Communicating with Patients/Clients who Know More Than They Can Say
Based on Supported Conversation for Adults with Aphasia (SCA)™
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Adapted from The Aphasia Institute

WHAT IS COMMUNICATION?

HOW DO WE COMMUNICATE?
## Communication Involves:

**Language:**

<table>
<thead>
<tr>
<th>TALKING/ SPEAKING</th>
<th>LISTENING/ UNDERSTANDING</th>
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</thead>
<tbody>
<tr>
<td>WRITING</td>
<td>READING (UNDERSTANDING)</td>
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### Acquired Communication Disorders in Adults:

- ** Aphasia **

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Aphasia is a disorder of the use of language; that is in the way we express or comprehend ideas through words.

Ref: Martha Taylor Sarno (1994 Communication Skill Builders)

Aphasia

As a result of the language disorder of Aphasia the ability to have conversations is affected.

CAUSES OF APHASIA

• Stroke
• Brain injury
• Usually involves the left side of the brain
PREVALENCE OF APHASIA

15,000 – 20,000 STROKES PER YEAR IN ONTARIO
40,000 to 50,000 strokes in Canada each year.
About 300,000 Canadians are living with the effects of stroke.
AT LEAST ONE IN THREE CLIENTS WITH A STROKE WILL BE DIAGNOSED WITH APHASIA

Aphasia
is most often a chronic communication disorder

TYPES OF APHASIA

BROCA’S APHASIA - expressive
APHASIA

WERNICKE’S APHASIA - receptive
APHASIA

MIXED APHASIA - combination

GLOBAL APHASIA – combination; but severe impairment
Non-fluent  
Broca’s Expressive Frontal Motor

Fluent  
Wernicke’s Receptive Posterior Sensory

Broca’s Aphasia

- **SPEAKING** generally limited verbal output - telegraphic speech
- **UNDERSTANDING** relatively good
- **READING COMPREHENSION** relatively good
- **WRITING** ability usually reflects speech

Often associated with right hemiplegia

Getting the Message Out:

**TALKING / SPEAKING:**

With a talking / speaking difficulty:

the person will not be able to share his/her: thoughts ideas messages questions, through words / speech, or may be unable to have conversations
Getting the Message Out:

**WRITING**
With a writing difficulty:
the person will not be able to express his/her:
thoughts/ ideas /messages/, through writing/ email
or complete forms, surveys

Wernicke’s Aphasia

**SPEAKING** fluent, but filled with errors – ranges from jargon to rare word substitutions
**UNDERSTANDING** impaired
**READING COMPREHENSION** often parallels auditory comprehension/understanding
**WRITING** parallels speech, typically
• Less often associated with hemiplegia (mostly posterior lesions)
• Often associated with visual field cuts (hemianopsia)

Getting the Message In:

**LISTENING/ UNDERSTANDING**
If there is a difficulty with understanding when others speak,
then that person will have difficulty with / be unable to:
follow questions / spoken directions / instructions / spoken information /
and follow conversations.
Getting the Message In:

READING Comprehension

With a difficulty with reading comprehension, the person will have difficulty with / not be able to:

read and follow handouts / forms/ written instructions/ or written information
or may be unable to enjoy the recreation of reading books/ magazines / internet

Global Aphasia

- SPEAKING: poor, markedly limited verbal output – often stereotypic utterances
- UNDERSTANDING: poor
- READING: poor
- WRITING: poor
- Gesturing: poor
- Preserved social interaction in contrast to poor language

Primary Progressive Aphasia

Perhaps a form of dementia with language problems?
- Aphasia emerges and progresses

SPEAKING: word finding problems at onset- if Frontal brain
- becomes GLOBAL (if they live long enough)
### Types of Aphasia - Summary Table

