

Communication Strategies for Primary Progressive Aphasia & FTD's:

Maura English Silverman,
MS, CCC/SLP
Triangle Aphasia Project
FTD Conference
July 12, 2011

summary

Individuals with cognitive and communication challenges are often further frustrated by their inability to express their thoughts, feelings and needs. The language impairments that accompany Primary Progressive Aphasia and other forms of FTD's (FrontoTemporal Dementias) are often left untreated due to misunderstanding of the diagnosis, difficulty in obtaining insurance coverage for traditional speech therapy due to the progressive nature of the disorder, or a lack of available training for families and friends. This situation can add insult to injury and result in greater social isolation and disengagement. This presentation will teach individuals to communicate more effectively with an individual with aphasia or other communication impairment and offer strategies to improve life participation and satisfaction.

FRONTOTEMPORAL DEMENTIAS...

- 1) Behavioral Variants

- 2) Primary Progressive Aphasia
 - a. Progressive Nonfluent Aphasia
 - b. Semantic Dementia
 - c. Logopenic Progressive Aphasia

Progressive NonFluent Aphasia

- Apraxia of Speech
- Nonfluent speech output
- “labored articulation”
- Agrammatism
- Difficulty with comprehension of complex syntactic structures
- Word finding deficits

Left inferior frontal and insular atrophy



Semantic Dementia

- Gradual loss of ability to attach meaning to words
- Fluent speech
- Normal rate and articulation
- Grammatically intact
- Semantic memory deficits

Anterior temporal
lobe atrophy ...
BILATERALLY



Logopenic Progressive Aphasia

- Slow speech
- Impaired syntactic comprehension
- Impaired repetition
- Impaired naming
- Intact single word comprehension and semantic association



Left posterior temporal
cortex and inferior
parietal lobe atrophy

What does it look like?



- **Gradual loss of language (aphasia): word-finding, speaking in full sentences, understanding conversation and/or written words, and/or writing difficulties**
- **Other cognitive skills are normal (relatively)**
- **Short term memory and personality are intact; executive functioning can be impaired**
- **Aware of symptoms / depression**

What is aphasia

- An acquired language disorder following brain injury.
- A disorder of communication – impacting transactions and interactions.
- A disorder that transcends the patient, impacting family, friends, & the community.

What else we know about aphasia...

- “Aphasia, by itself, does not interrupt the integrity of thought; instead, it robs its victim of ready access to the words needed to express that thought.”
- “What were your loved one’s fundamental preferences, likes, and dislikes, still are. Instead, what is altered is how he or she views life’s possibilities and his or her inner self.”

