




ASHA CEUs

Information and Notes Pages

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	<p>LingraphiCARE America is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.</p>
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This course is offered for 0.1 ASHA CEUs (Introductory level; Professional area).

Complete a 0.1 ASHA CEU Course

Speech-language pathologists (SLPs) are invited to participate in a one-hour ASHA-approved course offering, "Öä* ä * Ä@ ÄÖä KÜ~ ääc Ä -ÄÖ [{ ~ } äää } Äüäç ^:Ä/ää ä * Ä ÄÖÖ." To be eligible to receive 0.1 ASHA CEUs (Introductory level), please see the guidelines below.

For more information about ASHA's most up-to-date eligibility criteria, go to the FAQ section of the ASHA CE website: <http://www.asha.org/CE/FAQs/>.

Course Description:

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Learning Outcomes:

By completing this course, participants will be able to:

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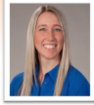
Processing:

Online course completions are reported to ASHA quarterly. Please allow eight to ten weeks for processing. Lingraphica will issue a certificate of participation to each SLP who completes a CEU course.

For more information, or to start a device trial, contact: continuinged@lingraphica.com



Bridging the Gap: Quality of Communication Partner Training in AAC



Brianne A. Kosch, MS, CCC-SLP/ATP
Customer Experience and Engagement Manager
Lingraphica

Disclosures

- **Financial:** Brianne is a full-time, salaried employee of Lingraphica and thereby receives financial compensation from the Lingraphica Company.
- **Nonfinancial:** Brianne is a graduate of Nova Southeastern University. The research discussed in this course was conducted to fulfill the dissertation requirement for the degree of Doctor in Speech-Language Pathology.



Learning Objectives

Participants will be able to:

- Describe how the level of augmentative and alternative communication (AAC) training completed by SLPs at the masters degree level affects their self-perceived comfort level and competency to provide AAC services to both persons with aphasia (PWAs) and their communication partners (CPs).
- Demonstrate understanding of the relationship between quality of CP training and support provided by SLPs and the overall successful use of speech-generating devices (SGDs) by PWAs.
- Identify how improved CP training for the primary communication partners of PWAs can improve SGD outcomes.



Communication Partner versus Caregiver

Caregiver: Any person who cares for another individual who cannot independently care for himself or herself

Communication Partner: Any person who engages in conversation with or supports the communication of an individual who cannot communicate independently

*** Every Caregiver is a Communication Partner, but not every Communication Partner is a Caregiver



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Background & Needs Assessment

Device Abandonment:

- Some of the factors that have most frequently led to device abandonment were lack of support, the user's attitude toward the device, and lack of training (Johnson et al., 2006).
- Approximately 70% of device abandonment may be contributed to a lack of the support person's general knowledge of and training on the device (Ballin, Balandin, Togher, & Stancliffe, 2009).

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Background & Needs Assessment

Lack of SLP training in AAC:

- Family training and counseling have been identified as weaknesses of SLPs and areas that require further development (Sorin-Peters, 2004).
- Without adequate AAC training SLPs may not have the confidence or skills to provide training to communication partners (Ratcliff, Koul and Lloyd, 2008).

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Background & Needs Assessment

Lack of Communication Partner (CP) Training:

- It is estimated that approximately two-thirds of the stroke survivors in the United States require daily assistance from a family caregiver (Bakas, Kroenke, Plue, Perkins, & Williams, 2006).
- Without sufficient exposure and training, CPs of AAC users may negatively affect that user's communication experience when using the AAC device (Thiessen & Beukelman, 2012).
- Negative attitudes that CPs have been found to develop toward their loved one with aphasia may be attributed to the lack of support, training, and education provided to them at the onset of their loved ones' diagnoses (Zraick & Boone, 1991).



The Research Problems

- There is a significant lack of formal SLP training in AAC and CP training
- Many CPs of PWAs are provided insufficient instruction on how to assist their loved ones functional utilization of the AAC device



Research Questions

- How does the quality of AAC training provided to SLPs at the masters level affect self-perceived competency and comfort in providing AAC services to PWAs and their CPs?
- How satisfied are CPs with the AAC services provided to them by SLPs?



