Partner-Dependent Techniques for Using the Social Networks Inventory: An Example of Severe Aphasia

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Abstract

Researchers employed the Social Networks Communication Inventory (Blackstone & Hunt-Berg, 2003) and partner-supported interview techniques to document the communication patterns and social networks of a 48-year-old man with severe aphasia. Researchers utilized Augmented Input and the Written Choice Communication Strategy for Persons with Aphasia (Garrett & Beukelman, 1995; Lasker, Garrett, & Fox, 2006) to conduct a total of 4 interviews with a client with aphasia and his mother. Comparison of social networks prior to and after his stroke revealed fewer members in the client’s social network as well as a decrease in communication with non-family communication partners. This study highlights the innovative communication techniques used to complete the interviews directly with the client and documents changes in social networks for an adult with severe aphasia.

Introduction

Aphasia is a neurogenic communication disorder that is caused by focal injury to the brain. Individuals with aphasia experience difficulties across language modalities including speaking, listening, writing, and reading. For the AAC specialist, aphasia has been defined as the “loss of ability to comprehend and use language that results in reduced ability to communicate or understand information, establish and maintain relationships, and fulfill social roles in life (Lasker, Garrett, & Fox, 2006).” The acquired loss of communication skills typically results in a significant change in the lives of persons with aphasia. People living with aphasia may have difficulties developing and maintaining relationships. They describe that they feel stuck inside their body and that others without aphasia sometimes avoid communicating with them (Hilari & Northcott, 2006). People with aphasia may also lack confidence in their communication abilities with an unknown or unfamiliar person and may shy away from contacts (Andersson & Fridlund, 2002).
Hilari and Northcott (2006) refer to a social network as a group of potential communicator and describe it in terms of size, frequency of contact, geographic dispersion, density (how much network members are in each other’s networks), and composition of members (for example, whether the members are friends, neighbors, children, other relatives). The Social Networks: A Communication Inventory for Individuals with Complex Communication Needs-and their Communication Partners (Blackstone & Berg, 2003) is an assessment tool that examines the social networks of persons with complex communication needs. As part of the interview process, the informant completes a communication diagram consisting of 5 categories (or “circles”) of communicators: life partner, good friends and family, acquaintances, paid communication partners, and unfamiliar partners. The client identifies what modality (facial expressions, gestures, vocalizations, etc.) they use and the frequency that they use that modality to communicate with persons in each of their 5 circles. The client provides topics currently discussed with individuals in each circle and what topics the client wishes he or she could discuss, if given appropriate supports.

Purpose

It can be challenging for clinicians to determine the communication needs and desires of adult clients who are essentially nonverbal. For clients with severe aphasia, clinicians may choose to employ partner-dependent communication strategies, such as Augmented Input and the Written Choice Communication Strategy for Persons with Aphasia (Garrett & Beukelman, 1995; Lasker, Garrett, & Fox, 2006) so that the client’s true intent becomes apparent. This particular study illustrates how such conversational strategies may be implemented as part of the assessment process. In addition, researchers use conversation and photographs to compare social networks from before and after a client’s stroke. The results of this assessment inform the creation of relevant and meaningful treatment goals.

Methods

A 48-year-old man who had a left cerebrovascular accident in August 2003 participated in this study. He displays moderate to severe expressive and receptive aphasia with dysarthria and dense hemiparesis of his right side. The client receives speech services from a university twice a week. He lives at home with his primary caregiver, his mother. The client was seen 3 times at home and once in the clinic for a total of 4 60-minute sessions. The Social Networks inventory questions were presented using Augmented Input and the Written Choice Communication Strategy for Persons with Aphasia (Garrett & Beukelman, 1995; Lasker, Garrett, & Fox, 2006) to enable him to be the primary respondent. The client’s mother and clinicians also served as informants when necessary. During the first session, the client responded to questions regarding identifying information and what persons made up circles 1 through 5. The second session the researcher verified the client’s previous responses. She created a large-sized “Circles” diagram and used it to augment questions, confirm responses, and to enable the client to alter responses as needed. The client was supplied with velcro labels with each communication partner’s name, and he placed them in the appropriate circles. During the third session, the client completed and verified his pre-stroke communication circle diagram. A photo album was used to assist him in completing the diagram. In the final session, the client
provided information about topics currently used in conversation and topics that he would like to talk about with persons in each circle.

Results

The client’s pre- and post-stroke descriptions of his communication circles are listed below:

<table>
<thead>
<tr>
<th>Circles</th>
<th>Before Stroke</th>
<th>After Stroke (Presently)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – life partner</td>
<td>girlfriend</td>
<td>mother</td>
</tr>
<tr>
<td>2 – good friends and family</td>
<td>7 close friends</td>
<td>2 cousins, 3 siblings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>son</td>
</tr>
<tr>
<td>3 – acquaintances</td>
<td>3 friends from work, 2 other friends</td>
<td>cousin, 3 friends, other clients at speech clinic</td>
</tr>
<tr>
<td>4 – individuals paid to communicate</td>
<td>dentist</td>
<td>2 speech-language pathologists, doctor</td>
</tr>
<tr>
<td>5 – strangers</td>
<td>people at parties (20), bars (20), dog track (20), and beach (20)</td>
<td>clinic staff (2), restaurant staff (1), store clerk (1)</td>
</tr>
</tbody>
</table>

Desired topics of communication were similar for all communication circles and consisted of the following: family, the past, Fort Lauderdale, sports, fishing, movies, music, current events, weather. He reported that he currently talks about his wants and needs, feelings, activities, social greetings, and weekend plans.

Discussion and Clinical Implications

This study demonstrates that partner-dependent communication strategies can be helpful tools to elicit information directly from an adult with severe aphasia in the context of a social networks assessment activity. In addition, the results illustrate changes in the social network of an individual after stroke. Not only is a decrease observed in the total number of communicators, but the composition of the individual’s circles are altered. In this study, the client’s pre-stroke communication circles were composed of mostly friends, yet his post-stroke circles are composed of mostly family. After his stroke, it is apparent that family has assumed key roles in
this client’s life, not only as primary communication partners but also as caregivers. This information can help in developing and implementing functional treatment for this client. For example, it is apparent that communication with his mother is very important and must be efficient and effective. Also, results demonstrate how this particular client, who once had extensive contacts with relatively unfamiliar people, now has limited contact with friends, girlfriends, and acquaintances, suggesting a “narrowing” of external social contexts for communication. With the client’s input, clinicians might consider setting a goal for communication with at least one former “good friend” with whom training could occur to incorporate desirable communication topics, i.e. using email to correspond with old friends or relying on photographs to support conversation with less familiar partners.

References