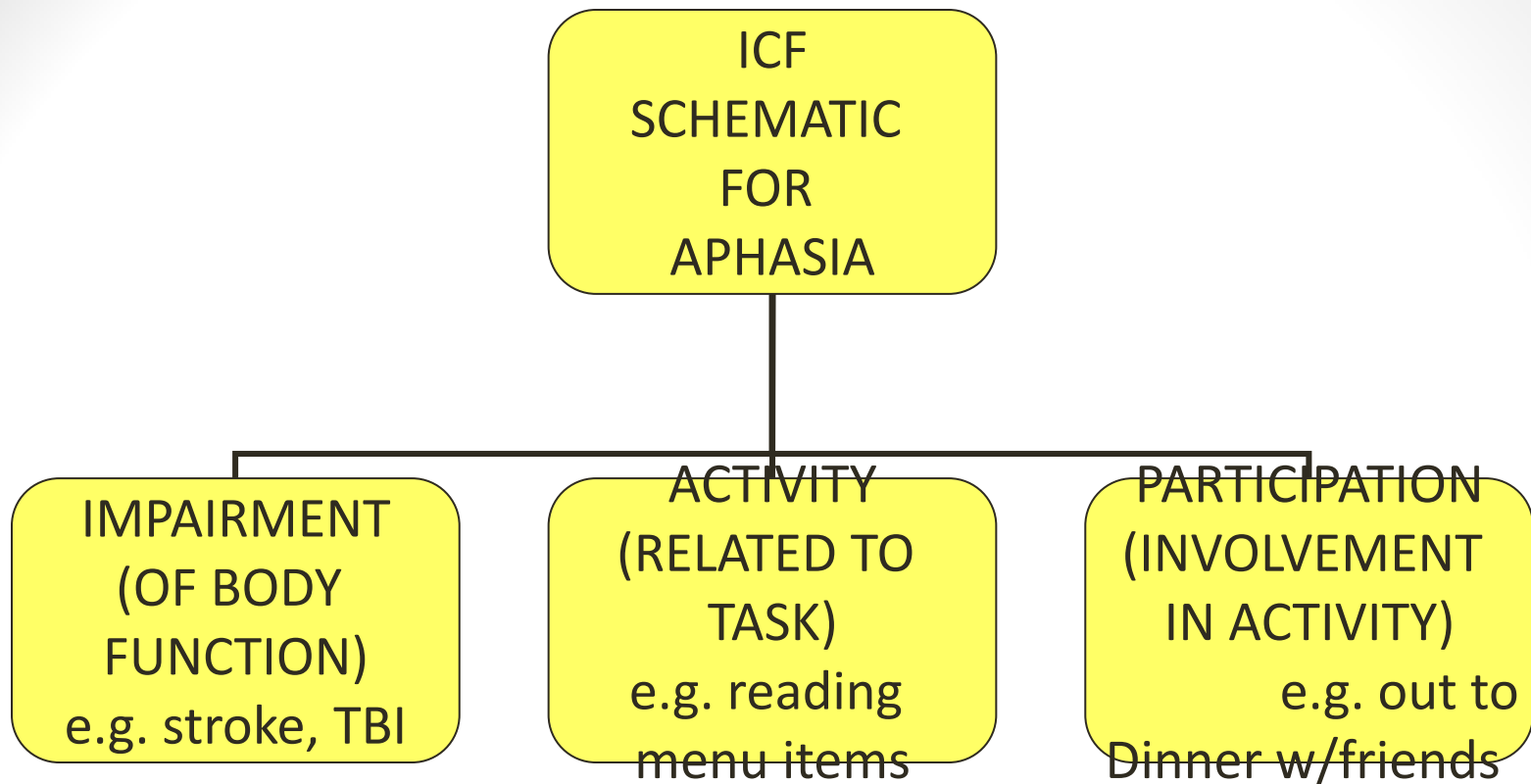
Jon Lyon; Coping with Aphasia

READING

WRITING

LISTENING

SPEAKING



Morganstein and Certner Smith, LPAAs: Moving Out and getting Back In, 2007

- ◉ We NEED to deliver “more personally relevant results” for our clients.

Threats, T. (2005, July 12). Active and proactive-boomers and the health care system. *The ASHA Leader*, pp. 6-7, 18.

Life Participation Approach to Aphasia (ASHA, 2001)
(LPPA Project Group: Chapey, Duchan, Elman, Garcia, Kagan,
Lyon, and Simmons-Mackie)

- ⦿ consumer-driven
- ⦿ supports individuals with aphasia and others affected by it
- ⦿ immediate and longer term life goals
- ⦿ consequences of aphasia
- ⦿ reengagement in life
- ⦿ until the consumer no longer elects to have communication support...
- ⦿ reduce the consequences of the disease and injury

I'm all ears...What do you need?

TAP ASKED THE CLIENTS AND FAMILIES WHAT SERVICES, SPECIFICALLY, THEY WERE SEEKING OUT FOR PPA?



