communication BRIDGE

HANDBOOK

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Study Overview

Study Flow and Timeline of Events

Note: treating SLP visits are white; RA and evaluating treating SLP visits are gray; italicized rows occur outside of study visits; PT = Participant CP = Communication Partner PPW = Paperwork

Screening	Duration	Who?	Via	Notes
Pre-Screen	30-45 mins	RA + PT/CP	Phone Call	RA talks to PT/CP; confirms eligibility criteria; documents verbal consent for medical records; requests medical records
Medical Record Review	*1-2 weeks*	*RA + Emily*	*In-person*	*Once received, team reviews records*
Technology Tasks	1-2 days	RA + PT/CP	E-mail	PT/CP complete technology tasks sent by RA
Cognitive/Vision/ Hearing Screen/GDS	30-40 mins	RA + PT/CP	BlueJeans	RA administers cognitive, vision, hearing screen, and GDS
Screening Review	*1 week*	*RA + Emily*	*In-person*	*RA, Emily, + screening SLP discuss PT's screening packet and concerns on participant's eligibility*
SLP Screen	30-45 mins	SLP + PT/CP	BlueJeans	Screening SLP gathers info on dx and language difficulties; discusses any concerns; completes SLP Screening Form
At any point during screening process, PT may be deemed ineligible for study				

Baseline Evaluation	Duration	Who?	Via	Notes
Consents & Orientation	1.5 hrs	RA + PT/CP	BlueJeans	RedCap consent signature from PT+CP; Orientation to BlueJeans and CB website; PT demographics, health history, and questionnaires; *CP completes questionnaires on own*
BL Neuropsych	1.5 hrs	RA + PT/CP	BlueJeans	RA administers BL neuropsych tests
Baseline Evaluation #1	≤ 3 hrs	SLP + PT/CP	BlueJeans	Baseline Evaluation Run Sheet, ALA, Social Networks, GAS Development, *PASS*
BL #1 Follow-Up/PPW	*2 hours*	*SLP*	*n/a*	*SLP confirms subtype with RA and submits PPW, including GAS for approval*
Once BL Eval #1 paperwork is completed and GAS approved, RA unblinds SLP to study arm				
Exp. Group Only: Brainstorm Form	*1-2 weeks*	*RA + PT/CP*	*Phone/ E-mail*	*RA works with exp. group on Brainstorm Form to generate 80 personally relevant words*
Baseline Evaluation #2	1.5 hrs	SLP + PT(CP)	BlueJeans	Baseline Target Word Probe (probe all 90/75 words)

Treatment Block 1	Duration	Who?	Follow-up Time	Notes (see Therapy Sessions section for more detail)
Session 1	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Disease Education (watch slideshow); Q&A; Overview of CB Website (highlight resources); Explain session format; compensatory strategies to target GAS (exp)
Session 2	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	30 Word Evaluation; Intro and Review of CB Web Exercises (picture cards, pronunciation cards, and word-to-picture matching); compensatory strategies to target GAS (exp)
Session 2.1	20 mins	RA + PT/CP	n/a	Website Proficiency Quiz: Picture Cards, Pronunciation Cards, Word-Picture Matching
Session 3	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	30 Words Maintenance/Practice; Script 1 Introduced/Created/Probed; Intro of CB Web Script Practice; compensatory strategies to target GAS (exp)
Session 3.1	20 mins	RA + PT/CP	n/a	Website Proficiency Quiz: Script Practice

Session 4	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp)
Session 5	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp)
Starting at Session 6, new words and/or scripts become available as mastery is reached; RA tracks this and notifies SLP				
Session 6	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp)
Session 7	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp)
Session 8	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp)
Session 9	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp)
Session 10	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp) Review What to Practice During the Break; CP present for 10 minute wrap-up (ctrl)

PIE1 TO OCCUR WITHIN 2 WEEKS OF THERAPY SESSION 10				
Post Intervention Evaluation 1 (PIE1)	**Duration**	**Who?**	**Follow-up Time**	**Notes**
PIE1 Questionnaires	30 mins	RA + PT	n/a	PT questionnaires via BlueJeans; *CP completes questionnaires on own*
SLP PIE1	Up to 2 hours	SLP + PT/CP	1 hour	Evaluation Run Sheet, ALA, SNI, Word Evaluation, Script(s) Evaluation
Evaluating SLP GAS Video Review	*1-2 hrs*	*Evaluating SLP*	*n/a*	*Evaluating SLP reviews GAS development video and PPW from BL Evaluation*
GAS Evaluation	1 hour	Evaluating SLP + PT/CP	1 hour	Evaluating SLP meets with PT/CP to evaluate goals
BREAK UNTIL WITHIN +/- 2 WEEKS OF 6-MONTHS FROM BASELINE DATE				
6 Month Evaluation	**Duration**	**Who?**	**Follow-up Time**	**Notes**
6M Neuropsych and Questionnaires	2 hrs	RA + PT/CP	n/a	PT neuropsych/questionnaires; *CP questionnaires complete on own*
GAS Evaluation	1 hour	Evaluating SLP + PT/CP	1 hour	Evaluating SLP meets with PT/CP to evaluate goals
SLP 6M Evaluation	Up to 2 hours	SLP + PT/CP	1 hours	Evaluation Run Sheet, ALA, SNI, *PASS,* Word Evaluation, Script(s) Evaluation
Treatment Block 2	**Duration**	**Who?**	**Follow-up Time**	**Notes**
Session 11	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp)
Session 12	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp)
Session 13	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp)
Session 14	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp)

Session 15	1 hour	SLP + PT/CP	0.5 (ctrl) 1.5 (exp)	Therapist compliance checklist; words/script probes; practice (ctrl); compensatory strategies to target GAS (exp) Review What to Practice During the Break; CP present for 10 minute wrap-up (ctrl)

PIE2 TO OCCUR WITHIN 2 WEEKS OF THERAPY SESSION 15				
Post Intervention Evaluation 2 (PIE2)	**Duration**	**Who?**	**Follow-up Time**	**Notes**
PIE2 Questionnaires	30 mins	RA + PT	n/a	PT questionnaires via BlueJeans; *CP completes questionnaires on own*
SLP PIE2	Up to 2 hours	SLP + PT/CP	1 hour	Evaluation Run Sheet, ALA, SNI, Word Evaluation, Script(s) Evaluation
GAS Evaluation	1 hour	Evaluating SLP + PT/CP	1 hour	Evaluating SLP meets with PT/CP to evaluate goals

BREAK UNTIL WITHIN +/- 2 WEEKS OF 12-MONTHS FROM BASELINE DATE				
12 Month Evaluation	**Duration**	**Who?**	**Follow-up Time**	**Notes**
12M Neuropsych and Questionnaires	1.5 hrs	RA + PT/CP	n/a	PT neuropsych/questionnaires; *CP questionnaires complete on own*
GAS Evaluation	1 hour	Evaluating SLP + PT/CP	1 hour	Evaluating SLP meets with PT/CP to evaluate goals
SLP 12M Evaluation	Up to 2 hours	SLP + PT/CP	1 hour	Evaluation Run Sheet, ALA, SNI, *PASS,* Word Evaluation, Script(s) Evaluation, Final Wrap-Up
Post-Study Interview	1 hour	Evaluating SLP + PT/CP	1 hour	Evaluating SLP administers Post-Study Interview to PT/CP
Final Study Wrap-Up	15 mins	RA + PT/CP	n/a	RA meets with PT/CP to discharge and provide instructions for returning study computer and equipment

<p style="text-align: center;">General Rules</p>

1. PT = Participant, CP = Communication Partner
2. Scheduling Compliance Language for Participants (as stated in Consent Forms)
    a. Due to the nature of therapy, sessions will ideally occur weekly (i.e., 7 days apart) for 10 consecutive weeks for the first treatment block and 5 consecutive weeks for the second treatment block. However, there are times where scheduling conflicts may arise and sessions may need to be rescheduled. To successfully complete the trial, you must complete 10 visits within 12 weeks for the first treatment block and 5 visits within 7 weeks for the second treatment block. Visits that cannot be scheduled within these rules will be considered 'missed' visits and will not be re-scheduled. If you have more than 2 missed visits, you will be withdrawn from the study analysis. However, you will be asked if you would like to continue to receive the remaining therapy sessions in your treatment block as part of routine clinical care.
    b. The 6-month and 12-month evaluations must be scheduled in a time window of the 2-weeks prior to or following the actual 6-month and 12-month follow-up dates.
3. No non-consented family members/friends should be a part of any videochat sessions
    a. If anyone else appears in the recording, mark it as a notable timestamp as we may need to edit them out of the video
        i. If it is a rare/accidental occurrence without our invitation, it should be okay
    b. Explain to PT/CP that this would require a separate consent process with family member/friend if they plan to be around for the sessions (although this is not a likely option)
4. The Blank Notes Page is available for any member of the team when additional documentation is needed
    a. This is located on Box → All SLP Info → Blank Forms
5. Trello
    a. Board: CB Discussion Points: https://trello.com/b/tSbBsSUt/cb-discussion-points
    b. Use this board to document any comments, questions, or ideas to share with the team
    c. RAs will monitor this board weekly and add discussion items to upcoming meeting agendas

General SLP Rules

1. SLPs should do the following to ensure efficient use of session time:
   a. Login to BlueJeans session 3 minutes before scheduled start time
   b. Have all runsheets printed prior to session
   c. Have any screens to be shared already pulled up on computer for easy access
   d. Exit out of any unneeded programs during session to eliminate time spent looking for items and avoid any violation of HIPAA compliance
2. Technology requirements for all sessions
   a. Connect via Ethernet
      i. If therapy sessions are occurring at the Mesulam Center, Ethernet does not need to be connected unless the audio/video appears to be lagging
   b. Use Blue Microphone
3. SLPs should not provide PT/CP with their emails or phone numbers; instead, all communication should go through RAs or the CB email
4. If PT/CP are not logged into session at start time, wait 3 minutes and then text RAs to alert them. If they have still not arrived, RA will call at 5 minutes past scheduled start time.
5. Target length of evaluations and therapy sessions
   a. Evaluations
      i. See SLP Evaluations Outline section for timing rules of Baseline Evaluation
      ii. Post-Baseline SLP Evaluations (PIE1, 6M, PIE2, 12M) should not exceed 2 hours
      iii. GAS Evaluations by non-treating clinician should not exceed 60 minutes
   b. Therapy Sessions
      i. SLPS should aim for ALL therapy sessions (both groups) to be 60 minutes of therapy time
      ii. Up to 75 minutes is allowable, when needed, for actual therapy time
      iii. Up to 90 minutes is allowable, when needed, for total session time to account for technology issues
      iv. If session runs over 90 minutes due to technology issues, SLP should connect with RA to determine if session should be cancelled and rescheduled
6. Notable Timestamps – ANYWHERE in paperwork, use the symbol ★NT to indicate anything noteworthy
   a. This includes anything notable (e.g. learning moments, quotes, PT/CP experience, time outside of protocol, noncompliance, control-initiated GAS discussion, etc.)
7. Standard practice recommendation for CB Website = 5 times a week/30 minutes each time
   a. This recommendation remains the same for all participants
      i. Control – no fluctuation from the rule
      ii. Experimental – can provide some guidance on what exercises may be more appropriate over others; however, cannot completely remove one exercise from practice recommendation
   b. See SLP FAQs for more detailed information on practice guidelines

EVALUATIONS

<p style="text-align:center">SLP Evaluations Outline</p>
<p style="text-align:center">See <u>Evaluations Component</u> section for thorough details</p>

1. **General Information**
   a. Target length of evaluations
      i. See below for timing rules of Baseline Evaluation
      ii. Post-Baseline SLP Evaluations (PIE1, 6M, PIE2, 12M) should not exceed 2 hours
      iii. GAS Evaluations by evaluating SLP should not exceed 60 minutes
2. **Pre-Baseline Evaluation**
   a. *Treating SLP reviews screening documents and medical records – RA will email documents*
      i. **SLP should be sure to schedule a sufficient amount of review time to prep for new enrollments**
   b. *Treating SLP reviews video of SLP screening through BlueJeans recordings*
3. **Baseline Evaluation**
   a. **Order of Evaluation Sessions**
      i. (RA) Consents & Orientation
         1. RA meets with PT/CP:
            a. Review and sign consent forms
            b. Gather demographic and health history information
            c. Provide technology orientation to laptop, equipment, and BlueJeans troubleshooting
            d. Provide overview of Communication Bridge website (not including web exercises)
      ii. (RA) Neuropsych & Questionnaires
         1. RA administers neuropsych battery and reviews PT questionnaires (CCRSA, CPIB, PROMIS Depression, & PROMIS Anxiety)
      iii. Baseline Evaluation #1 with SLP
      iv. Baseline Evaluation #2 with SLP
   b. **BL Evaluation Session #1**
      i. Components
         1. BL Evaluation Runsheet; ALA; Social Networks Inventory; *PASS*
         2. GAS Development and Finalization
      ii. Timing Rule
         1. Total time of all components should not exceed 3 hours (not including technology issues)
         2. If GAS is not reached by 1:45, SLP should schedule a break with PT/CP in order to minimize fatigue and optimize GAS process
            a. SLP will schedule Part 2 of evaluation; it should be scheduled for later that day or the next day, if possible
            b. SLP should use clinician judgment to determine if PT/CP are too fatigued to complete GAS during first part of session
   c. ***Between BL Evaluation #1 and #2***
      i. *RA will confirm PT subtype with treating SLP*
      ii. *Once SLP paperwork is complete and GAS goals are approved, RA will unblind SLP to PT's study arm*

   iii. *Experimental group – RA will work with PT/CP to complete Brainstorm Form of 80 personally relevant words*
    1. *If more time is needed to complete brainstorm form, RA will reschedule BL Evaluation #2 (allowing up to 2 weeks between BL Eval #1 and #2)*

  d. BL Evaluation Session #2
   i. Baseline Target Word Probe (experimental – 75 words; control – 90 words)
   ii. Confirmation of Sessions #1-10 schedule, if needed

4. Post-Intervention Evaluation #1 (PIE1)
 a. Order of Evaluation Sessions
  i. (RA) Questionnaire Review
   1. PT meets with RA to go through PT questionnaires
  ii. SLP Evaluation
   1. *To occur within 2 weeks of Therapy Session #10*
  iii. GAS Evaluation with evaluating SLP

 b. PIE1 Evaluation
  i. Word Evaluation; Script Evaluation (all words and scripts mastered/currently practicing)
   1. *CP not present*
  ii. Evaluation Runsheet; ALA; Social Networks Inventory
   1. *CP present*
  iii. *Components can occur in any order*

 c. PIE1 GAS Evaluation
  i. *Evaluating (non-treating) SLP reviews GAS Development video and documentation*
  ii. Evaluating SLP meets with PT/CP to evaluate GAS

5. 6 Month Evaluation
 a. **Order of Evaluation Sessions**
  i. (RA) Neuropsych & Questionnaires
   1. Administration of neuropsych battery and review of PT questionnaires
   2. Gather updates from PT/CP (i.e. medication/health changes, tech issues)
  ii. GAS Evaluation with evaluating SLP
   1. Note: GAS comes BEFORE treating SLP evaluation
  iii. SLP Evaluation

 b. 6M GAS Evaluation
  i. Evaluating SLP will meet with PT/CP to evaluate GAS

 c. 6M Evaluation
  i. Word Evaluation; Script Evaluation (all scripts mastered/currently practicing)
   1. *CP not present*
  ii. Evaluation Runsheet; ALA; Social Networks Inventory; *PASS*
   1. *CP present*
  iii. *Components can occur in any order*

