



Stroke & Brain Injury Communication Goals Grid

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Introduction and General Overview

The first step after completing an evaluation is writing appropriate goals. The Stroke & Brain Injury Communication Goals Grid serves as a guide to suggest goals for individuals using the Stroke and Brain Injury Persona in the Tobii Dynavox Compass software. It is designed to facilitate gains in meaningful, everyday communication using Compass software and other Communication Tools including natural speech.

On the Stroke & Brain Injury Communication Goals Grid you will find two major components: goals and cueing. When you combine these components, you can begin to measure progress. The suggested goals support rebuilding communicative competence (Light, 1998) and maximizing communication success!

Goals

The goals addressed in the Communication Goals Grid are described as follows:

- **Expressive & Receptive Goals** – Expressing and understanding language; learning and using vocabulary in increasing number, variety and complexity; learning and using supporting Communication Tools. Expressive and Receptive goals support the redevelopment of Linguistic Competency.
- **Pragmatic Goals** – Skills needed to communicate effectively in social situations and strategies to overcome or minimize the functional limitations of the AAC system and to prevent or repair communication breakdowns. Pragmatic goals support the redevelopment of Social and Strategic Competence.
- **Operational Goals** – Skills related to the operation of the AAC system.
- **Communication Partner/Caregiver Training Goals** – Strategies to teach caregivers and/or communication partners to better support successful communication with their loved ones.

Cueing

Because cueing indicates the support an individual needs to successfully meet a goal, it is an important component of goal writing. Documenting the intensity and frequency of cueing can also be helpful for outcome and progress reporting.

The following terms are used in the Stroke & Brain Injury Communication Goals Grid:

- **Intensity of Cueing*** – For the duration of the activity, how much (or what type of) support was required?
- **Frequency of Cueing** – For the duration of the activity, what percent of the time did the individual require support?

*See addendum for additional description of this strategy/ measurement.

Measuring Progress

Using this tool, an individual's progress could be measured in several ways**:

- Decreased intensity of cueing
- Decreased frequency of cueing
- Completion of goals with unfamiliar communication partner/s
- Completion of goals within a System Level
- Increased complexity of a goal

**See addendum for additional ideas for using this tool to support outcome reporting measures.

Notes

- The goals presented are intended to serve as a guide to provide you with ideas to use with the Stroke & Brain Injury Persona in the Tobii Compass Software. Use your clinical expertise to make adjustments for each individual, facility and/or setting. For example:
 - Mr. Jones will initiate conversation using any available Communication Tool (e.g., Topic Picture, Topic Message, Rating Scale) in 4/5 opportunities across 2 days given moderate cues in order to increase social interaction with other residents.
 - Mrs. Ramirez will communicate her pain level using the Pain Scale to better participate in her medical care.
- It is suggested to address goals in basic communication routines moving to activities that support motivating, and more complex communication interactions.
- Use this tool in conjunction with the Stroke & Brain Injury Therapy Plans to explore the multiple Communication Tools available in the Stroke & Brain Injury Persona.

Ultimately, the overall purpose of this tool is to help you write appropriate therapy goals that facilitate:

- Successful participation in everyday activities using multiple forms of communication
- Active use of communication strategies by communication partner(s) to better support their loved one's expression and comprehension
- Steady progress!

Instructions

Suggested Steps:

Step 1: In the Stroke and Brain Injury Persona, start at System Level 1. Pick goals that match with System Level 1 in any of the areas. As you work on these goals, you will note the type and amount of cues needed for the individual to successfully meet the goal. You could also note the type of communication partner (familiar/unfamiliar). You will set your own expectation of progress for the individual.

