No More Questions: Using Comments to Elicit Functional Communication

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Adler Aphasia CENTER

Financial Disclosure

Brianna Rein is an employee of the Adler Aphasia Center and thereby receives financial compensation from Adler Aphasia Center.

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Agenda

1. What is conversation?
2. Why use conversation-based therapy?
3. How to use conversation in therapy
    - Expressive language
    - Receptive language
    - Cognition
    - Dysarthria
    - Voice

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What is this?

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Patients say:

- Cat
- Kitten

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Structured Questions

- What is this?
- What does it look like?
- What does it do?
- Who uses/likes this?
- Where do you find this?
- When do you see this?

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Patients Say:

- It’s a cat.
- It has stripes, it’s brown, it’s laying down.
- People keep them as pets.
- They are inside the house and outside as strays.
- You see them when you visit a person with one.

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Tell me about this picture.

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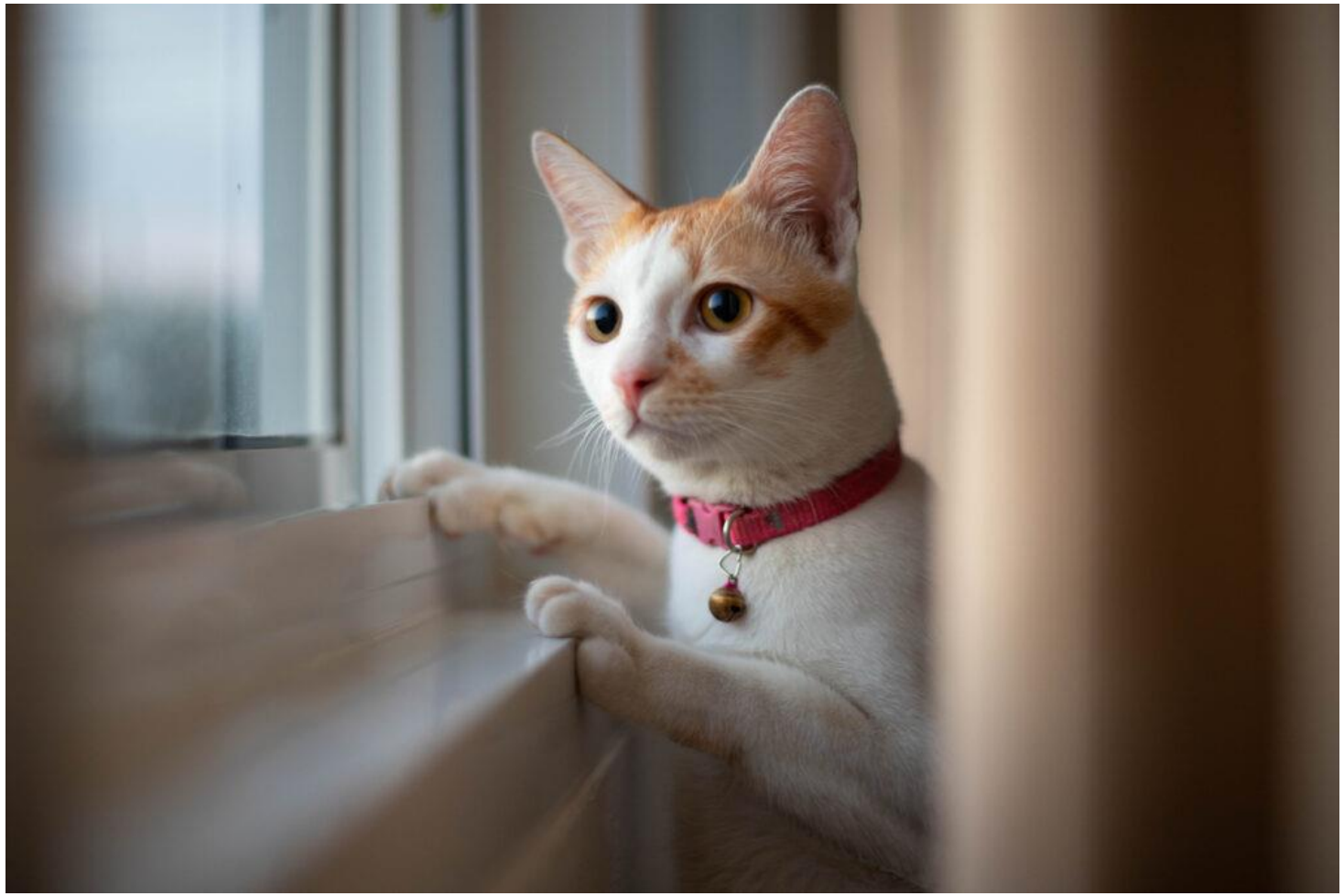

Patients say:

It’s a cat.

It looks like__.

My cat does this.

It’s looking out the window

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Comments

- My cat is crazy. He stole a chicken wing from the garbage.
- I love cats.
- My cats hide toys all the time.
- They wake me up.
- I wish I could nap as often as my cats do.

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Patients say:

- I had a cat named ___.
- My cat looks like ___.
- My cat is crazy. He/she does ___.
- My cat loves _____.
- I don’t like cats.