6. Post-Intervention Evaluation #2 (PIE2)
 a. Order of Evaluation Sessions
  i. (RA) Questionnaire Review
   1. PT meets with RA to go through PT questionnaires
  ii. SLP Evaluation
   1. *To occur within 2 weeks of Therapy Session #15*
  iii. GAS Evaluation with evaluating SLP

 b. PIE2 Evaluation

    i. Word Evaluation; Script Evaluation (all scripts mastered/currently practicing)
     1. *CP not present*
    ii. Evaluation Runsheet; ALA; Social Networks Inventory
     1. *CP Present*
    iii. *Components can occur in any order*
  c. PIE2 GAS Evaluation
    i. Evaluating SLP will meet with PT/CP to evaluate GAS

7. 12 Month Evaluation
  a. **Order of Evaluation Sessions**
    i. (RA) Neuropsych & Questionnaires
     1. Administration of neuropsych battery and review of PT questionnaires
     2. Gather updates from PT/CP (i.e. medication/health changes, tech issues)
    ii. GAS Evaluation with evaluating SLP
     1. Note: GAS comes BEFORE treating SLP evaluation
    iii. SLP Evaluation
    iv. Post-Study Interview/Final Wrap-Up
  b. **12M GAS Evaluation**
    i. Evaluating SLP will meet with PT/CP to evaluate GAS
  c. **12M Evaluation**
    i. Word Evaluation; Script Evaluation (all scripts mastered/currently practicing)
     1. *CP not present*
    ii. Evaluation Runsheet; ALA; Social Networks Inventory; *PASS*
     1. *CP Present*
    iii. *Components can occur in any order*
    iv. See "SLP Discharge Guidelines"
  d. **Post-Study Interview/Final Wrap-Up with RA**
    i. PT/CP will meet with non-treating clinician for a post-study interview
    ii. PT/CP will meet with RA to wrap-up and return study materials

Evaluation Components

1. **Notable Timestamps** – ANYWHERE in paperwork, use the symbol ★NT to draw attention to anything noteworthy
   a. This can include learning moments, quotes, PT/CP experience, time outside of protocol, noncompliance, control-initiated GAS discussion, etc.
2. **Helpful Tips**
   a. When going through evaluation, SLP can provide PT's answers from the previous evaluation in order for the evaluation to move along
   b. For PTs who live in a different location for a significant portion of the year, be sure to probe for answers around both settings (e.g. "How many places do you go in a week?" could have different answers for their main home vs. a vacation home) – record both and keep notes
   c. Keep the PASS out and handy during the other evaluation measures; you can jot down notes and examples throughout to help rate the PASS afterwards
3. **Baseline SLP Evaluation Runsheet**
   a. Past Medical History: include notes from chart review
   b. Barriers to Care: these items do not have to be directly asked and can be filled out by the treating SLP before and during the baseline evaluation.
      i. For follow-up evaluations, treating SLP can ask PT/CP if there are any changes in the medical history since the previous evaluation.
   c. Question #3vi – What were your expectations for past speech therapy?
      i. Can be rephrased as: *What were you hoping to get out of your past speech therapy when you went in?*
   d. Question #7 – Have you shared your diagnosis with others?
      i. "Strangers" can be expanded to include: *someone on the phone, waiters at a restaurant, employee at a store*
4. **Assessment of Language Participation in Progressive Aphasia (ALA)**
   a. PT/CP should have read through questionnaire prior to evaluation, penciling in answers; answers are finalized with SLP during evaluation; CP can provide cues to facilitate expression or comprehension, but responses should be the PT's
   b. PT's ALA responses from the previous evaluation will be circled in red on the PT's form; SLP may find it helpful to refer to PT's responses from previous evaluation when administering
   c. Scores must be divisions of 0.5
   d. Tips for administering
      i. Intro: *This questionnaire helps us understand how aphasia might be impacting your daily life. We are going through this together because I might have some follow-up questions for you about why you answered a specific way. CP, this questionnaire is mostly for PT, since we want to hear from him/her. We sent you a separate set of questionnaires so we can understand your perspective as well. For each question, I'll read the question out loud and I'll have you tell me what number you put down. CP, it is okay for you to help PT read aloud their responses if they are having trouble.*
      ii. Question #3 possible follow-up – *what frustrates you the most in daily conversations?*
      iii. Question #4 asks about reading – PT can respond based on reading silently or out loud, whichever is more prominent and meaningful in their daily life
         1. It is important for SLP to make note of this on the form to ensure future evaluations probe about the same format of reading
         2. Can be rephrased – *how would you rate your ability to understand what you read?*

3. Possible follow-up – *what kind of things do you read? Is this a change from before?*

    iv. Question #5 – SLP should ensure that PT understands this is referring to written language and NOT handwriting

        1. Possible prompt – *we are looking to see more about what you actually write in terms of your spelling or how you put sentences together, not the quality of your handwriting*

        2. Possible follow-up – *what kind of things are you writing? Is this a change from before?*

    v. Question #6 – list places

        1. Can be rephrased – *when you leave the house, where do you go?*

    vi. Question #17

        1. Can be rephrased – *what do **you** do to help conversations? What does **your family** do to help your conversations?*

    vii. SLP can provide previous answers and ask if there has been any change; this is especially helpful on #6, 8, and 14 that ask for a number response (SLP should list details for each of these questions: names of places, activities, people)

        1. ALA questions are intended to obtain an accurate determination if communication changes are impacting the numbers (rather than a lack of recall from previous evaluations)

  e. SLP is permitted to expand on questions in ALA to gather more information, but cannot provide therapy or other strategies

5. **Social Networks Inventory Questionnaire (SNI)**

  a. SLP will read through questionnaire, ask PT/CP to pull out blue "Social Networks Response Form" (RA mails)

  b. PT/CP answer together; CP can provide cues to facilitate expression or comprehension, but responses should be the PT's

    i. Blue response form is also on BOX and SLP can share screen if needed

        1. *ALL SLP INFO → Visual Aids for Screen Share*

  c. SLP may find it helpful to refer to and state PT's previous responses and confirm if any of the information has changed

  d. Tips for administering

    i. Intro: *This questionnaire is looking at all the different ways you communicate with people in your life. There are many ways to communicate, including how you get your message across to someone else and strategies you use to understand when others are talking. For each way you communicate, I'll ask you some questions. First, I'll ask if you use the mode at all. Then I'll ask HOW OFTEN you use that mode to communicate. Finally, I'll ask HOW EFFECTIVE that mode of communication is for you. Your possible responses to these questions are on the blue sheet in front of you. This questionnaire is for the two of you to think about as a team, so CP, feel free to jump in!*

    ii. It may be helpful to start with #2 and then go back to #1 since #2 (gestures) is easier to understand than #1 (facial expressions)

    iii. It may be helpful to skip #6 and return to it after #8, 9, and 10 to limit confusion about communication apps

    iv. Question #4 about reading/writing – clarify that this can be expressively or receptively (e.g. CP writing down the word)

    v. Question #5 – can first ask if they have a smart phone or tablet and what kind, then ask if there are any apps on either that they use to speak or communicate

   vi. Social media should be coded under #6 – Communication Apps

   vii. Question #12 – follow up examples can include sign language, singing, etc.

  e. If PT is having difficulty comprehending the questions: *CP, can you get a piece of paper and a pen? I'd like for you to write down some key words to make sure we're all on the same page.*

6. **Progressive Aphasia Severity Scale (PASS)**
 a. SLP should complete independently (without PT/CP) immediately after the evaluation session
  i. It may be helpful to have this out throughout the evaluation and jot down notes
  ii. SLP may need to watch parts of the recording in order to rate the PASS accurately
 b. Choose one score (not split between 2)
  i. If status appears to fall between 2 levels, document this in the "notes" section
 c. RA will assess Repetition and Single-Word Comprehension using neuropsych scores from WAB
  i. SLP should add any relevant notes under these sections, if applicable
 d. *See PASS Manual for more information*

7. **Goal Attainment Scaling (GAS)**
 a. **NOTE:** SLP should keep Page 1 of GAS Development handy during administration of ALA and SNI and jot doing specific ideas for GAS goals
 b. **NOTE:** Treating SLP remains blinded to all GAS evaluation ratings
 c. *See GAS Manual for more information*

8. **Baseline Target Word Selection**
 a. Both groups
  i. CP will leave the session during this 90/75 word probe
  ii. For any questionable PT productions, put a ✓ in the left-hand column in order to review post-session
   1. If SLP reviews and makes decision, mark a line through the ✓
   2. If SLP is unsure, leave ✓ for RA to review and score
 b. Control
  i. SLP will probe all 90 control words following instructions on the runsheet; indicate in the last column whether PT responded correctly with initial semantic stimulus, phonemic cue, or neither
  ii. Upload to PT folder on Box and RA will determine 30 target words to train using the following rules:
   1. Create 3 lists of words based on Semantic/Phonemic/Incorrect responses
   2. Randomize word lists and select top 6 words from Semantic list and top 24 words from Phonemic list
   3. If total is less than 30, select remaining words form Incorrect list first, then Semantic list
 c. Experimental
  i. RA will create runsheet with PT's submitted list of 75 personally relevant words and cues
  ii. SLP will probe all 75 personally relevant words following the instructions on the runsheet; indicate in the last column whether PT responded correctly with initial semantic stimulus, phonemic cue, or neither
  iii. SLP will highlight words or cues that seem unclear to PT during the probe and discuss them with PT/CP once CP returns after all words are probed
   1. Adjustments to words and definitions are permitted in order to create the most salient clue for each word and to adhere to what the PT chooses to practice

2. If PT chooses to remove any word(s), SLP should replace word(s) to have a final list of 75
    a. If words are replaced, SLP should also write 2 clues for each new word
    b. If PT provided more than 75 words during Brainstorm Form, RA will list possible alternative words at the end of the runsheet for replacement options
  iv. Upload to PT folder on Box; include any edits to words or cues
  v. RA will determine 30 target words to train using the following rules:
    1. Create 2 lists of words based on Semantic Stimulable or Phonemic/Non-Stimulable responses
    2. RA will send 2 word lists to PT/CP and ask them to select 6 words from Semantic Stimulable list and 24 words from Phonemic/Non-Stimulable list that they would like to train first
        a. If Phonemic/Non-Stimulable list did not total 24 words, all of the words from these lists will be selected and PT/CP will be instructed to choose remaining number of words from Semantic Stimulable list
    3. If not completed, words will be selected following the control group randomization rules

9. **Word Evaluation (Tx#2, PIE1, 6M, PIE2, 12M)**
   a. CP not present
   b. Probe words following the order on the runsheet, stopping when word is correctly produced and circling the appropriate level
      i. If target word is 2 words (first + last name), it is OK to cue the 2nd word during the 'initial C/V' or 'first syllable' cues if the PT does not have trouble with the 1st word
   c. PT will be evaluated on all words reached up to that evaluation point

10. **Script Evaluation (Tx#3, PIE1, 6M, PIE2, 12M)**
    a. *See rules for creating/probing script for first time in Tx#3 in therapy session components*
    b. PTs will be asked to produce script without any use of visual aid
    c. PTs will be evaluated on each script they have reached up to that evaluation point
    d. All scripts will be scored at the Mesulam Center

THERAPY SESSIONS

<p align="center">Therapy Sessions Outline</p>
<p align="center">See <u>Therapy Session Components & Documentation</u> section for thorough details</p>

For group-specific session components, CONTROL info is PURPLE and EXPERIMENTAL info is GREEN

1. **General Information**
    a. Target length of sessions
        i. SLPS should aim for ALL therapy sessions (both groups) to be 60 minutes of therapy time
        ii. Up to 75 minutes is allowable, when needed, for actual therapy time
        iii. Compliance Levels:
            1. GOOD = Session meets compliance rules (54-75 minutes)
            2. CAUTION = Session is slightly out of compliance rules (51-53 minutes)
            3. PROTOCOL VIOLATION = Session is out of compliance rules and requires reporting to the DSMB (< 51 minutes or >75 minutes)
        iv. Up to 90 minutes is allowable, when needed, for total session time to account for technology issues
            1. If session is significantly delayed due to technology issues, SLP can connect with RA to determine if session should be cancelled and rescheduled
    b. If PT/CP are not logged into session at start time, wait 3 minutes and then text RAs to alert them. If PT/CP have still not arrived, RA will call at 5 minutes past scheduled start time
    c. See <u>SLP Treatment Session Prep Checklist</u> to prepare for session
    d. Control
        i. CP only required for end of session review (always 5 minutes except sessions 10 & 15 where it is 10 minutes)
        ii. CP can be present at beginning of session to help sign on and remain through subjective portion, but not required
        iii. If CP is present for more than 5 minutes at beginning of session or at end of session review, SLP should document reasoning
    e. Experimental
        i. CP present for entire session except during word and script probes
2. **All Sessions Include:**
    a. Intro: MCL/Speakers/Ethernet check
    b. Barriers/subjective
    c. Brief outline of today's session
    d. Web Application Review
    e. Experimental only: GAS review
    f. End of session review, including confirmation of next session time
3. **Session 1**
    a. *Note: CP is present for all of session 1 for both study arms*
    b. Intro: MCL/Speakers/Ethernet check
    c. Barriers/Subjective
        i. Rapport building
    d. Disease Education: watch PPA Overview slideshow presentation using old Blue Jeans (see <u>technology information</u> section)
        i. For experimental group, SLP can use this time to create simplified version of GAS goals to screen share at subsequent sessions

     e. Questions and Answers

        i. Control – see Guidelines for Control Sessions section

        ii. Experimental – can lead to more dialogue and disease education

     f. Review CB web application

        i. SLP to share screen using CB demo website

           1. Login: demo@gmail.com

           2. Password: 12345678

        ii. *Note: PTs have a basic introduction to the website already, but you can go over the entire website highlighting the following areas:*

           1. Point out/explain Videos and Resources tab – Let them know that the PPA Overview video you just watched will be available in both locations after your session (as video and handout)

           2. Point out/explain Achievements tab – Inform them that you will be checking in on this during each session

           3. Experimental – explain Reminders and that information you want to share will show up on the right hand side of the screen when you click a reminder (may need to scroll up)

        iii. Inform PT/CP that we prefer they use the computer we sent them to access the CB website because the web exercises will likely work better. However, they can access the website by going to the same link on any computer (especially to print resources).

     g. Experimental – review GAS goals; if time allows, can begin targeting goals through compensatory strategies

     h. End of session review

        i. Control – see Guidelines for Control Sessions section to inform PT/CP about format of future sessions

           1. Emphasize CP attendance requirements

        ii. Experimental – explain format for sessions and answer any additional questions

