

What do untrained conversation partners know about communicating with people with aphasia?

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Background

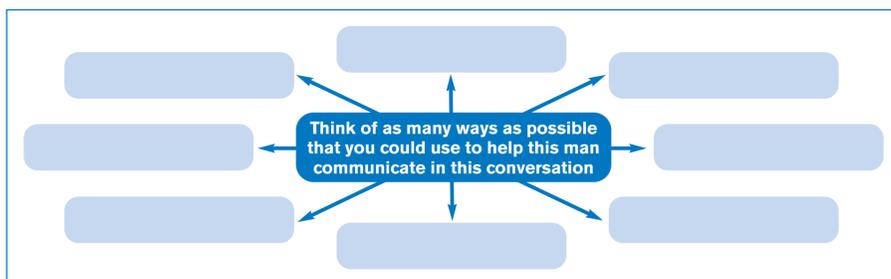
This study was undertaken as part of the final year undergraduate degree programme at De Montfort University. In 2006 Turner & Whitworth identified that teaching conversational partners about supportive communication strategies was a key theme of the three main approaches to conversational therapy; the conversational analysis approach, the supported conversation approach and the conversational coaching approach. This research project was designed to investigate whether potential conversation partners who had not received conversational partner training could identify ways to support conversations with people with aphasia.

Method

30 people participated in this small scale study. The 15 men and 15 women volunteers were selected to participate through convenience sampling. All the participants were over fifty years of age. Participants were asked to look at a DVD clip (Kagan, Winckel, & Shumway, 1996) of a doctor interacting unsuccessfully with a person with aphasia. After seeing this unsuccessful interaction the participants were asked to complete two measures designed to assess knowledge of supportive conversational strategies.

The first measure, the Mallender (2008) mind map, was used to elicit unprompted knowledge about strategies that would help communication with people with aphasia. The second measure, the Rayner & Marshall (2003) communication strategy identification questionnaire, was used to assess whether participants could recognise helpful communication strategies.

Mallender (2008) Mind Map



Rayner & Marshall (2003) strategic questionnaire

In the list below there are things that can help communication and things that will not help communication. Please tick those things that you think would have helped the man communicate in the DVD and put a cross beside the things that you think would not have helped him to communicate.		Tick or cross
1	Emphasise the sounds in words when speaking	
2	Take your time	
3	If they get the word wrong, encourage them to say the sentence again to get it right	
4	Try drawing	
5	Use short sentences	
6	Encourage them by nodding and smiling even if you don't understand	
7	Always speak loudly	
8	Make sure they are looking at you	
9	Use simple books like children's books	
10	Correct the mistakes in their speech for them	
11	Encourage them to speak in full sentences	
12	Avoid talking and gesturing at the same time	
13	Avoid using facial expressions and gesturing when talking	
14	Write things down in full sentences	
15	Make sure they can hear you	
16	Make your sentences as long as possible	
17	Make sure you don't leave silences	
18	Encourage them to repeat words after you	
19	Make sure they are comfortable	
20	Use language as you would with a child	
21	Offer pen and paper	
22	Use books and maps	
23	Encourage them to repeat sounds after you	
24	Encourage them to try more difficult words	
25	Check that you have understood	
26	Try to finish sentences off for them	
27	Try to avoid noisy places when having a conversation	
28	Remember to talk to them rather than about them	

Mallender (2008) mind map results

The helpful communication strategies suggested by the participants using the Mallender (2008) mind map were grouped into categories. 17 different categories were identified. Three of these categories were suggested by more than ten participants:

Strategy	Number of participants
Use writing/provide a pen and paper	17
Use mime/gesture/hand actions	11
Use signing/lip reading	10

Average number of strategies elicited: 5.3, range 2-12, standard deviation: 2.35.

Other helpful communication strategies identified by the 30 participants were: make environment more friendly/relaxed (7), use flash cards (7), use visual aids (6), use yes/no response questions (7), allow more time for a response (5), use diagrams/drawings (5), simplify and shorten questions (5), change the style of the questioning for example multiple choice (4), encourage and use nodding and shaking of the head (4), speak slowly (4), provide number/date boards (3), repeat question (3), use communication aids/machines computers (3), and use facial expression (2).

Rayner & Marshall (2003) strategic questionnaire results

The responses to the the Rayner & Marshall (2003) strategic questionnaire, showed that participants were able to differentiate between supportive and unsupportive strategies with 75% accuracy.

All 30 participants correctly identified the following strategies as helpful:

Q	Strategy	%
Q2	Take your time	100%
Q8	Make sure they can hear you	100%
Q19	Make sure they are comfortable	100%

More than half of the 30 participants mistakenly identified the following strategies as helpful:

Q	Strategy	%
Q1	Emphasise the sounds in words when speaking	77%
Q3	If they get the word wrong, encourage them to say the sentence again to get it right	53%
Q6	Encourage them to by nodding and smiling even if you don't understand	56%
Q18	Encourage them to repeat words after you	64%
Q23	Encourage them to repeat sounds after you	70%

Discussion

The results of this small scale undergraduate study suggest that people who volunteer to participate in conversational partner training schemes may have useful knowledge about how to support conversations with people with aphasia before undergoing training. The results of the study also suggest that the Mallender (2008) mind map and the Rayner & Marshall (2003) strategic questionnaire would be useful as initial assessments and outcome measures for speech and language therapists who provide conversational partner training.

References

- Kagan, A., Winckel, J. & Shumway, E. (1996). *Supported conversation for aphasic adults: Increasing communicative access*. DVD. Toronto: Aphasia Centre, North York.
- Rayner, H. & Marshall, J. (2003) Training volunteers as conversation partners for people with aphasia. *International Journal of Language and Communication Disorders*, 38, 2, 149-164.
- Turner, S. & Whitworth, A. (2006) Conversational partner training programmes in aphasia: A review of key themes and participant roles. *Aphasiology*, 20, 6, 483-510.