

Supportive Communication Strategies for Individuals with Aphasia, Cognitive Deficits, and/or Communication Disorders

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FINANCIAL DISCLOSURE

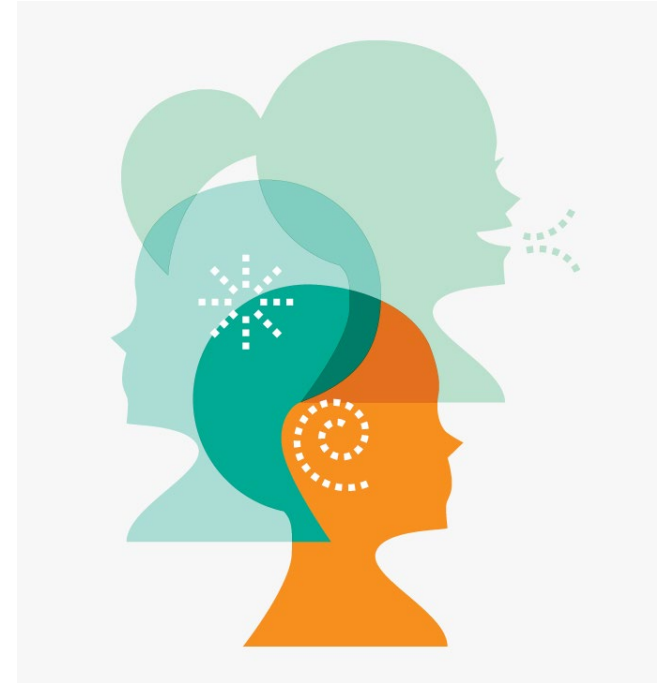
- Alicia Cantrell and Rachael Rayes are employees of Ochsner Therapy & Wellness. We have no financial gains to disclose.

Agenda

- SLP Scope of Practice
- What does SLP do?
- Conditions that Cause Cognitive and Language Disorders
- How can speech therapy help?
- General communications strategies
- How can medical professionals help in the doctor's office?
- Alternative Augmentative Communication
- Caregivers
- How to start an AAC evaluation
- Questions & Resources

SLP Scope of Practice

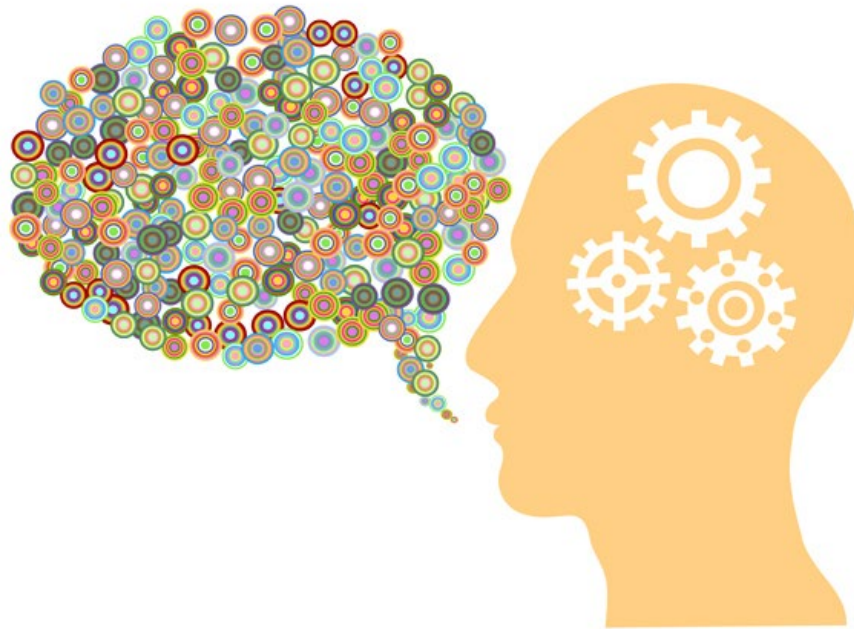
- SLPs work to prevent, assess, diagnose and treat speech, language, social communication, cognitive-communicative, and swallowing disorders in children and adults.
- ASHA: “SLP’s engage in prevention and wellness, education, advocacy and outreach, assessment, and treatment of communication and swallowing disorders.”



What does SLP focus on?