- *“Therapy & Techniques to help slow down progression of the disease and make day to day communication easier.”*
- *“The opportunity to meet and interact with others who have PPA and their families.”*
- *“Training on how to communicate better.”*
- *“Learn more about PPA”*
- *“Learn coping mechanism”*
- *“Make life better for persons with PPA”*
- *“Obtain support for caregivers”*

Supported Communication

1. **Acknowledge Competence**

- “I know you can understand me” or “I know you know”
- Talking to them, not spouse or caregiver
- State conversational roles...it’s a two way street
- Acknowledge breakdowns
- Indirect means: Tone of Voice, Use of Humor, Choice of Topic
- Directing questions/choices/etc to the individual w/aphasia **with Supports!**

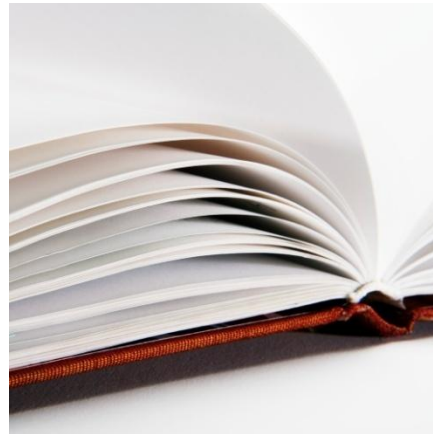
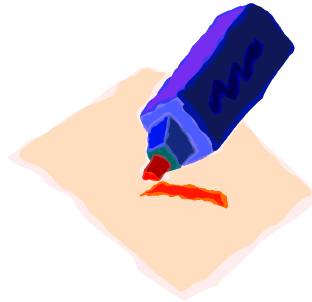
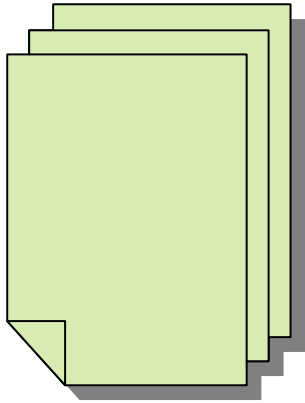
Supported Communication

2. Reveal Competence

Providing Conversational Supports in an effort to increase success of both transactions and interactions!

Un-mask communicative potential by selecting tools that allow information to get “in” better (receptively) and “out” better (expressively)

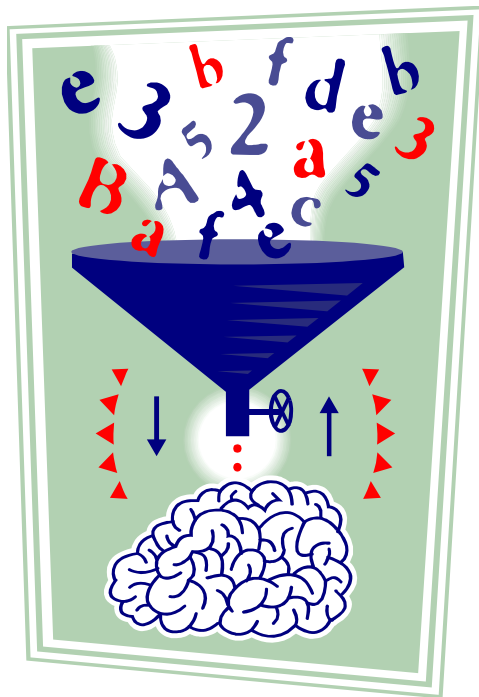
Helpful materials



And

- Letter boards
- Yes/No boards
- Props
- Etc.

Getting the information in...



- Reduce competing stimuli
- Obtain visual and auditory attention... “Mr. Smith...”
- Use hand movements/gestures
- Refer to props, pictures, diagrams and other visuals
- Use “key words”
- Shorter sentences /simple structure
- Be redundant, changing terms

Hints...

- Start with what you **KNOW**
- Don't Assume...rather offer suggestions or direction...read *responses* to them along the way...
- As you offer, suggest and conclude..write it down.
- Assure even playing field and mutual responsibility for the communicative exchange.