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What information do we get?

Confrontational Naming	Structured Questions
• Name only • Not conversational	• More information than naming • Factual Information • Not Conversational
Open Ended Prompt	**Comments**
• Mostly factual information • Can get personal information • Can be conversational	• Mostly personal information • Varied information • Conversational

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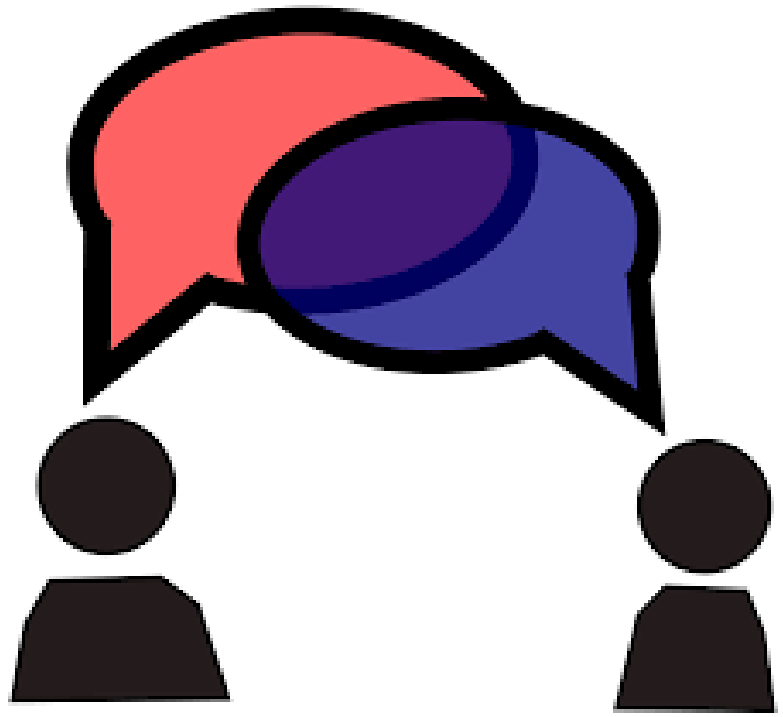
What is Conversation?

Dialogue modeling

- 36% statements, 19% opinions, 5.9% questions

Swoop Analytics

- 10-12% questions



(Stolcke et al., 2000)
(Kjaer, 2025)

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Syntax vs Semantics vs Pragmatics

Syntax

- Language structure

Semantics

- Meaning of language

Pragmatics

- Social meaning of language
- Statements, questions, directives

(Collins, 2020)

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Types of Questions

Closed	Open Ended
Yes/ No Questions • Declarative • Interrogative • Conductive • Tag	Wh Questions • Who • What • Where • When • Why • How
Alternative questions	Testing knowledge

(Collins, 2020)

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Purpose of Questions

Gain information

Assess knowledge

Stimulate thought

Engage and connect

Solve problems

Guide and influence

(Freed, 1994)

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Types of Statements

Declaratives

- Statements expressing thoughts as true or false

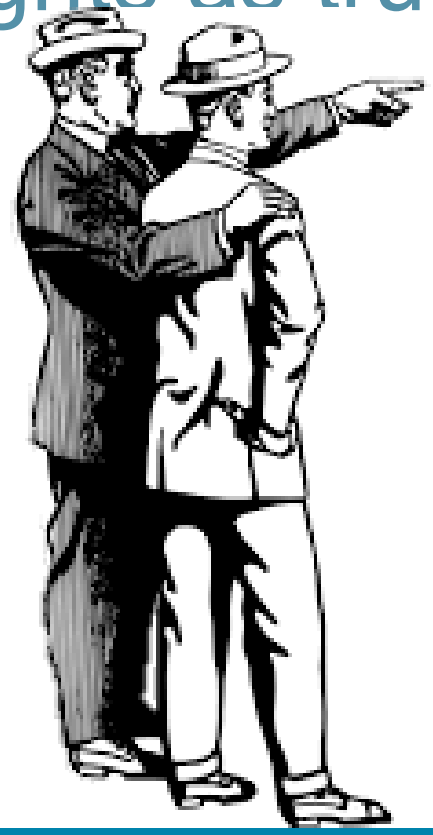
Exclamative

- Statements with an emotive element

Directives

- Give directions

(Collins, 2020)



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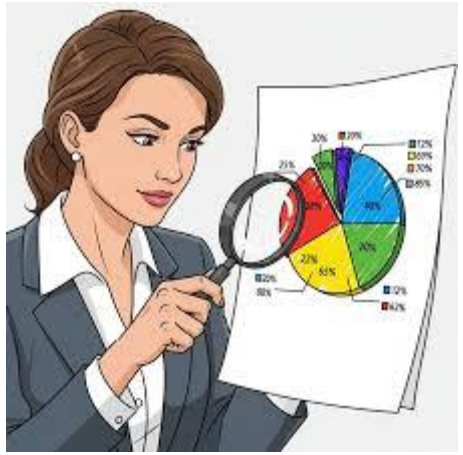
Purpose of Statements

- Facts
- Additional information
- Opinions
- Analyzing

- Directives
- Clarifying/ Interpretive
- Humor
- Motivation



(Collins, 2020)

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Purpose of Statements

- Summarize
- Reflect
- Paraphrase
- Validate
- Reframe
- Guide
- Collaborate
- Focus

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What do your therapy sessions look like?

