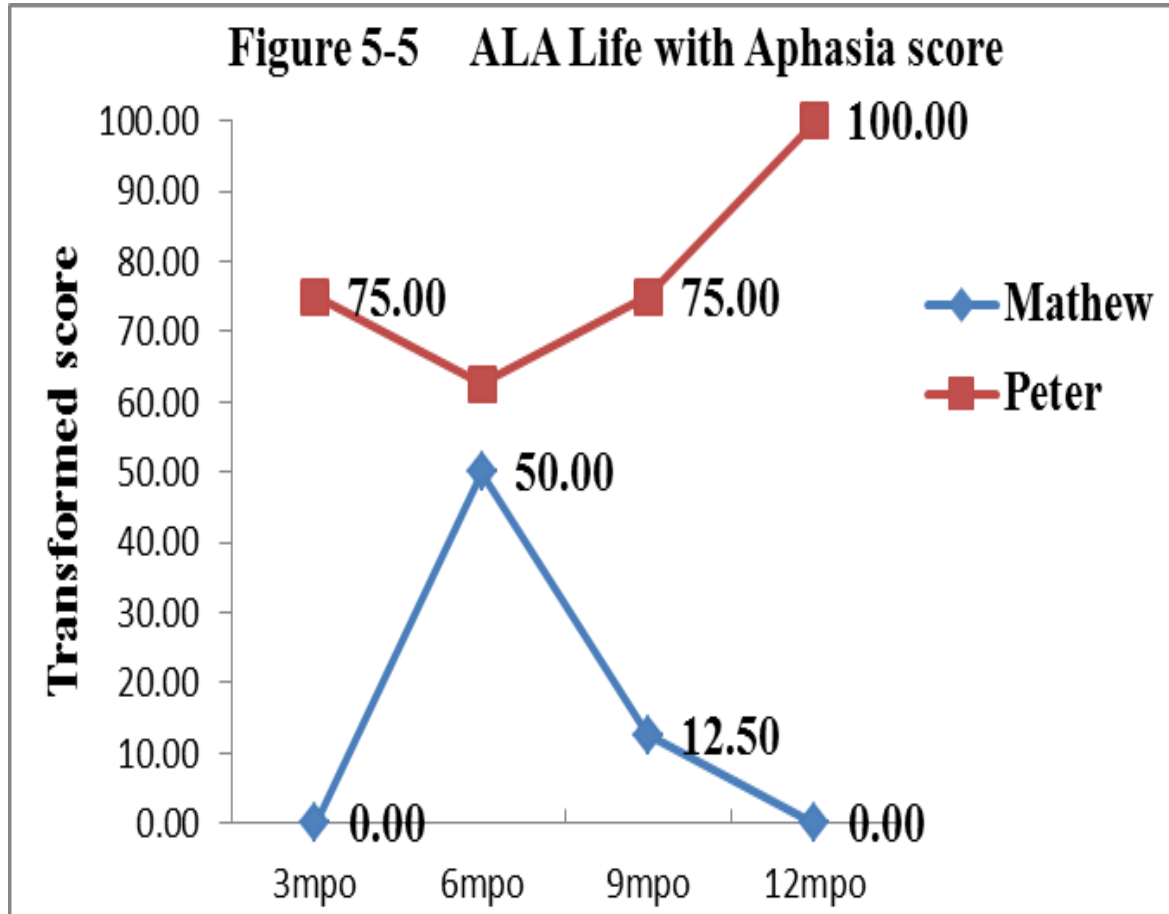
58 years old
Married, 3 children
Anomic aphasia
Aphasia score in first year
= **74.9 - 80**



