
MAXIMISING THE IMPACT OF SPEECH AND LANGUAGE THERAPISTS



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Aphasia can be cured!



Researchers at the Australian Aphasia Rehabilitation Centre have found a cure for aphasia. A combination of new early treatments for stroke and higher doses of speech therapy have meant that patients with aphasia have returned to their former life.

Mr Thomson, a 64 year old finance manager was playing golf when he had his stroke. He was quickly transported to the Gold Coast Hospital where the large clot in his brain was quickly removed, drugs were given to dissolve smaller clots and help the blood flow to the affected areas again. He spent a week in the newly designed and enriched stroke unit where they discovered he still had some aphasia. He received personalised intensive speech therapy for 3 months in hospital and at home until he was able to resume work and continue his life as before.

Mr Thomson said he could still beat his mates in a round of golf but his jokes took just a bit longer to tell.

AIM

To **stimulate discussion** about ways in which speech and language therapists can maximise their impact.

To achieve this I will:

- Challenge some beliefs and assumptions
- Propose three strategies that have worked for us
- Describe examples of those strategies from our aphasia research

Our teams

Australian Aphasia Rehabilitation Centre – Prof Dave Copland

LIFT team – Prof Dave Copland, Eril McKinnon, Dr Jade Dignam, Megan Trebilcock

CommFit team – Dr Caitlin Brandenburg, Dr Emma Power, Dr Amy Rodriguez, Prof Dave Copland

Australian Aphasia Rehabilitation Pathway team – Dr Emma Power, Emma Thomas, Emma Leach, A/Prof Miranda Rose, Prof Leanne Togher, & all of CCRE.

Implementation scientists – Kirstine Shrubsole, Dr Emma Power, Dr Denise O'Connor, Megan Trebilcock

Acute pathway team – Dr Alexia Rohde, Dr Robyn O'Halloran, A/Prof Erin Godecke, Dr Abby Foster, Kirstine Shrubsole

Psychological health in aphasia team – Dr Brooke Ryan, Prof Ian Kneebone, Caroline Baker, Dr Marcella Carragher, A/Prof Miranda Rose, Prof Leanne Togher, Dr Emma Power

Core outcomes in aphasia team – Dr Sarah Wallace, Dr Tanya Rose, Prof Guylaine Le Dorze



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WHAT IS IMPACT?



Impact is the longer term effect of an **outcome**

Impacts are what we hope for
but **outcomes** are what we work for

IMPACTS ARE WHAT WE HOPE FOR..... BUT OUTCOMES ARE WHAT WE WORK FOR

What do we hope to be the **impact** of our profession?



But, we don't have a consensus on **outcomes**.

- ☐ The outcome of speech and language therapy should be **improved communication**?
- ☐ The outcome of speech and language therapy should be **reduced communication disability**?
- ☐ The outcome of speech and language therapy should be **improved participation**?
- ☐ The outcome of speech and language therapy should be **improved quality of life**?
- ☐ All of the above?

WHAT IMPACTS ARE WE HOPING FOR?



Are we aiming high enough?

