Aphasia Couples Therapy (ACT): Procedures and Evidence
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University of the Pacific
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Hey Sac State!

From University of the Pacific
What is Aphasia Couples Therapy?

- A Context for Therapy
- A Method for Therapy
How Were You Trained?

- We learned didactic therapy—a therapist-client configuration—in our training programs
- We weren’t trained how to include the significant other (SO) in therapy, other than granting him/her a corner in the therapy room

Bringing the SO to the Table

- What if we bring that person to the therapy table, and you, the therapist, place yourself in the corner?
- What exactly do we do in that session?
- How do we formulate goals and objectives?

Bringing the SO to the Table

- What materials do we use?
- How do we establish evidence for the efficacy of our work?
- This seminar will answer each of these questions
What’s Wrong With 1:1?
• Nothing is wrong with it
• However, it requires an extra step for generalization

An Extra Step for Generalization
• When we do therapy, what are we preparing our clients to do, exactly?
• Are we preparing them to name picture cards?
• Are we preparing them to imitate utterances?
• If they can name and imitate, this may be interesting diagnostically, but do those skills help them in anything useful in life?

Why Not Group?
• Group therapy is a great idea
• Group therapy is another context (and method)
• ACT is for the context of conversing with one’s loved one—this other environment our clients may live in
Great idea—Do both
This session will introduce you to ACT
Take advantage of the wealth of literature and data on group therapy (e.g., Elman & Bernstein-Ellis; Hinckley; Rotherham, Howe, & Tillard; Vickers; Worrall)

Describing ACT
• Assessment
• Formulation (and negotiation) of goals
• ACT Therapy Milieu
• Materials
• ACT Therapy Routine
• Criteria for Success/Dismissal

Assessment: 3 Parts
• Part 1 is what you already do (e.g., WAB, BDAE, your facility’s pirated version of “a bit of this and a bit of that”)
• Part 2 is narrative- and conversation-based
• Qualitative Assessment
Conversation Assessment
- How do they do when they're doing well?
- You want a measure of how they do in conversation (a “before” picture)
- I recommend you NOT suggest a topic for this assessment
- Instead, tell them they can talk about anything they want
- If they whine, let them

How to find out what happens when they're doing well

"What happens when you're doing well?"
Conversation Assessment

- Videotape this 5-10 minute segment
- If no video, then at least audiotape it

Conversation Assessment

- They may turn and ask you questions (vs. talking to one another). Re-direct them to each other
- After time is up, go ahead and interrupt

Conversation Assessment

- Ask what they thought of the conversation
  - Was this typical?
  - If atypical, what was different?
  - What do they believe went well?
  - What would they like to work on?
  - Scaled questions (next slide)
**Scaled questions**

- Sometimes you get comments like:
  - “He never listens to me”
  - “She interrupts me all the time”
  - “She monopolizes the conversation”
  - “He never looks at me”
- These are important observations, and worthy goals

**Scaled questions**

- Ask them to rate that on a scale of 1-10
  - “So how often does he listen to you on a scale of 1-10?”
  - “How often does she interrupt you, on a scale of 1-10?”
  - Etc.

**Conversation Assessment**

- You now have your “classic” aphasia test results
You also have results the couple likely cares more about, and that you can convert into objectives:
- “the client will demonstrate improved listening skills by 25%, as measured by 10-point scale”
- “the client will report a decrease in interruptions by 50%”

The percentage of utterances by the client will increase from 15% to 40%
Eye contact and body language indicating attending will increase from X% of a 10-minute conversation to Y%

Quality of Life Assessment

• Quality of Life Assessment
  - WHO QOL
  - Quality of Communication Life Scale (ASHA QCL)
Let’s look at the therapy regimen more closely

- Therapy set-up
- Therapy routine
- When do you stop?

Therapy Set-Up

- You are not the center of this universe (seating)
- How do you monitor progress?
- How do you give feedback?