           1. Emphasize CP attendance requirements

4. Session 2

     a. Intro: MCL/Speakers/Ethernet check

     b. Barriers/subjective

     c. Brief outline of today's session

     d. 30 Word Evaluation

     e. Introduce CB Web Exercises (Picture Cards, Pronunciation Cards, Word to Picture Matching)

        i. Watch instructional videos together using old Blue Jeans

        ii. Share screen and demonstrate practice on CB demo website

        iii. Inform PT/CP that entire deck must be completed in order for it to count on the Achievements Tab; it is OK if they cannot complete it all at once, but their achievements tab may not look accurate to them

        iv. *Note: CP is not present for CB Web Exercise introduction in control arm*

     f. Experimental – review GAS goals

        i. If time allows, can begin targeting goals through compensatory strategies

        ii. Review reminders, if applicable

     g. End of session review

     h. *SLP to text RA to let them know session is ended and PT is ready for 2.1*

     i. *Session 2.1 with RA*

        i. *Website proficiency quiz on Picture Cards, Pronunciation Cards, Word to Picture Matching*

5. **Session 3**
   a. Intro: MCL/Speakers/Ethernet check
   b. Barriers/subjective
   c. Brief outline of today's session
   d. 30 Words Maintenance Probe
   e. Script 1 Introduction and Probe
      i. Experimental – can use old Blue Jeans version to show "Scripts" video as a part of script introduction, but not required
   f. Introduce CB Web Exercise for Script Practice
      i. Watch instructional videos together using old Blue Jeans
      ii. Share screen and demonstrate practice on CB demo website
      iii. *Note: CP is not present for CB Web Exercise introduction in control arm*
   g. Control – 30 Word Practice
   h. Experimental – review GAS goals
      i. If time allows, can begin targeting goals through compensatory strategies
      ii. Review reminders, if applicable
   i. End of session review
   j. *SLP to text RA to let them know session is ended and PT is ready for 3.1*
   k. *Session 3.1 with RA*
      i. *Website proficiency quiz on Script Practice*

6. **Session 4 → Session 15**
   a. Intro: MCL/Speakers/Ethernet check
   b. Barriers/subjective
   c. Brief outline of today's session
   d. 30(+) Words Maintenance Probe
      i. New Word Evaluations as words are mastered
   e. Script Probe(s)
      i. New Script Introduction as scripts are mastered
   f. Web Application and Reminder Review
   g. Control
      i. 30(+) Words Practice
      ii. Script Practice
   h. Experimental
      i. Website reminders review
      ii. Review GAS goals
      iii. Compensatory or impairment strategies to target GAS goals
   i. End of session review
      i. Session 10 & 15: Provide instruction on what to practice during the break
         1. Control – CP present for 10 minute wrap-up

Therapy Sessions Components & Documentation

1. **Runsheets**
    a. After each session, SLP uploads ALL runsheets (see below) to Box in PT's folder in this order:
        i. Therapist Compliance Checklist, including notes page on back – all sessions
        ii. Other Activities Runsheet – all sessions
        iii. 30+ Words Maintenance Probe & Practice – Session #3-15
        iv. New word evaluation – Session #2 and as words are mastered
        v. Script Probe & Practice – Session #3-15
            1. *Note: Experimental group may not have practice forms to upload*
        vi. CB Website Updates – all sessions
    b. SLP should spent time after each session coding the session following the appropriate protocol
        i. Control – RA will code sessions; SLP should complete runsheets and add notes, but does not need to code for time
        ii. Experimental – download the recording from BlueJeans and code the session in entirety, following the guidelines below
        iii. Before uploading, SLP should double check that all components of runsheets are completed, as required based on rules above
    c. Runsheets should ideally be submitted same day, but up to 24 hours from session completion
    d. If unable to upload entire set of runsheets the same day of session, SLP should upload "CB Website Updates" runsheet so website can be updated within 24 hours of session
    e. Notable Timestamps – Use the symbol ★NT to indicate anything noteworthy ANYWERE in paperwork
        i. This includes anything notable (e.g. learning moments, quotes, PT/CP experience, time outside of protocol, noncompliance, control-initiated GAS discussion, etc.)
        ii. Timestamps from sessions should be recorded in the box at the bottom of the therapist compliance checklist
        iii. Include a brief categorical description and timestamp on video, if possible (estimated timestamp is OK; e.g., 52 min.)
2. *Therapist Compliance Checklist*
    a. General
        i. Should be completed every session (#1-15) for every PT
        ii. Control:
            1. RA will code – leave time column blank
                a. SLP should still include notes for each component
        iii. Experimental:
            1. SLP will code
                a. Write 'N/A' on left-hand time slot for any components not included in session (don't leave lines blank)
        iv. Time should be rounded to the minute
    b. Timing
        i. Scheduled Start Time = time of day session was scheduled to start
            1. Time can be recorded in the SLP's time zone
        ii. Actual Start Time = time of day BlueJeans recording started (this can be found on the BlueJeans website where you watch the recordings)
        iii. Time Ended = time of day the session ended (either note this when signing off, or calculate based on recording duration and actual start time)

  iv. Next Session = confirm next session date and time during end of session review

c. CP Present
  i. Compliance Rules
    1. Control = present at end for 5 minutes of wrap-up (can be present for sign-on)
      a. *10 minutes of wrap-up in Session 10 & 15*
    2. Experimental = present for entire session except for word and script probes
  ii. Non-compliant/Partially compliant
    1. Indicate reason, providing detail (e.g. CP was not engaged, left for the bathroom)
    2. Estimate time CP was not present, either minutes or percentage

d. MCL, including speakers
  i. Should be administered every session AND every time a session gets disconnected or relocated
  ii. Ask PT/CP if speakers and Blue Snowball microphone are plugged in and working
  iii. SLP to read MCL protocol instructions, notifying PT/CP to adjust volume on speakers to appropriate level; SLP can ask PT/CP to give a 'thumbs up' when the volume is just right
  iv. SLP must read at least one sentence of rainbow passage; can start at different sentences throughout passage
  v. Include verification of hearing aids/glasses if applicable for PT

e. Ethernet
  i. Ask PT/CP whether Ethernet is plugged in or not and check accordingly
    1. If no, indicate reasoning
  ii. If not connected, highly suggest that they connect to Ethernet whenever possible for sessions

f. Barriers/Subjective
  i. Intended to provide a spot for the quick "catch-up" of how the week went – meant to be brief
  ii. Document any barriers (physical, psychological, or other) that may have impacted the previous week or the current session
  iii. Document any successes from the past week (may be a noteable timestamp)
  iv. Redirect PT/CP to outline of today's session as needed to keep this segment of the protocol *less than 5 minutes*
  v. If unable to stop subjective discussion at 5 minutes, document any further discussion on 'Other Activities' runsheet

g. Therapist outline of today's session
  i. Very brief, high level overview of the session schedule; Aim 1-2 minutes – keep it short!
  ii. Can do this verbally or through screen share with outline pulled up
    1. It may help to start with sharing a written agenda ([Templates for Session Outlines](#)) and move to verbal outline as PT/CP become familiar with session flow
  iii. This is a good opportunity to let experimental PTs know they will have some "choice" in session activities
  iv. Optional guiding language: *As in all our sessions/As we have done each week/Like last week, First we will begin with going over your words and scripts to see how you are doing with those. In today's session we are going to focus on _____ and _____ [Fill in with activities or goals for experiment group. Fill in with word finding/retrieval practice and script practice for the control group]. We will use these activities to help you get better at expressing your ideas and understanding others [may vary language across weeks for variety – but try to keep to one or two phrases/sentences].*

We will wrap up today's session by sharing your progress with [CP] and _____ [insert any special education or planned discussions in the experiment group]

    h. 30 Words Evaluation/Probe – indicate what was covered
        i. See below for specifics on activity
    i. Script Intro/Probe – indicate what was covered
        i. See below for specifics on activity
        ii. Each script that has been introduced is probed every session
        iii. Include time spent with experimental group to create Script #2 or #3
    j. Web Application Review
        i. SLP should always discuss PT's progress with website components, either verbally or through screen sharing with PT's achievements page pulled up
            1. Indicate Yes, No, or N/A for each item reviewed
                a. 'No' should be checked if SLP did not review
                    i. Provide reasoning if 'No' is checked
                b. 'NA' should be checked if not applicable (e.g., videos for control group or exercise not introduced yet)
        ii. Comments
            1. Write any comments regarding difficulties, successes, technology issues, PT preferences, etc.
            2. If technology or practice issues with website, SLP can try to troubleshoot at end of session; any complex issues should be directed to RA
    k. Reminders review & PT/CP Completion
        i. Reminders = home exercises
        ii. Control – typically should be NA, can reassign web-exercise tutorial videos or handouts as needed (yellow rows on "Videos and Resources" handout)
        iii. Experimental – SLP should check in on any reminders/resources/videos assigned from last session (use CB Website Updates runsheet for reference)
        iv. If N/A (no reminders), do not need to fill out completion portion
        v. PT/CP Completion:
            1. Indicate whether PT/CP completed their assignment(s)
            2. If not completed or partially completed, provide detail
    l. 30+ Words Practice
        i. Control group = every session (#3-15)
        ii. Experimental group = only if using errorless learning hierarchy used in control group; any other practice should be indicated on Other Activities runsheet
    m. Script Practice
        i. Control group = every session (#4-15) for current script being trained
        ii. Experimental group = only if using same practice strategies used in control group
        iii. Indicate any strategies used during script practice
    n. Experimental group only **–** Review GAS goals
        i. Aim 1-2 minutes – keep it short!
        ii. Can be explained with multi-modality instruction (i.e. verbal and sharing screen with goals listed), although not required
            1. SLP should just provide goal in simplified form (i.e. no levels)
        iii. SLP should remind PT/CP of all 4 goals every session – **does not need thorough discussion**
            1. Can lead to strategies to help with goals, provides an opportunity to connect the dots between therapy session activities or assignments and GAS goals. Also

> provides an opportunity to learn if a goal is no longer relevant (e.g. book club disbanded)

    2. Since we are providing client-driven care, GAS goals are a sort of cheat-sheet to remind the PT what they want to work on. This should facilitate the session.

o. Disease Education/Counseling

    i. Should occur for both groups in Session 1

    ii. Control group should only receive validation responses and no further education other than what is provided in the PPA Overview video

    iii. Experimental group can receive diseased education and counseling throughout

        1. If reviewed and documented on other activities page, you can include time with "Other Activities" rather than next to disease education

p. Other Activities

    i. Control – To preserve the therapeutic relationship, at times for PTs in the control arm, it may be necessary for the SLP to use a non-impairment based intervention; document on "Other Activities Runsheet"

    ii. Experimental – document any other strategies or therapy components (this is where compensatory strategies that target goals are documented)

        1. SLP can create new resources to be uploaded on to PT's CB website (during session or afterwards); see 'CB Website Updates' section for protocol

    iii. If no other activities, check 'No'

    iv. Time should match total time from Other Activities Runsheet

q. End of Session Review

    i. Brief summary of session (by the clinician with permission of the client or by the client; e.g., "PT, is it ok if I share with CP what we worked on today?")

        1. See Guidelines for Control Sessions for 5-minute wrap up with control group (CP present)

    ii. Review of assigned web exercises/other home exercises

    iii. Address any questions directly relevant to that day's session/study logistics/technology issues

    iv. Confirm date and time of next session

    v. Experiment group

        1. If questions are specific to PPA and would be coded under disease education/counselling, consider tabling to the next treatment session (let the PT know this). If urgent, then address during wrap-up, use clinical discretion judiciously. If tabled to next session, make note in SLP Session Notes and add to next session's agenda

        2. Can ask the following questions and use this feedback to shape the next sessions activities: What did you like about this session? What did you not like? What would you like to work on in the next session?

        3. Quick summarize "Reminders" that they will be working on over the next week

    vi. Sessions 10 & 15

        1. Timeline review

            a. SLP remind PT/CP of upcoming evaluation session and the break that will occur until next evaluation

        2. Control wrap-up is 10 minutes with CP present

        3. Review "What to Do During the Break" document

            a. Added to PT's Box folder

      b. Control – document is finalized; review practice recommendations
      c. Experimental – edit blank document from folder providing a review of specific strategies targeted during therapy and what should be practiced during the break
          i. SLP can share screen and create "What to Practice During the Break" document together
      d. RA will mail laminated copy to all PTs

r. Time boxes (control – leave blank, RA will code)
    i. *Time lost to scheduling/restroom breaks/other
      1. Provide detail as to any time spent outside of therapy
      2. Includes SLP or PT/CP being late to session – indicate # of minutes and explain
      3. *Does not include confirmation on next week's session date/time (which is included in End of Session Review)*
    ii. *Time lost due to technology
      1. Provide details regarding any technology issues
      2. This includes any technology issues before the session started (time between scheduled start time and actual start time)
    iii. Total Session Time = Session end time – scheduled start time (indicate # of minutes)
    iv. Total Therapy Time = Total Session Time – time lost* from 2 sections above (indicate # of minutes)
      1. Time lost should equal difference between Total Session Time and Total Therapy Time (every minute is accounted for)

s. Notable Timestamps
    i. Write the timestamp in the recording for any notable point (estimated timestamp is OK)
    ii. Provide brief, categorical detail as to what the notable timestamp is regarding

t. Documentation Tips
    i. How to document different types of barriers:
      1. Subjective/barriers = person-centered barriers throughout the week; computer/technology issues outside of session
      2. Web application review = barriers to web application practice
      3. *Time lost due to technology = technology that interferes with session

3. **30 Words Maintenance Probe & Practice**
    a. See "Guidelines for Introducing Tasks" for more information on introducing word probe and practice to PT/CP
    b. RA will upload updated runsheets for PTs' 30(+) words to their Box folder
    c. CP is not present during word probes
    d. Completed at Session #3-15
    e. Word Probe
      i. *Word Probe is the left side of the runsheet only (left of the yellow maintenance column)*
      ii. Give stimulus definition
      iii. Allow up to 5 seconds for PT to respond
        1. If the PT begins saying the word at 5 seconds, it can be counted as correct
        2. If PT is self-cueing, cut them off at 5 seconds and move on to next cue
          a. If PT produced target word within self-cueing speech, give credit
      iv. If incorrect, write PT's response
      v. At 5 seconds with incorrect or no response, SLP should provide target word and move on
      vi. Indicate 1 for correct or 0 for incorrect/exceeded 5 seconds

         vii. For any questionable PT productions or uncertainty about the time requirement, put a ✓ in the left-hand column in order to review post-session

            1. If SLP reviews and makes decision, mark a line through the ✓

            2. If SLP is unsure, leave ✓ for RA to review and score

        viii. Give credits for responses that differ due to dysarthria (slurring) or dialectical variations; initial sound repetitions and fillers are acceptable

            1. Refer to RA for more difficult scoring questions

        ix. Record total number correct at bottom of runsheet

f. **Word Practice**

        i. *Word Practice is the right side of the runsheet (right of the yellow maintenance column)*

        ii. Control – practice all words that are not mastered (mastered words will have a YES in maintenance column and the rest of the row will be grayed and crossed out)