<table>
<thead>
<tr>
<th>Broca’s Aphasia:</th>
<th>Wernicke’s Aphasia:</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Nonfluent Speech</td>
<td>– Fluent Speech</td>
</tr>
<tr>
<td>– Poor Repetition</td>
<td>– Poor Repetition</td>
</tr>
<tr>
<td>– Good Comprehension</td>
<td>– Poor Comprehension</td>
</tr>
<tr>
<td>– Poor Naming</td>
<td>– Poor Naming</td>
</tr>
<tr>
<td>– Right-side Hemiplegia</td>
<td>– No Right-side Hemiplegia</td>
</tr>
<tr>
<td>– Few Sensory Deficits</td>
<td>– Some Sensory Deficits</td>
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### OTHER ACQUIRED COMMUNICATION DISORDERS IN ADULTS:

- **Cognitive Impairment, dementias**, eg. Alzheimer’s Disease
- **Hearing Loss**
- **Dysarthria** / slurring of speech – due to muscle weakness or incoordination
- **Apraxia** – disorder of motor planning (most common with left side strokes)

### APHASIA

“Imagine if the last sentence you say tonight is the last full sentence you will say for the rest of your life.”

Stephen Goff, person with aphasia
Imagine if this were YOU:

You are intelligent but can’t understand what people are saying
You know what you think, but can’t express these thoughts
You feel that people think you are not able to make your own decisions
No-one discusses complex issues with you (about health, your situation, or how you feel)

Communication Problems Interfere with Service Delivery

‘You need information from the patient/client, or you need to know how he/she is feeling, but …’
– No one else is present, or
– Those present don’t necessarily have the answers
– As with any of us, people with aphasia often prefer to give their own information

Good Communication Practices Improve Health Outcomes

Talk is ‘the main ingredient’ in health care
Even the technical side of medicine depends on being able to talk to the affected person

Roter and Hall, 1993
How Aphasia affects health care delivery

People with aphasia are often **not given** the **opportunity** for **informed consent** to health care decisions.

People with aphasia often **do not receive** “**communicatively accessible**” **education** about their illness/disability.

*(Pound et al, 2000 Beyond Aphasia)*

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Role Play

Patient/Client: Health Care Professional:

- **You cannot speak**
  - Your patient/client has severe aphasia

- **You cannot use your right hand**
  - He/she is very upset
  - Find out what is wrong?

- **You cannot write**

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1) World Health Organisation – ICF

*International Classification for Functioning, Disability and Health (2001)*

Health status **outside of** the disabling condition (impairment)

Relationship between **activity limitations** and **barriers** (disability)

Participation and inclusion in society is a critical part of one’s health (participation restriction)
Director General of the WHO  
April 2002

Health is the ability to live life to its full potential. For many people with disabilities, the realization of that ability is dependent on factors in society.

Life Participation Approach (LPAA Project Group, 2001)

Enhancement of life participation, across the care continuum and beyond...

AODA

Accessibility for Ontarians with Disabilities Act, 2005

- to align with Ontario Human Rights Code
- Addressing barriers of:
  - Information
  - and
  - Communication

- Requires accessibility standards
When a person in a wheelchair cannot enter a building because it does not provide ramps or elevators......

ICF, AODA focus of the intervention: adapt the environment/building structure (to optimize access)

Just as a person in a wheelchair requires ramps to get around

A person with Aphasia

needs ‘communication ramps’ in order to communicate
YOU,

can be trained to be the communication ramp

Canadian Best Practice Guidelines for Stroke Care 2013

All health care providers working with persons with stroke across the continuum of care should be trained about aphasia, including:

• the recognition of the impact of aphasia
• methods to support communication

Canadian Best Practice Guidelines for Stroke Care 2013

Presence of post-stroke Aphasia is associated with:

• longer lengths of hospital stay (Gialanella & Prometti, 2009)
• Poorer outcomes in terms of activities of daily living
Aphasia has been demonstrated to have a negative impact on:
- quality of life
- mood
- social outcomes

The presence of Aphasia has been associated with:
- general decreased response to stroke rehabilitation interventions
- increased risk for mortality

Treatment to improve functional communication should include:

Supported Conversation techniques for potential communication partners of the person with Aphasia
Canadian Best Practice Guidelines for Stroke Care 2013

- All information intended for patient use should be available in Aphasia-friendly format

Goals of SCA™ for all healthcare professionals

Increase communicative access to your services

Increase the efficiency and effectiveness of your service

What is Communicative Access?

