

Mr. R: Communicating with aphasia

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Mr. R is a 67 year old man with mixed aphasia (expressive greater than receptive) and right hemiplegia. He is six years post stroke. Mr. R and his wife came for an AAC evaluation about a year and a half ago. Their goal was to find a device that would provide verbal output. Our initial recommendations included using a Talking Photo Album™ with simple phrases and pictures on each page. After several months, I learned that Mr. R was not using the device and continued to have unmet communication needs.

During a second visit, I administered the *Social Networks Inventory*. Participating were Mr. R, his wife, a nurse aide, the executive director of the Triangle Aphasia Project (TAP) and myself, a speech-language pathologist. The *Inventory* helped us to identify meaningful goals and guided our collaborative planning process.

Figure 1. Mr. H's Circles of Communication Partners

	Circle 1 Family	Circle 2 Friends	Circle 3 Acquaintances	Circle 4 Paid Workers	Circle 5 Strangers
Initial number of partners (January 2003)	17	2	8	4	2
Current number of Partners (January 2004)	18	6	15	5	6
Change in number of Partners (January 2004)	+1	+4	+7	+1	+4

Circles of communication partners. In January 2003, we found that Mr. R's social circles were not as balanced as they had been prior to the stroke. (See Figure 1). Mr. and Mrs. R said their community involvement had been drastically reduced since his stroke and they both missed this type of social interaction.

Modes. Figure 2 illustrates that Mr. R used a variety of communication modes. We learned that he used all modes with partners in circles 1, 2 and 4. However, he used only gestures, vocalizations and speech with people in his 3rd and 5th circles, who were less familiar. The nurse aide described numerous gestures that Mr. R used, but also said other aides didn't understand him as well. Examples include

Hand to nose = needing a tissue; Touching his stomach = pain; Laser pointing to cabinet (specific information about what he wants based on its location.)

Topics. Although it became clear that Mr. R could communicate basic wants, needs and preferences most of the time with familiar partners, he had a desire to engage in more social conversation and to communicate with less familiar partners (in his 3rd and 5th circles). Mr. R specifically wanted to converse with people in his 3rd circle about personal information, preferences, stories and sports.

Personal preferences. Mr. R was not interested in obtaining or using a voice output device. The executive director at TAP noted that Mr. R did well using photographs to tell stories and answer questions in his aphasia group. His wife also noted that prior to his stroke, photography had been one of his main hobbies.

Type of communication: While Mr. R was dependent on familiar partners and contextual cues to communicate, he clearly wanted to become a more independent communicator. Based on this information, we developed these goals.

Communication goals

1. Use adapted camera to take pictures and then use the pictures to interact with people in his 2nd and 3rd circles.
Baseline: No use of camera. Minimal use of photos during the aphasia group. Difficulty interacting in group.
2. Develop and use gesture dictionary with three additional caregivers. Baseline: Only wife and primary nurse understood Mr. R’s gestures.
3. Train partners to support Mr. R’s interactions at church and in his local model train group.
Baseline: Interactions were minimal at church. He no longer attended the model train group.

Intervention strategies/progress

1. We collaborated with Duke University’s Biomedical Engineering Department to modify a camera so Mr. R could use it independently. We supported the use of his photos during social interaction with family, friends, peers and acquaintances. In the fall, he took pictures at his family reunion, which gave him the important role of family photographer. He subsequently shared these photos with his peers in the weekly aphasia group. Mr. R also used photos to share his model train collection with the local model train group.
2. The team made a photo gesture dictionary for use with partners in his 4th circle. As a result, his caregivers can now understand him better.
3. During the *Social Networks Inventory* process, we learned the aphasia group at TAP had trained staff and volunteers that could help Mr. R reintegrate into community activities. TAP members now support Mr. R at church and provide training and communication coaching during his model train group.

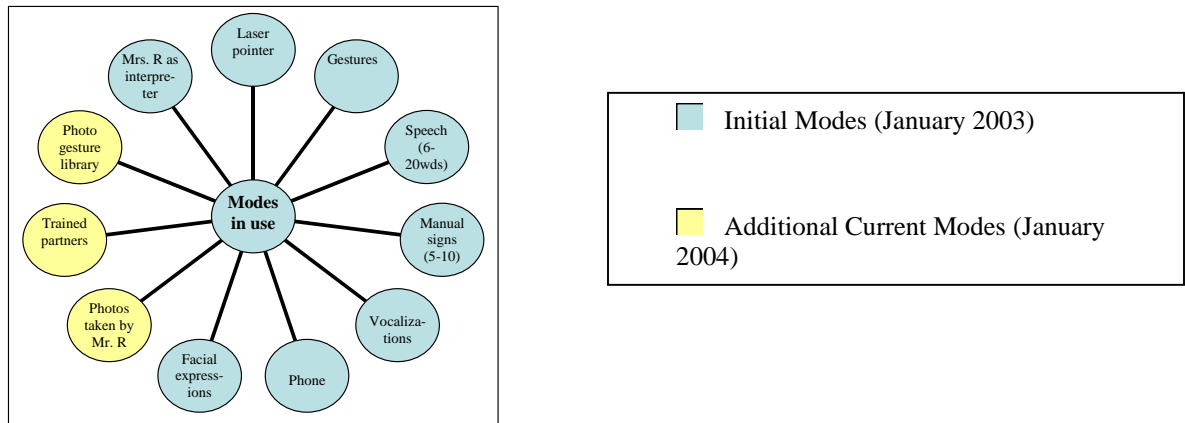


Figure 2. Mr. R’s use of communication modes

Outcomes (January 2004)

Mr. R has met or exceeded all his communication goals. As shown in Figures 1 and 2, he now relies on a wider range of modes to communicate. He uses photos to interact with friends and acquaintances (2nd and 3rd circles), making his circles more balanced and full. He also has more trained partners who can support his communication efforts because of the gesture dictionary and the people from TAP. To summarize, Mr R is becoming more independent in his communication, and he and his partners are experiencing more successful communication exchanges.