- Cognitive-Communicative Disorders
- Language Disorders
- Speech Disorders
- Swallowing Disorders
- Social Communication Disorders
- Aural Rehabilitation
- Augmentative-Alternative Communication (AAC) Systems
- Accent Modification
- Voice and Communication changes for Transgender Individuals

Aphasia and Cognitive-Communication Disorders



Conditions that Cause Speech-Language-Cognitive and Language Disorders

Medical

Stroke
TBI/Concussion
Right Hemisphere Brain Damage
ALS, PLS
Huntington's Disease
Parkinson's Disease
MS
Dementia
Primary Progressive Aphasia
Cancer

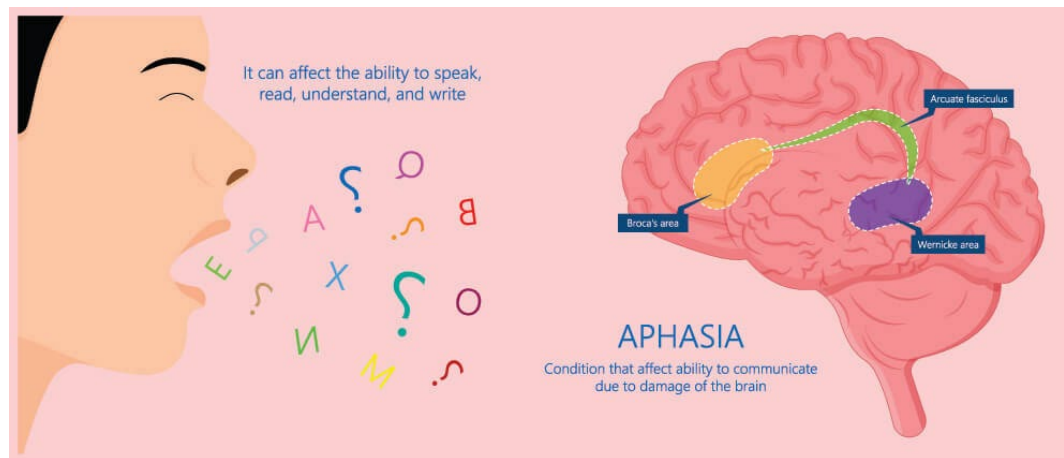
- Brain Tumors
- Laryngeal Cancer
- Oral Cancer

Congenital

Autism Spectrum
Down's Syndrome
Cerebral Palsy
Muscular Dystrophy

Aphasia

- Difficulty understanding and processing language (receptive) and difficulty producing language (expressive) to communicate and express oneself.
- Reading comprehension and written expression can also be impaired due to aphasia



Cognitive-Communicative Disorders

- Difficulty with any aspect of communication that is affected by disruption of cognition.
 - Difficulty organizing thoughts
 - Decreased short term or long term memory
 - Decreased attention and concentration
 - Poor executive functioning (planning, initiation, self-awareness)
 - Decreased problem solving/ reasoning
 - Decreased orientation



How can speech therapy help?

Can improve:

- Communication
- Receptive and expressive language
- Ability to express wants/needs
- Ability to be heard & understood
- Ability to manage daily activities
- Executive functions, memory, and attention
- Quality of life
- Social interaction, decreases depression, & improves confidence
- Ability to return to work/school



Who can help with communication ?



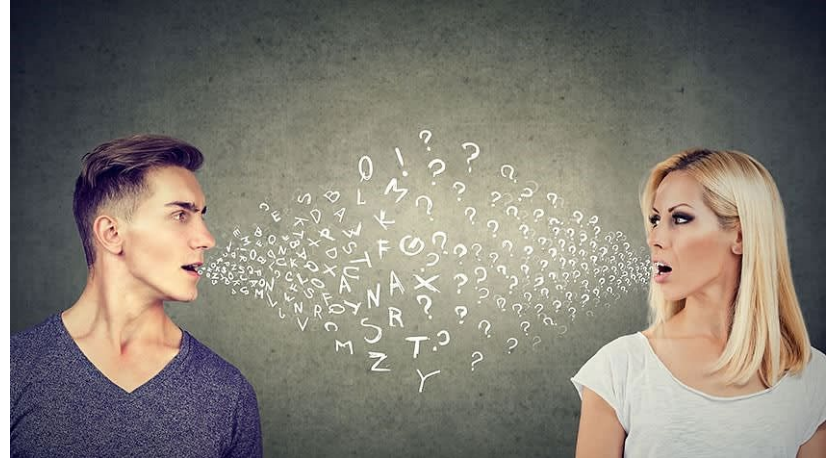
- Anyone and everyone!