STRATEGIES THAT HAVE WORKED FOR US



Collaborate with everyone



STRATEGY 1



Australian Aphasia Rehabilitation Centre



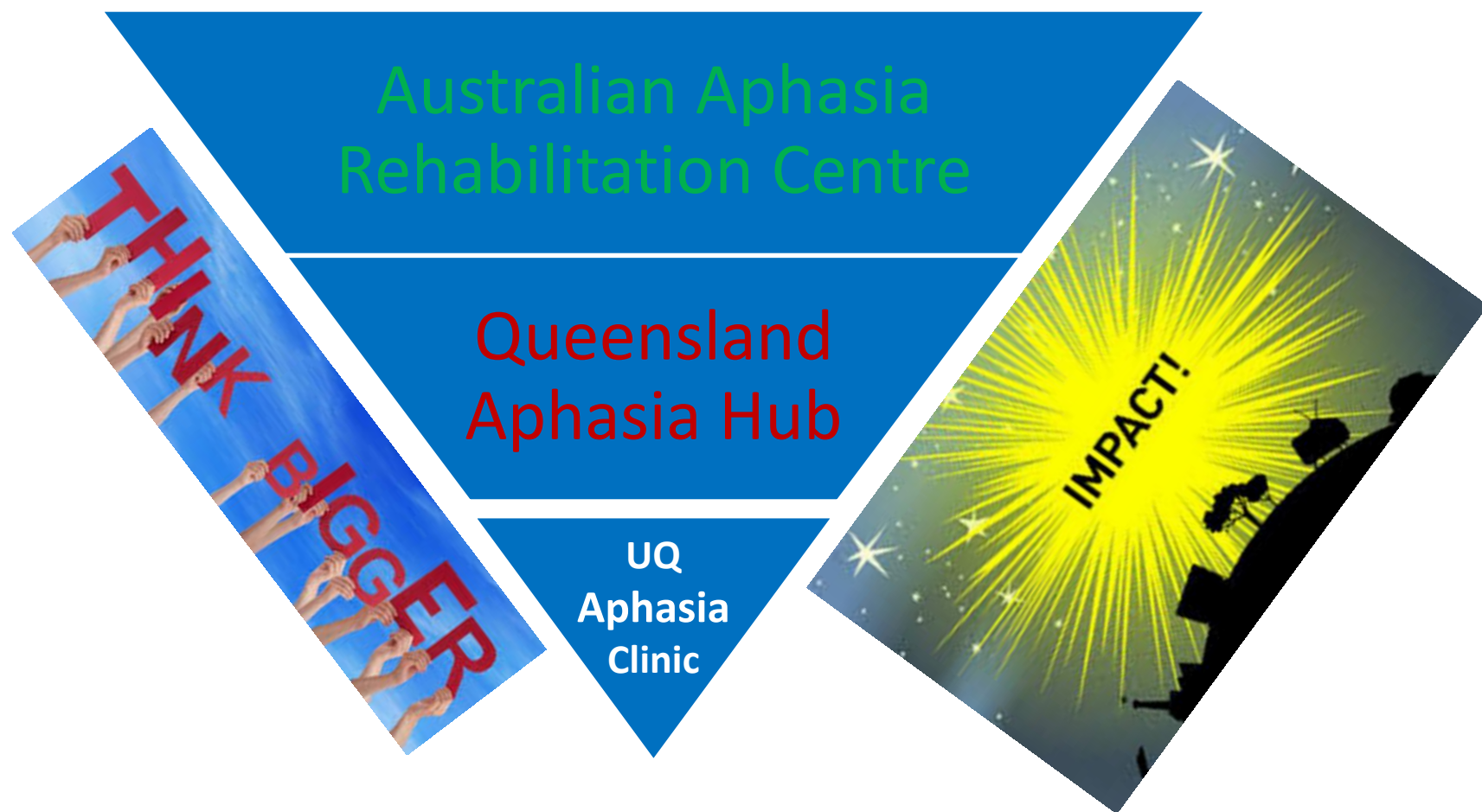
Leading the recovery of people with aphasia