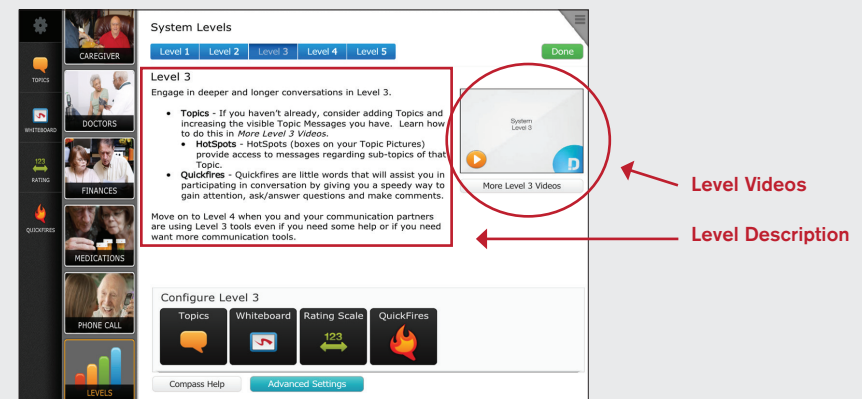
Step 2: When you have met some goals at System Level 1, move to System Level 2 both in the software and the goal areas. Because many of the goals are appropriate at any System Level, you will notice some repetition in the goal areas. While the overall goal is similar, you will see adjustments to the specific Communication Tools or complexity being targeted.

Step 3: Continue in the same manner for each additional System Level. Remember that movement through the Stroke & Brain Injury Persona is self directed. Stop at the System Level that is most appropriate or comfortable. You will find a wide variety of goals to address at any level.

Additional Information on System Levels:

In the Stroke & Brain Injury Persona, the purpose of System Levels 1-5 is to gradually introduce tools for communication and teach the individual (and their communication partners) how to use them (refer to the visual on pg. 12). The Stroke & Brain Injury Communication Goals Grid follows the same pattern.

When introducing a new System Level, we recommend that you follow the suggestions on the System Levels Menu and watch the System Level overview video. More information about the Communication Tools specific to that level can be found under the More Level __ Videos link.



Bibliography

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ASHA. (2003). National Outcomes Measurement System (NOMS): Adult Speech-Language Pathology User's Guide. Retrieved 8/2013 from <http://www.asha.org/NOMS/>

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For more information about the ASHA NOMS, please visit the ASHA website at <http://www.asha.org/members/research/noms/>

Expressive & Receptive Goals

System Levels	Expressive & Receptive Goals	Intensity of Cueing*					Frequency of Cueing				Communication Partner	
		← MIN NC	MOD IC	MOD DVC	MAX DPC	→ PA	Consistent 80-100%	Usually 50-79%	Occasionally 20-49%	Rarely <20%	Familiar	Unfamiliar
SYSTEM LEVEL 1	Communicate basic messages by locating the appropriate Topic (out of 5) in the Navigation Bar and pointing to specific area on the Topic Picture.	○	○	○	○	○						
	Communicate basic messages by locating the appropriate Topic in the Navigation Bar and selecting an appropriate Topic Message from a choice of 4.	○	○	○	○	○						
	Communicate basic/medical needs or feelings using the Rating Scale (with numbers, text only or text with symbols) or Pain Scale.	○	○	○	○	○						
	Communicate basic messages using the Whiteboard (e.g., draw happy or sad face, write number to rate pain, draw medical item like a pill/pill bottle, draw doctor or write doctor's name).	○	○	○	○	○						
	Initiate conversation using any available Communication Tool (e.g. Topic, Topic Picture, Topic Messages, Rating Scale) beneficial to the individual.	○	○	○	○	○						
	Participate in simple conversation exchange (e.g., 1-2 turns) using any Communication Tool.	○	○	○	○	○						
SYSTEM LEVEL 2	Communicate basic messages by swiping/scrolling to locate the appropriate Topic (out of X) in the Navigation Bar and selecting an appropriate Topic Message from a visible choice of Y. (X and Y will vary based on the number of Topics and Vocabulary Grid size selected in the Levels Menu).	○	○	○	○	○						
	Communicate opinion using the Rating Scale or pain level using the Pain Scale.	○	○	○	○	○						
	Communicate basic messages using the Whiteboard and saving the message for future use in conversations.	○	○	○	○	○						
	Initiate conversation using any Communication Tool (including the saved image from the Whiteboard).	○	○	○	○	○						
	Participate in simple scripted conversation exchange using Scripts (monologue or dialogue) associated with a specific Topic.	○	○	○	○	○						
	Participate in simple conversational exchange using any Communication Tool (including the saved image from the Whiteboard).	○	○	○	○	○						
	Participate in simple conversational exchange with non-request communicative function (such as comment, ask/answer question, information exchange) using any Communication Tool beneficial to the individual.	○	○	○	○	○						

*Please see the Addendum (page 10) for description of these cues.