Methods: Inclusion Criteria

Participants were recruited from HubSpot, the Lingraphica customer management software

- Group 1: SLPs
 - Certified by ASHA
 - Hold an active state license
 - Work within the United States
- Group 2: Communication Partners of PWAs
 - Primary CP of a PWA
 - Live within the United States
 - Participated in a Lingraphica SGD trial
 - Own a Lingraphica SGD



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Methods: Participants Group 1 - SLPs

- Surveys emailed: 12,479
- Responses: 968
- Complete responses: 902
- Extracted (did not meet criteria): 189

N = 779



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Group 1 Demographics

Demographic	Frequency	Percent
Gender		
Female	149	19.2
Male	30	3.9
Age		
18-24	83	10.7
25-34	222	28.5
35-44	122	15.7
Level of Education		
Bachelor's Degree	177	22.7
PhD/MSw/MAEdD	32	4.1
Region		
Northwest	154	19.8
South	268	34.4
West	149	19.1
Years Licensed/certified SLP		
0-1	159	20.4
2-10	154	19.8
11-20	191	24.5
21+	275	35.3
Current Work Setting		
General Medical	207	26.6
Skilled Nursing Facility	101	13.1
Outpatient Rehabilitation	221	28.4
Acute Rehabilitation	144	18.5
Home Health Services	99	12.7
Private Practice	113	14.5
Clinic in Medical Setting	32	4.1
Academic/University	81	10.4
Retired	11	1.4
Other	74	9.5



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Methods: Participants

Group 2 – Comm. Partners of PWAs

- Surveys emailed: 11,863
- Responses: 731
- Complete Responses: 174 surveys
- Extracted (did not meet criteria): 65

N: 109



Group 2 Demographics

Demographic	Frequency	Percent
Gender		
Female	50	46
Male	59	54
Age		
35-44	6	6
45-54	10	9
55-64	19	17
65-74	38	35
75-84	26	24
> 85	9	8
Years diagnosed with aphasia		
< 1	16	15
1-4	87	80
5-10	26	24
11-15	11	10
16-20	3	3
> 20	6	6
Cause of aphasia	85	78
Left hemisphere stroke	14	13
Right hemisphere stroke	5	5
Traumatic brain injury	2	2
Brain tumor	5	5
Alzheimer's Disease	1	1
Parkinson's Disease	2	2
Frontotemporal Dementia	3	3
I don't know	9	9
Type of aphasia		
Broca's aphasia	15	14
Wernicke's aphasia	2	2
Global aphasia	10	9
Primary Progressive Aphasia	12	11
I don't know	58	53



Group 2 Demographics - PWAs

Demographic	Frequency	Percent
Gender		
Female	81	75.3
Male	28	25.7
Age		
35-44	6	5.5
45-54	29	26.6
55-64	63	58.5
75-84	19	17.4
85+	2	1.8
Ethnicity	95	87.2
Hispanic or Latino	3	2.8
Black or African American	5	4.6
Other	2	1.8
Do not wish to disclose	4	3.7
Region		
Northeast	26	23.9
Midwest	10	9.2
South	57	52.3
West	15	13.9
Relationship to person with aphasia		
Spouse/partner	72	66.1
Child	13	11.9
Parent	17	15.6
Sibling	4	3.7
Friend	1	0.9
Years known person with aphasia		
0-10	11	10.1
11-20	6	5.5
21-30	7	6.4
31-40	20	18.4
41-50	25	22.9
51-60	29	26.7



Methods: Surveys

- Group 1 Survey:

Academic and Clinical Experience of SLPs in AAC
(Abaranok, 2013)

- Group 2 Survey:

Communication Partner Training in AAC
(Blom Johansson et al., 2012)



Group 1 Survey

Academic and Clinical Experience of SLPs in AAC

28 Questions:

- Demographics
- Experience working with PWAs and AAC
- Academic and clinical training in AAC and CP training
- Perceived skills and comfort level with AAC and CP training



Group 2 Survey

Communication Partner Training in AAC

31 Questions:

- Demographics
- Quality of interactions with SLPs
- Quality of AAC training received
- PWA's use of SGD after placement and level of support required