How many questions do you ask?

- 0-25%
- 25%-50%
- 50%-75%
- 75%-100%

How many comments do you use?

How does your patient respond?

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Person-Centered Care

“Integrated health care services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences, in a system that supports good provider–patient communication and empowers individuals receiving care and providers to make effective care plans together.”

(Centers for Medicare and Medicaid Services, 2023)

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Person-Centered Care

Includes

- Care that's guided and informed by patients' goals, preferences, and values
- Success measured by patient-reported outcomes
- Integrated and coordinated care across health systems, providers, and care settings
- Managing chronic and complex conditions
- Relationships built on trust and a commitment to long-term well-being

(Centers for Medicare and Medicaid Services, 2023)

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Person-Centered Care

Questions and Comments

- Patients feel valued when you talk to them in a natural way.
- Patients feel more prepared to interact with other health systems with this communication practice.
- Patients are more likely to commit to long-term goals when they feel heard.

(Centers for Medicare and Medicaid Services, 2023)

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Life Participation Approach to Aphasia

Five core values:

1. Goal is enhancement in life participation
2. Everyone affected by aphasia is entitled to services
3. Success measures include documented life enhancement changes
4. Both personal and environmental factors are intervention targets
5. Availability of services needed at all stages of aphasia

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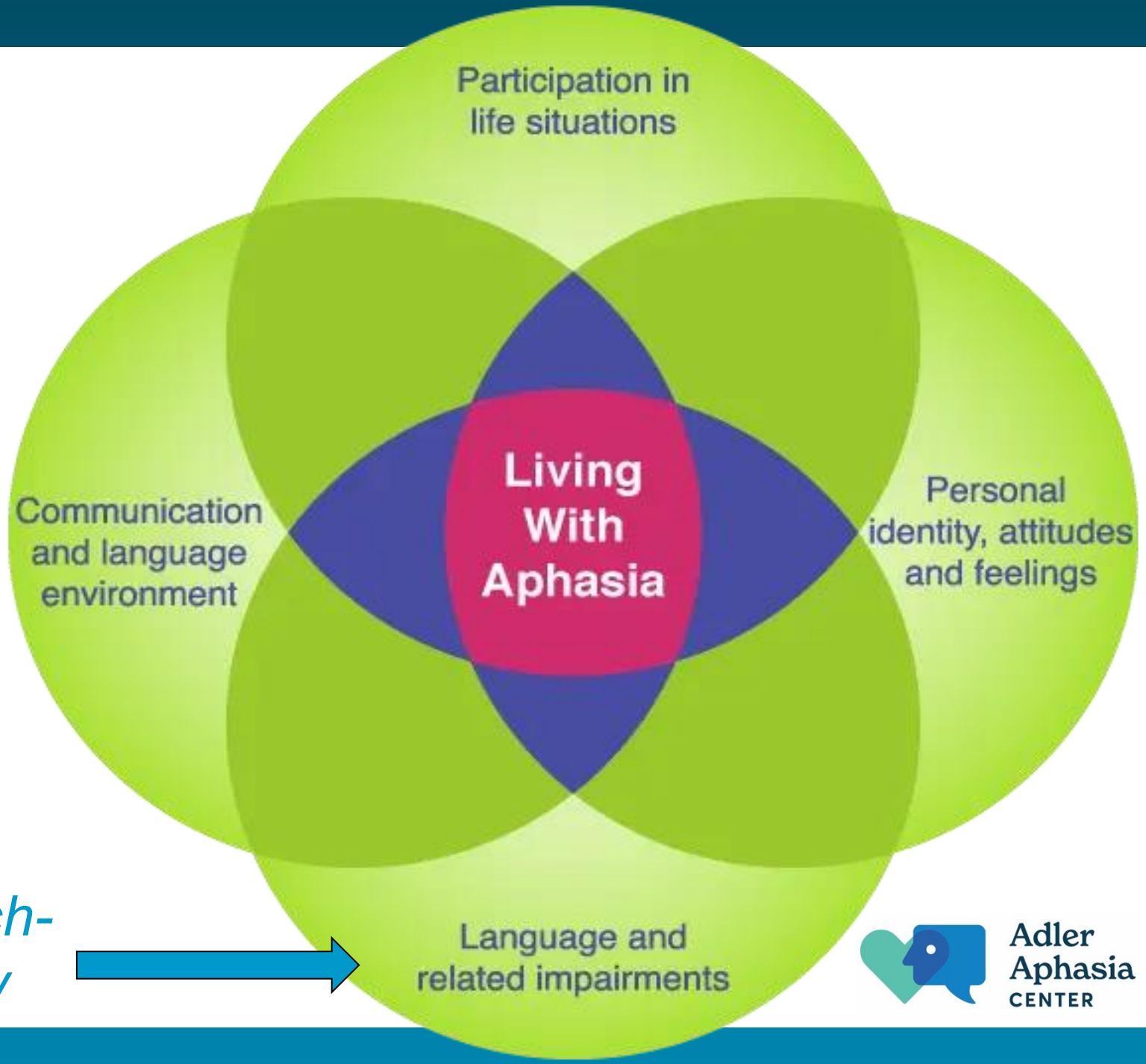
A-FROM