NC: Natural Cue – IC: Indirect Cue – DVC: Direct Verbal Cue – DPC: Direct Pointer Cue – PA:Physical Assistance

Expressive & Receptive Goals – Continued

System Levels	Expressive & Receptive Goals	Intensity of Cueing					Frequency of Cueing				Communication Partner	
		← MIN MOD MAX →					Consistent 80-100%	Usually 50-79%	Occasionally 20-49%	Rarely <20%	Familiar	Unfamiliar
		NC	IC	DVC	DPC	PA						
SYSTEM LEVEL 3	Communicate basic messages by swiping/scrolling to locate the appropriate Topic (out of X) in the Navigation Bar and selecting an appropriate Topic Message from a visible choice of Y. (wX and Y will vary based on the number of Topics and Vocabulary Grid size selected in the Levels Menu).	○	○	○	○	○						
	Participate in simple conversational exchange with non-request communicative function (such as comment, ask/answer question, information exchange) using any Communication Tool beneficial to the individual.	○	○	○	○	○						
	Initiate conversation using any Communication Tool (including the saved image from the Whiteboard).	○	○	○	○	○						
	Initiate or participate conversation using Scripts (monologue or dialogue) associated with a specific Topic.	○	○	○	○	○						
	Initiate or participate in complex conversational exchange in specific Topic by increasing number of turns, using HotSpots and related messages and/or any other Communication Tools.	○	○	○	○	○						
	Initiate, maintain, extend or terminate conversation using a QuickFire or combination of QuickFires.	○	○	○	○	○						
SYSTEM LEVEL 4 & 5	Communicate basic messages by swiping/scrolling to locate the appropriate Topic (out of X) in the Navigation Bar and selecting an appropriate Topic Message from a visible choice of Y. (X and Y will vary based on the number of Topics and Vocabulary Grid size selected in the Levels Menu).	○	○	○	○	○						
	Relay simple or complex message using selected Keyboard to type the first letter/several letters/complete word or select a word from the word predication (symbol or text) list.	○	○	○	○	○						
	In a specific Topic, utilize Topic Words to initiate, participate, expand, or clarify intended message.	○	○	○	○	○						
	During a simple or complex conversational exchange, utilize Word Lists to initiate, participate, expand, or clarify intended message.	○	○	○	○	○						
	Initiate or participate in complex conversational exchange in specific Topic by increasing number of turns, using HotSpots and related messages and/or any other Communication Tools beneficial to the individual.	○	○	○	○	○						
	Participate in complex conversation exchange with non-request communicative function (such as comment, ask/answer question, information exchange) using any Communication Tool.	○	○	○	○	○						
	Initiate or terminate conversation using Scripts (monologue or dialogue) associated with a specific Topic.	○	○	○	○	○						
	Use a variety of Communication Tools (Whiteboard, Rating Scales, Topic Messages, Word Lists, Keyboard) to expedite message production when sharing information or asking questions related to medical concerns/personnel.	○	○	○	○	○						

NC: Natural Cue – IC: Indirect Cue – DVC: Direct Verbal Cue – DPC: Direct Pointer Cue – PA:Physical Assistance