Results - Group 1

Reasons Why AAC Training Was Not Provided to CPs

Reasons CP Training Not Provided	N	Percent
CP refused	122	15.8
CP did not attend therapy session	396	51.2
No CP	122	15.8
Client did not want CP involved	42	5.4
Unable to bill for CP training	32	4.1
No time/Caseload demands	87	11.2
Not comfortable/Lacked skills	77	9.2
Limited therapy	114	14.7
Other	203	26.2



Results - Group 1

Master's Level Coursework in AAC and CP Training

AAC Coursework	Frequency	%
AAC was a required course	278	44.3
I completed an AAC elective course	85	13.5
AAC material was covered in another course	82	13.1
An AAC course was available, but I chose not to take it	19	3.0
An AAC course was not available	144	22.9
I don't remember	20	3.2

Approximately 42% of the respondents reported that they did not take an AAC course at the master's level.



Results - Group 1

Master's Level Coursework in CP Training

Communication Partner Training Instruction Provided	N	Percent
Yes	114	18.2
No	148	23.6
I don't remember	202	32.2
I did not complete a master's level AAC course	164	26.1

Approximately 82% of the respondents reported that they either did not or did not remember receiving instruction in training CPs in their master's program.



Results - Group 2

Frequency PWA Requires Support on the SGD

Frequency Support Required	N	Percent
Never	14	12.8
Rarely (few times a month)	15	13.8
Sometimes (few times a week)	30	27.5
Often (daily)	21	19.3
Frequently (multiple times a day)	26	23.9
I don't know	3	2.8

Approximately 43% of the participants reported that their loved one with aphasia requires daily support to functionally utilize their SGD.



Summary

1. < 40% of SLPs completed a full-credit AAC course in their master's program.
2. < 30% of SLPs reported feeling fully competent in completing AAC assessments even though approximately 40% of them reported doing a minimum of one AAC assessment a month.
3. < 10% of the SLPs felt that their master's program prepared them to provide AAC services.
4. < 15% were provided with instruction on how to provide AAC training to CPs.



Summary

5. 36% of SLPs reported feeling fully comfortable providing AAC training to CPs of PWAs.
6. 30% of the CPs felt that they were insufficiently trained on their loved one's SGD.
7. 50% of the CPs reported that their needs were not fully met by the SLP when it came specifically to being taught how to use and customize the SGD.
8. 40% of the CPs acknowledged that their loved ones require their support to customize, maintain, and use the SGD functionally either "frequently" or "often."



Summary

9. CPs who had been in contact with their loved ones' SLPs 9+ times report significantly higher levels of satisfaction with training than CPs who had less contact with an SLP.
10. CPs who reported being better trained on the SGD by the SLP, also reported that their loved ones used their device more frequently.
11. Many of the CPs who reported that their loved one "never" or "rarely" used their SGD also indicated that they were not well-trained on the SGD.



The Identified Problems

This study helped Lingraphica refocus our attention on the importance of caregivers and communication partners.

What We Learned:

- CPs support is critical in PWAs becoming functional, successful AAC users.
- Without a well-trained CP's support, the outcome of device abandonment increases significantly.
- CPs feel underserved and undertrained by SLPs during the AAC trial and placement process.
- SLPs are not provided with adequate training to feel confident enough to provide AAC training to the CP's of their clients.



Lingraphica's Solution New Customer Training Program

Mission: To reach out to every new Lingraphica user and their primary CPs to provide 1:1 individualized training.

Trainings Include:

- Basic skills training
- Education on role of primary CP
- Functional customization to promote LPAA
- Strategies how to support loved one on device

Follow-up: We make a series of follow-up/check-in calls over a four-month period after the initial training.