Living with Aphasia: Framework for Outcome Measurement **(A-FROM) is designed as a conceptual guide for thinking about outcomes in aphasia.**
Adapted from Kagan et al 2008, ©Aphasia Institute

Living with Aphasia: Framework for Outcome Measurement



Traditional speech-language therapy

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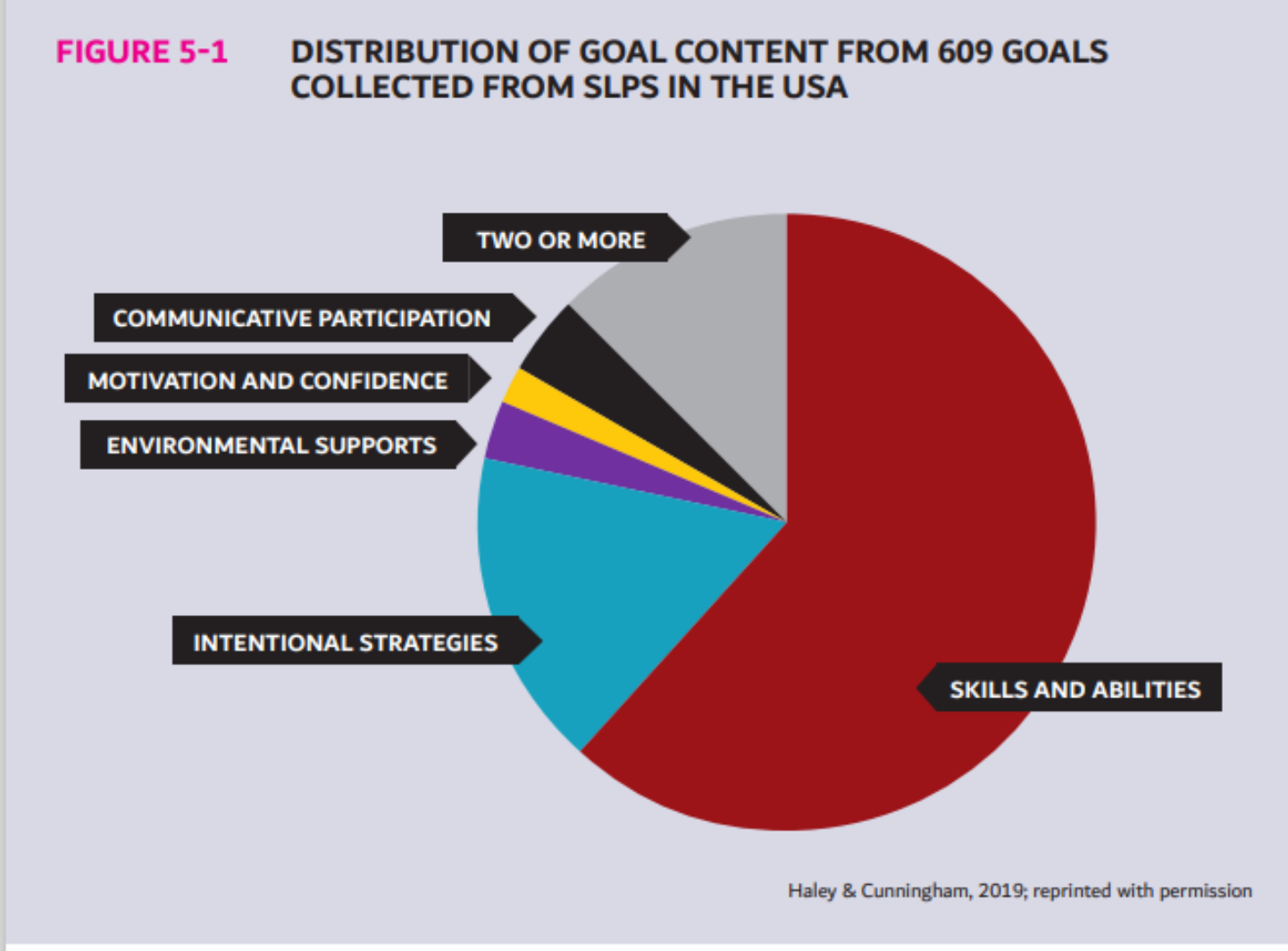
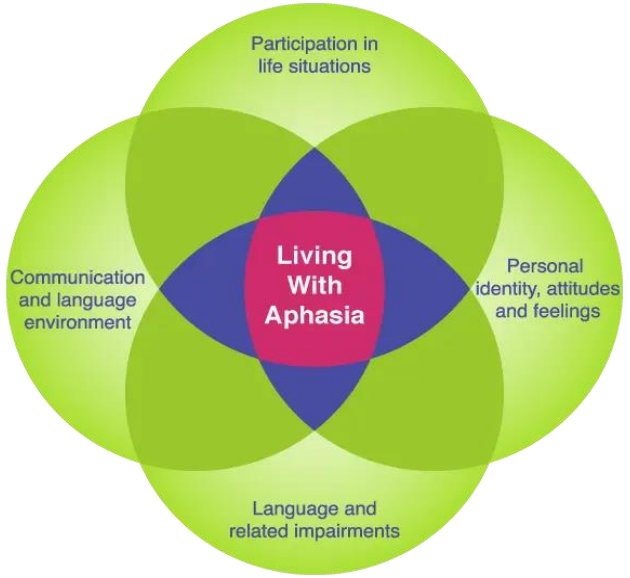
What are we targeting in speech therapy?