- Doctors
- PAs
- Nurse Practitioners
- Nurses
- Case Managers
- Social Workers
- Family Members
- Friends
- Receptionist



General communication strategies

- Verbal cues
- Visual cues
- Written cues
- Give time for them to speak
- Eye contact
- Eliminating distractions
- Rephrasing/repeating
- Speaking slowly
- Yes/no questions



How can medical professionals help in the doctor's office?

- Eliminating distractions
- Rephrasing/repeating
- Shorter/simpler questions/explanations in a normal tone of voice
- Look at the patient. Don't always look at the caregiver and speak about the patient like they aren't there. "I'm going to ask your wife some questions now."
- Low tech communication board handy
(Eye blink systems, ABC board)
- High tech AAC
- Apps free (Text to speech)
- Writing (paper or dry erase board)
- Boogie board
- Gestures/ sign language
- Make sure they understand – provide examples or demonstration
- Print out education (with visual diagrams if needed) and patient care summary with specific instructions to improve follow through



Caregivers

- If the patient doesn't understand, doesn't remember, having a caregiver present is so IMPORTANT for carryover and follow through.
 - If the caregiver cannot attend, call the caregiver.



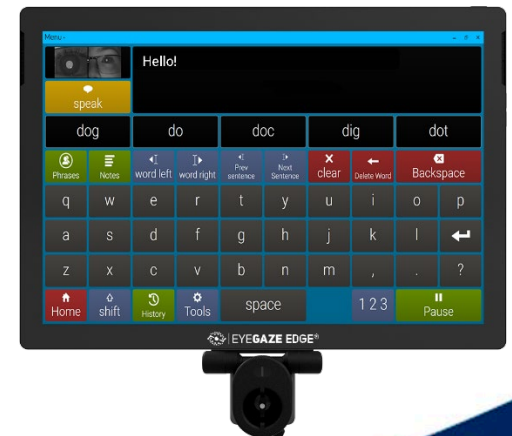
Scenarios



- If the patient is having trouble understanding, provide questions with fewer words.
- If the patient is tangential, structure the conversation with more specific questions with closed ended questions -leaves less opportunity for tangents.
- If the patient is having trouble paying attention to the conversation, eliminate background noise and position yourself in front of the patient utilizing eye contact. Repeat and redirect as necessary.
- If they cannot remember, provide written directions for follow through.
- If they cannot understand, provide visuals (images of the brain, blood pressure, pain scale, etc)

Augmentative-Alternative Communication (AAC)

- Communication system for individuals with severe expressive communication and/or language comprehension disorders, such as Autism Spectrum Disorder, Aphasia, Progressive Neurological Disorders.
- AAC includes all forms of communication other than oral speech e.g., communication boards, speech generating devices



Types of AAC systems

- Unaided communication systems: The person uses his/her body to convey messages such as gestures, body language, and/or manual signs or American Sign Language (ASL).
- Aided communication systems: The person uses tools or equipment (low tech and high tech) along with his/her body.

WHO COULD BENEFIT FROM AAC?

- Progressive Neurological Diseases such as ALS, PLS, Pseudobulbar Palsy
- Progressive Neurological Diseases such as Parkinson's Disease, Huntington Chorea
- Stroke resulting in Aphasia, Apraxia, Dysarthria
- Autism
- Traumatic brain injury
- Dementia
- Primary Progressive Aphasia



How do people use AAC systems?

- Direct selection:

- Pointing with a body part such as a finger, hand, or toe
- Using a pointing instrument such as beam of light, headstick, or mouthstick. Those with severe physical impairments may need to make selections using a switch, which can be turned on with a body part, puff of air, eyegaze/eye tracking, head tracking, or eyebrow movement.
- Usually faster than other methods



- Scanning:

- Can be used with and without an electronic device. Symbol choices are presented to the user one at a time.
- Using a light on a system that passes over each choice and the user activates a switch to stop the light and pick a choice.
- Auditory scanning consists of a communication partner or a speech generating device saying vocabulary items, one at a time, until the AAC user hears what he or she wants to say and chooses the item. This method is usually slow and useful only with a few choices available.
- Scan patterns such as rows, columns, and quadrants can be used when more choices are needed. For example, the user locates the desired symbol and allows the light to move from column to column until it reaches the right one then from row to row until the desired symbol is lit or selected.

