REVIEW OF: The Timing of Remediation and Compensation Rehabilitation Programs for Individuals with Acquired Brain Injury: Opening The Conversation By: Weissling, K. and Prentice, C.*

Background Information

In developing this proposal, Weissling and Prentice drew parallels from the decision-making model for remediation (restoring lost skills) and compensation (finding ways to bypass residual deficits) within the educational environment. They considered research and practice around the following core concepts:

1. Mutual exclusion, or lack thereof, of augmentative and alternative communication (AAC) and remediation of speech
2. Perception of "giving up" on the recovery of natural speech with the introduction of AAC
3. Acceptance of AAC as a supplemental communication tool rather than a "last resort"
4. Fear of the permanency of the use of AAC
5. Definition of compensation as a process that can facilitate remediation

The authors highlight the complexity of the role of remediation and compensation in the rehabilitation environment in the following analogy:

> *"A person who has sustained a stroke and is left unable to walk independently would likely work with a physical therapist. Though strengthening the affected leg (or legs) may be an integral part of the treatment program, the physical therapist would simultaneously work on walking with a cane or a walker in an attempt to bridge the gap between ability level and desired function. However, speech-language pathologists faced with a person who has acquired cognitive-linguistic impairments, which are not "visible," may hesitate to introduce tools (analogous to the cane) that would facilitate communication exchanges while still working on improving spoken verbal output. As interested professionals in the area of adult acquired brain Injury coalesce around the topic of when to intervene with compensations, we need to examine the underlying complexity of issues that contribute to the problem" (p.88).*

Purpose of the Article

This article encourages conversation about current Speech-Language Pathology practice patterns for people with acquired brain injury including stroke. It discusses the need for clinical decision-making guidelines regarding when to remediate and when to compensate residual deficits. Specifically, Weissling and Prentice explore the idea that remediation and compensation should not be mutually exclusive and rather that both should be used in combination throughout the continuum of care in the rehabilitation process.

Key Findings

The authors address evidence related to the five core concepts:

1. Mutual exclusion seeks to address the familiar question "Does AAC impede natural speech development?" Research suggests that both children with language impairments and adults with acquired brain injury, who use AAC, often exhibit an increase in speech production; thus, supporting the idea that AAC and natural speech are not mutually exclusive.
2. The perception that AAC means that one is "giving up" on the return of natural speech raises concerns. Even with little progress towards restoration of speech, AAC may not be introduced in fear that it might decrease "hope". This brings interesting questions to the conversation:
   - Is compensation inherently a form of giving up hope?
   - Is using an AAC strategy or device giving up on spoken production or is it embracing communication in a way that allows people to remain active in the social networks in which they once participated?
   - Is the communication of wants and needs with natural speech more important than the idea of participating in social roles?
   - Can communication in other forms (e.g., writing, gesturing, communication books) be a gateway to expanded opportunities for practicing the use of speech and thus lead to restoration?" (p. 90).

cont.

3. Due to the perception of non-acceptance of AAC, some clinicians may not introduce AAC during the initial stages of rehabilitation; however, the positive acceptance of AAC does exist in research. If it is true that most individuals with acquired brain injury continue to use speech as primary form of communication, and use augmentative or compensatory strategies when speech fails, then the conversation may need to address better ways to counsel while introducing AAC.
4. In addressing the concept of "permanency," the authors refer to ASHA's (2005) statement that AAC may be a temporary solution. In this sense, it could be encouraging to demonstrate how AAC will allow continued and successful engagement in social roles during the recovery process, replacing the fear of permanency.
5. The authors appeal us to view a new definition of compensation – one that is process driven. Compensation would act as the bridge between current ability level and desired participation level and continue to bridge the gap of the level of participation today and in the future.

In summary, the authors propose a hybrid approach to the treatment of acquired brain injury that would influence the practice patterns for AAC in several ways.

- First, more individuals will have access to AAC of various types earlier in the intervention process, which would allow them to better meet their immediate goals for participation in life's activities. Use of AAC would continue throughout the rehabilitation process.
- Second, individuals with brain injury and their families/caregivers may have a more positive experience with AAC. When introduced later in the treatment process, individuals may see AAC as a "last resort" or as a sign of "giving up on speech." Both of these can lead to a negative perception of AAC and reluctance to use it.
- Finally, earlier access to AAC may facilitate additional progress towards restoration of skills.

Application of Key Findings in DynaVox Compass™

If this proposal to adopt a hybrid approach to the treatment of acquired brain injury were accepted, individuals would have access to AAC for a broader span of time; therefore, changing communication needs and environments must be considered across that entire span. This research encouraged DynaVox to incorporate additional communication tools and strategies into the DynaVox Compass™ to support individuals with acquired brain injury across the continuum of healthcare settings and stages of recovery for a successful participation in a variety of life's activities.

*For further information addressing the philosophy and development of communication tools, see the Article-at-a-Glance: *Chapey, R., Duchan, J., Elman, R. J., Garcia, L. J., Kagan, A., Lyon, J. G. & Simmons Mackie, N. (2000, February 15). Life Participation Approach to Aphasia: A Statement of Values for the Future. The ASHA Leader and www.asha.org/public/speech/disorders/LPAA/.*

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