            1. If PT has mastered all 90 words, there will not be any words to practice and SLP should move directly to script practice

        iii. Experimental – practice not required; if PT asks or SLP suggests word practice, only document on this runsheet if following the procedure below

        iv. Procedure

            1. Go left to right in practice hierarchy, providing the appropriate cue

            2. Ask PT to produce full word after each cue

               a. Correct – Indicate '1' and go to next cue

               b. Incorrect – Indicate '0', step out of hierarchy and provide full word, asking PT to repeat word

                  i. Correct – resume hierarchy at same cueing level (back to step #2)

                  ii. Incorrect after 2 attempts, move on to next word

               c. **Always end on correct production of word before repeating cue or moving to next cue**

            3. Continue rules for entire hierarchy

        v. Cue prompts

            1. Repetition: ask PT to repeat word

            2. First consonant/vowel & index card: "I will give beginning of the word and I want you to say the full word" hold up index card or sticky note with first letter of word

               a. Sticky note/index card should include first 2 letters for: 'th' 'sh' 'ch' 'ph'

               b. SLP should have the visual cue cards prepared prior to each session and can use the same deck; however, as words are mastered, the cues will change and should be updated as needed

            3. Semantic closure: "I want you to finish my sentence with the word"

            4. Semantic feature cue: provide cue and PT should produce word

            5. Repeat 3x: ask PT to recite the word 3 times, indicate with 1s and 0s for correct/incorrect

        vi. Practice Rules

            1. Other types of cues not present in the cueing hierarchy are not permitted (e.g., PT cannot write the word or ask SLP to show them written form of word)

               a. If PT becomes frustrated, remind them that the web exercises display the written form of the word, but therapy sessions work on the listening skills

g. Mastery rule

        i. If PT produces word correctly during probe in 3 consecutive sessions, word will be moved into maintenance

1. Maintenance column will say YES and the rest of the row will be grayed out (RA will track this)
    ii. Maintenance words will continue to be probed each session to assure consistency, but do not need to be practiced with the hierarchy
    iii. If maintenance words are incorrect for 2 consecutive sessions, they will be reintroduced into training
    iv. Word probes at following sessions and evaluations will include all words, both mastered and not mastered

4. **Script Probe and Practice**
    a. See "Guidelines for Introducing Tasks" for more information on introducing script probe and practice to PT/CP
    b. RA will upload updated script runsheets to Box in each PT's folder on Box
    c. CP is not present for script probes
        i. Experimental - CP IS present for script introduction/creation, then leaves during practice and probe
    d. Introduction/Creation of Script
        i. Introduction
            1. Script 1
                a. Share screen with "Script 1E" or "Script 1C" word doc showing
                b. Work with PT to help choose options for words
                    i. Control - language for 'SLP' customizable
                    ii. Experimental – multiple customizations available; CP should be present during word selection
            2. Script 2+
                a. Control: share screen with appropriate "Script #" word doc (no edits)
                b. Experimental
                    i. Share screen with "Blank Script Creation" word doc
                    ii. Word with PT and CP to create new monologue OR dialogue script
                        1. Script should be written using PT language (not clinician language)
                    iii. Scripts should always be 8 lines (or 8 turns for dialogues)
                        1. Each line should only be one complete sentence
                    iv. *Note: SLP and PT can make minor adjustments to the created script during the following session to ensure the PT is comfortable with the language used*
            3. Edit the word document as you go so you have a final version of the script pulled up on the screen
                a. *Experimental – once finalized, ask CP to leave room*
        ii. Probe Rehearsal
            1. Experimental – ask CP to leave room until probe is complete
            2. With the final version pulled up, have PT read through script aloud 5 times as a rehearsal before the probe
            3. You can assist during this and inform the PT that he/she will read through it 5 times and then try to produce it once, from memory, without the aid
                a. It is OK to point out pronunciation or grammatical errors or missed words, but no shaping or training should be provided during the 5x read-through

     iii. Probe

       1. Stop sharing screen and ask PT to produce as much of the script as possible (it does not have to be in order)

         a. If PT continues to change or modify their script, encourage them to stick to the script that was initially developed; they should practice the same way each and every time because they are more likely to make gains if they don't ad lib

         b. When probing dialogue scripts, SLP should only give their lines; if the PT is unable to come up with his/her line, move to the next SLP line and do not fill it in for them

           i. After PT has 3 consecutive failed lines, discontinue script probe

       2. SLP should indicate on runsheet that script was probed, but does not need to document or score production of script

       3. All script probes are scored by RA

     iv. After Session – Documentation/Creation of script runsheets and web exercise

       1. Save edited word document from session as "Sxxx_Script#" and upload to Box with session runsheets

       2. Record script

         a. Plug Blue Microphone into iPhone using USB adapter

         b. Use Box Capture in video mode in horizontal orientation

         c. Record script, speaking between range of 110-120 WPM

         d. Script video should provide articulatory cues for the PT (over-exaggeration of lip, jaw, and tongue movement)

         e. For monologue and for PT script segments of dialogue scripts, hold phone between 2-4 inches from mouth

         f. For dialogue portion when clinician speaks, hold phone 12-18 inches from face so PT is seeing the entire face (video is moving in and out from SLP's face)

         g. Upload to Drive in PT's folder

       3. RA will create CB Website script practice exercise, add a PDF version of the script as a resource to the website, and send PT laminated copy of script with 2 different color dry erase markers

e. Script Probe

     i. Occurs every session from #3-15 and every Post-BL evaluation

     ii. Probe every script that has been introduced

     iii. Ask PT to recite script without using any visual aid

     iv. Indicate on runsheet that script was probed (RA scores)

     v. Experimental – new script creation (Scripts 2+)

       1. During the session following the session where script was created, SLP should check in with PT to see if any changes are necessary to ensure the script is in PT's preferred language and phrasing; make any final edits needed

       2. Upload edited final version of script with runsheets

f. Script Practice

     i. Control – Aim to practice script 5-7 times, allowing use of multimodality stimulation approach (i.e. articulatory cues, orthographic cues, choral speech, rhythmic cues, sprechgesang, deconstructing utterances, postural adjustments, breath support cues)

1. Script Practice will not be scored but should be documented on runsheets and submitted to Box in order to be kept in PT's file
2. If particular words, phrases, or lines from script need intensive practice, this can be counted as 1 practice towards the 5-7 times
3. PT should be encouraged to use laminated copy of script and dry erase markers as needed (i.e. to mark cues for breath support, pronunciation segmentation, phonetic cues, phrase segmentation)
4. Remind PT that laminated copy of script with cues can be used in conjunction with web exercise practice, but should not be used outside of web exercise practice as this will not be recorded as data

ii. Experimental – Does not need to practice scripts more than initial probe, but can request practice or SLP can suggest it
1. RA will create practice forms for experimental scripts and keep in PT's Box folder in case SLP wants to use it

g. Mastery Rule *(both groups)*

i. Control:
1. Once Script 1 has met 80% accuracy in 2 consecutive sessions, Script 2 will be introduced (repeat rule for introducing/creating additional scripts; maximum number of scripts is 5)
2. RA will keep track of this and upload new script documents to Box session when applicable
3. Once PT has reached Script 2, Script 1 and 2 should be probed during each session, but only Script 2 should be practiced (if PT reaches Script 3, all 3 scripts should be probed each session, but only Script 3 should be practiced; and so on for Scripts 4 and 5)
   a. If there is additional time at end of session, multiple scripts may be practiced in order to target 60 minutes of therapy

ii. Experimental:
1. PT does NOT need to master Script 1 before Script 2 is introduced
2. SLP can use clinical judgment for when to introduce Script #2
   a. Optional additional scripts should target GAS goals
3. If Script 1 has met 80% accuracy in 2 consecutive sessions, SLP must introduce Script 2 (can occur before mastery of Script 1)
4. After Script 2 is introduced, once either Script 1 or 2 has met 80% accuracy in 2 consecutive sessions, SLP should introduce Script 3 (repeat rule for introducing/creating additional scripts)
5. All scripts that have been introduced should be probed every session; practice can occur for any scripts as SLP/PT decides
6. Note: sessions that include new script creation tend to take more time; SLP should setup the session outline and notify the PT/CP that you will keep things moving in order for the script to be created and probed and remain in compliance with therapy time
   a. If SLP is aware that a new script is coming soon, it is OK to spend some time brainstorming topics and ideas with PT/CP in sessions leading up to script creation; however, the actual script creation should be conducted during the session it is probed

h. Experimental – Informal scripts

- i. Informal scripts can be created ONLY when targeting a GAS goal; examples include:
    1. A shorter script that does not reach 8 lines for formal script, such as a coffee order
    2. Reciting information from rote memory (name, birthday, address, a prayer, etc.)
- ii. SLP should consider use of formal script when possible
- iii. Procedure
    1. Use the same "Blank Script Creation" word doc to create script
    2. There are no requirements for screen sharing or probing
    3. Upload informal script with runsheets, titled "Sxxx SCRIPT NAME"
    4. Create video of script using Box Capture and Blue Microphone with adapter attached to phone
- iv. RA will add script practice exercise to CB website and upload PDF of informal script *(informal scripts will not be mailed to PT)*

5. **Other Activities Runsheet**
   a. Time should match total time from Other Activities Runsheet
   b. This form is used to document any additional components of the therapy session outside of what is recorded on the Therapist Compliance Checklist
       - i. Control – should typically be blank; however, to preserve the therapeutic alliance, it may be necessary for the SLP to use a non-impairment based intervention and this should be recorded here
   c. Use the strategy codes at the bottom of the page to categorize activities completed during therapy
       - i. Any drilling of an intervention or strategy education should be coded under the same category
       - ii. When SLP engages in conversation with PT/CP with the purpose of observing communication patterns to guide treatment recommendations for conversational strategies, this discussion should be coded as "2 – Conversational Strategies"
   d. Notes can expand multiple rows
   e. Indicate what goal is being targeted next to each activity
       - i. Strategies can target multiple goals
       - ii. At times, strategies may not target any goals; however, SLP should redirect activities so that goals are being targeted
   f. When coding the session, indicate the timestamp and total minutes spent for each activity
   g. Any practice on web based exercises during session should be tracked on this form
   h. If introducing a new app or native app, SLP should use the "Tech Mastery for Apps" form (see below)

6. **CB Website Updates**
   a. This form should be completed after every session for RA to update PT's CB website
       - i. RA will upload updated runsheet from previous session to Box so SLP can see what is assigned on PT's current website
   b. Leave "RA only" column blank
   c. Control – website updates can only include tutorial videos/resources and PPA Overview video/resource (yellow rows on Resources & Videos Overview sheet)
   d. Reminders
       - i. Current reminders appear at the top of the page
           1. Indicate "Keep" "Update" or "Remove" for EVERY reminder to indicate what RA should do on website

2. Update: write new information in right column and cross out any existing content to be removed from details (if not crossed out, content will remain)

    ii. Write any new reminders for PT's website at bottom of the page

       1. Keep titles short so they are visible on home page

       2. Add details for reminders as you want them displayed on the website

    iii. RA will update website and create new runsheet

  e. Resources/Videos

    i. RAs will partially fill out form for Sessions 1-3 with automatic resources/videos (i.e. instructional handouts)

    ii. Indicate "Keep" or "Remove" for EVERY item each session

    iii. Add any new videos or resources you wanted added to the homepage (or recycled ones to be returned to the home page)

       1. Use the Resources & Videos Overview for a list of content

       2. Experimental – SLP can create individualized resources for PT

          a. Upload created document to Box Folder

          b. Indicate on 'New Resources' section for RA to upload this to PT's website

    iv. If no new videos or resources, check the appropriate box

    v. Treating SLP can show resources during the treatment session as needed

7. **Tech Mastery Forms (experimental only)**

  a. SLPs may choose to introduce apps (native or downloaded) to PT/CP in order to target GAS goals

    i. Code this as #3 & #8 on Other Activities form

  b. In order to ensure proper training/mastery, the "Tech Mastery Form" should be completed for each app introduced and trained

    i. Apps and programs that have likely already been mastered (e.g. contacts, texting, Google, Facebook) do not require instruction and mastery forms when using in therapy to target goals

       1. However, if the PT does NOT currently use the app, then the training and mastery form would be required if implementing during therapy

  c. These forms can be found on Box: All SLP Info → Tech Mastery Forms

    i. There are templates created for apps that have already been introduced; this library will continue to build as new templates are created by SLPS

    ii. SLPS can also create revised templates for apps if desired

    iii. SLP should save new or updated template(s) to Box with the app name and date of creation in the title (ex: TechMasteryForm_Story Creator_12_10_18)

  d. SLP may assign the app's specific video and resource, if available, at the session prior to the in-session introduction/mastery check

  e. When providing instruction or confirming knowledge of the app, SLP should ask PT/CP to show the SLP how they would use the app, going step-by-step through the steps on the form

  f. SLP should continue to use the same form going forward in treatment until PT/CP reaches mastery

  g. Upload the updated form with runsheets each session it is used

1. **Session 1: PPA Overview**
   a. After viewing the PPA Overview Video, SLP asks if PT or CP have any questions.
   b. 5 minutes**:** SLP may answer questions by rephrasing content from slides. SLP not permitted to share additional information that is not covered in the slideshow
   c. Session 1 wrap-up:
      i. *It's been great meeting with you both today. Let me tell you how future sessions will be structured. PT, just you and I will meet for the first 50 minutes or so. It is fine if your CP helps you to sign into the session. At the very end of the session, your CP will join us for the last 5 minutes. We will discuss what we have worked on that day. There will typically not be time for a lot of additional questions at the end of the session.*
      ii. These five minutes are designed for the SLP to (1) provide detailed information about the current therapy session to the CP, (2) give reminders for completing computer exercises, and (3) to confirm schedule for next week's session.
2. **Guidelines for questions regarding disease education/PPA overview**
   a. Questions about rate of progression, life expectancy.
      i. *There is a lot of individual variability and this is an active area of research right now.*
   b. Questions about what areas of the brain might be affected next or what new symptoms might appear next.
      i. *There is a lot of individual variability and this is an active area of research right now.*
   c. Questions about other current research studies that involve a treatment component.
      i. *All clinical research trials can be found on clinicaltrials.gov. Just as a reminder, you can't participate in other treatment studies that involve speech therapy while you are participating in this research study.*
   d. Questions about Alzheimer's Disease and PPA.
      i. *Dr. Rogalski discussed that a person really receives two different diagnoses. One is the clinical diagnosis, which are your symptoms. PPA is a clinical diagnosis. This means you have problems in the area of language. The second diagnosis is the neuropathological diagnosis. This diagnosis refers to the suspected misfolded protein that is causing the damage to the brain. Alzheimer's disease is a neuropathological diagnosis. So some people may have PPA that is caused by Alzheimer's disease.*
   e. Questions about what they can do to help slow the progression.
      i. *This is still an active area of research. In general, exercise, diet, and staying socially active are all important for brain health.*
   f. Questions about medications that may be helpful for PPA.
      i. *If there are concerns about sleep or depression/anxiety, then medications to treat these problems may be helpful. There are medications that may be helpful for people who have PPA caused by an Alzheimer's disease pathology, such as Namenda or Aricept. You would want to discuss this with your neurologist.*
   g. Questions about when they will "develop dementia."
      i. *As Dr. Rogalski discussed, the word dementia is an umbrella term. One type of clinical dementia syndrome is PPA. If you are referring to memory loss or other cognitive symptoms, there is a lot of individual variability. This is an active area of research.*
3. **Outline for last 5 minutes of treatment sessions (with CP present)**
   a. If necessary due to difficulty ending sessions on time, notify PT/CP that you are setting a 5 minute timer and have to hop off for another session

    b. Overview of word training exercises from today's session
        i. Briefly overview performance and what type of cues were beneficial
    c. Overview of script practice from today's session
        i. Briefly overview performance
    d. Remind PT and CP about web-based exercises
    e. Remind them to be practicing at least 5x/week, 30 minutes each time
        i. Picture Cards
        ii. Pronunciation Cards
        iii. Word to Picture Matching
        iv. Script Practice
    f. Schedule review: discuss and confirm time of next session(s)