Pragmatic

System Levels	Pragmatic Goals	Intensity of Cueing					Frequency of Cueing				Communication Partner	
		← MIN	MOD	MAX →			Consistent 80-100%	Usually 50-79%	Occasionally 20-49%	Rarely <20%	Familiar	Unfamiliar
SYSTEM LEVEL 1 & 2	Obtain the communication partner's attention using appropriate Topic Message (e.g., "Good morning" in the Breakfast Topic).	○	○	○	○	○						
	Respond to communication using any Communication Tool beneficial to the individual (e.g., Topic Picture, Topic Message, Rating Scales, Whiteboard).	○	○	○	○	○						
	Maintain conversation or Topic using any Communication Tool beneficial to the individual (e.g., Topic Picture, Topic Message, Rating Scales, Whiteboard).	○	○	○	○	○						
	Use an introduction strategy with unfamiliar communication partner with either Topic/Topic Messages or Scripts.	○	○	○	○	○						
	Demonstrate appropriate turn taking in discourse using Scripts (monologue or dialogue) associated with a specific Topic.	○	○	○	○	○						
	Repeat message or use an alternative Communication Tool (e.g., Topic Picture, Topic Message, Whiteboard or Rating Scale) when intended message is not understood or ignored.	○	○	○	○	○						
SYSTEM LEVEL 3 - 5	Monitor communication partner's attention or understanding during interaction by engaging them visually or through use of Communication Tools (e.g., pointing to Topic Picture or Whiteboard and looking at communication partner).	○	○	○	○	○						
	Maintain topic with non-obligatory turn using QuickFires (e.g., "ok" or "ok good yes").	○	○	○	○	○						
	Request information using Topic Messages (e.g., "When is my next appointment?") or QuickFires (e.g., "When?").	○	○	○	○	○						
	Ask person focused questions using Topic Messages (e.g., "Do you have any Grandkids?") or any Communication Tool (e.g., Rating Scales or Whiteboard).	○	○	○	○	○						
	Use a combination of Communication Tools to prevent or repair communication breakdowns (e.g., repeat, rephrase, provide additional key words/letters/drawing, pointing to object in Topic Picture) using any Communication Tool (e.g., Word Lists, Topic Words, Keyboard, etc.).	○	○	○	○	○						
	Maintain or extend topic using additional Topic Messages in HotSpots, Word Lists, Topic Words and/or Keyboard.	○	○	○	○	○						
	Spontaneously use a combination of Communication Tools for improved communication with family/caregivers.	○	○	○	○	○						

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Operational

System Levels	Operational Goals	Intensity of Cueing					Frequency of Cueing				Communication Partner	
		← MIN	MOD	MAX →			Consistent 80-100%	Usually 50-79%	Occasionally 20-49%	Rarely <20%	Familiar	Unfamiliar
SYSTEM LEVEL 1	Transport device* in routine or familiar activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Demonstrate ability to turn system on/off* when appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Locate or point to relevant objects within Topic Picture to express an idea/need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Given 5 Topics, locate high interest Topics in routine or familiar activities on device.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Given 5 Topics, locate high interest Topic Messages in routine or familiar activities on device.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
SYSTEM LEVEL 2	Given 10 Topics, navigate to logical Topic and Topic Messages during an interaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Exhibit motor memory for consistently placed navigational buttons (e.g., Scroll up/down, Navigation Bar, Close out of Whiteboard, Next/Back arrows in Scripts, "Done" in Scripts).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Able to "save" drawing/message on Whiteboard for future use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Able to "open" drawing/message on Whiteboard for future use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	When using other Communication Tools, able to return to Topic in conversation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Able to charge and care for device*.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Able to swipe or scroll for additional Topics and/or Topic Messages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
SYSTEM LEVEL 3	Access additional Topic Messages in 3 related HotSpots within the Topic Picture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Ask for assistance if equipment requires adjustment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Adjust volume and speech controls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Locate Communication Tools that are most beneficial for expressing specific ideas/needs given decreasing support from communication partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Identify need for new Topic/Topic Messages or Scripts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

*If physically unable, will ask someone else.

