



## Show Notes

### **Episode 33: Addressing Participation Gaps in Research and Clinical Environments: A Conversation with Sarah Wallace & Elena Donoso Brown**

During this episode Dr. Katie Strong (Assistant Professor in the Department of Communication Sciences & Disorders at Central Michigan University) and serving as today's episode host is talking with Dr. Sarah Wallace and Dr. Elena Donoso Brown about their work in addressing participation gaps in research and clinical environments.

Sarah E. Wallace PhD, CCC-SLP is an Associate Professor and Program Director for the Adult Language and Cognition clinic in the Speech-Language Pathology Department at Duquesne University in Pittsburgh, Pennsylvania. Dr. Wallace also directs the Communication and Cognition Lab. Dr. Wallace is a certified speech-language pathologist with clinical experience providing services to individuals with acquired communication disorders. At Duquesne University, she teaches graduate courses in her area of expertise and provides multiple guest lectures within the Health Science Departments focused on augmentative and alternative communication and interprofessional roles and responsibilities. Dr. Wallace regularly leads Interprofessional Education learning opportunities for Duquesne University students. Dr. Wallace conducts clinical research aimed at improving the quality of life for individuals with communication impairments following traumatic brain injury and aphasia. She is a Tavistock Trust for Aphasia Distinguished Scholar.

In this episode you will:

1. expand your viewpoint on AAC being solely for supporting output
2. learn a few tips on how to support people with aphasia in increasing independence in reading
3. hear about an interdisciplinary project with occupational therapy to support people with aphasia in participating in home programs
4. learn a few tips on interprofessional collaboration, including involving students in research projects

#### **Sarah, could you tell us what motivates your research?**

SW: I hope that my research addresses real-life programs people with aphasia face. Of course, as clinical researchers, we have to step back and investigate issues from a more controlled research perspective first. Before I tell you about what motivates my current research related to people with aphasia and reading, I want to give a shout out



to my amazing team of collaborators. Kelly Knollman-Porter at Miami University of Ohio, Karen Hux at Quality Living, Inc, and Jessie Brown at Arizona University and I have been collaborating for over 6 years on these projects - I can't say enough good things about the importance of teamwork when it comes to conducting research projects.

We started our research investigating ways to support comprehension in people with aphasia because we found that many people with aphasia have chronic difficulties in this area, but there are fewer supports available for clinicians to implement. During a qualitative study about people with aphasia and their experience with reading, the participants talked about how important reading was for them and although there are ways to modify reading materials to support their comprehension, they really wanted to be independent for this task. It became clear to us that we needed to investigate supports that would help people be more independent if we were truly going to address a participation gap. This changed the direction of our research slightly from modifying materials to looking at technologies that might support reading comprehension in an independent way. Our team has had this as our primary focus ever since. We also listened to what people with aphasia said and we include real life newspaper articles as research stimuli because that is what people with aphasia are interested in reading.

**When most of us think about AAC we think of output. Could you talk about the broader definition of AAC and how that led to your work in supporting reading comprehension in people with aphasia?**

SW: ASHA's definition of AAC indicates that it includes both supports for expression and comprehension. Although the field tends to think about supporting expression the most, for people with language disorders like aphasia - support comprehension can be equally important. More research is needed in this area so if you know anyone looking for an area of research - this would be a great one. So broadly, AAC involves strategies that support spoken expression, written expression, auditory comprehension, and reading comprehension. My research currently is very focused on reading comprehension, but I think all areas of language and AAC are important to consider in thinking about research and clinical practice with people with aphasia.

**Another project is your interdisciplinary work with occupational therapy including persons with aphasia in home programs. As we transition to this topic, this let's bring in your co-author and collaborator, Dr. Elena Donoso Brown.**

Elena Donoso Brown is an Assistant Professor in the Occupational Therapy Department at Duquesne University. Dr. Donoso Brown's previous clinical experience was in-patient rehabilitation for persons after traumatic brain injury and stroke. At Duquesne



University, she teaches undergraduate and graduate courses in evaluation, qualitative research methods and program development. She enjoys organizing and participating in IPE and IPP through her teaching and research. Dr. Donoso Brown's clinical research focuses on the implementation and measurement of home practice for individuals post-stroke to improve function and decrease healthcare cost.