We aim to return people with aphasia to a communicative life

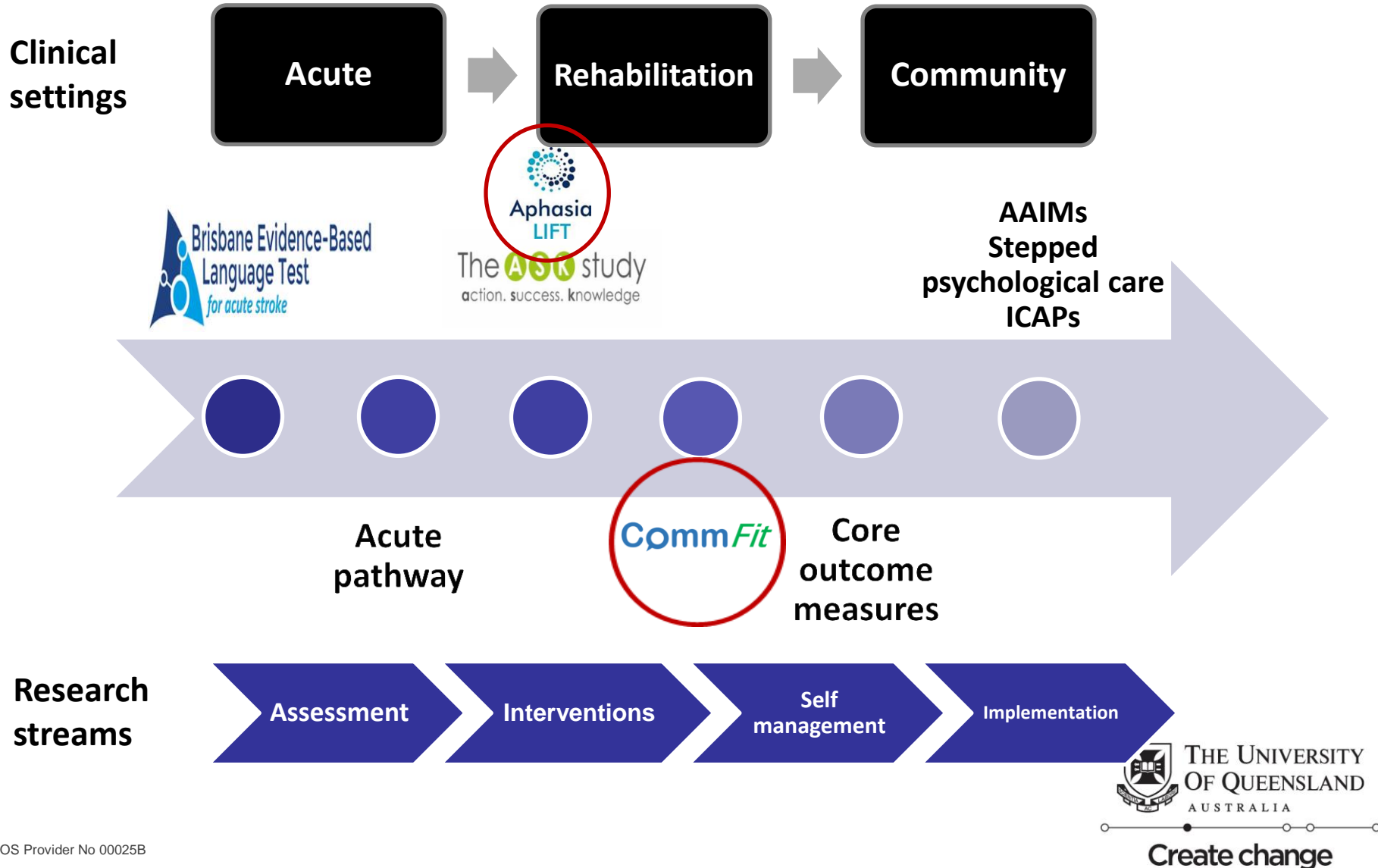


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OUR RESEARCH ALONG THE PATIENT JOURNEY





UQ APHASIA LIFT



Language Impairment & Functioning Therapy

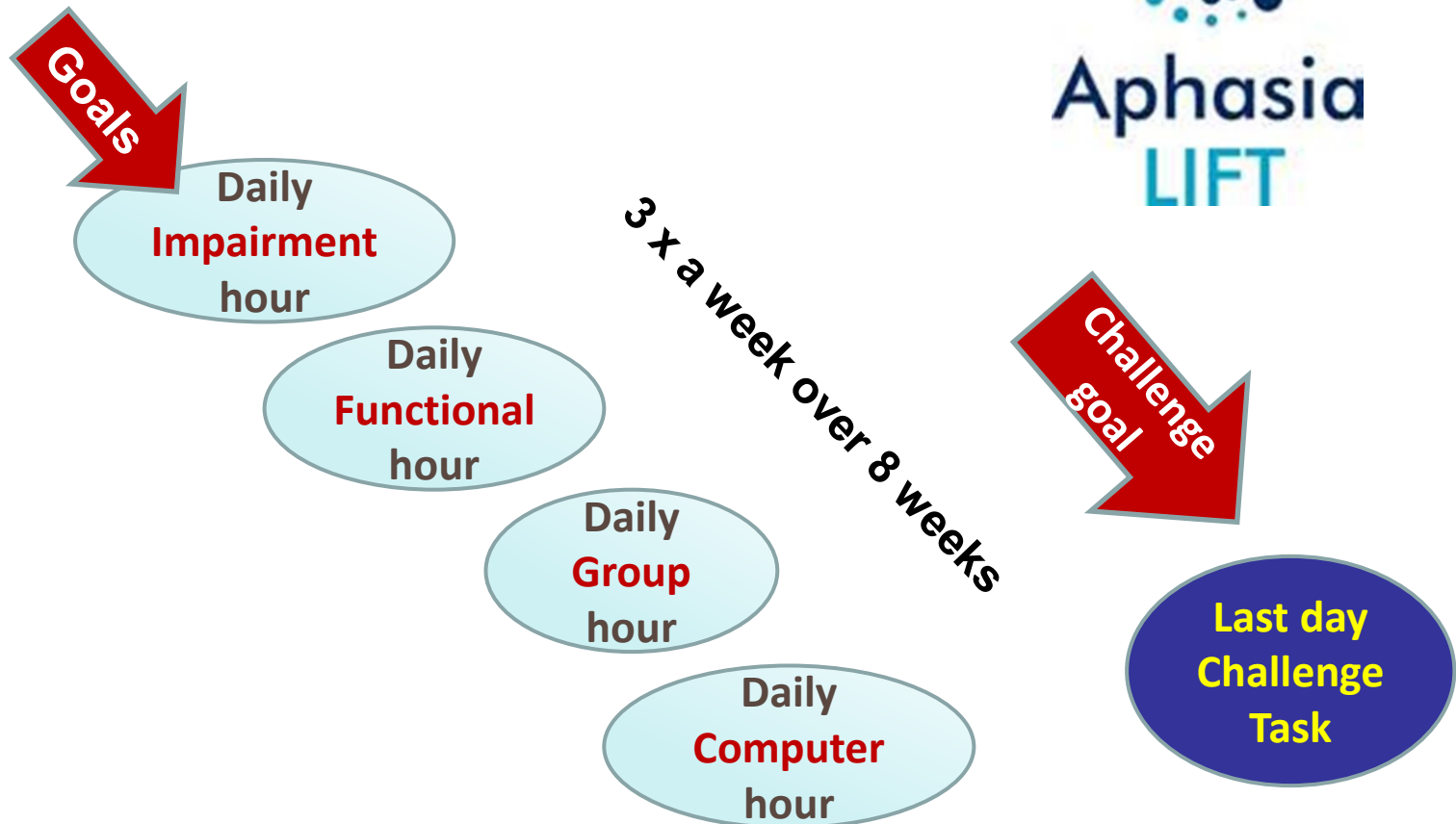
Our manualised standard “dose” of therapy

