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# Developing and Using Scripts in the Treatment of Aphasia, AoS, and TBI

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#### EARNING CEUS

•Must be logged in for full time requirement •Must pass 10-question multiple-choice exam

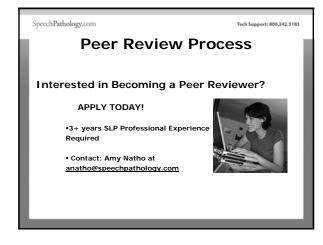
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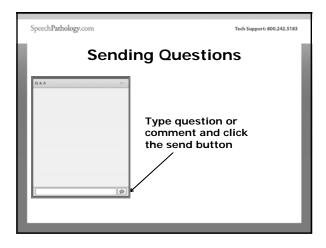
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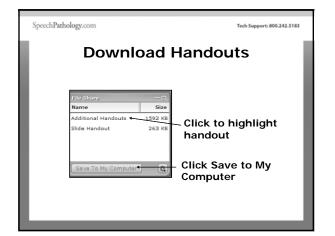
# •The test for the Live Event will be available after attendance records have been processed, approximately 1 hour after the event ends

•Must pass exam within 7 days of today

•Two opportunities to pass the exam









Developing and Using Scripts in the Treatment of Aphasia, AoS, and TBI

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Scripting Relies on Two Disparate Theoretical Underpinnings

1. The importance of scripts and stories in everyday communication

"We are the stars of our own movies" (Tom Robbins, 1980)• "You are the author of your own story" (David Krieger, 2001).

2. Previous work done on whole task training in aphasia

# We Are Our Stories...

- Stories get lost with aphasia
  - Many of them carry our identity
  - Have a tie to our self-confidence and safety
- Illness narratives
- Powerful palliative and curative effects
  - (Coles,1985; Frank,1989; Kleinman etc.)
- $\cdot$  Comfort lies in their repetition

## In Addition to Stories, There are Scripts

- Scripts (for this talk) are:
- Predictable verbal responses in interactional routines
  - What you say when the person who says he is not a solicitor calls once again on the telephone
  - $\cdot$  Giving directions to your house
  - Initiations & responses in canonical interactional routines
    - $\cdot$  "The Meeting Adrian example"
      - $\cdot$  Are you visiting your grandma?
    - $\cdot$  Where do you live?
    - How old are you?
    - Do you like to come to Tucson?
    - How long are you staying?
    - Your grandma must be very proud of you.

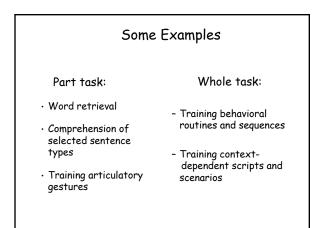
## TWO Sources Justify Scripting

The importance of stories in everyday lives and communication comes to us through the study of social communication and discourse. This provides the rationale of this participation-based content approach

Behavioral science provides the rationale for this contextual training approach

Scripts and stories will be examples of "whole task training." Differ in many ways from the standard ways we approach re-training in aphasia therapy, which typically is "part task."

Training				
Part Task*	Whole Task*			
<ul> <li>Breaks tasks down into components that are used simultaneously (fractionation)</li> <li>Each component is trained separately and acontextually</li> <li>Emphasis is on a generic skill</li> <li>*sometimes called "skill based"</li> </ul>	<ul> <li>Emphasis is on practicing the use of all required skills within a targeted context</li> <li>Deployment of skills/strategies practiced within the context simultaneously</li> <li>Presumed more effective for less complex and highly organized tasks with more predictable sequencing of steps</li> </ul>			



# Different Approaches, Different Goals

### Part Task

Whole Task

- By training components applicable to other skills, generalization likely to be maximized
- Training is likely to focus at impairment level, rather than activities and participation
- By training "routines," generalization likely to be limited to similar routines
- Training is likely to focus on functional interactions, activities and participation levels, (consequences)

• Both share the assumption that success requires practice, practice, practice.