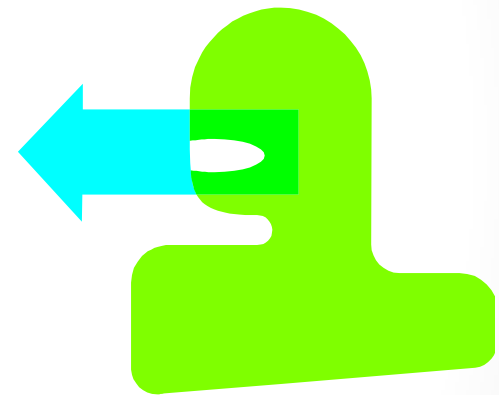


**Congratulations
on your new
position!**

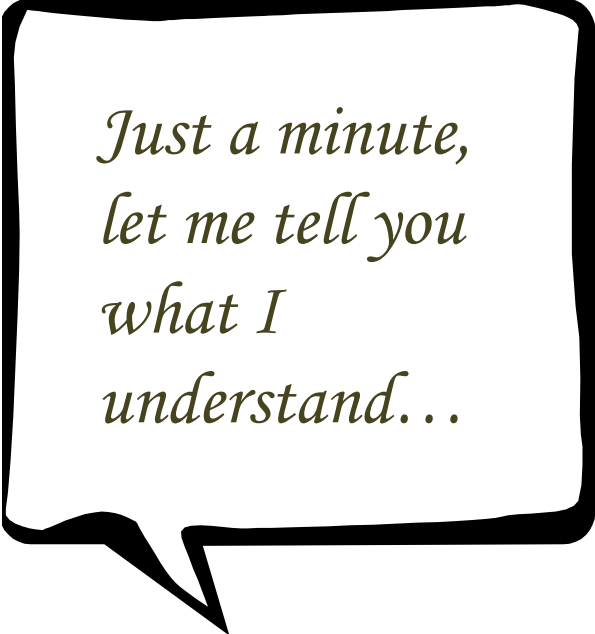
THE NARRATOR

Getting the information out...

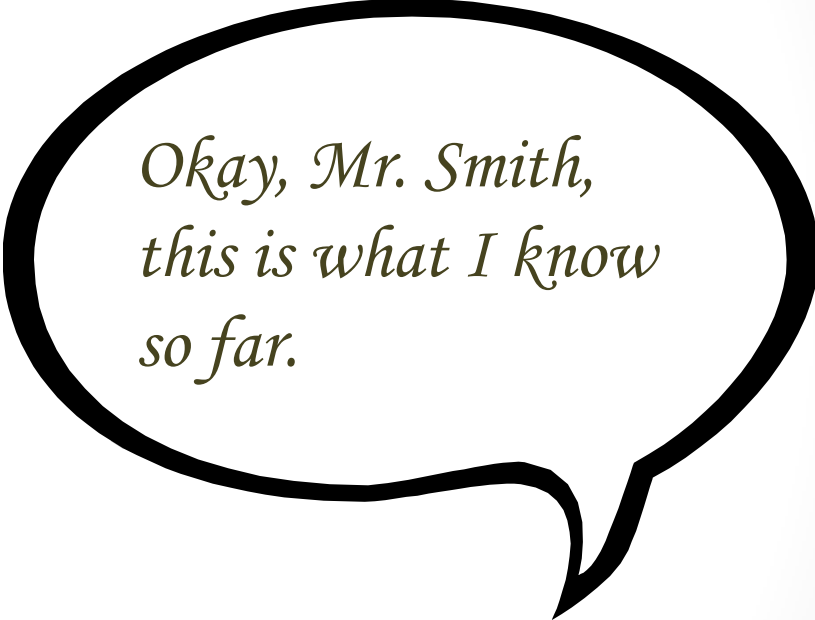
- Allow time / assure patience
- Don't fill in words, unless you ask
- Encourage all modes of expression
- "Can you show me?"
(gesture/pointing)
- Offer choices
- Use verbal ramps
- Provide yes/no
- Offer paper/pencil with
concurrent drawing/writing



Every few minutes...