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Why does this matter?

- Increased patient participation
- Builds rapport
- More meaningful goals
- More functional therapy activities
- Excessive questions cause stress

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Patient Pushback

- **Patients may not understand**
- **Therapy looks different**
  - Explain what the conversation is targeting
- **Evidence to support use of conversation in therapy**

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Barriers

- **No single agreed-upon definition of “conversation therapy”.**
  - Used compensatory strategies, total communication, and conversational analysis
  - Worked with person and care partner
- **Combination of conversation with impairment-focused therapy.**
- **Wanted stronger evidence and practical outcome tool.**

(Sirman et al., 2017)

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Patient Reported Outcome Measures (PROM)

- PROMs quantify patients' perspectives on current status and things that are difficult to assess with performance-based measures.
- PROMs measure change over time in functional areas and quality of life.
- PROMs help make meaningful goals and guide SLPs in goal setting and therapy activities.

(Stagge et al., 2025)

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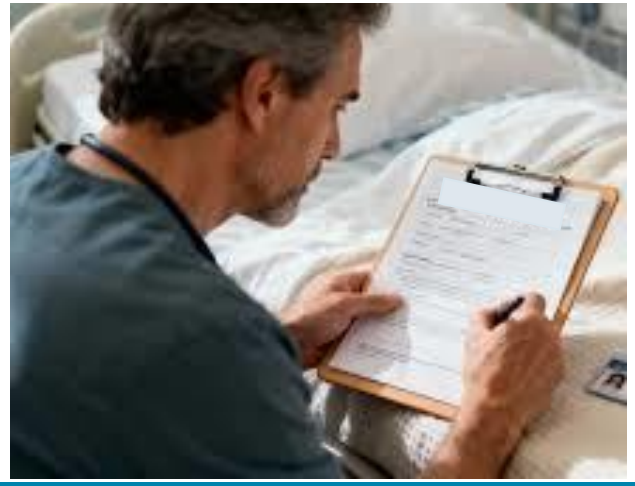
Patient Reported Outcome Measures

- **Aphasia**
  - Aphasia Impact Questionaire-21
  - Communicative Participation Item Bank
- **Dysarthria**
  - Quality of Life with Dysarthria
- **Cognition**
  - Mental Fatigue Scale
  - Neuro QOL
  - Job Performance Measure
- **Voice**
  - Voice Handicap Index



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Conversation Based Therapy – Aphasia

Conversation aligns with clinical goals.

- **Theoretical foundation for conversational patterns integrating with clinical goals in aphasia.**
- **Requires changing how people talk to each other and language structures used.**
- **Therapy goals**
  - Turn taking/sequencing
  - Topic initiation
  - Repairing communication breakdowns
  - Conversation partner training

(Wilkinson, 2010)

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Conversation Based Therapy - Aphasia

Increases the amount of language produced in therapy.

- **48 people with aphasia**
- **Dydadic, large groups, or control**
- **Conversation group treatment – 1 hr, 2x/week, 10 weeks**
- **Language samples pre, post-treatment, and 6-weeks after**
  - Percent correct information units
  - CAT standardized narrative
  - Complete utterance
- **Significant improvement on the complete utterance method following treatment**

(Hoover, 2021)

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Conversation Based Therapy - Aphasia

Conversation based therapy increases functional communication and patient reported outcome measures.

- **91 people with moderate-severe aphasia**
- **Dydadic/large groups, homogeneous/mixed severity, or control**
- **Conversation group treatment – 1 hr, 2x/week, 10 weeks**
- **Tested with patient reported outcome measures, standardized assessments, and language samples pre, post-treatment, and 6-weeks after**
    - Aphasia Communication Outcome Measure (ACOM), CADL-3, Comprehensive Aphasia Test, and discourse measures

(DeDe et al., 2025)

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Conversation Based Therapy - Aphasia

Results

- Conversation treatment group showed significant improvement in ACOM and CADL-3 pre to post treatment and at maintenance vs the control group.
- Large groups showed significant changes pre to post treatment and at maintenance on the ACOM.
- Dyad group showed significant change from pre-treatment to maintenance on the ACOM.
- Large and dyad groups had significant changes pre to post treatment at at maintenance on CADL-3.
- Homogeneous groups showed significant changes pre to post treatment and at maintenance on ACOM and CADL-3.