A type of Intensive Comprehensive Aphasia Program (ICAP)

WHAT IS AN INTENSIVE COMPREHENSIVE APHASIA PROGRAM (ICAP)? *(Rose et al., 2013)*

- Provides a **minimum of 3 hours of daily treatment** over a period of **at least 2 weeks**
- Uses a **variety of different formats** including individual & group therapy
- Targets directly both the **impairment and the activity/participation** levels of language and communication functioning
- Includes **patient/family education**
- Has a **definable start and end date**, with a cohort of participants entering & leaving the program at the same time

COMPONENTS OF LIFT



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TOWARDS APHASIA RECOVERY



- Is LIFT more cost effective than usual care?
- Can LIFT/ICAPs be implemented in routine clinical practice?

Hoped for research to further tailor the dose

- LIFT Home (*via telepractice*)
- LIFT to Work (*for clients who wish to return to work*)
- How many doses?



WEARABLES FOR EVERYDAY COMMUNICATION

Mobile technology (Smart phones, Fit Bits, Go Pros) are changing our lives.

- They can measure behaviours in everyday life
- They can give feedback in everyday life

Can wearables change the lives of people with a communication disability?

Comm*Fit*



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Comm*Fit* - A PEDOMETER FOR TALKING

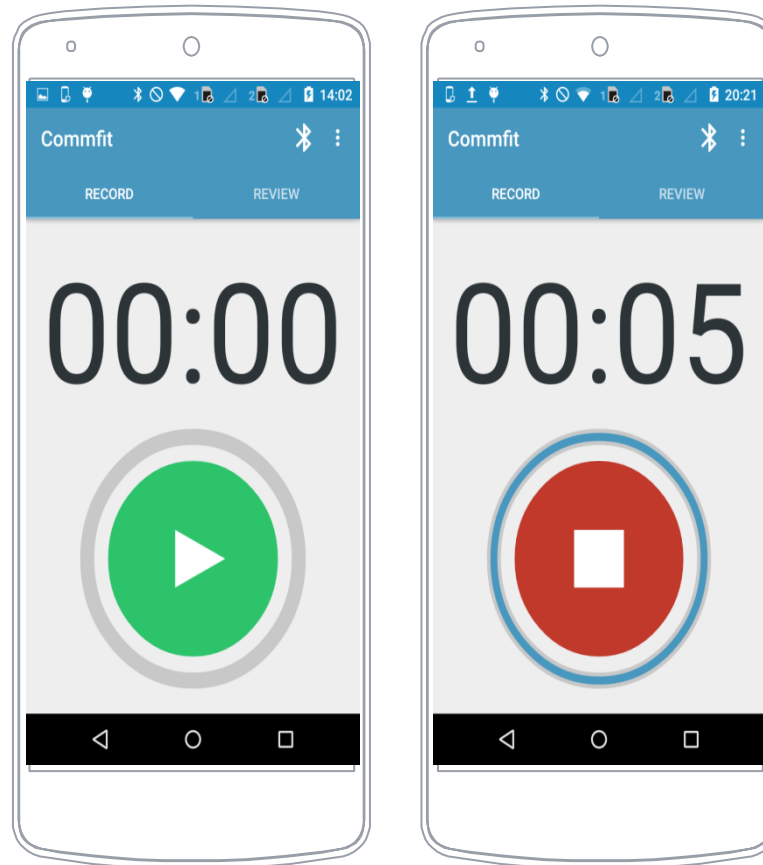


- A wearable sensor
- A gross indicator of a broader construct
- Simple to understand
- Goal is to increase a behaviour for a positive outcome
- Aims to motivate long-term behaviour change

A response to neuroplasticity principles of use it or lose it, use and improve it, intensity matters, saliency matters

Does increased talking lead to better talking and more participation?