4. Guidelines for CP questions:
    a. CP brings up a communication concern from the past week and wants advice.
        i. *Validation statement + "We're practicing words and scripts in hope that these exercises will help with daily communication."*
    b. CP asks if we can add additional words (personally relevant words) to their word exercises or if we can add a personalized script to their exercises.
        i. *That's a great question. We based these therapy activities on research, which stressed the importance of repetition of a limited set of words or phrases. It's important to master these current words or scripts through intensive practice. This set of words was taken directly from another PPA research study.*
    c. CP asks a question similar to, "Is there anything else we should be doing besides these exercises to help with communication?"
        i. *See answer to question b*
    d. CP asks a question related to disease education.
        i. *Refer them back to Resources tab and the disease education slides, or restate the information that is in the PPA presentation OR "I'm not sure about that question. Let me talk to my team and get back to you."*
    e. CP has many questions written out that he/she wants to ask at the end of the session.
        i. (Restate what was mentioned in session #1*) CP, I understand that you have some additional questions today. As we discussed at the beginning of treatment, there will typically not be time for a lot of additional questions at the end of the therapy sessions. This five minutes is designed for me to provide detailed information about the therapy session to you, so we are all on the same page. Wow, that session went by really fast today and we are at the end of our time today. I need to hop onto another session, but I look forward to seeing you next week. Thanks so much!*

5. General guidelines/themes
    a. <u>Intensity of practice:</u>
        i. *Previous research has shown that it's beneficial to have a certain level of intensity (practicing words/phrases a certain number of times) in speech therapy. This research has focused on individuals or small groups. Our study is looking at intensive practice with a larger group of participants.*
    b. <u>Not practicing too much at one time:</u>
        i. *Previous research has shown that it's beneficial for word training to practice one set of words at a time. An analogy is learning math or algebra. We teach kids how to add, and then subtract before moving onto multiplication and division.*

Guidelines for Introducing Tasks

SLPs can use the following information as guidelines and suggested language for explaining word and script tasks.

Word Probe

- Each session we will check in on/examine/evaluate the words that you will practice during therapy. This will give us an idea of how well the therapy is working.
- We will look at how accurately you can produce the words, but also how much effort it requires and how long it takes. Changes in accuracy, effort, and time are all indicators of progress.
- This weekly 'Check in' is different than how we practice your words: during these check-ins I will not be able to help you/provide hints. I will provide you with the definition of the word. You will have 5 seconds to try and come up with the word that matches the definition. If you cannot come up with the word, that is fine, I will just move on to the next word.
- You may feel a bit frustrated when you have trouble coming up with the word. That is normal. This is not a measure of your intellect or your word knowledge. It is a measure of how much work it requires for you to retrieve the words you know from your mental dictionary.
- We expect this to improve over time. Improvement occurs at a different pace for everyone.

Word Practice

- OK to notify control group: some of these words you may use in your everyday activities and others you may use infrequently, if ever
- Whether you use these words every day or not, working on retrieving a specific word from your mental dictionary can help you find words more easily. In the mental dictionary/lexicon words are stored in such a way that they are connected to other words with similar meanings, with similar sounds, and that are used in similar contexts [may provide an example of how words used to talk about a baseball game or used in the context of a baseball game may be stored together even though they sound differently and may have different meanings – event semantics storage mechanisms]. This way of storing words helps us to retrieve them quickly.
- However, this storage and retrieval system can break down in PPA making it difficult to retrieve words. By practicing retrieving words you are working not only on the target word – but also on other words connected to the target.
- During this activity, we will produce the same word multiple times. Each time, I will give you a different 'hint' or cue to help you access the word in your mental dictionary. These hints include sounds that are in the word, meanings of the word, and features/characteristics that are associated with the word [give an example]. Even if you get the word correct, we will work through several steps in a sequence, ending with repeating the word three times. Retrieving a word repeatedly (over and over) using different types of cues will help to strengthen the connections among words and is part of the therapy. If you have trouble retrieving a word, I will help you.
- This therapy may seem boring to some people. However, we know that repetition is a key component of many therapies, which is why the therapy is designed this way. As you master your practice words, we will introduce new words for you to work on.
- Can use the following chart to help explain the practice protocol:

What the SLP will do:	SLP will say the word	SLP says the first SOUND of the word *at the same time* SLP shows the first letter of the word in writing	SLP starts a sentence	SLP will tell you a little bit more about the word	SLP will ask you to repeat the word 3 times
What you will do:	Repeat the word	Repeat the word	Finish the sentence by saying the word	Repeat the word	Repeat the word 3 times

Script Probe

- Like the word probe task, every week we will check-in on/evaluate your ability to retrieve a practice script. We use this activity to monitor changes not only in your script learning, but also in how easily you retrieve words, your ability to form complete sentences, and the ease of expressing your ideas/thoughts.
- This is not a memory test – although certainly memory is part of learning the script. [At first you will not be able to produce very much of the script. This may be frustrating for you. That is normal, after all you are just starting to learn the script. (first sessions as needed)]. As the weeks progress, you will typically find that producing the script becomes easier. Unlike the script practice part of the session, I will not be able to help you during the script evaluation.
- Once you have produced as much of the script as you can, we will move on.

Script Practice

- Script training is a therapy technique used for people who have difficulty producing words and sentences. In script training, you will work to learn a 'script'. A script is a set of sentences that form part of a conversation exchange that might be used with another person.
- This at first may feel like a memory exercise, but it has many more benefits. Learning a script may give you access to phrases and words that you can retrieve more easily in everyday interactions with other people. For example, the first script you will learn is one that explains what PPA is and the types of problems people with PPA may have. You can use this script, or phrases from it, with others to explain why you have difficulty communicating. Over time, access to these phrases may become automatic.
- By practicing a script, you are working to retrieve words that are typically used together in the same context/event. You are also working to produce sentences that have a well-formed structure, with words in the correct order, and that are easy to for others to understand. This can be challenging for some people with PPA. Practicing in this way may help you to retrieve words as well as 'templates' for well-formed sentences. This may carry over into other contexts, outside of the script, helping you to retrieve words and sentences more easily.
- A script can take a long time to learn. As you learn a script, we can add new ones. However, the act of learning the script is the therapy. Even if you only learn one script during our time together, you will still benefit from practicing script training.
- During training, I will help you to produce the words in the script using a variety of techniques including breaking the sentences and words down into smaller units, proving a model for you to follow, among other techniques.

Practice recommendation for all PTs:

- **5 days a week**
- **30 minutes each day**

Guidelines

1. Control
    a. Practice recommendations do not change
    b. SLP should not provide further instruction on which exercises to emphasize
    c. If asked, encourage PTs to split the 30 minutes evenly between all 4 exercises
2. Experimental
    a. SLP can make recommendations based on PT's specific needs
    b. SLP cannot completely remove an exercise from recommendation; however, it is okay to encourage PTs to practice the exercises they find beneficial
3. If PT/CP have concerns about the amount of practice time:
    a. Too much: emphasize our practice recommendation and the importance of balance (do not provide an upper limit)
    b. Too little: reinforce our practice recommendation; use analogies or literature to provide rationale for this recommendation and to increase buy-in
    c. When travelling: remind PT of our practice recommendation; OK to say we understand that some weeks this may not be feasible due to other circumstances
    d. # of words/scripts takes too long: SLP can encourage PTs to keep a balance among exercises so they do not become too burdensome
4. It is OK for SLPs to suggest PTs omit non-critical parts of an exercise (e.g. using the 'listen back' feature) if is becoming detrimental to the PT (e.g. frustration level when hearing voice played back)
5. Remember, we want the PT to self-drive in order for us to look at amount of time and type of exercises as variables; keep recommendations vague:
    a. "You may find some you like better than others…"
    b. "They are each constructed to help with different types of language challenges…"
    c. "It is beneficial to practice all of the exercises…"

SLPs can use the following templates to create a word document for screen sharing during session in order to provide a session outline for PTs; update as needed for each session

Control:

Therapy Schedule:

1. Word Check-In
2. Script Check-In
3. Computer Exercise Review
4. Word Practice
5. Script Practice
6. Wrap Up

Experimental:

Therapy Schedule:

1. Word Check-In
2. Script Check-In
3. Computer Exercise Review
4. Review of videos/resources
5. Reminders review
6. Therapy Goals Review
7. Communication Strategy Discussion

ADDITIONAL RESOURCES

Technology Information

1. **BlueJeans**
   a. Download OLD Blue Jeans 1.0 (newer version does not allow video sharing)
      i. https://www.bluejeans.com/downloads
         1. Choose Mac or Windows
         2. Click "More Info"
         3. Download "1.37.19"
            a. *This version shows up as "Blue Jeans" as opposed to one word: "BlueJeans"*
      ii. Do not update version when prompted
   b. Also can download newest version of BlueJeans to use when video sharing is not needed
   c. Sharing videos during sessions
      i. CB account has all videos loaded onto it
         1. Login: dpb695
         2. Password: (check with RA)
      ii. During session, click "Share Screen" then Videos; select video
         1. *Note: When video is playing, you will automatically be muted; you can push space bar or click "unmute" if you need to pause or talk during the video*
   d. Screen Share
      i. It is VERY important to close all other programs before screen sharing during sessions to limit risk of HIPAA violations
      ii. Tips for teaching app technology over BlueJeans
         1. When showing iPhone/iPod screen to PT, the following tips may be helpful:
            a. Change screen background to a solid neutral color (e.g. black)
               i. Settings → Wallpaper → Choose New → Stills
            b. Create a "Page" with only the relevant apps to reduce clutter
            c. If using a personal device, use Airplane Mode and turn off any notifications
         2. The following cues may be helpful to give to the PT when they are sharing their phone screen:
            a. If the phone is too close to the camera: "Hold the phone closer to you"
            b. If the phone is too far from the camera: "Hold the phone closer to the computer"
            c. If the phone is too high or low: "Move the phone higher/lower" and provide visual cues
            d. If the phone is off center or off the camera: "Bring the phone in front of your face" and provide visual cues
   e. Recordings Download
      i. To access session and evaluation recordings, go to the Recordings tab of the BlueJeans website (https://northwestern.bluejeans.com/archive/meetings?s=hs)
      ii. It is OK to store videos on university laptops, but old videos should be deleted on a regular basis
2. **Communication Bridge Website:**
   a. https://communicationbridge2.cbits.northwestern.edu

      b. Demo Login
         i. demo@gmail.com
         ii. 12345678
      c. Accessing PT achievements pages
         i. On 'Users' tab, locate PT
         ii. In the right hand column, click on PT's 'Achievements' link
         iii. *Note: the achievements page will display your login name on the top; however, the information will display the appropriate PT's achievements*
         iv. *IMPORTANT: if sharing screen with achievements page during session, be sure to click on open PT's achievements tab BEFORE screen share to avoid displaying PHI
      d. Practice recommendation for all PTs
         i. 5 times a week; 30 minutes each time
         ii. *Exp – SLP can make recommendations based on PT's needs, but cannot completely remove an exercise from recommendation*

3. Box
    a. Study materials and runsheets are all found on and submitted through our shared CB Box:
        i. https://northwestern.app.box.com/folder/21493303268
    b. Organization
        i. SLPs can find all relevant study information in the "All SLP Info" folder on Box; some folders are clarified below:
            1. SLP's CB Participants = all information for PT evaluations and sessions
            2. Blank forms = blank documents that SLP may need throughout study
            3. Discharge Resources = all discharge content provided to PT; also includes guidelines for SLP on how to wrap-up at 12-month evaluation
            4. Exp group videos and resources = bank of all videos/resources for experimental group
            5. Risk Alert = forms needed when risk alert is required
            6. Script Creation (exp) = rules and documents for creating new scripts with exp PTs
            7. Session Outlines = guidelines for session outlines
            8. Tech Guides = content provided to PTs and may be useful for SLPs when having technology trouble; also includes tutorial videos and resources for CB website
            9. Tech Mastery Forms = forms used when an app is introduced and trained to exp group
            10. Visual Aids for Screen Share = contains documents that SLP may find helpful to share with PT during sessions or evaluations

4. Northwestern Servers
    a. Study materials can be found on the shared drive: smb://fsmresfiles.fsm.northwestern.edu/fsmresfiles/CNADC/Rogalski_Lab/Projects/PPA/Communication_Bridge/clinical trial

5. Uploading Runsheets with Box Capture
    a. Go to "SCAN" filter
    b. Align page with square on screen – take scan
    c. Add page, continue with all runsheets
    d. Next – click on date at bottom of screen to edit Title
    e. Rename the document including PT ID and Session or Evaluation #
        i. Treatment sessions are named as: Sxxx_Tx#x
        ii. Evaluations are named as:

1. SXXX_(Evaluation Visit)
    a. Evaluation Visit options: BL1, BL2, PIE1, 6M, PIE2, 12M, GASDevelopment
    f. At top of screen, select "Save to" and save in PT's session folder on Box
    g. No PHI on Box!
        i. If something has PHI, email to RA instead

6. **Trello**
    a. Board: CB Discussion Points: https://trello.com/b/tSbBsSUt/cb-discussion-points
    b. Use this board to document any comments, questions, or ideas to share with the team
    c. RAs will monitor this board weekly and add discussion items to upcoming meeting agendas

7. **Troubleshooting**
    a. If technology issues occur during sessions or evaluations, SLP should try to troubleshoot with PT using the Therapy Session Guide and Troubleshooting document as a guide
    b. If problem persists and begins to interfere with the amount of therapy time for a session, SLP should contact RA to intervene
    c. If PT/CP bring up other technology issues with the laptop, any computer programs, or the CB website, notify RA
    d. When technology issues occur during sessions, SLPs should ensure that video is still being recorded by confirming that the red recording button on the top left screen in BlueJeans is on

