Conversation Therapy: Interaction as intervention

“Hearing Care for Adults: The challenge of ageing”

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Assumptions

• Adult post-lingual hearing impairment

• Conversation is the major activity limitation/participation restriction arising from a post-lingual hearing impairment

• Therapy in relation to devices
A brief history of conversation in AR

- de Filippo
- Erber
- Tye-Murray, Pichora-Fuller and Caissie
- Rehabilitative audiology as applied linguistics
- Conversation theories
- AR and aphasia therapy
Conversation

• From the point of view of the listener, spoken communication is simultaneously a sensory/perceptual, linguistic and social activity.

• Conversation is:
  - fundamentally a sensory/perceptual task
  - mediated by linguistic structures
  - ultimately a social activity
AR therapies

- Audiovisual speech reception
- Conversation therapy
- Affective counselling
- Environmental and hearing tactics
- Psychosocial therapy
(a few of the) principles of Conversation Analysis

- recipient design
- “error” replaced with “local trouble” and “negotiated understanding”
- Does NOT imply psychology or motivation
  - Schegloff, Jefferson and Sacks (1977)
  - Sacks, Jefferson and Schegloff (1978)
Conversation and HI

Some problems in conversation indicated by:

- Increased likelihood of (certain types of) breakdown and repair (Lind, Hickson & Erber, 2004, 2006)
- Avoidance of talk (Stephens, Jaworski, Lewis & Aslan, 1999)
- Monologues (Wilson, Hickson & Worral, 1998)
- More topic changes and less topic elaboration/discussion (Pichora-Fuller, Johnson & Roodeburg, 1998)
- Shorter turns with less semantic content (Johnson & Pichora-Fuller, 1994)
- Increased use of general fillers and back-channeling (Pichora-Fuller, Johnson & Roodeburg, 1998)
### Other-initiated, self repair / OISR

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<th>line</th>
<th>talker</th>
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<td>1</td>
<td>J</td>
<td>yeah I bought that in the Big Pineapple ((laugh)) there was some of those and</td>
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<td>2</td>
<td>J</td>
<td>I thought oh I’ll get one of them for Trevor you know for a change (0.3) I think I</td>
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<td>3</td>
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<td>O →</td>
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<td>10</td>
<td>J</td>
<td>[mhm mhm]</td>
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**HI participant – bolded**

Lind (2006)
The Big Pineapple
Woombye (near Nambour), Queensland
**Other-initiated, self repair / OISR**

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(S1.D6.OJ.329) 

Lind (2006)
What is conversation therapy?

- Intervention based on the premise that *HI adults will benefit from bringing under their conscious control aspects of everyday interaction* which are (or will be, potentially) adversely affected by their hearing loss

- Intervention focused on the principle that *communication partners share the responsibility for communication success* (and resolution of miscommunication)

- Intervention allowing all participants (HI adult, SO, clinician) to *take active roles in directing the flow of interaction* in therapy tasks
Conversation therapy

- Clinician as facilitator
- Intervention with frequent communication partner or significant other AND/OR with stranger, difficult or unfamiliar communication partner
- Built around client’s everyday communication settings
- When communication partner is doing most of the compensating for the other’s hearing impairment
- Adaptive procedures - mutually directed tasks
- Compensatory strategy as clinical method
- Not simply stimulus–response (stimulus repetition) model
Assessment – only two legs of the stool

We have:

• Direct clinical assessment of speech reception
  – Assume relation to everyday interaction
• Self and other report of everyday communication and its consequences
  – Indirect view of everyday interaction as clinically relevant data

We don’t have:

• Direct clinical assessment of everyday communication abilities
  – Direct assessment of everyday interaction
Summary of assessment

• To assess client for rehab purposes:
  - sentence- and text-based speech reception
    - Adaptive speech reception scoring incl. Sent-Ident (Erber, 2002)
    - SPiN, BKB/A
    - Tracking - with partner rather than with clinician
  - self- (and other-) report
    - Client-specific needs
      - Situation and/or person based difficulties
      - COSI – pre- and post- assessment
  - conversation skills
    - Conversation sample
Common therapy tasks

• Barrier games
  – Information transferred from one to another
  – Questions asked to clarify information
  – Transaction v interaction

• QUEST?AR (Erber, 2002)
  – Half script – clarify and check information in another’s spoken turn

• Simulated communication breakdown (Hickson et al. 1998)
  – Requests made for clarification in activity
Common therapy tasks

Conversation

• Free and unstructured
  – What to look for?
    • Fluency, ease, success
    • Management of breakdown and repair
  – Turns /strategies taken to resolve breakdowns
What are the critical issues?

• based on clinician’s clear (overt) understanding of the way conversation works

• bring aspects of conversational behaviour under the client’s conscious control

• easily/readily generalizable to everyday communication activities
What remains to be done?

• A range of assessments that compliment our range of intervention techniques

• Direct clinical assessment of communication abilities to compliment self-reports

• Develop a common vocabulary by which we might discuss communication/conversation

• Research and evidence-based outcomes for the various rehabilitation intervention techniques
Thank you

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