ACT Therapy Milieu (and how you set it up)

- ACT involves conversations—but they aren’t the same as “natural” conversations
- These are therapeutic conversations
- BUT, these conversations are between THEM, not between you and them (stay in your corner!)
**ACT Therapy Milieu (and how you set it up)**
- Their roles are as co-facilitators (of conversation)
- Your role is that of a coach—you don’t walk onto the floor; you offer constructive criticism

**ACT Therapy Routine**
- First, review how homework from previous session went (more on this later)
- Ask them what went well
- Relate what went well to specific objectives

**ACT Therapy Routine**
- Negotiate which goals will be addressed this session
- Stay in your corner, and tell them, “okay, now let’s work on those. I’ll give you a few minutes to talk.”
ACT Therapy Routine

- As they are talking, it’s good to tell them what they’re doing well while they’re talking (i.e., you’re not interrupting, but they can hear you)
- After 2-4 minutes, interrupt (honestly, do interrupt)

ACT Therapy Routine

- Tell them what went well
- Tell each of them what they did that was facilitative
- If things did not go so well, offer suggestions for change, of course, but emphasize what they did that worked

ACT Therapy Routine

- In the last few minutes of the session, discuss homework.
- They must commit to working on this outside of therapy
ACT Therapy Routine

- Encourage a particular time of day (I recommend every day) when they can simulate the therapy session
- Have both parties keep a journal of their homework experience

Materials

- None needed. What materials do you use when you’re talking with your significant other?
- That said, it’s okay if they bring in the morning paper, family photos, maps, or other materials they happen to use/need/have
- For you, take notes
1. Discuss previous homework
2. Discuss 1-2 goals for this session
3. Ask them what they will do to accomplish that/these goal(s)
4. Have the couple converse while working on goals (take notes)
5. After 2-3 minutes, interrupt and give/get feedback
6. Repeat steps 2-5 above several times
7. Give new homework
8. Go home

Summary of Routine

Criteria for Dismissal

- Goals have been met
- Goals may have been renegotiated
- Lack of progress
Here Are Some Actual Test Results
(Boles & Lewis, 2003)

- 62 year old right handed male, with single stroke to Broca’s area four years prior
- WAB ➔ Aphasia quotient 66.5; Broca’s aphasia
- This gives us a “profile,” but what does it tell us for treatment?

More Information on Our Client

ASHA FACS

- Social Communication: 5/7
- Communication of Basic Needs: 6.3/7
- Reading/Writing/Numbers: 5.3/7
- Daily Planning: 5.8/7
- Overall Commun. Independence: 5.6/7

Scaled Question Responses

<table>
<thead>
<tr>
<th>HIM</th>
<th>HER</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>9</td>
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<tr>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>
Scaled Question Responses

- How much do you enjoy sitting and chatting? **HIM** 4 **HER** 9
- How well do you “connect” while talking? **HIM** 7 **HER** 8
- How often do you avoid talking? **HIM** 5 **HER** 9
- How satisfied are you in your relationship? **HIM** 10 **HER** 9
- How easy is expressing emotion to each other? **HIM** 5 **HER** 5

Let’s Meet Them

What Happened in Therapy?
### Results

<table>
<thead>
<tr>
<th><strong>PRE-ACT</strong></th>
<th><strong>POST-ACT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WAB Aphasia Quotient:</strong> 66.5</td>
<td><strong>WAB Aphasia Quotient:</strong> 69.5</td>
</tr>
<tr>
<td><strong>Aphasia Type:</strong> Broca's</td>
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### Results

**ASHA FACS**

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<tr>
<th><strong>PRE-ACT</strong></th>
<th><strong>POST-ACT</strong></th>
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<tr>
<td><strong>Social Communication:</strong> 4.95</td>
<td><strong>5.67</strong></td>
</tr>
<tr>
<td><strong>Comm. Basic Needs:</strong> 6.29</td>
<td><strong>6.71</strong></td>
</tr>
<tr>
<td><strong>Read, Writng., Numb.:</strong> 5.30</td>
<td><strong>5.80</strong></td>
</tr>
<tr>
<td><strong>Daily Planning:</strong> 5.80</td>
<td><strong>6.20</strong></td>
</tr>
<tr>
<td><strong>Overall Communication Independence Score:</strong> 5.58</td>
<td><strong>6.10</strong></td>
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### Results