RECORD TAB



Comm*Fit* RESULTS TO DATE

- It is accurate
- People with aphasia can use it
- It correlates particularly with measures of Communicative Activity (CADL-2) and Participation (SIPSO)
- Two people with non fluent aphasia were able to increase their talk time.
- Can people with non-fluent aphasia increase their talk time and improve their language impairment, communicative activity and participation?
- Can speech pathologists use the Commfit in addition to usual care? Does it improve outcomes?



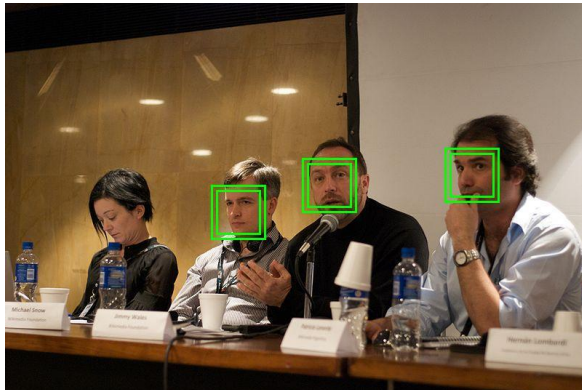
WEARABLES FOR MEASURING EVERYDAY COMMUNICATION

Recording

Observation



Analysis software



Answers

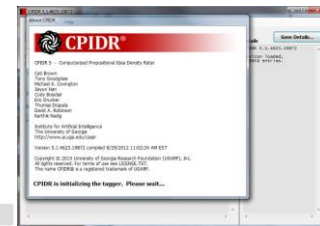
Who does the person talk with?
Where do they talk?



Language sampling



Discursis



Is there equal sharing of the conversation?
Are turns related?



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Summary

1. Aim for aphasia **recovery**

We are focussing resources into the Australian Aphasia Rehabilitation Centre

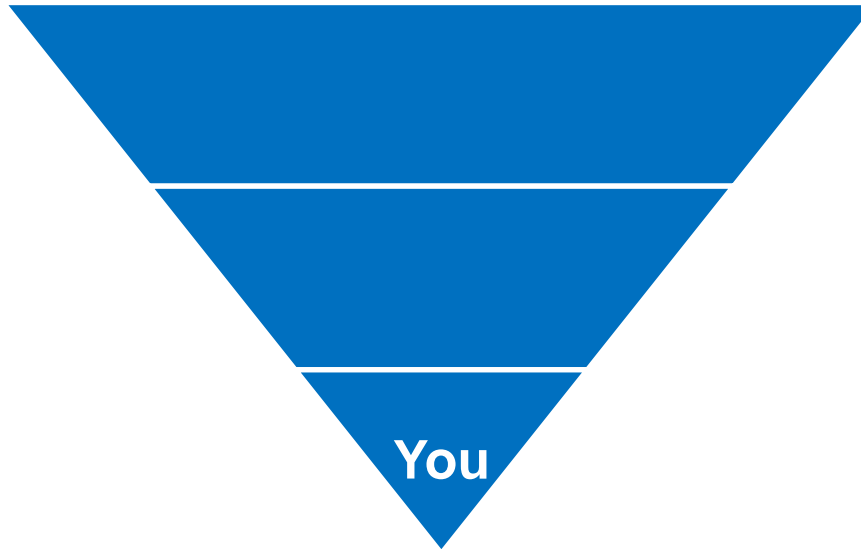
2. Work for what **should be** rather than what **could be**

Best practice in repeatable doses via the LIFT

3. **Embrace technology**

Enable client self-management through CommFit

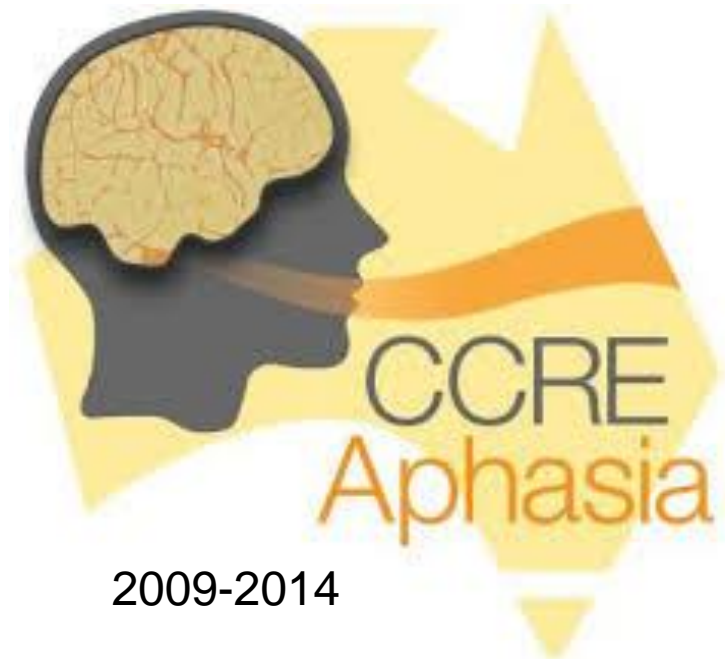
Write a letter to your future self at <https://www.futureme.org/>