A supportive communication environment which:

- optimizes communication
- lessens the impact of a communication disability
Learning about Communicative Access: McMaster Medical Students observation/training at SAM Program.

Supported Conversation for Adults with Aphasia (SCA ™):

For patients/clients who “Know More Than They Can Say”

People with APHASIA:
- are still INTELLIGENT
- KNOW what they WANT
- are COMPETENT
- can make their own DECISIONS
1) Acknowledge Competence of the Person with Aphasia

Techniques to help people with Aphasia feel they are being treated respectfully, and as an intelligent adult.

2. Communication Techniques:

- to help persons with Aphasia to understand you better (getting your message IN)
- to enable persons with aphasia to express themselves better (getting their message OUT)
SCA ™

Techniques:

The use of these Communication Techniques will, in turn, help to reveal the often masked competence of the Person with Aphasia.

Video Observation Exercise I:

1) Does the doctor treat the patient/client respectfully as an intelligent adult/ acknowledge his competence?

2) Does the Doctor help the patient/client to reveal what is on his mind/ reveal his competence? ie get the message in, and help get the message out?

Pre-Training Interview
1) Acknowledging Competence

People with aphasia ‘know more than they can say’

Technique:
“I know you know!”

1. Acknowledge the patient/client’s frustrations and fears
2. Speak naturally (with normal loudness), using an adult tone of voice

2) Communication Techniques:

to reveal their competence

Getting your message IN

Getting his/her message OUT

Verifying / checking accuracy of the message
Getting Your message IN

Techniques for getting Message IN

- will contribute to Getting the Message OUT

Get the message IN

Techniques:

1. Use short, simple sentences and expressive voice
2. Is your message clear?
3. Talk a little slower
4. Use gestures that the patient/client can easily understand
More Get the message IN

Techniques:

5. Write key words/main idea e.g. ‘pain’ in large bold print
   Video clip: travel

6. Use Picture Resources eg Maps/Oxford Picture Dictionary/ Aphasia Institute pictographic materials

7. And/or Communication Book
   Video clip: Family Headache

Getting his/her message OUT

Getting Message Out

Techniques:

Does the person have a way to tell you something?
Does the person have a way to answer you?

Does the person have a way to ask a question?

1. Ask “yes/no” questions
2. Make sure that the patient/client has a way to respond:
Getting Message Out  
Techniques:

Ask fixed choice questions:  
tea or coffee?"

Yes- No questions:  
the 20 Questions game;  
-start general eg: “Are you from Canada?”

“Are you from Ontario?”
“Are you from Cambridge?”

More Getting Message Out  
Techniques:

Ask the patient/client to give clues:  
-Verbally; “Can you describe it / tell me more about it?”

-With Gestures; “Can you show me?”

More Getting Message Out  
Techniques:

-Pointing to Objects, Pictures  
eg “Can you show me?...”

- Use pictures/ maps/ calendars
More Getting Message Out

Techniques

- Pointing to your written fixed choices: word choices/ key words / you generated

  eg.

  “Do you want......... ?

More Getting Message Out

Techniques

- Write down any important information

More Getting Message Out

Techniques:

3. Give the patient/client time to respond

#1 no time
Verifying Techniques:

Have You Checked to Make Sure You have understood?

Summarize slowly and clearly what you think the patient/client is trying to say, e.g., “… so let me make sure I understand. …”

Add gesture or written key words, if necessary.

Video Observation Exercise II

Questions

1) Acknowledging competence?:
   ✓ Does the doctor treat the patient as an intelligent adult?