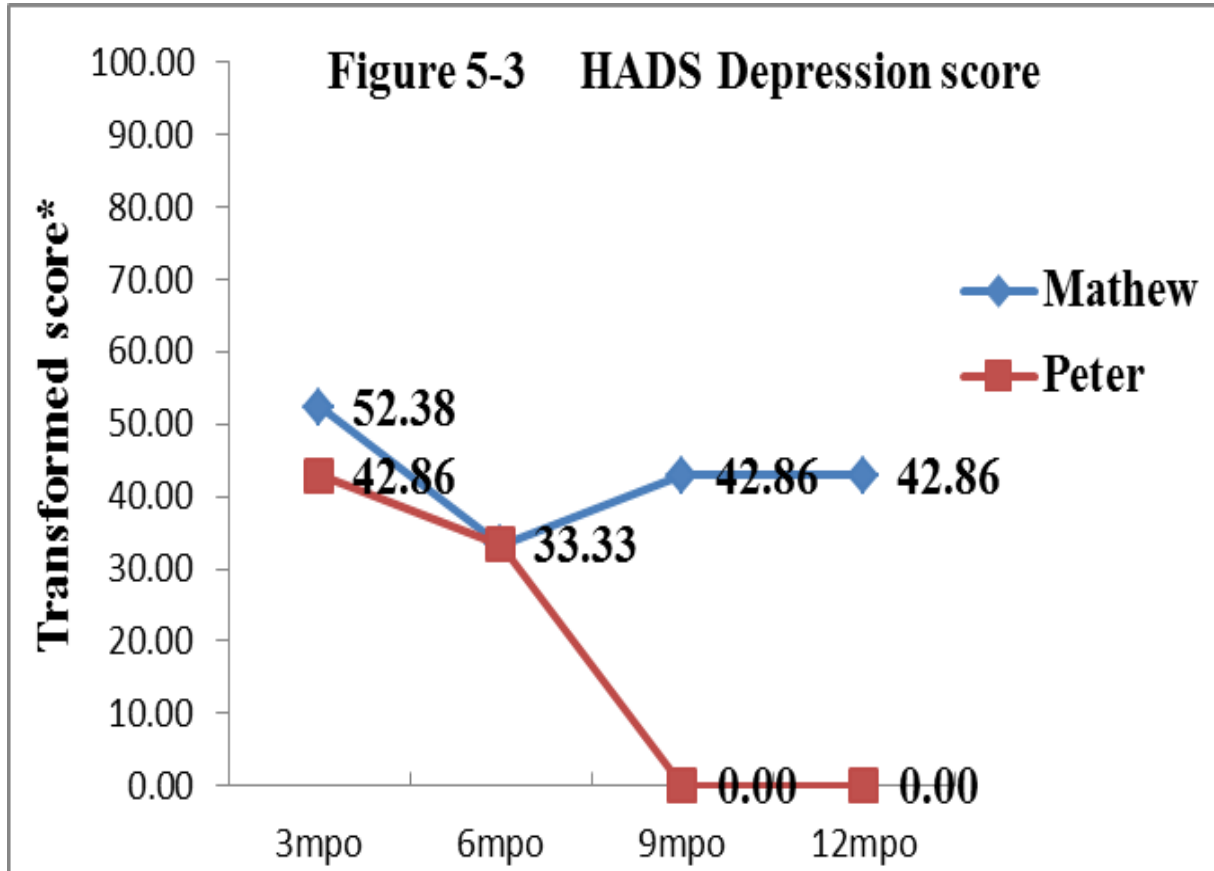
Mathew

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

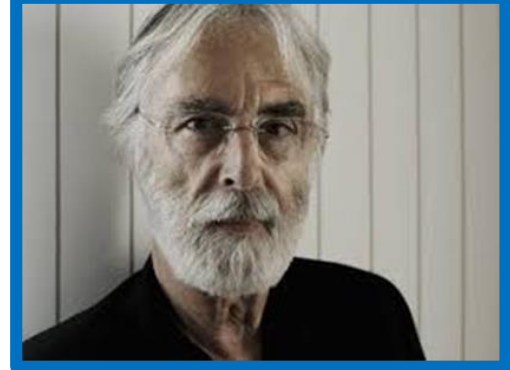
Life With Aphasia – Over the First Year



Depression



Low mood



No anxiety or depression



Low mood has consistently shown to affect:

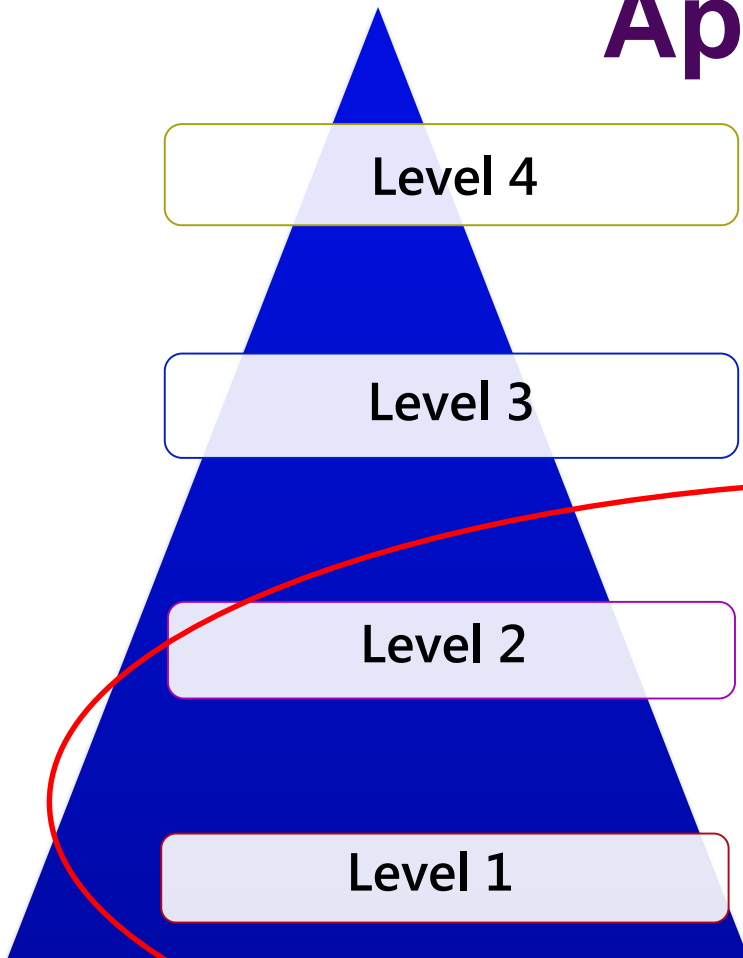
- Quality of life
 - Successfully living with aphasia
- Cruice et al., 2003
Worrall et al., 2016

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

Translating Stepped Psychological Care for Aphasia



Caroline Baker



Level 4

Level 4 Behavioural specialist service

Level 3

Levels 3 & 4 Mental health specialists; clinical psychology and if cognition impaired then neuropsychology also; one to one therapy approaches; antidepressant medication

Level 2

Level 2 Behaviour therapy; psychological education and problem-solving

Level 1

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?
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- ✓ 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.....

Retirement
is a Journey..
Not A
Destination!



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