References

- Beukelman, D. R., Hak, K., Dietz, A., McKelvey, M., & Weissing, K. (2015). Using Visual Scene Displays as Communication Support Options for People with Chronic Severe Aphasia: A Summary of AAC Research and Future Research Directions. *Augmentative and Alternative Communication*, 31(3), 234-245. doi:10.1080/07434618.2015.1052152
- Blin Johansson, M., Carlsson, M., Östberg, P., & Sonander, K. (2012). Communication changes and SLP services according to significant others of persons with aphasia. *Aphasiology*, 26(8), 1005-1028.
- Blin Johansson, M., Carlsson, M., Östberg, P., & Sonander, K. (2013). A multiple-case study of a family-oriented intervention practice in the early rehabilitation phase of persons with aphasia. *Aphasiology*, 27(2), 291-298. doi:10.1080/02687028.2012.744626
- Brown, J. (1999). Bowen family systems theory and practice: Illustration and critique. *Australian and New Zealand Journal of Family Therapy*, 20(2), 94-103.
- Cameron, V. (2013). Best practices for stroke patient and family education in the acute care setting: a literature review. *MedSurg Nursing*, 22(1), 51.
- Charney, L. R., Simmons-Mackie, N., Raymer, A., Armstrong, E., & Holland, A. (2013). Systematic review of communication partner training in aphasia: Methodological quality. *International journal of speech-language pathology*, 15(5), 535-545.
- Dietz, A., Quach, W., Lund, S. K., & McKelvey, M. (2012). AAC assessment and clinical decision making: The impact of experience. *Augmentative and Alternative Communication*, 28(3), 148-159. doi:10.1080/07434618.2012.704521
- Draper, B., Bowling, G., Thompson, C., Van Heyst, J., Conroy, P., & Thompson, J. (2007). Stress in caregivers of aphasic stroke patients: A randomized controlled trial. *Clinical Rehabilitation*, 21(2), 125-130. doi:10.1177/0269215506287251
- Edmonds, W. A., & Kennedy, T. D. (2013). *An applied reference guide to research designs: Quantitative, qualitative, and mixed methods*. Los Angeles, CA: Sage Publications, Inc.
- Fowler Jr, F. J. (2009). *Survey research methods*. Los Angeles, CA: Sage Publications, INC.
- Fox, L., Poulsen, S., Clark Bawden, K., & Packard, D. (2004). Critical elements and outcomes of a residential family-based intervention for aphasia caregivers. *Aphasiology*, 18(12), 1177-1199. doi:10.1080/02687020444000525
- Graaburg, M., Howe, T., Worrall, L., & Scarrini, N. (2014). Describing the impact of aphasia on close family members using the ICF framework. *Disability and Rehabilitation*, 36(14), 1184-1192.
- Hough, M., & Johnson, R. K. (2009). Use of AAC to enhance linguistic communication skills in an adult with chronic severe aphasia. *Aphasiology*, 23(7-8), 965-976. doi:10.1080/02687020802698145



References

- Howe, T., Davidson, B., Worrall, L., Hersh, D., Ferguson, A., Sherratt, S., & Gilbert, J. (2012). You needed to rehab ... families as well: Family members' own goals for aphasia rehabilitation. *International Journal of Language and Communication Disorders*, 47(5), 511-521. doi:10.1111/j.1460-6984.2012.00159.x
- Johnson, J. M., Ingelbrecht, E., Jones, C., & Ray, J. (2006). Perspectives of speech language pathologists regarding success versus abandonment of AAC. *Augmentative and Alternative Communication*, 22(2), 85-99.
- Johnson, R. K., Hough, M. S., King, K. A., Vos, P., & Jettis, T. (2008). Functional communication in individuals with chronic severe aphasia using augmentative communication. *Augmentative and Alternative Communication*, 24(4), 269-290.
- Kagan, A. (1998). Supported conversation for individuals with aphasia: Methods and resources for training conversation partners. *Aphasiology*, 12(9), 816-830.
- Kagan, A., Black, S. E., Duchan, J. F., Simmons-Mackie, N., & Square, P. (2001). Training volunteers as conversation partners using supported conversation for adults with aphasia (SCA): a controlled trial. *Journal of Speech, Language, and Hearing Research*, 44(3), 624-638. doi:10.1044/1092-4388(2001)0051
- Lasker, J., & Bedrosian, J. (2009). Acceptance of AAC by adults with acquired disorders. In D. Beukelman, K. Yorkston, & J. Reichle (Eds.), *Augmentative and alternative communication for adults with acquired neurological disorders* (pp. 107-136). Baltimore: Paul H. Brookes.
- Lasker, J., & Bedrosian, J. (2007). Promoting acceptance of augmentative and alternative communication by adults with acquired communication disorders. *Augmentative and Alternative Communication*, 17(3), 141-153.
- Lock, S., Wilkinson, R., Bryan, K., Maxim, J., Edmundson, A., Bruce, C., & Moir, D. (2001). Supporting partners of individuals with aphasia in relationships and conversation (SPPARC). *International Journal of Language & Communication Disorders*, 36(1), 25-30.
- Louis, S. W., S., Liu, P. K. K., & Man, D. W. K. (2009). Stress of caregivers in caring for people with stroke: Implications for rehabilitation. *Topics in Geriatric Rehabilitation*, 25(3), 191-197. doi:10.1097/GTR.0b013e31819102d8
- Luterman, D. (2008). *Counseling persons with communication disorders and their families* (6th ed.). Austin, TX: Pro Ed.
- Lyon, J. S., Carrok, D., Kessler, L., Rozesnek, J., Levine, R., Kumpsh, J., ... & Sherr, M. (1997). Communication partners: Enhancing participation in life and communication for individuals with aphasia in neural settings. *Aphasiology*, 11(7), 693-708.
- Oswald, S. K., Bernal, M. P., Cron, S. G., & Godwin, K. M. (2009). Stress experienced by stroke survivors and spousal caregivers during the first year after discharge from inpatient rehabilitation. *Topic in Stroke Rehabilitation*, 16(2), 93-104. doi:10.1310/tor1602-93
- Manders, E., Marien, A., & Jaroson, V. (2011). Informing and supporting partners and children of persons with aphasia: a comparison of supply and demand. *Linguistics and Phonetics*, 10(4), 139-144. doi:10.3109/14615439.2011.562534