(DeDe et al., 2025)

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Conversation Based Therapy - Aphasia

Conclusions

- **People with aphasia can benefit from conversation-based therapy.**
- **Results demonstrated significant improvements in patient reported outcome measures and functional language.**
- **Treatment impact survey resulted in 88% reporting improvement on communication, quality of life and overall well-being.**
- **No significant improvements on discrete language goals in a dyadic or large group.**
    - Therapy was given lowest end of optimal dose.
    - People with aphasia may benefit from more intensive, focused practice or not in a group.

(DeDe et al., 2025)

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Conversation Based Therapy - Aphasia

ECoLoGiC-Tx improved language function for moderate-severe aphasia.

- **Conversations are turn-based social interactions.**
- **Goal is to improve typical conversation and self-repair.**
- **Focus on communicating personally-relevant information in conversations based on pt interests.**
- **4 participants with moderate to severe aphasia**
- **20 therapy sessions: 2x/week 60 minutes**
  - Therapeutic conversation
  - Therapeutic repair

(Leaman & Edmonds, 2024)

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ECoLoGiC-Tx Protocol

The intervention consists of two alternating components, always beginning with Therapeutic Conversation

- Therapeutic Conversation (TC), which is a casual, social interaction, started by either person
- Therapeutic Repair (TR)

Therapeutic Conversation (TC)
(During TC, the SLP follows the Social Conversation Collection Protocol[§] outlined here)

SLP DOES:	***SLP DOES NOT:***
■ Show interest with eye contact, body language, nodding, saying "mhm"	■ Ask lots of questions
■ Make comments/share stories	■ Use phonemic or semantic cueing
■ Allow topic to shift naturally	■ Request to correct verbal words if message is understood
■ Give plenty of time, silence is OK	■ Request verbal production of ideas that are communicated nonverbally
■ Be receptive to/accept all communication modalities	■ Request person to state already known information
■ Express lack of understanding when message not understood	■ Act like an interviewer
■ Paraphrase what was understood	■ Tell or instruct the person regarding strategies or how to communicate

(Leaman & Edmonds, 2024)

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Therapeutic Repair (TR)

SLP least-to-most feedback hierarchy (with *examples* of turns by the SLP):
*Must begin with Step 1; steps must be used in order, although steps can be skipped

1) Either person identifies a need for repair. The SLP produces/refers to concrete visual content about the repair, usually by writing down understood words. For example, if the PWA says "Monday" and "piano," the SLP could identify the repair by saying, "I'm unclear how Monday and piano connect," and write both words. The SLP & PWA both add to the concrete visual content throughout the repair.
2) SLP makes a general comment, "Can you tell me more about how Monday relates to piano?"
3) SLP requests specific information, "Is there a verb to tell me what's happening Monday with the piano?"
4) SLP requests circumlocution, "Can you describe to me what's happening Monday with the piano?"
5) SLP requests nonverbal communication, "Can you tell me another way, like drawing or gesturing?"
6) SLP requests specific nonverbal communication, "Can you draw a picture?"
7) SLP gives choice, "On Monday are you going to a concert or does your son have a piano lesson?"

SLP Responses after every hierarchy step
a) provides unpressured time for the PWA's response, ensuring opportunities for self-expression and communicative problem-solving;
b) relays what has been understood of the PWA's response;
c) waits for the PWA to confirm if the SLP's understood correctly, (or the SLP asks, "did I get that right?");
d) if the SLP's understanding is correct and the SLP fully understands message, the repair ends;
e) if the SLP's understanding was not correct or if it was correct but the SLP is still confused, the SLP^:

OR

i) repeats the hierarchy step with a different cue (e.g., Step 3, a different cue might be "can you tell me who will be there Monday with the piano?"

ii) goes to the next hierarchy step, repeating the process

(Leaman & Edmonds, 2024)

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Conversation Based Therapy - Aphasia

ECoLoGiC-Tx results

- **Monologue/unstructured conversation**
  - All participants improved in at least 1 area of conversation and maintained gains at 6 weeks
  - Results generalized to untrained discourse
- **Formal tests**
  - All participants showed generalization to structured tests.
  - All 4 participants showed improvement on WAB-R, CADL-3, and NAVS
  - Results given from person-centered intervention using complex language tasks instead of decontextualized taks.
- **P/FROMs**
  - All participants demonstrated change on at least 2 P/FROMs

(Leaman & Edmonds, 2024)

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Conversation Based Therapy - Cognition

Life Integration Approach can integrate advocacy with clinical service while working with complex conditions, and service constraints.

- **“The LIA is a method for evidence-based cognitive-communication rehabilitation that seeks to address barriers to intervention by incorporating evidence application, access, advocacy, and adaptability strategies into daily clinical practice. Rather than proposing a set of new concepts, LIA is a means of ensuring implementation of evidence-based therapeutic procedures already available.”**
- **Uses Life Participation Approach to Aphasia elements.**

(MacDonald, 2025)

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Conversation Based Therapy - Cognition

Practical strategies SLPs can use:

- **Metatherapy**
- **Building resilience**
- **Motivational interviewing**
- **Back pocket strategies**
- **Life integration**

(MacDonald, 2025)

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Life Integration Approach

- Evidence application
- Communication education and assertiveness
- Access and referral
- Assessment
- Therapeutic engagement
- Goal setting
- Instructional practices
- Life integration
- Communication partner collaboration
- Resource allocation and advocacy

(MacDonald, 2025)

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Conversation Based Therapy - Voice

Conversation Training Therapy for voice is effective.

