Evidenced Based Cognitive Rehabilitation of Social Communication: Case Example

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Learning Objectives

- Discuss evidence based options for treating impairment in social communication.

- Describe techniques for improving social communication and the steps involved in carrying out treatments.

- Provide guidelines to assist in treatment selection and monitoring of progress.

Demographics

- 31 y/o male
- TBI due to MVA December, 2013
- Deficits include: cognitive, dysarthria, dysphagia (resolved)
- Hospital inpatient/outpatient services = 1 ½ years
- University speech clinic = 2 + years; ongoing
  - Cognitive-communication disorders
  - Dysarthria, dysphonia

Cognitive-Communication Assessment

- **Test of Everyday Attention** (Nimmo-Smith, Robertson, Ridgeway, & Ward, 1994)
  - Findings: significantly below average performance on:
    - Selective attention (map/telephone search)
    - Auditory/Verbal working memory (elevator counting)
    - Divided attention (telephone search while counting)
- **Conversational Analysis** (Bishop & Adams, 1989)
  - Types of conversational breakdowns included:
    - Unestablished referent, logical step omission, topic drift, and excessive elaboration
- **Repeatable Battery for the Assessment of Neuropsychological Status** (Randolph, 2012)
  - Moderate-severe deficits in all areas tested (Immediate Memory, Visuospatial/Constructional, Language, Attention, and Delayed Memory.
- **The Awareness of Social Inference Test** (McDonald et al, 2003)
  - Ongoing assessment

Social Communication Goals

1. AB will independently come up with appropriate conversation starters in 3 out of 4 attempts with a novel conversation partner and minimal cueing.

2. AB will remain an active participant in a conversation by remaining on topic within 3 conversations a week, as reported by client or observed by the clinician, across a consecutive, two-week period.

3. AB will be aware of the listener during a conversation, and react appropriately to nonverbal body language (e.g., adjusting topic when the listener appears bored) during one conversation, as reported by the client or observed by the clinicians, across two consecutive weeks.

Individual Speech Therapy

1. **Attention training**: APT III home program designed to address: sustained, selective, alternating attention, and working memory; progress reviewed and plan updated weekly;

2. **Metacognitive strategy training**: Client taught to utilize a GPDR strategy to assist with prospective and working memory;

3. **CLEAR Speech Protocol**: Includes strategies to assist client with increasing intelligibility, and identifying and repairing conversational breakdowns;

4. **Emotional Perception Training**: Pending TASIT findings.

Group Generates Appropriate Conversation Starters

Goal Attainment Scaling (GAS)

step one: fill in client ID and the date
step two: describe each of the four goals in the space provided
step three: describe 5 measurable levels for each goal
step four: assign weights for each goal (1 to 10)
step five: place an "x" in the "rating" levels (do not cut and past)

GOAL ATTAINMENT SCALING   date: **10/16/2017**

client ID		goal 1		goal 2		goal 3		goal 4		
		AB will remain an active participant in a conversation by remaining on topic within 3 conversations		AB will be aware of the listener during a conversation, and react appropriately to nonverbal body						
		rating	Weight	rating	Weight	rating	Weight	rating	Weight	Total
scale value			**1**		**1**					2
2	Much more than expected level of outcome		AB maintained topic across 4+ conversations, and asked meaningful questions during the conversation.		AB read nonverbal body language are erdirected accordingly within 3+ conversations					
1	Somewhat more than expected level of outcome		AB maintained topic across 4+ conversations		AB read nonverbal body language are erdirected accordingly within 2 conversations					
0	Expected level of outcome		AB maintained topic across 3 conversations		AB read nonverbal body language are erdirected accordingly within one conversation					
-1	Somewhat less than expected level of outcome		AB deviated from the topic.		AB reported noticing body language, but did not redirect his conversation.					
-2	Much less than expected level of outcome	X	AB left the room during a conversation	X	AB did not notice body language from conversation partner.					
	actual level now		-2		-2		0		0	
	weighted actual level now		-2		-2		0		0	
									composite total weighted levels	-4.00

Discussing Social Skills Group Homework