References

- Marvin, L. A., Montano, J. J., Fusco, F. M., & Gould, E. P. (2003). Speech-language pathologists' perceptions of their training and experience in using alternative and augmentative communication. *Contemporary Issues in Communication Sciences Disorders*, 30, 76-83. doi:10.52107/1033001-0076
- Nyänen, A., Nyhälö, H., Nyänen, M., Brunou, R., & Raaijmakers, P. (2013). Communication therapy for people with aphasia and their partners (APPUTE). *Aphasiology*, 27(10), 1159-1179. doi:10.1080/02687028.2013.802284
- Perrin, P. B., Johnston, A., Vogel, B., Hessecker, M., Vega-Trujillo, M., Anderson, J., & Rittman, M. (2010). A culturally sensitive Transition Assistance Program for strokecaregivers: Examining caregiver mental health and stroke rehabilitation. *The Journal of Rehabilitation Research and Development*, 47(7), 805. doi:10.1682/jrrd.2009.10.0170
- Plichta Kellner, S. B., Kelvin, E. A., & Munro, B. H. (2013). *Munro's statistical methods for health care research*. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Racloff, A., Kouf, R., & Lloyd, L. L. (2008). Preparation in augmentative and alternative communication: An update for speech-language pathology training. *American Journal of Speech-Language Pathology*, 17(1), 48-59.
- Scherer, M. J. (1996). Outcomes of assistive technology use on quality of life. *Disability & Rehabilitation*, 18(3), 439-448.
- Serin-Peters, R. (2004). The evaluation of a learner-centred training programme for spouses of adults with chronic aphasia using qualitative case study methodology. *Aphasiology*, 18(3), 351-375.
- Steele, R. D., Alfonso-Roca, L. B., & Kouf, R. K. (2010). Outcome improvements in persons with chronic global aphasia following the use of a speech-generating device. *Acta Neuropsychologica*, 8(4), 342-359.
- Thessen, A., & Beukelman, D. (2013). Training communication partners of adults who rely on AAC: Co-construction of meaning. *SIG 12 Perspectives on Augmentative and Alternative Communication*, 22(1), 16-20.
- Varpio-Wilson, M. T., McCabe, A., & O'Keefe, J. A. (2010). Role of the speech-language pathologist: augmentative and alternative communication for acute care patients with severe communication impairments. *Dimensions of Critical Care Nursing*, 34(2), 112-119. doi:10.1097/DCC.0b00000000000094
- Vermilya, S., & Stevens, L. C. (2012). A Guide for enhancing patient and caregiver communication. *SIG 12 Perspectives on Augmentative and Alternative Communication*, 21(2), 32-36.
- Zraick, R. I., & Boone, D. R. (1991). Spouse attitudes toward the individual with aphasia. *Journal of Speech, Language, and Hearing Research*, 34(1), 123-128.