- **Patient-driven conversation is primary therapy stimulus; eliminates hierarchy of traditional voice therapy.**
- **Compared outcomes from benign vocal fold lesions or muscle tension dysphonia with CTT vs standard voice therapy.**
- **Results:**
  - Voice Handicap Index-10: CTT group significantly greater improvements
  - Equal gains in 2 sessions for CTT vs 4-8 sessions for traditional
  - Maintained results in 3-month follow-up

(Gillespie et al., 2019)

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Conversation Based Therapy - Dysarthria

Dysarthria management supports how people live, not just intelligibility.

- **Communication participation – real-life communication**
  - Work, family, social roles
  - Doesn't directly match speech intelligibility
- **Patient factors**
- **Shift clinical perspectives – participation is a primary outcome of therapy**
  - Use patient-reported outcomes
  - Include context, strategies and partners in therapy

(Page & Yorkston, 2022)

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Expressive Language

When to use questions

Start of session catchup

- How was your week?
- How was talking to your family etc.?

Question goal

- Asking/answering questions as a goal

Session/activity review

- What word-finding strategies were most helpful in that task?
- How was the word-finding task using semantic feature analysis?
- Did sub-categories help you in that task/ Was it hard?

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Expressive Language

When to use directives

Assessing patient understanding

- Tell me your word-finding strategies/ when you use them.

Giving directions for tasks

- Tell me about this picture.
- Describe the word/ drawing/ pointing etc.
- Say the days of the week/ count to 10.
- Use semantic feature analysis for this picture.

Giving feedback on performance

- Try it again describing the words, drawing/pointing.
- You got more out when using semantic feature analysis.

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Expressive Language

When to use comments

Conversation

- Utilize patient's interests in word-finding and conversational topics.

Humor

- Laughter and humor reduce stress.

Analyzing

- You used sub-categories more/less in this task than last time.

Clarifying

- Tell me more about how using descriptions helped you get your thought out.

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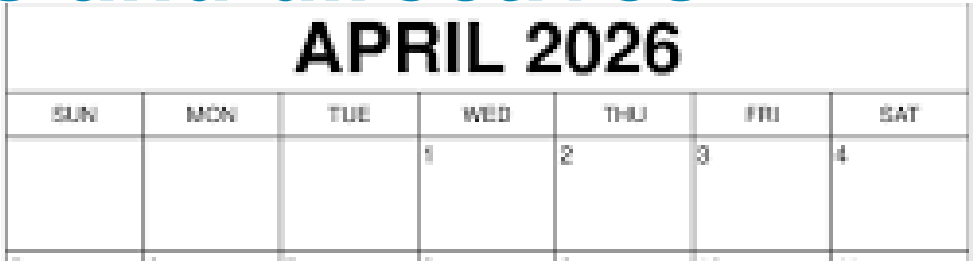
Expressive Language

Structured tasks – Comments and directives



Automatic speech tasks

- Directives: Say the days of the week.
- Feedback /Analysis: You said it with reduced cues.

Word finding/ sentence construction

- Directives: use this strategy.
- Opinions: I don’t like ranch dressing.

Semantic tasks

- Motivation: I think you can name more words.
- Feedback: Name things in another category.

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Receptive Language

When to use questions

Start of session catchup

- How was your week?
- What did you think of the Ted Talk?

Question goal

- Answering questions as a goal.

Session/activity review

- How was the word vs sentence task?
- Did the visual aid help you in that task/ was it hard?

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Receptive Language

When to use directives

Assessing patient understanding

- Tell me what strategy you're going to use for this task.

Giving directions for tasks

- Single or multi-step directions.
- Show me something you write with.
- Put these items in categories.

Giving feedback on performance

- Use you're visual aid to help you answer questions.
- Repeat the direction before you complete it.
- Tell me about that task/ how you did.

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Receptive Language

When to use comments

Conversation

- Utilize patient's interests in word-finding and conversational topics.

Additional information

- Giving additional context for topics/tasks.

Analyzing

- You answered more questions correctly today.
- You followed more complex directions today.

Paraphrase

- I heard you say that you like chocolate ice cream more than vanilla ice cream.

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Receptive Language

Structured tasks – Comments and directives

Following Directions

- Directives: Giving relevant/personal directions.
- Motivation: You completed a more complex direction.

Auditory Comprehension

- Analyzing: Take notes as you listen to the paragraph.
- Facts: Here are some facts on whales.

Object/Picture ID

- Directives: Show me the _. Point to the object that you wear.
- Feedback: You looked at every picture before choosing.

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Cognition

When to use questions

Start of session catchup

- How is the college class going?
- How was doing your medication with your wife?

Problem-solving/ memory goal

- What would you do if you lose you wallet?
- What did you have to remember?

Activity introduction/ planning/ review

- What memory strategy was the most useful?
- How are you going to plan out this task?

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Cognition

When to use directives

Assessing patient understanding

- Tell me your memory strategies/ when you use them.