RESOURCES AND VIDEOS

	STRATEGY	RESOURCE(s)	VIDEO(s)
1	**LEXICAL RETRIEVAL**		
	Semantic Circumlocution	Semantic Circumlocution - Talking Around the Word	Semantic Circumlocution - Talking Around the Word
	Phonemic Self-Cueing		
	Visualization	General Communication Strategies for Conversation	General Communication Strategies for Conversation
	Gestures		
	Written Self-Cueing		
2	**CONVERSATIONAL STRATEGIES**		
	Conversation Training with CP	Conversation Training	Conversation Strategies
			Should You Fill in the Word
			Asking Questions
	Key Wording	Key Wording	Keywording
			Keywording in Conversation
	Strategies for Listening/Understanding	Strategies for Listening and Understanding	Strategies for Listening and Understanding
	Yes-No Confusion	Yes-No Confusion	Yes-No Confusion
	Educating Others About PPA	Educating Others About PPA	Educating Others About PPA
3	**COMPENSATORY SUPPORT**		
	Include with all compensatory supports:	*Communication Aids: High vs. Low Tech*	*Communication Aids: High vs. Low Tech*
		Personal Dictionary	*Compensatory Strategies as a Toolbox*
	Script as Visual Aid	Script as Visual Aid	Scripts
	PPA Wallet Card	PPA Wallet Card	Educating Others About PPA
	Communication Board/Book/Wallet		
	Board	Communication Board/Book/Wallet	Communication Board with Pictures
			Communication Board with Words
	Book		Communication Book
	Wallet		Communication Wallet
	Remnants	Remnants	Remnants
	Taking Pictures for Communication	Taking Pictures for Communication	Taking Pictures to Facilitate Communication
			Personal Picture Description
	Built-in Apps	Built-in Apps	Built-in Apps
	Communication Apps (SC/PC)	Communication Apps	Communication Apps
	Story Creator	Story Creator	Story Creator
	Pic Collage	Pic Collage	Pic Collage
	Environmental Modifications		
4	**APRAXIA/MOTOR SPEECH STRATEGIES**		
	Melodic/Rhythmic/Both		
	Melodic	Melodic Strategies to Aid Pronunciation	Melodic Strategies to Aid Pronunciation
	Rhythmic	Rhythmic Strategies to Aid Pronunciation	Rhythmic Strategies to Aid Pronunciation
	Syllable Segmentation	Segmenting Words to Aid Pronunciation	Segmenting Words to Aid Pronunciation
	Phonemic Orthographic Cues	Phonetic Cues to Aid Pronunciation	Phonetic Cues to Aid Pronunciation
	Visual Articulating Cues		
	Rosenbeck Apraxia Hierarchy	Rosenbeck Apraxia Hierarchy	Rosenbeck Apraxia Hierarchy
5	**READING STRATEGIES**		
	Re-Reading		
	Word Look-up Technology	Reading Strategies	Reading Strategies
	Modified Reading Materials		
	Audio Book + Paper Book		
6	**WRITING STRATEGIES**		
	Pocket Dictionary		
	Proof Reading		
	Templates	Writing Strategies	Writing Strategies
	Voice Recognition Technology		
	Grammar/Spell Check/Word Predict		
	Visual Templates for Writing	Visual Templates for Writing	Visual Templates for Writing
7	**SCRIPT PRACTICE**	Scripts	Scripts
8	**OTHER**		
	Disease Education	PPA Overview	PPA Overview
	Counseling		
	Other		
	WEB EXERCISES		
	Picture Cards	Picture Cards Handout	Picture Cards Instructional Video
	Pronunciation Cards	Pronunciation Cards Handout	Pronunciation Cards Instructional Video
	Word to Picture Matching	W2P Matching Handout	Word to Picture Matching Instructional Video
	Script Practice	Script Practice Handout	Script Practice Instructional Video
	INSTRUCTIONAL RESOURCES		
	How to Sign on to a CB Session	Therapy Session Guide and Troubleshooting	How to Sign onto a CB Session
	Intro to Communication Bridge Web App		Intro to Communication Bridge Web App

*Items in yellow are available to the control group

Risk Alert Identification and Response Plan

Overview

The following protocol outlines the response that will be taken by the research team if verbal/behavioral indications of abuse, depression, suicidal thoughts or homicidal thoughts are observed during any point in the 12 month trial (by the PT or CP). All members of the research team have completed risk assessment training on the protocol described. Licensed clinicians are administering the treatment and have training in recognition of concerning symptoms related to mood or abuse.

Definition and Examples

Verbal Indication: Concerning signs that are displayed through one's words

Behavioral Indication: Concerning signs that are displayed through one's behavior or actions

Abuse: To treat in a harmful, injurious, or offensive way. A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another partner. Abuse can be physical, sexual, emotional, economic, or psychological actions or threats of actions.

> *Signs: Physical injuries such as cuts, bruises, burns, grip markings, black eyes, repeated trips to the ER; Name calling and put-downs, attempts to intimidate, overt jealousy or possessiveness*

Depression: A mood disorder with symptoms of sadness, inactivity, difficulty with thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness, and sometimes suicidal thoughts

> *Signs: expressions of persistent sad or empty feelings; feelings of guilt or helplessness; trouble concreting or remembering details, fatigue, pessimism or hopelessness, insomnia or sleeping too much, irritability, digestive problems that don't get better, suicidal thoughts or attempts*

Anxiety: Anxiety disorders are a group of mental disorders characterized by significant feelings of anxiety and fear. Anxiety is a worry about future events and fear is a reaction to current events.

> *Signs: expressions of panic, fear or uneasiness; other symptoms may include: sleep problems, not being able to stay calm or still, shortness of breath, tense muscles*

Suicidal thoughts/ideation: Preoccupation with taking one's own life. The range of suicidal ideation varies greatly from fleeting thoughts, to extensive thoughts, to detailed planning, role playing, or incomplete attempts.

> *Signs: Talking about wanting to die or kill oneself, talking about feeling hopeless or having no purpose, talking about feeling trapped, talking about being a burden to others*

Homicidal thoughts/ideation: Thoughts about killing another human being.

> *Signs: Talking about wanting to kill other human beings; may be accompanied by other signs, such as appears to be socially isolated, outcast and withdrawn; dwells on experiences of rejections or unrealistic fears*

Ideation vs Plan: Ideation involves as desire to die, but without a specific plan for carrying out the death. Plan involves an existing wish to die accompanied by a plan for how to carry out the death.

Depression and Anxiety Measures

Depression and Anxiety measures are completed with both the participant and communication partner at every evaluation (Baseline, Post Intervention Evaluations, 6 month evaluation, and 12 month evaluation). Specifically, the CAT-version of the PROMIS Depression and Anxiety Sub-tests are given to participants and communication partners (Cella et al., 2010). If the measures reveal a clinically relevant level of anxiety or depression (based on normative values), the protocol described below will be followed.

Risk Alert Identification and Documentation Protocol

If a member of the research team observes concerning verbal/behavioral symptoms, by either the participant or the communication partner, then the "Risk Alert Documentation" form will be initiated and the appropriate risk-specific protocol will be completed. If a social worker is called in for consultation, the "Social Work Risk Consultation Documentation" form will be completed. Both of these forms will be submitted to the Data and Safety Monitoring Board and included in the PT's file.

During 12 Month SLP Evaluation (both groups):
- Thank PT/CP for their participation and commitment to the study
- Remember that this is an evaluation and not a treatment session
    - OK to provide recap of strategies and encourage them to continue to use these strategies
        - Experimental: OK to show them the "What to Practice" document from Session #15
            - No more changes to document or website updates after Session #15
            - Reminder: any videos and resources assigned throughout treatment will always remain available in their Videos and Resources tabs
- Remind participants that they will have a final exit interview with another team member. Encourage them to share any and all information, both positive and negative, about their experience in the study. Stress the importance of receiving their feedback.
- After the final exit interview, someone from the research team will be in touch to inform participants how to send back all of the equipment.
- Notify participants that it will still be several years before any results are published. Our Center newsletter and our website (brain.northwestern.edu) are great ways to learn about study results and PPA research. We may also send emails from time to time with relevant updates. The study team will provide more information about this.
- If there is a significant concern regarding heightened depression or anxiety around discharge, follow the Risk Alert protocol.
- **IF** you know of a PPA-treating SLP in the participants' home area, it is okay to refer them. However, you should not conduct outside searches to provide referrals.
    - Referral to a specific SLP should be limited to those SLPs for whom you can attest to their professional skill set with PPA
    - Please document all referrals (names of service providers when applicable) and specific recommendations made during the discharge visit on the Post-BL SLP Evaluation Runsheet
- See FAQs below for guidelines of responses

FAQs and SLP "Guided" Responses:
- Was I in the control or experimental arm?
    - Unfortunately, due to research regulations, we are unable to share that information. These are not our rules, but rather is the case for any clinical trial**.**
- Can I make any changes to the CB website?
    - Unfortunately, because this is a clinical trial, we cannot make modifications to your website once you have completed the study. The website, and any resources provided to you, will remain available for an undetermined time after the study. We are not able to predict when the website may be shut down. This is dependent on a number of research related factors and resources. We encourage you to adapt some of the exercises on the website, in your own way, using activities and materials in your everyday life.
- Will I have access to the CB website indefinitely?
    - We cannot guarantee that the website will remain open after the study is completed. This is due to funding and many other reasons associated with a clinical trial.
- When will the study be completed?
    - We anticipate our final participants completing the study near the end of 2022. It will take at least 6 to 12 months to analyze the study data after the study ends.
- Can I show this website and share my resources with my new SLP?

- - o Yes, but please do not share your login information
  - (Control Group): Do you have any other strategies or apps you can recommend for me now?
    - o Not at this time

Research Team Discharge Process

- PT/CP will meet with Erin to complete the Post-Study Interview
- RAs will meet with the PT/CP to wrap-up their study participation:
  - o Provide instructions on returning laptop and other study materials
  - o Provide link to www.brain.northwestern.edu
  - o Provide insight into other research opportunities:
    - ▪ Observational Language in PPA study (if not already enrolled)
    - ▪ New opportunities that arise over time
  - o Provide CB website login information to access from other computers
    - ▪ Notify users that we cannot make any changes; they can reach out if there are issues, but we cannot guarantee a fix
    - ▪ Notify users that website may not remain available indefinitely
- For PTs/CPs who have expressed interest or we have identified as participants who would be interested/helpful in future focus groups or prototype testing for future CB, we will reach out as appropriate
- RAs will send a thank you letter/certificate of completion with Emily's signature on it
  - o PTs can choose to pass along to their referring clinician

SLP FAQs

The following section provides information on experiences and questions commonly encountered by SLPS. For additional information or new questions, create a comment card on Trello.

Session Format

1. A session is too short…
    a. Control – Mastered words and scripts can be practiced following word/script practice protocol to target 60-minute session time
    b. Experimental – Continue targeting GAS goals
    c. SLP should avoid lengthening "chit-chat" in order to reach 60 minutes
2. A session is running too long…
    a. Control – Assure that word and script probes are completed every session; script practice can be shortened or omitted if time does not allow
    b. SLP should set up expectations at Therapy Session #1 that sessions are only intended to run 60 minutes; SLP may need to verbalize a countdown towards the end of session so PT/CP are aware that time is almost up
    c. SLP can mention they have to hop off for another session and table discussions until next week
3. CP is not present or not compliant…
    a. It is important to stress the CP's attendance requirements during session 1 and continue to stress this if CP is not following compliance rules
    b. SLP to make judgment if session should be rescheduled due to CP not present or if session can continue and noncompliance is thoroughly documented

CB Website & Web Exercises

4. PT/CP ask how they are doing on the web exercises…
    a. It is not checked on a regular basis and what is important is how often they practice (not how many answers are correct)
    b. SLP checks for progress and mastery during therapy sessions; the website is intended as exercise
5. PT/CP ask if the web exercise practiced will be monitored during the break…
    a. The research team will not intervene during the break regarding web exercise practice
    b. The achievements tab will continue to track practice and PT should stick to recommended practice amount
6. PT/CP ask if they can distribute the resources…
    a. It is OK to show and share family, friends, and healthcare team resources
    b. Resources should NOT be distributed (i.e., in support groups)
        i. Given that this is a research study, it is too premature to handout resources
        ii. SLPs have spent up to 15 therapy sessions working and implementing the tools with PT/CP and some of these strategies may not be appropriate for other individuals
    c. Encourage interested people to visit www.brain.northwestern.edu or email communicationbridge@northwestern.edu

Treatment Sessions

7. Starting the session…
    a. *How are you today? How was your week?*
    b. *Tell me what was good, bad, confusing, or exciting this week*
    c. *Anything on your mind today before we get started? Anything that came up during the week?*
8. PT notes that treatment is boring…

a. *This type of treatment is focused on repetition. The idea is that, with repetition, we can strengthen the neural networks in your brain to retrieve your words/speak more fluently/communicate better with those around you.*

b. *You can think of these exercises like bicep curls for your brain.*

c. *You can think of these exercises like physical therapy for your brain. If you had a shoulder injury and went to see a physical therapist, they'd have you do some very repetitive exercises over and over. Over time, you'd strengthen your shoulder and be able to do push-ups or go rock climbing or what have you again!*

9. Session is getting off topic…
   a. Acknowledge the PT/CP's question
   b. Summarize the gist
   c. Point to the protocol: *That's a great question. Let's focus on the research protocol now and if we have time at the end, we can circle back to it.*
   d. Validate frustration: *I know that must be frustrating. Let's come back to this at the end if we have time.*

10. PT/CP starts crying…

11. PT/CP ask for a copy of their goals…
    a. Control – RA can send PT/CP an email containing the broad description of the goal area (e.g. communicating at book club, texting without errors) but will not provide specific detail and levels of goals
       i. The RA will notify the SLP that goals were requested and forward the email that was sent
    b. Experimental – SLP can share goals as desired and ask RA to send emails with goals if needed

Evaluations

12. Establishing rapport…
    a. Provide more support to start: *I see that you live in _____. Tell me a little about ____.*
    b. Once PT/CP are more at ease, continue: *Let me tell you a little bit about what today will look like:*
       i. *We are going to go through a few questionnaires. To start, we'll go over some overview questions. I know you've talked to a lot of people before getting to this point and I've read your intake evaluation and medical records, so I'll try to keep this from being as repetitive as I can.*
       ii. *Then, we'll go over some questionnaires that you should have received in the mail.*
       iii. *We'll take a break after the questionnaires and when we come back, we'll create some therapy goals.*
       iv. *If at any point, you feel like you need to take a break, let me know and we can definitely do that!*
       v. *Do you have any questions before we start?*

Discharge

13. PT/CP ask to hire me as an SLP at the conclusion of the study…
    a. Tell PT/CP that you do not have availability
    b. We do not have a mechanism for this – insurance, licensure between states, legality, self-referring, etc.