STRATEGY 2



Collaborate with everyone



2009-2014

CONSENSUS-BASED BEST PRACTICE STATEMENTS

Australian Aphasia
Rehabilitation Pathway

www.aphasiapathway.com.au

Aphasia Rehabilitation Best Practice Statements 2014

Comprehensive supplement to the Australian Aphasia Rehabilitation Pathway

Downloaded from <http://bmjopen.bmj.com/> on July 2, 2015 - Published by group.bmj.com

Open Access

Research

BMJ Open Development and validation of Australian aphasia rehabilitation best practice statements using the RAND/UCLA appropriateness method

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www.aphasiapathway.com.au



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AUSTRALIAN APHASIA REHABILITATION PATHWAY

Australian Aphasia
Rehabilitation Pathway

Best practice for aphasia services across the continuum of care

Home

The Pathway

Best practice
statements

About

Contact



*Supporting speech pathologists working
with people with aphasia.*

www.aphasiapathway.com.au



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THE EIGHT PARTS OF THE PATHWAY

Australian Aphasia
Rehabilitation Pathway

The Pathway



Receiving the right referrals



Optimising initial contact



Setting goals & measuring outcomes



Assessing



Providing intervention



Enhancing the communicative environment



Enhancing personal factors



Planning for transitions



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INSIDE THE BOX - MORE DETAILED COMPONENTS

Australian Aphasia
Rehabilitation Pathway

The Pathway

The Pathway

Receiving the right referrals

[Aphasia awareness](#)

[Aphasia screening](#)

[Hospital admission and referrals to speech pathology](#)

[Communication training for health professionals](#)

Optimising initial contact

Setting goals & measuring outcomes

Assessing

Providing intervention

Enhancing the communicative environment

Enhancing personal factors

Planning for transitions

Receiving the right referrals

This section aims to support referrals to speech pathology and to ensure that people with aphasia are not missed. Follow the links for best practice statements developed in accordance with the most up-to-date research and expert opinion.

Information that you will find in this section focuses on:

1. [Aphasia awareness](#) - by increasing aphasia awareness in the community speech pathologists can help to ensure early identification and management of aphasia.
2. [Aphasia screening](#) - by implementing aphasia screening tools in workplaces, speech pathologists can help to ensure that people with aphasia are not missed.
3. [Hospital admission and referrals to speech pathology services](#) - by advocating for admission to acute stroke units and referrals to speech pathology for people with aphasia, speech pathologists can provide aphasia rehabilitation in a supportive healthcare setting.
4. [Communication training for health professionals](#) - this will help other health professionals to identify aphasia characteristics and will provide them with communication strategies to obtain relevant medical and background information from people with aphasia. This will guide appropriate onward referrals and overall management.



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FURTHER IN THE BOX – BEST PRACTICE STATEMENTS

The Pathway

The Pathway

Receiving the right referrals

Aphasia awareness

Community awareness

Aphasia as a stroke symptom

Stroke awareness

Aphasia screening

Hospital admission and referrals to speech pathology

Communication training for health professionals

Optimising initial contact

Setting goals & measuring outcomes

Assessing

Providing intervention

Enhancing the communicative environment

Enhancing personal factors

Planning for transitions

Increasing aphasia awareness

Best Practice Statements

These statements about increasing awareness of aphasia have been developed by the NHMRC CCRE in Aphasia Rehabilitation in accordance with the most up to date research and expert opinion.

Click on the statement for [NHMRC level of evidence ratings](#), supporting rationales, resources and further information.