NC: Natural Cue – IC: Indirect Cue – DVC: Direct Verbal Cue – DPC: Direct Pointer Cue – PA:Physical Assistance

Operational – Continued

System Levels	Operational Goals	Intensity of Cueing					Frequency of Cueing				Communication Partner	
		← MIN	MOD	MAX →			Consistent 80-100%	Usually 50-79%	Occasionally 20-49%	Rarely <20%	Familiar	Unfamiliar
SYSTEM LEVEL 4	Manage Message Window editing operations (e.g., speak, clear, undo, backspace, chat) on Keyboard page.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Given additional Communication Tools (6) on the Toolbar, locate Communication Tools that are most beneficial to express ideas/needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Differentiate function of Topic Words within Topics from Word Lists on the Toolbar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Navigate to single words using tabs in Topic Words and folder buttons in Word Lists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Identify need for new vocabulary or messages in Topic/Topic Messages, Scripts or Topic Words/Word Lists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Participate in editing Topic Pictures and/or Topic Messages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Able to backup/restore communication pages given decreasing support from caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
SYSTEM LEVEL 5	Manage at least 15 Topics and their associated Topic Messages during an interaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Use a Collage to expand on a specific Topic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Independently navigate to and use appropriate Communication Tools within the system to meet communicative needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Turn on/off the image in the Whiteboard as needed/appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Arrange equipment upgrades, troubleshoot, or initiate repair procedures (if appropriate).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Program independently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
	Demonstrate ability to backup/restore communication pages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

NC: Natural Cue – IC: Indirect Cue – DVC: Direct Verbal Cue – DPC: Direct Pointer Cue – PA:Physical Assistance

Communication Partner/Caregiver Training Goals

The Communication Partner/Caregiver Training Goals may or may not be goals that you can track for your facility's documentation. Either way, they are beneficial, if not essential, strategies for successful use of AAC. All of these goals are appropriate to address at any System Level in the Stroke & Brain Injury Persona.

	Communication Partner/Caregiver Training Goals	Demonstrated (Y/N or dates)	Comments
Stroke & Brain Injury Persona or Device Specific Goals	Use the following prompting hierarchy/cues to facilitate successful communication: Natural Cue, Indirect Cue, Direct Verbal Cue, Direct Pointer Cue, and Physical Assistance.		
	Write or draw key words using Whiteboard while speaking to facilitate increased comprehension.		
	Present Rating and Pain Scales to encourage specific communication of feelings and opinions.		
	Use visual cues on the communication software to facilitate increased comprehension (e.g., point to Topic Picture or item in Topic Picture).		
	Assist in locating appropriate Communication Tool (e.g., Whiteboard, Topic Words, Topics, Keyboard) to facilitate successful communication.		
	Communicate key words and concepts on the communication software to provide a model for use (e.g., points to letter on Keyboard, word in Word List or Topic Message). <i>*Also known as Partner Augmented Input.</i>		
	Able to provide care for the AAC system, including charging, cleaning, and obtaining technical support.		
	Able to modify a message on the communication software to increase personalization and relevance.		
	Able to change Topic Pictures on the communication software to increase recognition and personal relevance.		
	Able to create personal scripts to increase participation in everyday activities.		
General AAC Communication Partner/Caregiver Goals	Make AAC available for use.		
	Respond naturally to messages communicated on AAC system.		
	Provide opportunities for communication to occur (e.g., actively includes into conversation or provides wait time).		
	Acknowledge all forms of communication.		
	Use open ended questions (e.g., WH-questions rather than Y/N).		
	Provide help when needed, not before.		

Addendum

*Intensity of Cueing:

The intensity of cueing described as “Min-Mod-Max” refers to the number of (or combination of) cueing types used to elicit a communicative response. ASHA NOMS Functional Communication Measurement (FCM) defines these as follows:

- **Maximal** – Multiple cues that are obvious to non-clinicians. Any combination of auditory, visual, pictorial, tactile, or written cues.
- **Moderate** – Combination of cueing types, some of which may be intrusive.
- **Minimal** – Subtle and only one type of cueing.

