REVIEW OF: AAC and Severe Aphasia: Enhancing Communication Across the Continuum of Recovery By: Garret, K. & Lasker, J.*

Background Information

- Traditionally, aphasia treatment seeks to repair specific impairments like the loss of natural speech or the understanding of spoken language.

- Although some individuals show functional improvement with traditional intervention, many continue to demonstrate chronic or severe aphasia. These individuals may benefit from introduction to a broad array of communication or augmentative and alternative (AAC) strategies to facilitate more successful interactions.

- The authors suggest that individuals with severe aphasia can be characterized into two categories:

  - **Partner dependent communicators** – These individuals rely heavily on the support of their communication partners to scaffold interactions (e.g., restructure or simplify questions, offer choices and uses visuals or symbol to enhance comprehension). Some individuals in this group remain dependent on their partners while others become more independent with a variety of AAC strategies.

  - **Independent communicators** – These individuals typically understand most of what is said to them with or without context and intentionally share ideas using a variety of ways to get their message across. Although independent, this group may encounter frequent communication breakdowns due to the chronic nature of the impairment and would benefit from focused intervention.

Purpose of the Article

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.

Key Findings

- **Acute Care:**

  - Patients with severe aphasia in acute care may be able to benefit from the following partner dependent strategies:

    - **Augmented Input** – In this strategy, communication partners supplement spoken language with gestures, writing key words or drawing. For example, throwing a hand over a shoulder may help with the understanding of "yesterday" in conversation.

    - **Tagged Yes/No** – This strategy involves the communication partner adding the phrase "yes or no" to the end of the question and modeling simultaneously with a head nod or shake. Adding this tag at the end can help increase understanding and support more consistent responses to yes/no questions.

    - **Written Choice Conversation** – The communication partner writes choices related to a conversational topic. For example, if the question is "Do you feel pain in your head, chest or ear?" the communication partner would write head, chest, and ear. She would encourage the PWA to point at the desired choice. Written Choice can also include ranges such as good…so-so…bad along with questions like "How do you feel about the way social security is managed?"

- **Inpatient Rehabilitation:**

  - In this setting, many individuals may continue to require and benefit from partner dependent strategies; however, they are beginning to demonstrate improved cognition, comprehension and desire to communicate. The authors refer to these individuals as transitional independent communicators and propose three communication strategies:

    - **Stored Message Retrieval** – In addition to using natural speech, individuals practice using a small selection of stored messages on a communication board or device during conversation (e.g., talking about their family) or role play (e.g., talking to the doctor). The messages should include a variety of communicative functions such as gaining attention, sharing information, asking/answering simple questions, and commenting to provide meaningful practice and functional interaction.

- **Topic Initiation** – This strategy involves teaching the individual to initiate a conversational topic using either tangible objects (remnants) such as a photo or movie ticket or a single, personalized message on a communication device.
- **Story Telling** – Individuals are encouraged to share personal narratives stored in a communication book or pre-programmed on a communication device. The story could also include using personally relevant visual scenes.

- **Outpatient Therapy:**
  - Individuals with aphasia may be considered independent communicators at this level. Although they may not rely on their communication partners as frequently, they will still benefit from AAC strategies to compensate for inefficient or ineffective communication skills.
    - **Introductory Stored Message Retrieval Strategy** – In this strategy, individuals are taught to access pre-stored messages organized in a scripted routine via low tech communication board or book and/or communication device.
    - **Advanced AAC Strategies** – Individuals are taught to express a variety of communicative functions with their AAC system. Their AAC system might consist of a variety of tools (communication device, notebook, map, etc.) that allow them to be flexible in communicating ideas. It is important to provide instruction on how and when to use each communication tool in a variety of situations and with a variety of different communication partners.

Application of Key Findings in DynaVox Compass™

- The research encouraged incorporating a variety of AAC tools and strategies to support an individual with aphasia across the continuum of healthcare settings and stages of recovery. These tools include:
  - **Visual Scenes/Topics and Topic Messages** – Clear, contextualized visual scenes are used to support successful communication. The Topic Messages are provided in scripted or individual messages that can be produced at will. Any of these may be used to trigger speech, clarify speech or to access related messages to speak.
  - **Whiteboard** – The communication partner can support or facilitate communication and comprehension using strategies such as Augmented Input or Written Choice conversation.
  - **Language Components** – These are single word, phrases, sentences or keyboards that enable the individual to communicate for a variety of purposes (e.g., gaining attention, asking questions, sharing information, etc.).
  - **Rating Scale** – This tool supports Written Choice conversation as facilitated by the communication partner. Additionally, rating scales can continue to be used in later stages of recovery in many different conversations and settings.
  - **Photo Album and Camera** – Both can be used for taking and storing photos of remnants (e.g., tickets, brochures, menus, daily or special events) to be used as Topic Pictures, a photo album or pictures on buttons. This is supportive of topic initiation, storytelling and advanced AAC strategies.
  - **Personalization:** Individuals have the ability to easily replace our provided scenes with personal ones and create individualized Topics and Sub-topics to support topic initiation, storytelling, and stored message retrieval.

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*Garret, 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.