2) Helping the patient to reveal what is on his mind:
   ✓ Does the doctor make the message clear? (in)
   ✓ Does the doctor give the patient a way to answer or ask questions? (out)
   ✓ Does the doctor check to make sure (verify) that he has understood correctly?

Gerry: post - training
Rating Scale

<table>
<thead>
<tr>
<th>0</th>
<th>0.5</th>
<th>1</th>
<th>1.5</th>
<th>2</th>
<th>2.5</th>
<th>3</th>
<th>3.5</th>
<th>4</th>
</tr>
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<tbody>
<tr>
<td>Very Poor</td>
<td>Adequate</td>
<td>Outstanding</td>
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Acknowledging Competence _______
Revealing Competence _______

- In ______
- Out ______
- Verify ______

Break

REVIEW

**SCA™ Supported Conversation Techniques:**
SCA™ Techniques:

1) Acknowledge Competence of the Person with Aphasia

Revealing Competence:

Through Supported Conversation techniques SCA™ techniques:
Tips:

Make sure that the message/topic of conversation is clear!

Integrate techniques into ‘natural talk’- make techniques ‘invisible’

Make sure person feels they are part of a two way conversation to the greatest extent possible

Expand what the person is trying to say in their brief words; to provide a sense of flow of a normal conversation, and to show you understood

Complex/adult topics- simple language!

Verifying

Have You Checked to Make Sure You have understood?

Good idea when verifying, to write down the key words

General Strategies:

Eliminate/reduce distractions; eg noise

Observe your Client/Patient:

• their facial expression
• eye gaze
• body posture
• gestures
Hierarchy of SCA supports

1) Gesture
2) Writing
3) Pictures
4) Drawing

IMPLEMENTATION!

More Complex Role Plays
IMPLEMENTATION

Practical Assignments
Modify your workplace? Is it Aphasia friendly?

Are all verbal instructions given to clients with aphasia accompanied by written “key words”?

Is the written information given to clients and their families “aphasia-friendly”?

IMPLEMENTATION

When staff members ask a client with aphasia a question, do they make sure that he/she has a way to respond?

Do staff have easy access to visual aids to support communication with clients who have aphasia?

IMPLEMENTATION

Do staff carry a pad of paper and a black marker to communicate with clients with aphasia?

Has everyone on the team had training on how to communicate with clients with aphasia?
IMPLEMENTATION

Does everyone on the team know the communication techniques of:

“key words”
“written choice” communication
“written transcript”

IMPLEMENTATION

Does your work environment have?

- Oxford Picture dictionaries
- Maps
- Aphasia Institute pictographic materials / booklets/ pictures
- Yes/No cards
- Rating scales

Resources

- Maps, months, days of the week, clock
- Family members
- Rating Scale
- Aphasia Institute Resources – eg.
  - ‘Talking to your doctor’, ‘Talking to your nurse’
  - ‘What is aphasia?’
- Pictographic Communication Resources
- Pen, paper
- Font size, font choice, layout
Aphasia Centres - Ontario

Aphasia Institute- Toronto
Aphasia Centre of Ottawa
Brantford and Paris Aphasia Programs
Haldimand and Norfolk Aphasia Programs
Halton Aphasia Centre
SAM Aphasia Program – Hamilton
Simcoe Aphasia Program
Niagara Aphasia Program (Fairhaven)
Western University (London)
York-Durham Aphasia Centre
Wellington Waterloo

CAPACITY ASSESSMENT FOR PEOPLE WITH APHASIA

http://www.aphasia.ca/communication-aid-for-capacity-evaluation-cace/
QUESTIONS
?

For more information on SCA™ and pictographic resources, please contact the APHASIA INSTITUTE

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THANK YOU!

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References/Resources

The Aphasia Institute: www.aphasia.ca


National Aphasia Association (US)

Heart & Stroke Foundation of Canada: www.heartandstroke.ca

Ontario March of Dimes/York Durham Aphasia Centre


http://www.aphasia.ca/communication-aid-for-capacity-evaluation-cace/

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