Funding

- Funding for speech generating devices and eye/head tracking access methods and the accessories has become more available for demonstrated medical need since the passing of the Steve Gleason Act of 2015.
- Most insurance companies will cover 80% if the company the device is from is in network.
- Medicare will cover 80%
- VA and Medicaid will cover 100%.
- Community resources
 - –ALS associations
 - –MS associations
 - –Louisiana Assistive Technology Association Network (LATAN)
 - –Private donors



How to start AAC in the doctor's office

● Physician Face to Face Note

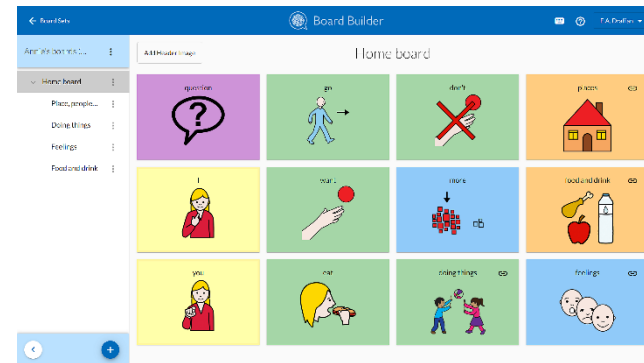
- When you see the patient; need to write in your note - AAC evaluation or communication system needed.

COMMUNICATION BOARD (ENGLISH)

Pain	Tired	Nauseous	TV control	Call light	Lights
Hot	Cold	Scared	Lotion	Glasses	Medicine
Itchy	Dizzy	Uncomfortable	Wash face	Chapstick	Blanket
Reposition me	Breathing is harder	I need help	Oral care	Contact my family	Talk to doctor
Use the bathroom	Suction mouth	Suction trach	I have a question	Family visit?	What's happening?
Do not resuscitate	Check my catheter	Religious person	How much longer?	How am I doing?	What's next?
Do not intubate	Ask me Yes/No questions	YES	Not sure	NO	Thank you

1 2 3 4 5 6 7 8 9 10

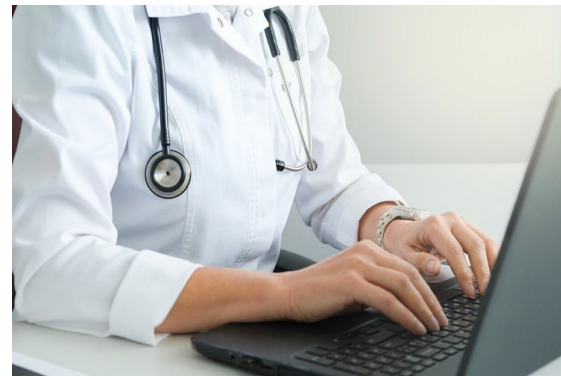
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AAC process

It is acceptable if physician puts in for ST evaluation and enters in the comments - "AAC device evaluation." OR use the following smart phrase.

Step 1) Smart phrase for messaging provider: **.AACORDER**



Dr. ***

Please include this statement in one of your face –to - face visit notes per insurance requirements.

"This patient has {Mild/Moderate/Severe:20260}, {IP SLP DIAGNOSIS OHS:151100129::"Aphasia","Dysarthria","Apraxia","Dysphonia","Aphonia"} due to {SLP Adult Medical Diagnosis:38365}. Verbal communication is problematic and not effective or efficient. The patient will require an speech generating device (SGD) or augmentative-augmentative communication (AAC) device in order to continue communicate with family and caregivers."

Please write the order for REF 101 Ambulatory consult to speech therapy and in comments section put Augmentative-Alternative Communication (AAC) Evaluation.

Thank you,

Therapist's name

AAC process

- Step 2: The physician will then need to write in a **face-to-face appointment note (in person or virtual)** the necessity of the patient needing a speech generating device for communication. This needs to occur within 6 months of the AAC evaluation and before the SGD can be delivered. The visit note and prescription must be written by the same physician. Per Medicare guidelines "Section 1834(a)(11)(B) of the Act requires a physician, PA, NP, or CNS to have a face-to-face encounter with the beneficiary within the 6-month period prior to the written order for certain DMEPOS items (or other reasonable timeframe as determined by the Secretary of the Department of Health and Human Services (the Secretary)). “
- Step 3: AAC Assessment should be completed within 3 months of physician referral to allow time for insurance approval and delivery of the device. Physician must sign the report and medical necessity form.

Patient Tools for the Office

- Communication apps
- AAC devices
- Low tech boards – picture and letter boards
- Voice amplifier
- Boogie Boards



Resources

- Provide your email address and we can send you some resources for your office.

Provider Interested in
Communication Resources -
Neuroscience Symposium



Questions



THANK —
— *you*

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