In addition, we also included the Chain of Cues prompting hierarchy. Using a least-to-most prompting strategy helps to elicit the desired communicative behavior without providing too much support. This makes it easier to provide fewer cues over time while still promoting successful communication. Consider the following example:

- **Situation:** Entering a room
- **Communication Opportunity Targeted:** Greeting others (“Hi”)
- **Natural Cue:** Others saying hello
- **Indirect Cue:**
 - Search light – randomly moving light/pointer over device
 - Verbal – “Did you hear what they said?” “I wonder if there is something you could say back.”
 - Visual/Gestural – waving hand or pointing to the people
- **Direct Verbal Cue:** “They said “**Hello**” to you.” “They were nice to say “**Hello**” to you.”
- **Direct Pointer/Light Cue:** Showing the location of “hi” on the device without activating it.

Physical Assistance: Brief physical help to select the correct button or picture.

The ultimate goal is that the individual recognizes the opportunity to communicate given only natural conversational or environmental cues.

Note: You might use the Chain of Cues to specify the types of cues used at the Min-Mod-Max levels, to measure progress toward goals or to teach the cueing strategy to communication partners.

For additional information using the Chain of Cues, including video examples, feedback forms and checklists, go to www.tobiidynavox.com > Implementation Toolkit > keyword search “Chain of Cues”.

**Outcome Reporting:

Payers, administrators and consumers are now asking many healthcare professionals to demonstrate that the services they provide are indeed effective and important. In some cases, reimbursement requires timely progress reports of an individual's functional status and progress.

There are different outcome measures that SLPs or facilities use. We have chosen to provide you with examples using the ASHA National Outcome Measures (NOMS) and the Augmentative and Alternative Communication Functional Measure (AAC-FCM). This reporting measure is used nationally and helps our profession demonstrate the effectiveness of our treatment because it is part of a larger database.

Please review an example of how the Stroke & Brain Injury Communication Goals Grid might be used in outcome reporting on the following page.

Note that this tool and example is very subjective. Please use your clinical expertise to make the best decisions for your clients and outcome or progress reporting!

Outcome Reporting Example Scenario – ASHA NOMS

Initial Reporting

As a result of a stroke, Mrs. Stein presents with severe expressive aphasia with mild-moderate comprehension impairment. She attempts to communicate with gestures and writing or drawing. Using the Stroke & Brain Injury Persona, she quickly moved from System Level 1 to System Level 2.

She is able to:

- Locate a desired Topic out of five
- Point to an item in the Topic Picture with direct verbal cues (DVC)
- Relate her pain using the Rating Scale with direct verbal cues (DVC)
- Relay basic needs/wants/feelings with the Topic Messages (4 choices) with direct pointer cues (DPC)

The PCS: Contextual symbol set seems to increase her comprehension. With familiar partners, she can use the Rating Scale to express a simple opinion/response with direct verbal cues (DVC).

The facility uses ASHA NOMS. On the AAC-FCM we would rate Mrs. Stein at Level 3. She requires moderate cueing most of the time to convey simple messages related to personal wants/needs with familiar communication partners. The communication partner is essential for Mrs. Stein communicate successfully at this time.

Subsequent Reporting Period

Mrs. Stein continues to make progress and has moved to System Level 3.

She is able to:

- Navigate with 10 Topics
- Use a 2x4 Topic Message Grid with HotSpots
- Use the Whiteboard to save and/or retrieve a previous drawing or message
- Find a Topic of interest or for routine situations with indirect cues (IC)

She still requires:

- Direct verbal cues (DVC) to maintain a Topic using HotSpots and related messages, especially with new partners
- DPC to DVC to maintain a Topic using the appropriate Communication Tool available at this System Level

At this time, we would report Mrs. Stein at a Level 4 on the AAC-FCM because she can convey simple or routine messages with minimal cueing with familiar communication partners. If the conversation becomes more complex, or the communication partner is unfamiliar, she requires moderate support. She has made gains in her ability to include a variety of Communication Tools with her speech, gestures, and facial expression (multi-modal communication).