1. [Community awareness of aphasia should be raised.](#)
2. [In awareness campaigns, it should be highlighted that aphasia can be an early and persisting symptom of stroke.](#)
3. [Appropriate stroke information should be given to people with aphasia and their families.](#)



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MORE DETAILS IN THE BOX – EVIDENCE EXPLANATIONS

The Pathway

The Pathway

Receiving the right referrals

[Aphasia awareness](#)

[Community awareness](#)

Aphasia as a stroke symptom

Stroke awareness

[Aphasia screening](#)

[Hospital admission and referrals to speech pathology](#)

[Communication training for health professionals](#)

Optimising initial contact

Community awareness

Community awareness of aphasia should be raised

Reference: N/A

NHMRC level of Evidence: GPP

Rationale: It is well recognised that aphasia is a largely unknown disorder to the public (Code et al., 2001; Elman, Ogar, & Elman, 2000; Mavis, 2007; Simmons-Mackie, Code, Armstrong, Stiegler, & Elman, 2002). A lack of public awareness of aphasia has resulting economic, psychosocial, and political consequences (Elman et al., 2000). Various phone and face-to-face surveys across multiple English speaking countries show that while 9.25% to 18% of people have heard about aphasia, only 1.54% to 11.53% had some basic knowledge of aphasia (Code et al., 2001; Mavis, 2007; Simmons-Mackie et al., 2002). Public awareness needs to be raised by as many people affected by aphasia as possible, including speech pathologists. This can occur in both small and large ways across levels of care and service planning.



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MORE DETAIL - BACKGROUND

Setting goals & measuring outcomes

Assessing

Providing intervention

Enhancing the communicative
environment

Enhancing personal factors

Planning for transitions

How much is known about aphasia?

Aphasia is a largely unknown disorder to the public (Mavis, 2007; Simmon-Mackie et al., 2010; Elman et al., 2000 & Code et al., 2001). A lack of public awareness of aphasia has negative economic, psychosocial, and political consequences (Elman, 2000). Surveys across multiple English speaking countries show that while 9.25% to 18% of people have heard about aphasia, only 1.54% to 11.53% had some basic knowledge of aphasia (Mavis, 2007; Simmons-Mackie et al., 2010 & Code et al., 2001). Many people hear about aphasia at work, so make sure you talk about it with your colleagues (Code et al., 2001).

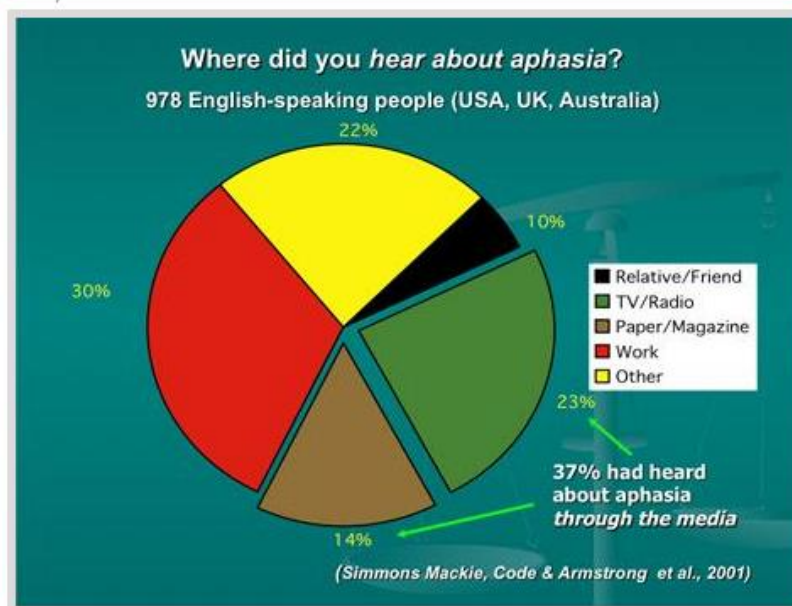


Figure 1: "How did you hear about aphasia?" taken from Simmons-Mackie, Code and Armstrong et al., 2001.

THE MOST USEFUL BITS - RESOURCES

RESOURCES:

How can I raise awareness of aphasia?

1. View and share the ["Understanding Aphasia" video](#) - a free educational resource launched to increase awareness of aphasia for National Stroke Week in Australia (8-14th September 2014).
2. [Follow the '7 tips to increase aphasia awareness'](#) - Nina Simmons-Mackie and colleagues (2002) recommend 7 tips for increasing aphasia awareness.
3. [Build your own aphasia talk](#) - La Trobe University has developed a 'Build your own aphasia talk' resource to be used by speech pathologists to develop community talks on aphasia for a variety of audiences including nurses, doctors, medical students, government services, community and health services, funding bodies and high school students.
4. [Teach others by using aphasia simulations](#) - Aphasia corner.com have developed aphasia simulations that can be used in teaching to help people to understand what it is like to have aphasia.
5. [Share Aphasia Information packs with people and their families](#) - UK Connect have developed a free informative information pack for people with aphasia.
6. **Display aphasia posters in your workplace** - Lingraphica® The Aphasia Company™ created ['the Aphasia Journey' poster](#) which was used at the ASHA conference in 2013. Lingraphica® The Aphasia Company™ also ran a [30 facts in 30days aphasia awareness campaign](#) in June 2013. Some examples of their facts sheets can be seen below.
7. Promote ['Aphasia' - the movie](#). View [the trailer](#).

