TREATMENT FOR GLOBAL APHASIA:

Current Perspectives of SLT’s & A Novel Cognitive Approach

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CONTENT:

• Summarise results of recent survey conducted with SLT’s working with People with Global Aphasia (PwGA) in U.K

• Introduce content of new non-verbal therapy programme

• Discuss plans for my intervention study
Global Aphasia

• Collins (1986)
  “a severe acquired impairment of communicative ability across all language modalities where often no single communicative modality is strikingly better than another. Visual non verbal problem solving abilities are often severely depressed as well”

• The most disabling of all aphasias but the least researched. Ferro (1992)
What are services offering?

• All services provide intervention to PwGA
• 80% of services offer 1:1 therapy to PwGA
• 20% of community services are offering intervention to PwGA 5 years or more post onset
• On average intervention is offered 1-3 times per week for 45 minutes
• Average Community services offers 6 -8 weeks of treatment
What are SLT’s doing?

- Visual Matching Objects/pictures
- Drawing
- Yes / No practice
- Gesture matching
- Choice Making
- Sorting objects by category
- Playing cards
- Playing Connect 4
- Playing Dominoes / Completing jigsaws
- Tracing
- Matching sounds to objects / pictures
- Supported conversation
- Phrase Completion
What Goals are SLT’s setting?

• make a choice between 2 items during washing and dressing or over a meal time.

• express 5 basic wants/needs through any means of communication including pointing, object reference, gesture or words.

• spend 15 minutes interacting with my family and taking part in a task with support e.g. turning pages while looking at a magazine.
We are SLT’s finding Challenging?

- Severe impairments in awareness, joint focus, basic comprehension
- Motivation and passiveness of the clients
- Finding a task that PwGA can access and show some success in
- Limited resources
- Treating cognitive deficits
- Finding a way in
cognitive skills - levels of motivation/insight/concentration ability
SLT’s want more research on...

- Effective Treatment: how to treat PwGA efficiently and with what resources.
- Long term outcomes: do people with chronic global aphasia benefit from input?
- How to tease apart the level of cognitive impairment versus extent of aphasia
- Potential for positive functional improvement
- Impact of cognition on language rehab
- What prerequisite skills do PwGA need in order to begin working at a language level and how do we treat/develop these skills
In Summary

• SLT’s are providing functional based treatment for PwGA.

• Service provision is similar to people with other types of aphasia

    BUT

• SLT’s are not sure if the therapy they provide benefits the client

    AND

• clients with co-existing cognitive difficulties present a challenge to us
What has been done ........

- **Treatment Efficacy Studies**
  - Basso (2010)  Natural Conversation
  - Ho (2005)  Remnant Picture Books
  - Lawson and Fawcus (1995) Total Communication Group

- **Treatment Effectiveness Studies**
  - PwGA can benefit from “SLT” but need substantial amounts of treatment i.e.
    - Samples and Lane (1980) 3 years
    - Sarno and Levita (1981)  up to a year of SLT
    - Denes et al (1996)  intensive SLT average 125 sessions
VISUAL ACTION THERAPY

Helm-Estabrooks (1982)

• Non Verbal therapy programme for gesture comprehension and production, designed to be conducted as precursor to communication treatment

• The group gestural skills significantly improved and so did auditory comprehension despite the therapy being completely non-verbal.

Hypothesis that this non-verbal treatment improved the general attention, visual spatial and visual search skills relevant to communication.

No functional improvements are reported.

Fairly advanced pre-requisite skills are required e.g. good attention span, non-linguistic visuospatial and memory skills.
Aims / Objectives of my study

• To design a new non-verbal cognitive intervention programme.

• To try this programme on 6-8 PwGA who are at least 6 months post stroke.

• To measure the effect of this therapy on their language, cognitive and functional communication skills.
What I want the Therapy to improve

• Joint focus on activity
• Turn Taking in an activity
• Recognise and use objects in function
• Make choices from objects/pictures in function
• Understand gesture
• Initiate communication
What Skills do they need for this

- ATTENTION
- PERCEPTION
- RECOGNITION
- COMPREHENSION
- CHOICE MAKING
What’s new?

• MINIMAL PRE-REQUISITIE SKILLS REQUIRED
• CAREFULLY SELECTED HIERARCHY
• TARGETS VISUAL AND AUDITORY COGNITION
• STEP UP AND STEP DOWN TASKS
• NON VERBAL
• JOINT FOCUS / TURN TAKING BUILT IN
• PROBLEM SOLVING BUILT IN
Problems / Outcome Measures

There is no assessment of functional communication that will capture the low level/basic improvements we want e.g. improvement in joint focus therefore I have had to develop an assessment currently called Constructed Interaction Task (CIT).....This will be the primary outcome measure.

ASHA-FACS: American Speech and hearing Association Functional Assessment of Communication Skills for Adults

Language and Cognitive Tests
Design

- **Pilot Study**
- **Multiple baseline Time series Design**

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<th>A</th>
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<tbody>
<tr>
<td>Baseline Testing</td>
<td>treatment</td>
<td>Post intervention testing</td>
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<tr>
<td>3 times a week for 6 weeks</td>
<td>3 month follow up testing</td>
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In summary this treatment/study will:

• Be one of only a handful of treatment efficacy studies conducted with PwGA

• Use some of the tasks / resources SLT’s already use but in a novel way

• Be offered at an intensity and for a duration that is in keeping with what can be offered in NHS settings

• Address some of the challenges and questions SLT’s currently have

Only the small issues of...

• Ethical Approval

• Recruitment
QUESTIONS?