Miscellaneous

14. PT/CP ask why the break between treatment blocks is so long…
    a. The break is modeled after what insurance reimbursement actually covers; through our study, we want to see if the progress made is sustained; we want to see how participants practice without the prompting of an SLP and are interested in PT/CP feedback

15. PT/CP has outside events that are affecting study participation or compliance…
    a. It is OK to postpone or step out of compliance with study in order to honor client wellbeing

16. PT/CP beings crying during session or evaluation…
    a. Use your clinician skills to comfort PT/CP; if CP is present, ask if tissues are nearby
        i. Reassurance/redirecting: *I can see that this is really frustrating for you. And if we were meeting in person, I'd be giving you a hug! Right now, I'm giving you a virtual hug.*
        ii. *Let me know when you're ready, and we can move on to [next item/activity]*
    b. It is OK to step out of protocol if needed in order to honor client wellbeing
    c. Discuss what other resources PT/CP are seeking; possibly mention idea of social work consultation
    d. See Risk Alert Protocol to determine if the incident should be escalated
    e. Be sure to check in with PT/CP the following session/evaluation

SLP Treatment Session Prep Checklist
SLPs to review session protocol and contact RAs with questions before the session

Papers
- ☐ Run sheets
  - ☐ Therapist Compliance Checklist and Other Activities Page
  - ☐ CB Website Updates
  - ☐ Words
    - ▪ For Session #3 and sessions with new words: Evaluation
    - ▪ Session #4-15: Word Probe and Practice
  - ☐ Scripts
    - ▪ Session #3-15: Script Probe
    - ▪ For controls, Session #3-15: Script Practice
- ☐ Blank Notes Page
- ☐ Sticky Notes
  - ☐ Sticky Notes with Phonemic Cues (updated order)
  - ☐ Sticky Notes with PT and CP names
- ☐ Participant binder
- ☐ Laminated sheets
  - ☐ Rainbow passage
  - ☐ Control session protocol
  - ☐ Experimental session protocol
  - ☐ Guidelines for Introducing Tasks
  - ☐ List of resources/videos
  - ☐ List of validating statements (controls)
  - ☐ Video Observation Notes

Writing tools
- ☐ Highlighter
- ☐ Pens x2
- ☐ Sharpie

Equipment
- ☐ Laptop
- ☐ Laptop charger
- ☐ Headphones
- ☐ Blue microphone
- ☐ Ethernet cord
- ☐ Ethernet cord adaptor

APPENDIX

Appendix Documents

Evaluation Forms

Baseline SLP Evaluation Runsheet

Post-Baseline Evaluation Runsheet

Assessment of Language Participation in Progressive Aphasia (ALA) (SLP form + PT form)

Social Networks Inventory (SNI)

Progressive Aphasia Severity Scale (PASS)

Baseline Target Word Selection (blank)

Word Evaluation

Script Evaluation

Session Forms

Therapist Compliance Checklist

Other Activities Runsheet

Word Probe & Practice

Script Probe

Script Practice (control #1)

CB Website Updates

Tech Mastery Form

CB Website Handouts

Therapy Session Guide & Troubleshooting

Web Exercise Tutorial Handouts

What to Do During the Break Handout

Technology Guides

Most Comfortable Listening (MCL) Procedure

CB Equipment Setup Visual Aid

Checking Your Ethernet Connection

Miscellaneous

Social Networks Response Form (for PTs)

Brainstorm Forms for Personally Relevant Words

Risk Alert Documentation

Social Work Risk Consultation Documentation

Validating Statements

Blank Notes Page

Study Flyer

EVALUATION FORMS

Baseline SLP Evaluation Run Sheet

Time started: _____   Time ended: _____   MCL Complete: □ Yes   □ No

Communication Partner Present: □ Yes □ No   Time present: _____

INTRO

5 minutes – Intro, tell PT/CP about yourself
10 minutes – Rapport building; ask PT/CP to share a little about themselves
5 minutes – "How did you get involved in CB study?"

ASSESSMENT

1. **Past Medical History:** *(review chart to see if any additional medical history information is needed)*

2. **Barriers to Care** *(check all that apply)***:**

   Participant:

   □ Medical history of anxiety/depression

   □ Current symptoms of anxiety/depression

   □ Medical history of Attention Deficit Hyperactivity Disorder (ADHD)

   □ Current symptoms of inattentiveness/hyperactivity

   □ Previous history of TBI

   □ Symptoms of poor insight/anosognosia

   □ Goals/expectations are unrealistic

   □ Difficulty using technology

   □ Busy schedule/frequent traveling limits time to participate in therapy activities

   □ Other non-language cognitive symptoms present (memory loss, attention)

   □ Severity of speech/language/comprehension deficits

   □ Illness/medical condition of another family member

   □ Insurance would not cover

   □ Other: _____

   Communication Partner:

   □ Goals/expectations are unrealistic

   □ Difficulty using technology

   □ Finds it difficult to participate in therapy due to work schedule or other commitments

   □ Negative communication patterns noted, when communicating with participant

   □ Prior marital relationship challenges are present

   □ Personal illness/medical condition

   □ Illness/medical condition of another family member

   □ Insurance would not cover

   □ Other: _____

3. Have you received speech therapy in the past? *(check all that apply)*

☐ **No; Why Not?**

☐ Newly diagnosed   ☐ Could not find a therapist with PPA knowledge

☐ Did not think it would help   ☐ Insurance barriers

☐ It was never recommended   ☐ Other: _____

☐ Rural location

☐ **Yes:**

i. How long were you in speech therapy?

☐ 0-2 months   ☐ Notes (e.g., multiple times, discontinuation, etc.):

☐ More than 2 – Less than 6 months   _____

☐ 6+ months   _____

ii. What format was your speech therapy?

☐ Individual (one-on-one with SLP)   ☐ Group (other individuals with PPA + SLP (s)

☐ Dyad (participant + spouse/partner + SLP)   ☐ Other: _____

iii. How frequent were your sessions?

☐ 2x/week   ☐ Every other week

☐ 1x/week   ☐ Once a month

iv. What activities did you do during your sessions?

☐ Reading exercises   ☐ Brain games

☐ Writing exercises   ☐ Training on conversation strategies

☐ Speaking/word exercises   ☐ Conversation practice with my spouse

☐ Memory exercises   ☐ Making/learning different communication aids

☐ Worksheets   ☐ Learning to use a speech-generating device

☐ Other: _____

v. What homework did your SLP assign you?

☐ Reading exercises   ☐ Memory exercises

☐ Writing exercises   ☐ Worksheets

☐ Speaking/word exercises   ☐ Brain games

☐ Other: _____

    vi.   What were your expectations for past speech therapy? Were they met? Why did you stop? (Ask participant, then communication partner)

      1.   *Participant Response:*

        a.   Expectations:

        b.   Expectations Met?   □ Yes   □ No   □ Did not have any expectations

        c.   Reason for stopping past SLT:

          □ SLP discharged from treatment   □ Research trial or SLP-student practicum ended

          □ Scheduling difficulties   □ To participate in the Communication Bridge study

          □ Wasn't happy with the therapy   □ Insurance stopped covering

          □ Other: _____

      2.   Communication Partner Response:

        a.   Expectations:

        b.   Expectations Met?   □ Yes   □ No   □ Did not have any expectations

        c.   Reason for stopping past SLT:

          □ SLP discharged from treatment   □ Research trial or SLP-student practicum ended

          □ Scheduling difficulties   □ To participate in the Communication Bridge study

          □ Wasn't happy with the therapy   □ Insurance stopped covering

          □ Other: _____

4.   What are your expectations for this therapy? (Ask participant, then communication partner)

    □ *Participant Response:*

    □ Communication Partner Response:

5.   How much have you learned or been told about PPA?

☐ *Participant:*   ☐ *Communication Partner:*

☐   Poor/minimal understanding of PPA   ☐   Poor/minimal understanding of PPA

☐   Basic understanding of PPA   ☐   Basic understanding of PPA

☐   Thorough understanding of PPA   ☐   Thorough understanding of PPA

i.   Participant Response:

ii.   Communication Partner Response:

6.   Have you received education or resources about your PPA diagnosis from a social worker or other health professional? *(list name and profession)*

☐   No   ☐   Yes – Other: _____

☐   Yes – CNADC: _____

7.   Have you shared your diagnosis with others?

☐   No; why not?

☐   Newly diagnosed, insufficient time   ☐   Unsure of how to share information

☐   Not comfortable sharing   ☐   Other: _____

☐   Yes; with whom?

☐   Family   ☐   Colleagues/acquaintances

☐   Friends   ☐   Strangers

☐   Other: _____

Evaluation Checklist

Baseline Evaluation #1

☐ **Assessment:** Assessment was completed and included review of medical records, structured interview with participant and communication partner, and participant observation. *Please make a note if the assessment deviated from the previous statement.*

☐ Complete **Assessment for Living with PPA (AL-PPA)** for assessment of life participation and impact of deficits on daily activities.

- This test was administered as follows (check all that apply):
  - ☐ Participant completed the questions in advance
  - ☐ Clinician read each question and confirmed responses
  - ☐ Additional cues and explanations were provided as needed
- Which of the following strategies were used during the administration of the AL-PPA (check all that apply):
  - ☐ Additional verbal explanations from clinician regarding questions
  - ☐ Increased assistance/support from Communication Partner
  - ☐ Picture supports
- Please document the level of insight the participant has assessing their language ability on the AL-PPA:
  - ☐ Low
  - ☐ Moderate
  - ☐ High
- Please document any barriers to administering AL-PPA assessment:

5 MINUTE BREAK

☐ Complete **Social Networks Inventory** – see SNI questionnaire

☐ Complete **Goal Attainment Scaling –** see GAS development form

☐ Complete **Primary Progressive Severity Scale (PASS)** for a summary of participant's severity level for expressive/receptive language, reading, and writing abilities. *Please make a note if the if this assessment was not completed or there are any barriers in completing the PASS.*

Baseline Evaluation #2

☐ Complete **Baseline Word Target Selection form** – Complete this word probe to determine what 30 words to initially target in treatment (words pulled from Control List of Words or Brainstorm Form)

☐ Upload all Evaluation forms to BOX

SLP Evaluation Run Sheet – Post-Baseline

Time started: _____ Time ended: _____   MCL Complete: □ Yes   □ No

Communication Partner Present: □ Yes   □ No   Time present: _____

ASSESSMENT

1. **Barriers to Care:** *See items reported on BL evaluation run sheet; indicate how each barrier was addressed during treatment; add any additional barriers that have come up throughout treatment*

   Participant:

   □ Medical history of anxiety/depression

   □ Current symptoms of anxiety/depression

   □ Medical history of Attention Deficit Hyperactivity Disorder (ADHD)

   □ Current symptoms of inattentiveness/hyperactivity

   □ Previous history of TBI

   □ Symptoms of poor insight/anosognosia

   □ Goals/expectations are unrealistic

   □ Other: _____

   □ Difficulty using technology

   □ Busy schedule/frequent traveling limits time to participate in therapy activities

   □ Other non-language cognitive symptoms present (memory loss, attention)

   □ Severity of speech/language/comprehension deficits

   □ Illness/medical condition of another family member

   How were barriers selected above addressed during treatment?

   Communication Partner:

   □ Goals/expectations are unrealistic

   □ Difficulty using technology

   □ Finds it difficult to participate in therapy due to work schedule or other commitments

   □ Negative communication patterns noted, when communicating with participant

   □ Prior marital relationship challenges are present

   □ Personal illness/medical condition

   □ Illness/medical condition of another family member

   □ Other: _____

   How were barriers selected above addressed during treatment?

2. **Care Partner Engagement:** *Clinician select ratings below*

   a. Clinician rating of **communication partner support**

   ☐   No attempt to implement communication strategies

   ☐   Too Little: Communication strategies are **inappropriate** when tried and **too infrequent**

   ☐   Too Little: Communication strategies are **appropriate** but **too infrequent**

   ☐   Just Right: Communication strategies are used **appropriately** and at the **right frequency**

   ☐   Too Much: Communication strategies are **appropriate** but used **too frequently**

   ☐   Too Much: Communication strategies are **inappropriate** and used **too frequently**

   SLP confidence level of rating:

   ☐ Not confident at all   ☐ Somewhat confident   ☐ Completely confident

   b. Clinician rating of the **participant's receptiveness to communication partner strategy support**

   ☐   Not receptive at all

   ☐   Somewhat receptive

   ☐   Receptive

   SLP confidence level of rating:

   ☐ Not confident at all   ☐ Somewhat confident   ☐ Completely confident

   c. Clinician rating of the **participant's receptiveness to the intervention**

   ☐   Not receptive at all

   ☐   Somewhat receptive

   ☐   Receptive

   SLP confidence level of rating:

   ☐ Not confident at all   ☐ Somewhat confident   ☐ Completely confident

   d. Clinician rating of the **communication partner's overall engagement in the intervention**

   ☐   Not engaged

   ☐   Somewhat engaged

   ☐   Engaged

   ☐   Overly engaged

   SLP confidence level of rating:

   ☐ Not confident at all   ☐ Somewhat confident   ☐ Completely confident

Evaluation Checklist

☐ **Assessment:** Assessment above was completed

☐ Complete **Assessment for Living with PPA (AL-PPA)** for assessment of life participation and impact of deficits on daily activities.

- This test was administered as follows (check all that apply):
  - ☐ Participant completed the questions in advance
  - ☐ Clinician read each question and confirmed responses
  - ☐ Additional cues and explanations were provided as needed
- Which of the following strategies were used during the administration of the AL-PPA (check all that apply):
  - ☐ Additional verbal explanations from clinician regarding questions
  - ☐ Increased assistance/support from Communication Partner
  - ☐ Picture supports
- Please document the level of insight the participant has accessing their language ability on the AL-PPA:
  - ☐ Low
  - ☐ Moderate
  - ☐ High
- Please document any barriers to administering AL-PPA assessment:

☐ Complete **Social Networks Inventory** – see SNI questionnaire

☐ Complete **Goal Attainment Scaling** – non-treating SLP clinician completes GAS evaluation form

☐ Complete **Primary Progressive Severity Scale (PASS)** for a summary of participant's severity level for expressive/receptive language, reading, and writing abilities. *Please make a note if the if this assessment was not completed or there are any barriers in completing the PASS.*

☐ **30 Words Evaluation** – complete evaluation form for 30 target words

☐ **Script Evaluation** – complete evaluation forms for all scripts that have been assigned at this time

☐ Upload all Evaluation forms to BOX

Assessment of Language Participation in Progressive Aphasia
SLP Form

SLP: "Your partner may have helped you fill out this form, but the answers should be your own responses." *For all post-baseline evaluations, remind PT/CP* "the circles you see are your responses from the very last time we did this."

"For each question, I want you to point to and tell me the number you circled." CP is permitted to help and verify responses as needed. (Scores must be divisions of 0.5)

1. How much do you know about progressive aphasia?
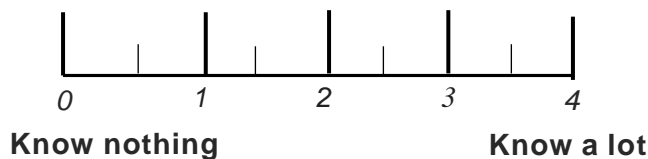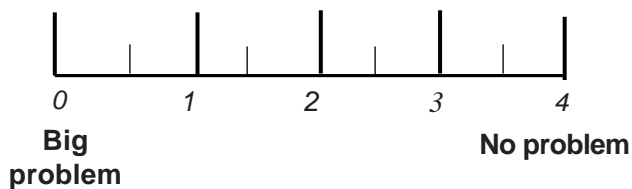
```
    |   |   |   |   |   |   |   |   |
    0       1       2       3       4
 Know nothing              Know a lot
```

2. How would you rate your talking?

```
    |   |   |   |   |   |   |   |   |
    0       1       2       3       4
   Big                   No problem
 problem
```

3. How would you rate your understanding of conversations?

```
    |   |   |   |   |   |   |   |   |
    0       1       2       3       4
   Big                   No problem
 problem
```

4. How would you rate your reading?

```
    |   |   |   |   |   |   |   |   |
    0       1       2       3       4
   Big                   No problem
 problem
```

5. How would you rate your writing?

```
0        1        2        3        4
```
**Big
problem**   **No problem**
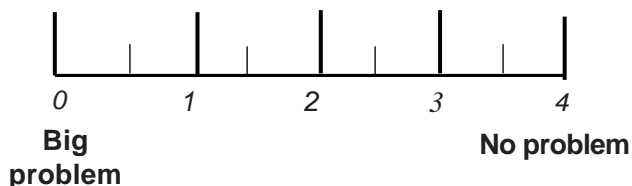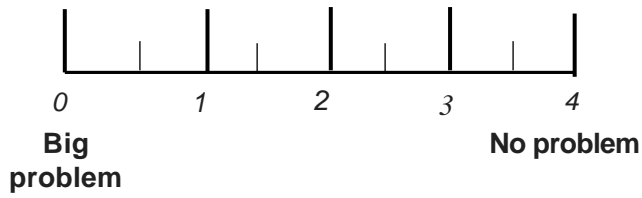
6. How many places do you usually go during a typical week? *Times leaving the house*

List number: _____

7. Are you happy with the number of places you go to?

```
0        1        2        3        4
```
Not happy   **Very happy**
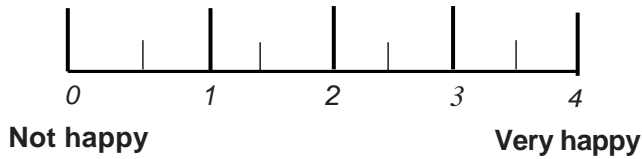
8. What kinds of activities are you doing at home? How many?