References:

1. Code, C., N. S. Mackie, E. Armstrong, L. Stiegler, J. Armstrong, E. Bushby, P. Carew-Price, H. Curtis, P. Haynes, E. McLeod, V. Muhleisen, J. Neate, A. Nikolas, D. Rolfe, C. Rubly, R. Simpson and A. Webber (2001). "The public awareness of aphasia: an international survey." *Int J Lang Commun Disord* 36 Suppl: 1-6.
2. Elman, R. J., J. Ogar and S. H. Elman (2000). "Aphasia: Awareness, advocacy, and activism." *Aphasiology* 14(5-6): 455-459.
3. Mavis, I. (2007). "Perspectives on public awareness of stroke and aphasia among Turkish patients in a neurology unit." *Clin Linguist Phon* 21(1): 55-67; quiz 67-70
4. Simmons-Mackie, N., Code, C., Armstrong, E., Stiegler, L., & Elman, R., J. (2002). What is aphasia? Results of an international survey. *Aphasiology*, 16(8), 837-848. doi: 10.1080/02687030244000185
5. Simmons-Mackie, Nina, Raymer, Anastasia, Armstrong, Elizabeth, Holland, Audrey, & Cherney, Leora R. (2010). Communication partner training in aphasia: a systematic review. *Archives Of Physical Medicine And Rehabilitation*, 91(12), 1814-1837.





CLINICIAN & RESEARCHER COLLABORATION

Collaborate with everyone

Closing the evidence-practice gaps through implementation science (Shrubsole et al, in prep)

- Tailored theoretically-based behaviour change intervention **can** improve SLPs' aphasia management practices
- Speech pathology teams want help to improve service provision for people with aphasia
- Despite environmental barriers, a **positive workplace culture** and **positive beliefs about the benefits of evidence-based aphasia care** can close evidence-practice gaps



Summary

Collaborate with everyone

1. Lead the leaders to a **common meaningful goal**

The Australian Aphasia Rehabilitation Pathway

2. Let's **close the evidence practice gaps** together

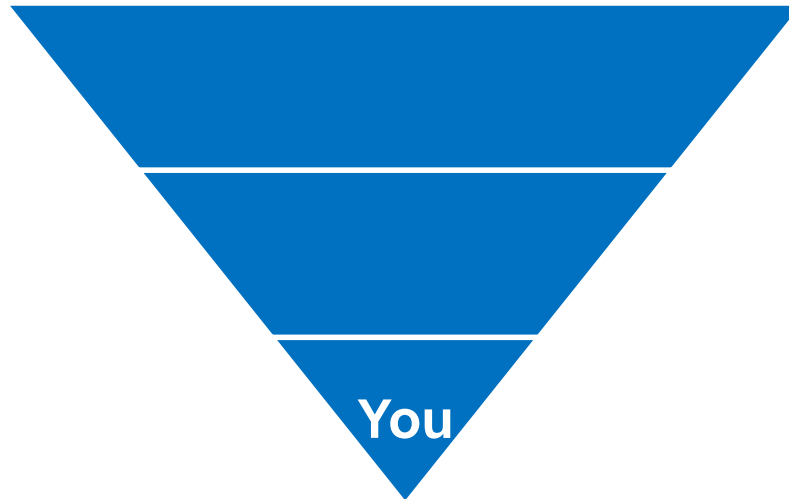
Through effective implementation strategies



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Write a letter to your future self at <https://www.futureme.org/>



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STRATEGY 3



SATISFACTION WITH SLT SERVICES

it was very . . . hard for me and we didn't get on so I said well . . .
"I'm not going back there because it's useless

I didn't even know that other people had what I had if we had
have had that information . . . that would've taken a lot of my
anxiety of that . . . that first—that yes—you know—this is not me
. . . it's um aphasia ...

. . . that's how I used to feel that I was always on um—always
taking a test

The hospital service says once a week to attend this chat group
and we'll set you right, 'There you go. You're back into the world
of living.' And I don't think that's enough.



KEEPING GROUNDED: GET CLIENT FEEDBACK

Routinely ask for feedback on your services



Volunteer for a consumer organization



Summary

1. Our clients are our best advocates
2. Help give them a voice.



To follow any future impacts

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