Giving feedback on performance

- Use repetition, chunking, visualization to help you remember the items.
- Remember to look at your calendar/schedule.
- Think about how much time it would take to complete these tasks.
- Highlight the main idea of the reading to help you answer the discussion questions.
- Break the task down into parts.

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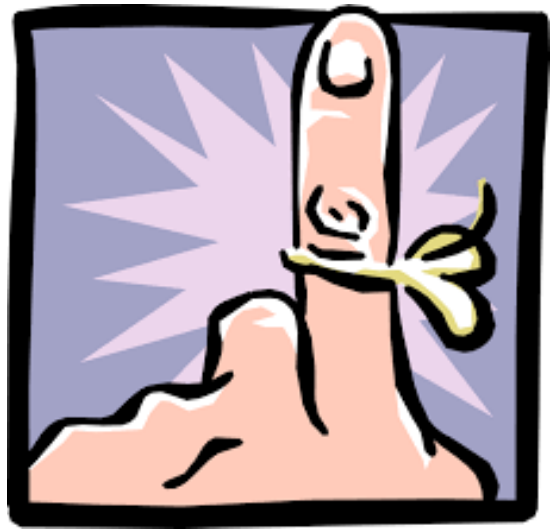
Cognition

When to use directives

Giving directions for tasks

- Attention: Make your grocery list while there is music on/ I ask you questions.
- Memory: Remember these 3 tasks for 5-minutes.
- Safety: Tell me 5 tripping hazards to look for at home.
- Orientation: Tell me the date.
- Problem solving: Tell me what you would do if you lost your wallet.
- Executive function: Show me how you pay bills.



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Cognition

When to use comments

Conversation

- Target problem-solving, attention, memory, orientation
- “I do my bills at the end of every month.”

Motivation

- I know this was easy for you before, but you’re doing a great job using this strategy now.

Analyzing

- You used chunking to remember the list.

Reflection

- I see it’s frustrating.

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Cognition

Structured tasks – Comments and directives

Attention

- Directives: Plan your meals while we have a conversation.
- Feedback/analysis: You can use the same ingredient in multiple meals.

Memory

- Directives: Remember these 4 tasks for 5 minutes.
- Planning: Let's plan what strategies you're going to use.

Safety/Orientation

- Feedback/ analysis: Use your calendar to find the date.

.

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Cognition

Structured tasks – Comments and directives

Problem solving

- Directives: Tell me what you would do if you smell gas in your house.
- Redirect: Let's think of how you can remember.
- Conversation: I always double check the stove before I leave the house.

Executive function

- Collaboration: It seems like it could be too much information.
- Collaboration: Let's think about how you can pay your bills and how we can make a play to help you do that still.

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Dysarthria

When to use questions

Start of session catchup

- How was your week?
- How was the carryover task?

Patient preferences

- What do you want to work on first?
- Do you want to target T or D?

Session/activity review

- How was less structured compared to more structured tasks?
- How was phrases compared to words?
- What was easy/hard about that task?

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Dysarthria

When to use directives

Assessing patient understanding

- Tell me what you're working on in therapy.
- Teach back of skills worked on in therapy.

Giving directions for tasks

- Say these words/phrases/sentences using your strategies.
- Using increased volume, say this.

Giving feedback on performance

- Try it again focusing on volume/breath/ articulation.
- Try the next set using increased volume/breath.

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Dysarthria

When to use comments

Conversation

- Utilize patient's target sounds in conversational topics.

Motivation

- You did great using increased volume for sentences.

Analyzing

- You used overarticulation more/less in this set of words than last time.

Summarize

- I heard you say less structured tasks were harder today.

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Dysarthria

Structured tasks- Comments and directives

Structured word lists:

words/phrases/sentences/paragraphs

- Directives
- Feedback
- Analysis

Spontaneous speech:

formulated sentences, conversation

- Conversation
- Opinions
- Motivation

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Voice

When to use questions

Start of session catchup

- How did your phone call go?

Motivation interview

- What do you want to improve with your voice?

Session/activity review

- How was using increased breath support for that task?
- What strategy helped you with that task?
- Why do you think your voice was strained in that trial?

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Voice

When to use directives

Assessing patient understanding

- Tell me your voice strategies/ when you use them.

Session/ activity review

- Tell me about the last activity.
- Tell me about the strategies you used in the last activity.

Giving feedback on performance

- Focus on your breath for the next set.
- Think loud
- Speak with intent

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Voice

When to use comments

Conversation

- Utilize patient interests in conversational topics.

Motivation

- Your voice was strong today/ in that task.
- You did a great job using your voice to make that phone call.
- That sounds frustrating, you're working so hard.

Analyzing

- You used your breath well during that activity for speech.

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Voice

Structured tasks – Comments and directives

Exercises – diaphragmatic breath, vocal function (volume, prosody, duration)

- Directives

Structured word lists – words/phrases/sentences/paragraphs

- Feedback

Spontaneous speech – role play formulated speech

- Conversation
- Opinions

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Key Takeways

What we say has a purpose.

- **Questions and statements should have a function.**
- **Use questions sparingly**
- **Use statements for more functions**
  - More functional communication
  - Helps patients reach their goals

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