General Indicators*

If an individual is using Stroke & Brain Injury Persona in Compass:	He/She is likely using the following type of Communication Exchange from the AAC-FCM:
System Level 1 or 2	Rote/Automatic: conveying basic and/or automatic information such as greetings, pain or needs
System Level 3 or 4	Simple: conveying personal wants/needs such as hunger, thirst, sleep or biographical information
System Level 5	Complex: conveying medical, financial and/or vocational information

If you use these cues to facilitate successful communication:		AAC FCM Levels (NOMS)
Min-Mod-Max	Chain of Cues	
Max	DPC/PA	LEVEL 1
Max	DPC/PA	LEVEL 2
Max-Mod	DVC/DPC	LEVEL 3
Mod with unfamiliar partner	DVC with unfamiliar partner	LEVEL 4
Min with familiar	IC with familiar	
Min with unfamiliar in structured	IC with unfamiliar partner in structured	LEVEL 5
Mod with more complex	DVC with more complex	
Min	IC/NC	LEVEL 6
Min	IC/NC	LEVEL 7

NC: Natural Cue – IC: Indirect Cue – DVC: Direct Verbal Cue
DPC: Direct Pointer Cue – PA:Physical Assistance

Note: When working with Medicare patients, we know you have to report G-codes at set times during the therapy plan. Your goals and progress would be recorded in the “Other Speech Language Pathology” G-code Set, and you could document in the medical record that you used the NOMS FCM scale for Augmentative-Alternative Communication.

Communication Tools within the Stroke and Brain Injury Persona

What are System Levels? A step-by-step system designed to gradually introduce tools for communication and teach you how to use them. There are 5 levels and everyone starts at Level 1. You can progress through the levels at your own pace whether it takes a day, a month, or several months. It is a self-directed system so feel free to stop at the level where you are most comfortable.

TIP #1

Move on to the next System Level when you and your communication partners are using the tools in your current Level even if you still need some help or if you need or want more communication tools.

1 LEVEL

- Topics with 4 related Topic messages
- Whiteboard
- Rating Scale

2 LEVEL

- Additional Topic (swipe or scroll to view)
- Whiteboard with save
- Rating Scale
- Scripts

3 LEVEL

- All tools in the previous levels
- HotSpots
- QuickFires

4 LEVEL

- All tools in the previous levels
- Keyboards
- Word Lists

5 LEVEL

- All tools in the previous levels
- Collages

TIP #2

At Level 2 and above, consider expanding the number of Topics and visible Topic Messages through the Topic Settings in the System Levels menu.

Communication Tools within the Stroke and Brain Injury Persona

Topics & Topic Messages



Everyday we have conversations about Topics that are important to us - the weather, what's for dinner or our families. Each Topic has a related Topic Picture and Topic Messages. You can communicate by pointing to things in the picture itself or by selecting a message. Use Topics to improve how you communicate about the things you say every single day.

Quick Fires



QuickFires are little words you can use in every Topic and environment. Use them to ask and answer questions, get attention, manage conversations or to be polite. Use them alone or in combination.

Whiteboard



The Whiteboard is like a blank piece of paper that you write or draw on with your finger to help you communicate. Use it to write letters, numbers, or words or to draw pictures to show your communication partner. Your communication partner could use it to write or draw too. You can save your drawing or message to use in a future conversation.

Keyboard



Use the Keyboard to communicate with a single letter to a full word. Your Keyboard may be Alphabetical, QWERTY or AEIOU format and have Word Prediction that will guess the words you might be typing based on the letters you enter.

Rating Scale



The Rating Scale can be used by you and your communication partner to make conversation easier to understand. You can use it to share your opinion ("Great-OK-Bad"), or rate pain clearly (1-10). Your communication partner can use it to make what they say more clear as well.

Word Lists



Word Lists are lists of words organized in categories. In each Topic, there are Word Lists related to that topic. You also have access to all Word Lists from the Toolbar. Word Lists can be customized by adding or deleting words and turning symbols on or off.

Scripts



Scripts are a series of messages that appear in order to help you communicate in situations that are important to you. Scripts can be used to tell stories, share information back and forth, and to practice, as a cue for what to say verbally. Every Topic has three scripts that you can use as is or edit, or you can add your own.

Collages



Collages provide you with the ability to show several pictures or activities at one time. For example, you could have several pictures of yourself participating in activities you enjoy, or several pictures from a vacation to talk about the different places you visited during a trip.