



Key References Influencing Development of the DynaVox Compass™: Stroke and Brain Injury Persona

Life Participation Approach to Aphasia (LPAA)

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 <http://www.asha.org/public/speech/disorders/LPAA/>

The Life Participation Approach to Aphasia (LPAA) stresses the need to support people with aphasia so they can participate in the activities of daily life. Rather than focusing on what people with aphasia cannot do, the LPAA encourages a focus on their competence and skills. When taking this approach, speech-language pathologists, people with aphasia, family members, and caregivers work towards this ultimate goal: re-engagement in everyday activities and conversations.

Topics of Interest to Persons with Aphasia

Holland, A., Halper, A., Cherney, L (2010). Tell me your story: Analysis of script topics selected by persons with aphasia. *American Journal of Speech-Language Pathology*, 19, 198–203.

The purpose of this study is to identify specific topics about which a person with aphasia might choose to communicate in order to provide clinicians with content for treatment that is meaningful to the individual. When intervention is meaningful, persons with aphasia (PWA) may be more motivated to participate and practice. The researchers in this study speculate that if PWA had more control of topic selection, they may choose topics related to their personal interests, activities and participation in their home and community. The most common themes for monologues included life stories, prayers/testimonials/speeches, outside interests and making plans. Some of the most common themes for dialogues included conversations with family (especially important were conversations about daily life), seeking or providing information, ordering in a restaurant, and talking on the phone.

Benefit of Visual Scenes

Dietz, A., McKelvey, M., & Beukelman, D. (2006). Visual scene displays (VSD): New AAC interfaces for persons with aphasia, *Perspectives on Augmentative and Alternative Communication*, 15, 13–17.

Review of the literature suggests that many individuals with severe or chronic aphasia may be limited in using AAC strategies secondary to the symbolic representation or navigational process within a system. Specifically, the language impairment limits the ability to understand a printed message or icon, combining words into messages, or locate specific information in a book. Visuo-spacial capability is typically preserved in individuals with severe aphasia. This article describes a new communication device interface designed for people with severe aphasia or apraxia. The Visual Scene Display (VSD) interface features contextually rich visual images to represent meaning and support navigation between topics.

Shared Communication Space

Hux, K., Buechter, M., Wallace, S. & Weissling, K. (2010). Using visual scene displays to create a shared communication space for a person with aphasia. *Aphasiology*, 24:5, 643-660.

The premise of this study is that breakdowns in communication can be minimized by creating a “shared communication space.” In this approach, both people with aphasia and their communication partners have access to, and use, the available communication tools. The communication tools used can include gestures, paper and pencil for writing, and communication devices. In a shared communication space, both parties will use any method available get communicate an idea and make sure it is understood. The results of the study supported this premise. When a shared communication space was created, the person with aphasia communicated more, communicated with more complexity, and perceived that the interactions were easier and better.

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Variety of Communication Tools Including Caregiver Participation

1. Garrett, K. & Lasker, J. (2007). AAC and severe aphasia--Enhancing communication across the continuum of recovery, *Perspectives on Neurophysiology and Neurogenic Speech and Language Disorders*, 17, 6-15.

Garret and Lasker suggest that clinicians who work with people with aphasia “refocus therapy on communication versus solely on the core skills of speech, comprehension and swallowing.” The purpose of this article is to provide clinicians with a variety of AAC strategies that are applicable for individuals in different stages of recovery and different rehabilitation settings; knowing what strategy to try and when to try it can help clinicians refocus therapy on communication.

2. Sacchett, C. (2002) Drawing in aphasia: moving toward the interactive. *International Journal of Human-Computer Studies*, 57, 263-277.

Recent shifts in aphasia therapy regard communication as a shared responsibility to enhance mutual satisfaction and enabling others to reveal and support the communicative competence of the person with aphasia. This article reviews literature on the use of drawing to communicate by persons with aphasia either as a substitute for language or as an augmentative tool. In addition, it highlights the current trend or shift in aphasia rehabilitation from the former, “purely communicative drawing” to the latter, more “interactive drawing.” It describes the benefits of interactive drawing, reviews intervention strategies and discusses the potential of current technology to support interactive drawing for individuals whose verbal communication is severely limited by aphasia.

3. Hux, K., Beukelman, D. & Garrett, K. (1994) Augmentative and Alternative Communication for Persons with Aphasia. In Chapey, R. *Language Intervention Strategies in Adult Aphasia, 3rd edition*. Baltimore: Williams & Wilkins. (3rd ed., pp. 675-687). Baltimore: Lippincott Williams & Wilkins.

This chapter discusses how AAC techniques and strategies or communication devices can influence intervention with persons with aphasia across the severity range. It targets the use of AAC to supplement or scaffold residual speech ability rather than replace it, enhancing participation in conversations. In addition, it identifies the components of a conversation, how these components relate to not only the PWA, but also its social impact and importance of considering the components when designing an AAC intervention program.

Hybrid Approach to Speech-Language Therapy

Weissling, K. and Prentice, C. (2010). The timing of remediation and compensation rehabilitation programs for individuals with acquired brain injury: Opening the conversation. *Perspectives on Augmentative and Alternative Communication*, 19, 87-96.

The authors propose a hybrid approach to speech-language therapy following a stroke or other brain injury. Specifically, they suggest using augmentative and alternative communication (AAC) to meet life participation goals while also working directly on the recovery of speech and language skills. This approach can be used in all stages of recovery to maximize communication with friends, family, medical professionals, and others.