### **How did the two of you get started in collaborating together?**

SW: I was already collaborating with an OT in her department and when that OT had to step down, it allowed Elena to join the project which worked out great because our areas of research and clinical interest overlap in many ways. From our work on that project, we found that we collaborated well and shared the same interest in helping people post-stroke increase participation in daily life. We also both were really interested in interdisciplinary collaborations.

EDB: We also found a shared interest in running, which we found to be a really productive way to have research meetings.

### **Can you tell us more about the home program project?**

EDB: I became interested in-home programs during my doctoral work. I was learning more about the intense salient and repetitive practice people need to make neuroplastic changes in the brain and seeing how in typical sessions this level of practice was not being met. I wondered how we could make it happen at home.

I was continuing this area of research and as part of an interprofessional collaboration between Sarah, myself and a music therapist we began to wonder if music could help people with aphasia adhere to practice. While the music piece was our initial focus, I think what we took away from this project was more about how to design and create home programs for people with aphasia and how SLPs and OTs can collaborate to complete better assessments that use interviews and to modify materials to allow for PWA to complete and record practice.

We are now beginning a new project that will help us better understand SLPs current practices around the creation, implementation and monitoring of home programs for PWA as well as investigating the impact that having clients record home practice can have on adherence.



**What are some take away tips that our listeners could apply to their clinical work?**

SW: When I talk to speech-language pathologists about our study that examined modifying the materials, they tend to get excited about working with the occupational therapists and physical therapists to talk to them about modifying the materials they use when designing similar programs. This is something you could do during a brief meeting or workshop with your colleagues. Either you could work together to modify the materials which I think is ideal; or you could give them examples of how to modify it and they could take it and run with it.

EDB: I think one thing that can be taken away from the work that we have done is that creating home programs that are of value takes time and ideally should occur over multiple sessions in collaboration with the client. This was a feature of our plan in the music study, by first ensuring that the tasks we picked for practice were directly related to a functional goal of the client and two by making sure they understood the tasks and were provided with materials that were designed specifically to support their understanding of the tasks and their ability to communicate back about how practice was going.

**It is apparent that the two of you have a fantastic collaborative partnership. Could you share a few tips about interdisciplinary collaboration?**

EDB: We understand and appreciate each other's roles and areas of expertise. It was clear from the beginning that we both have a common goal related to participation and improving the lives of people post stroke. These similarities and respect for each other's areas of strengths reduces the territorialism that sometimes happens in clinical settings. I also have found it important that communicate and teamwork are at the forefront in any interprofessional collaboration.

**You also are both strategic about involving students in your research projects. Could you talk a bit more about this and share the benefits of involving students in interprofessional work?**

SW: This is one of the core values that we both shared that helped us as we developed our collaboration. Involving students in our research was important to us and something we really enjoyed as well. When we involve students in interprofessional work, sometimes interprofessional education just happens without a lot of effort on our parts. The students need to talk about their specific roles and explain aspects of the tasks to each other. Additionally, we try to model effective communication skills - for example,



not using acronyms that another discipline may not understand. I hope students will carry these skills into their future work.

EDB: I also think being familiar in this way and having the opportunity to collaborate in an educational setting fosters a sense of awareness around areas for future collaboration and hopefully empowers them to seek out and establish those collaborations in their clinical practice.

**If you had to pick only one thing we need to achieve urgently, as a community of professionals who support the Life Participation Approach to Aphasia, what would that ONE thing be?**

SW: We each get to pick one thing, right?? Working together as a team - interprofessional and intraprofessional teams are the key to success. And those teams should include people with aphasia and their families.

EDB: Being thoughtful about work we expect people to do at home and for PWA collaborate with your team as Sarah said to make the most of their time outside of therapy.

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## References and Links

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