 Learning is the mechanism of change

# A Clinical Example...

- · Hinckley, Patterson & Carr (2001)
  - $\cdot$  Study used both approaches to teach PWAs the same complex task:
    - $\cdot$  Ordering a shirt over the phone
  - PART TASK TRAINING: Taught vocabulary crossmodally, sentence structures, etc.
  - WHOLE TASK TRAINING: Taught whole unit

# Results....

- $\cdot$  Both groups learned the ordering task
- Part task learned faster
- Whole task learned it better (maintained longer)
- Different patterns of generalization
- $\cdot$  Part task generalized to CADL-2, written ordering of shirt
- Whole task generalized to BNT, ordering a pizza over the phone.

# That's the background.....On to the goals of this talk

- 1. To teach you how to develop and work with scripts on your own
- 2. To learn about various approaches for teaching and implementing scripts...from pencil & paper

to more fun implementations es from Virtual Clinicians to ipod, ipad apps

3. To provide supporting outcome data

# Scripting is a Clinical Tool

- A development from my lab, students
- Starts with developing a short script in collaboration with the aphasic person
- Has been used with Broca, anomic, conduction, mild Wernicke's (& most recently with severe AOS)
- A key concept is that you get better at what you practice
- Homework is a built-in, a given



### This is Not Rocket Science!

- In consultation with aphasic persons and their families, clinician determines plausible, useful scripts and stories
  - $\cdot\,$  Making an appointment at the beauty shop\*
  - Buying a gift for a spouse\*
  - $\cdot$  Placing a bet with your bookie over the phone\*
  - Telling one's own stories
  - You at your best
- Clinician develops a script, based on aphasic person's input--perhaps simplifying complex language
- Practice, practice, practice -- clinic and home
- Work toward automatization through repetition

## Personal Scripts and Stories

- Most powerful are self-chosen stories about events in one's life:
  - Illness narratives
  - Big events (weddings, birth of children)
  - Being in war or strife
- $\cdot$  Most useful
  - Resuming simple conversational roles
    - Telling personal stories, reminiscences, joking, giving directions, weather talk, etc

## How to Create a Story/Script THIS IS NOT TRIVIAL

- A major encourager for practice is to help aphasic person choose one for which he/she is enthusiastic about learning.

- Provide examples about the range of possible topics
- $\cdot$  Choose one, then write story together
- $\cdot$  Final decision (even wording) is up to him or her

## Ideal Stories Are:

Fairly short---8-15 sentences for monologues, 8 or so turns for canonical interactions (might want to split longer ones into two sections.)

Embed a feature (say, a lot of verbs) that can facilitate generalization to untrained contexts

Important, fun, personally meaningful, relevant--WHATEVER CAN FACILITATE PRACTICE

## Some Topics for Which We Have Developed Scripts

 ordering a pizza over the phone

 ordering in a restaurant (rice pudding is an aphasia favorite!!!)

 finding out about the grandkids over the phone

 telling stories from your past

 giving a testimonial in church

• prayers

• jokes

•	e-mail scripts	
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- getting to know you
- picture naming scripts (PPA)
- asking about your feelings
- asking about your day
- stories about life
- talking to store clerks
- conversation starters
- giving directions to your house
- telling a bartender how to make your martini



MONOLOGUE THEME				
Stories from life	19			
Story of my stroke	12			
Introducing me to others	3			
Prestroke story	3			
Retelling an impersonal event	1			
Prayers, testimonials, speeches, & lectures	6			
Outside interests	2			
Making plans	1			
Holland, Halper, & Charney (2010)	28			



Dialogue Themes							
Topics	PWA_R	PWA_I	Total				
Outside Interests	6	4	10				
Stories from Life	1	4	5				
Ordering in a Restaurant	7	1	8				
Making Plans	1	1	2				
Seeking/Providing Information	า 5	8	13				
Work Talk		4	4				
Phoning	5	3	8				
Conversation w/ family	4	11	15				
Conversation w/ others	3	4	7				
			N=72				



# Example (Monologue)



Sherlock Holmes and Dr. Watson were camping out.

They had just crawled into their sleeping bags.

Sherlock said "Look up Watson, and tell me what you see."

Watson replied, "I see the stars of the heavens."

"Tell me more,"said Sherlock.

"I see the glory of nature in the night sky," Watson said.

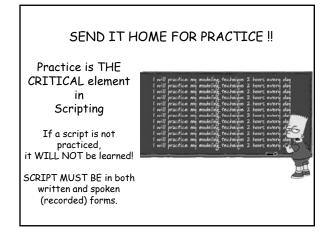
"Oh Watson!" Sherlock said. "Can't you see that someone has stolen our tent?"