*Just a minute,
let me tell you
what I
understand...*



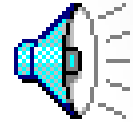
*Okay, Mr. Smith,
this is what I know
so far.*

- Review Key words
- Double check the “who”, “did what”, “when’s”, etc.
- Start a new flow sheet to avoid confusion with cross-outs, etc.
- Ask for more detail, clarification and then verify again...



And most important...*verification*

- “Okay, let me tell you what I got so far” or “Let’s review what we know”
- Use yes and no board
- Go back to words, drawings, etc
- Offer pencil and paper again for opportunities to delete, modify, confirm.
- On new sheet of paper, ... key word the flow of the communication exchange!



The age old question

WHAT DO YOU DO WHEN COMMUNICATION BREAKS DOWN?

- **Can you show me?**
- **Can you write or draw it (model this with a specific example)?**
- **Gesture or brainstorm TOGETHER, using ? after possibilities?**
- **Finally, concur together that it isn't working, reinforce competency and be sure to come back to it.**

Daily language stimulation program



Holding back a moving train...



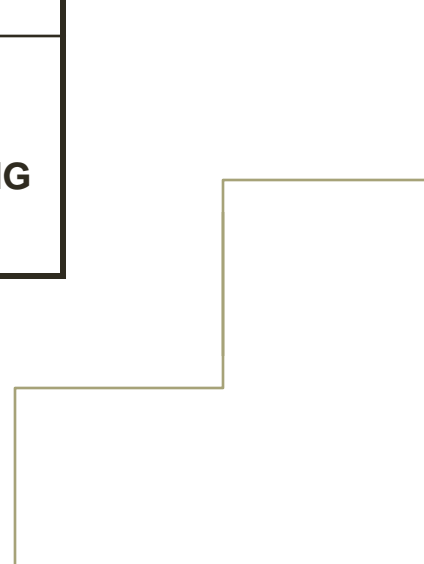
- Reading, Writing, Listening and Speaking every day!
- Consideration of level of abilities in each modality.
- Use of support (compensatory techniques) to allow for participation.
- Cognitive and Right Hemisphere tasks per interest and fulfillment.

...and what proof do you have that doing dlsp will do any good at all???

- Beeson and Henry, 2008 presented work re: Semantic Treatment for lexical retrieval (training categories) and Sentence Building treatment for Progressive Apraxia of Speech.
- Single case studies in naming, sentence production, writing and use of augmentative communication devices in the literature. (see reference list)
- Intensive Training of phonological skills in progressive aphasia: a model of brain plasticity in neurodegenerative disease. (Louis, Espey, Rey, Daffaure, DiCristo, and Habib, 2001)

GROUP THERAPY: LESSONS FROM THE FRONT LINES...

READING	WRITING
LISTENING	SPEAKING



Client / family input

- Focus on “everyday” situations
- Emphasize social activities
- Invite a friend
- Train the trainer / DVD options
- Alternating communicative partners during training
- Include group right hemisphere tasks
- Assign specific carryover...doable!

Supporting the experts...

- Northwestern University: Cognitive Neurology and Alzheimer's Disease Center (www.brain.northwestern.edu)
- University of California at San Francisco Memory and Aging Center (<http://memory.ucsf.edu/>)
- Mayo Clinic (<http://www.mayoclinic.org/primary-progressive-aphasia/>)
- The Association for Frontotemporal Dementias (<http://www.ftd-picks.org/>)
- Aphasia Research Project at University at Arizona (aphasia@email.arizona.edu)

Any questions / ideas



Triangle Aphasia Project, Unlimited

www.aphasiaproject.org

aphasia@nc.rr.com