**ASHA FACS**

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<th><strong>PRE-ACT</strong></th>
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<tr>
<td><strong>Adequacy:</strong> 3.50</td>
<td><strong>4.00</strong></td>
</tr>
<tr>
<td><strong>Appropriateness:</strong> 4.00</td>
<td><strong>3.50</strong></td>
</tr>
<tr>
<td><strong>Promptness:</strong> 1.75</td>
<td><strong>2.25</strong></td>
</tr>
<tr>
<td><strong>Communic. Sharing:</strong> 3.00</td>
<td><strong>4.00</strong></td>
</tr>
<tr>
<td><strong>Mean:</strong> 2.75</td>
<td><strong>3.44</strong></td>
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### Results

**Scaled Question Responses**

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<th>Question</th>
<th>HIM</th>
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<tr>
<td>How easy is it to ask questions to each other?</td>
<td>4—8</td>
<td>6—7</td>
</tr>
<tr>
<td>How easy is it to ask questions to other people?</td>
<td>3—5</td>
<td>3—6</td>
</tr>
<tr>
<td>How efficient is communicating with each other?</td>
<td>10—9</td>
<td>9—10</td>
</tr>
<tr>
<td>How easy is it to talk about “deeper” issues?</td>
<td>5—7</td>
<td>7—10</td>
</tr>
<tr>
<td>How enjoyable is it to talk to unfamiliar people?</td>
<td>5—8</td>
<td>8—8</td>
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### Results

**Scaled Question Responses**

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### ACT in Group

[Image of a theater stage with curtains]
## Evidence: Aphasia Couples Therapy

<table>
<thead>
<tr>
<th>Authors</th>
<th>Title</th>
<th>Communi. Partner</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boles (1997)</td>
<td>Conversation analysis as a dependent measure in communication therapy with four individuals</td>
<td>(n = 4) Spouses in aphasia</td>
<td>Favorable % utterances, speaking rate, and conversation repairs</td>
</tr>
<tr>
<td>Boles (1998a)</td>
<td>Conducting conversation: a case study using the spouse in aphasia treatment.</td>
<td>Spouse; grad volunteer</td>
<td>More even % utterances (more by PWA); decreased topic shifts by spouse</td>
</tr>
<tr>
<td>Boles (2003a)</td>
<td>Aphasia therapy in a bilingual speaker: treatment in language one with spousal support in language two.</td>
<td>Spouse</td>
<td>Increased total utterances; decreased incoherent utterances and conv. repairs</td>
</tr>
<tr>
<td>Boles &amp; Lewis (2003)</td>
<td>Working with couples: Solution focused aphasia therapy</td>
<td>Spouse</td>
<td>Improved ASHA FACS scores; increased facilitative gestures &amp; self-assessed comm. scores</td>
</tr>
<tr>
<td>Booth &amp; Yerkens (1999)</td>
<td>The use of conversation analysis to guide individualized advice to carers and evaluate change in aphasia: a case study</td>
<td>Brother</td>
<td>Decreased conversation repair; increased facilitation by brother</td>
</tr>
<tr>
<td>Fox et al. (2009)</td>
<td>Spousal intervention in supported conversation</td>
<td>Spouse</td>
<td>Increased Skill in Supported Conv.; Increased Participation in Conv.</td>
</tr>
<tr>
<td>Hopper et al. (2009)</td>
<td>Spousal support in aphasia treatment</td>
<td>Spouses</td>
<td>Increased main concepts; more understandable post-tx; incr. CADL-2 in 1/2</td>
</tr>
<tr>
<td>McVicker, Parr, Pound &amp; Duchan (2005)</td>
<td>Volunteers (n = 72 dyads)</td>
<td>Increased confidence; extension of long-term service options; for partners, improved communication and life skills</td>
<td></td>
</tr>
<tr>
<td>Purdy &amp; Hindenlang (2005)</td>
<td>8 spouses, 1 sister, 1 aide</td>
<td>Improved acknowledging competence; increased revealing competence and facilitative acts</td>
<td></td>
</tr>
<tr>
<td>Rayner &amp; Marshall (2003)</td>
<td>Volunteers</td>
<td>Increased revealing and acknowledging of competence by volunteers</td>
<td></td>
</tr>
<tr>
<td>Simmons, Mackie, Keams &amp; Potechin (2005)</td>
<td>Spouse</td>
<td>Decreased interruptions, convergent questions and negative teaching by spouse</td>
<td></td>
</tr>
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</table>