# Questions for Meeting New People

Where did you grow up? Where do you live? Have you lived anywhere else? Where did you go to high school? Where did you go to college? What are some good things about your job? What are some bad things about your job?

Now you have a script (or so) that you and the client have written together and gone over in the clinic

WHAT HAPPENS NEXT????

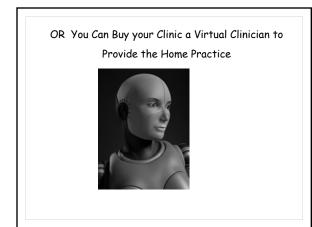


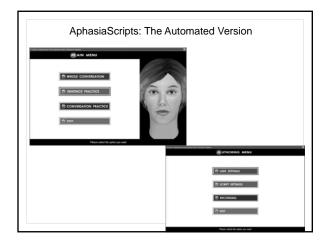
# Some Old Ways

- Reading the script/story
- Recording it, leaving space for practice
- Dynavox
- Language Master
- Plain old pencil & paper

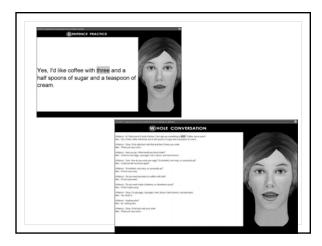


- Talking photo albums
- PRACTICE INVOLVES SPEAKING THE SCRIPT ALOUD!

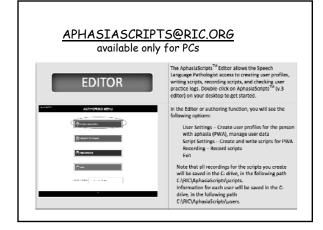


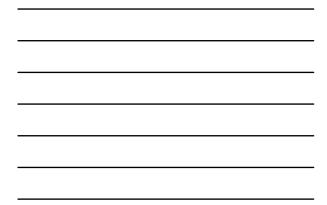


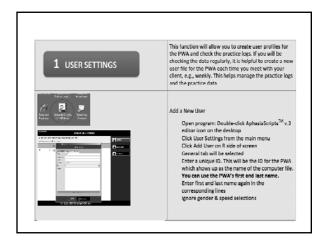




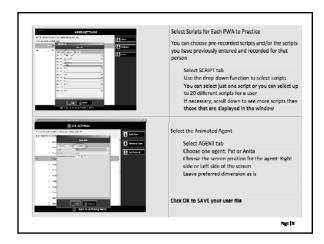






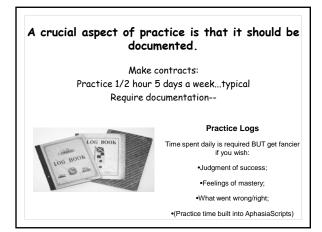


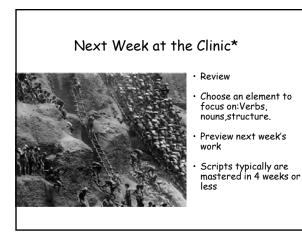












What is the evidence for the utility of scripting?

Formal pre-post comparisons have been made on over 40 PWA, most

in preparation or already in the literature

(Youmans, et al, 2005,2010, Holland &

colleagues, 2002,2010, Cherney & colleaguess, 2008, 2009a, 2009b)

Goldberg et al, in preparation, Fridriksson et al, in preparation)

Scripts have been "mastered" by all but 4 patients evaluated, with changes in script content, words per minute, fluency.

Most of this work has been single subject, multiple baseline, using 3 scripts.

Some work has found generalization to grammatical morpheme use and rate of speech as well as changes in measures of confidence.

## Clinical Details Varied Considerably

•Weekly sessions were face to face or videoconferenced.

•Both fluent and nonfluent persons were treated.

•Severity of speech/language disorder varied

•Using VAST technology, PWA mastered scripts to use with their iPods, while...

• others moved on to less visually-dependent speech.

 All presentation methods mentioned in this talk were used successfully

# In Conclusion----

Scripting is a viable approach. It is ready for a systematic review (almost)

AND

It can be fun, functional, and collaborative!

