List number: _____

9. Are you happy with the number of activities you do at home?

```
0        1        2        3        4
```
Not happy   **Very happy**

10. Are you happy with the amount of volunteering/work you are doing?

```
0        1        2        3        4
```
Not happy   **Very happy**
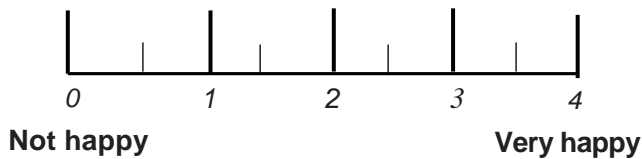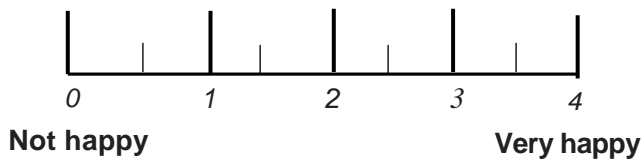
11. Think of your role as being a husband or wife. Are you doing as much as you want in this relationship? *In your role as a husband/wife, there are probably many chores/activities that you have traditionally performed. This question is asking if your communication difficulties have impacted your ability to complete those tasks.*

```
|____|____|____|____|____|
0    1    2    3    4
```
Definitely   **Definitely**
No   **Yes**
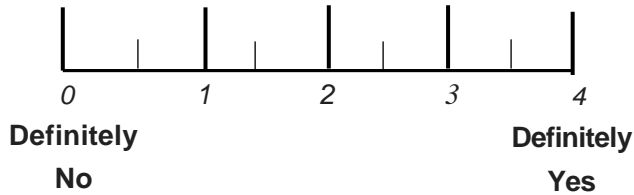
12. Who do you talk to the most on a daily basis?

List Name: _____

13. Is it easy to have a conversation with this person?
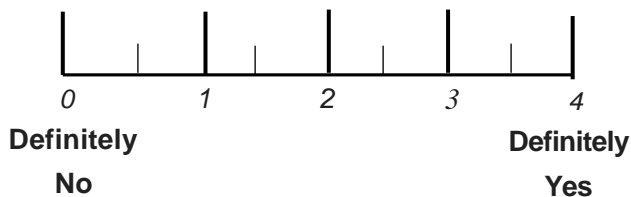
```
|____|____|____|____|____|
0    1    2    3    4
```
Definitely   **Definitely**
No   **Yes**

14. In a typical week, how many people do you talk to? *This includes people you know, people you do not know, and people you talk to over the telephone*

List Number: _____

15. Are you happy with the number of relationships and friends you have these days?
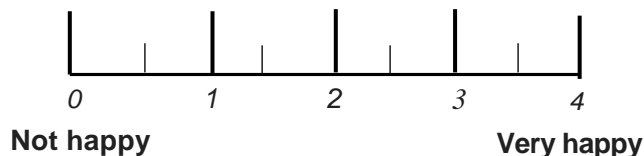
```
|____|____|____|____|____|
0    1    2    3    4
```
Not happy   **Very happy**

16. How often do you join in conversation with others?

```
|____|____|____|____|____|
0    1    2    3    4
```
Never join   **Always join**
in   **in**
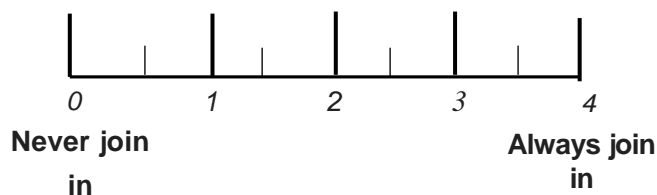
17. What do you and your family members do to help conversation?

Total Number of Strategies: _____

18. How is your communication at home?

```
 0      1      2      3      4
```
Very bad   **Very good**
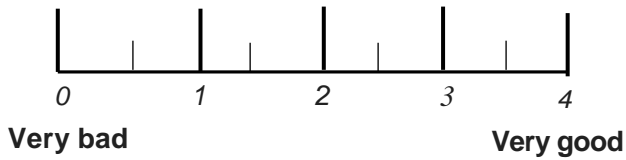
19. How is your communication outside of the home?
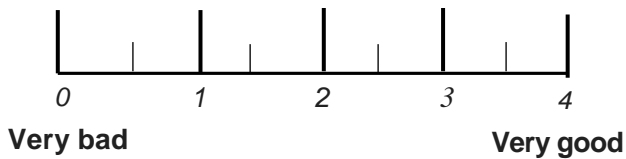
```
 0      1      2      3      4
```
Very bad   **Very good**

20. Do you know that you are intelligent, even though you have trouble speaking?

```
 0      1      2      3      4
```
Definitely   **Definitely**
No   **Yes**

21. Are you in charge of your life?

```
 0      1      2      3      4
```
Never   **Always**

22. Do other people respect you?

```
 0      1      2      3      4
```
Never   **Always**
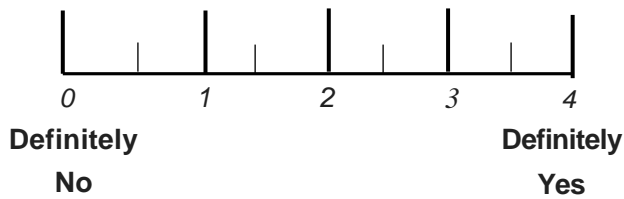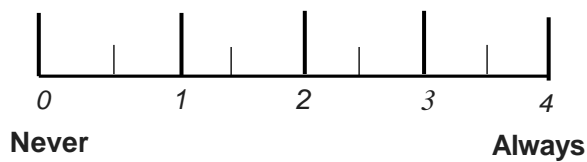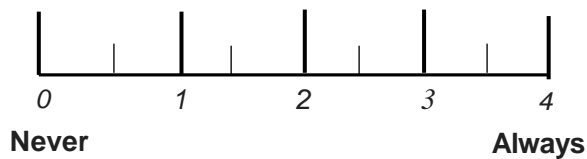
SLP: ensure correct response for #23-25, 27 due to reverse scoring

23. Do you feel lonely?
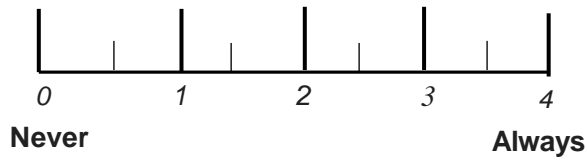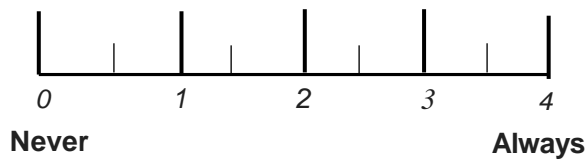
0	1	2	3	4
Never				**Always**

24. Do you feel frustrated?

0	1	2	3	4
Never				**Always**

25. Do you feel angry?

0	1	2	3	4
Never				**Always**

26. Do you do things you enjoy each day?

0	1	2	3	4
Never				**Always**
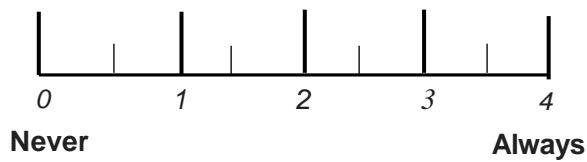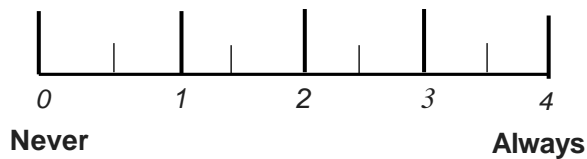
27. Think about your life. Is aphasia a big problem? *Is your PPA a big problem? Aphasia refers to your communication difficulties.*

0	1	2	3	4
No problem				**Aphasia is a big problem**
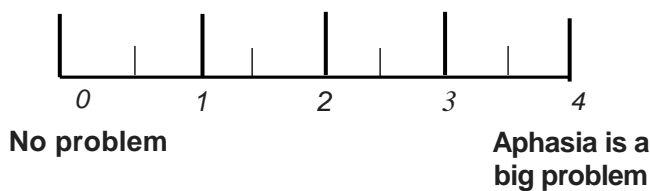
Assessment of Language Participation in Progressive Aphasia (ALA)

INSTRUCTIONS

This questionnaire looks at how you feel about aphasia in your daily life. You will complete it with your speech-language pathologist during your evaluation session.

Please review the questions before your session. If you would like, you can take notes or write your answers in pencil. Communication partner – feel free to help your partner with reviewing, but keep in mind the responses should reflect your partner's feelings.

You will go over and finalize your answers with your speech-language pathologist at your evaluation.

Practice Question

Do you like to watch your favorite movie?
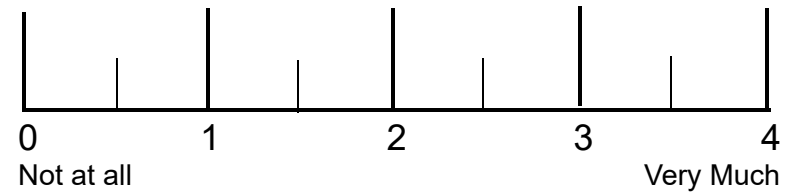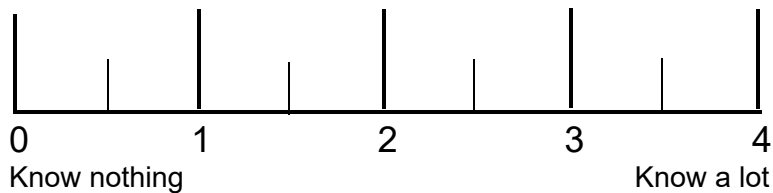
```
0          1          2          3          4
Not at all                              Very Much
```

1. How much do you know about progressive aphasia?

```
0          1          2          3          4
Know nothing                          Know a lot
```

2. How would you rate your talking?

```
0          1          2          3          4
Big problem                           No Problem
```
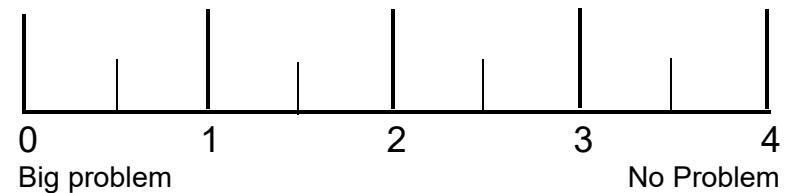
Assessment of Language Participation in Progressive Aphasia (ALA)

3. How would you rate your understanding of conversations?
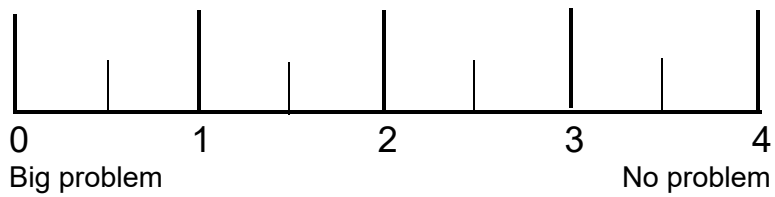
```
0        1        2        3        4
Big problem                    No problem
```

4. How would you rate your reading?

```
0        1        2        3        4
Big problem                    No problem
```

5. How would you rate your writing?

```
0        1        2        3        4
Big problem                    No problem
```
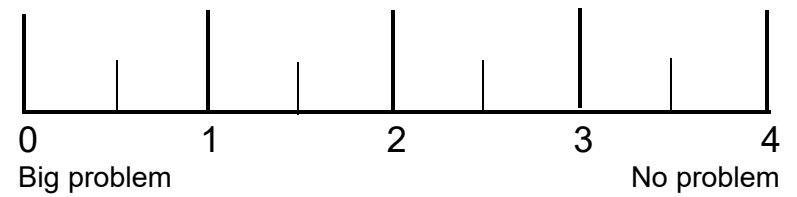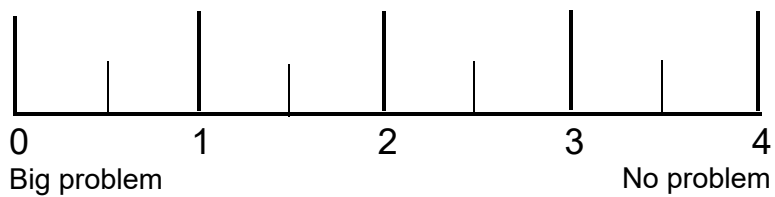
6. How many places do you usually go during a typical week? *(# of times you leave the house)*

_____

_____

Assessment of Language Participation in Progressive Aphasia (ALA)

7. Are you happy with the number of places you go to?

```
0        1        2        3        4
Not happy                    Very Happy
```
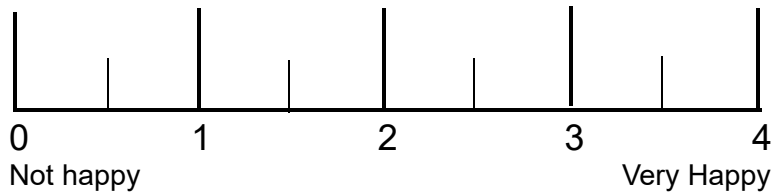
8. What kinds of activities are you doing at home? How many?

_____
_____
_____

9. Are you happy with the number of activities you do at home?
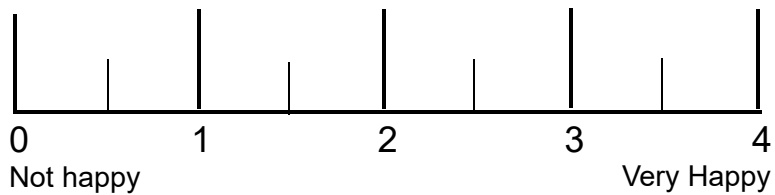
```
0        1        2        3        4
Not happy                    Very Happy
```

10. Are you happy with the amount of volunteering/work you are doing?

```
0        1        2        3        4
Not happy                    Very Happy
```
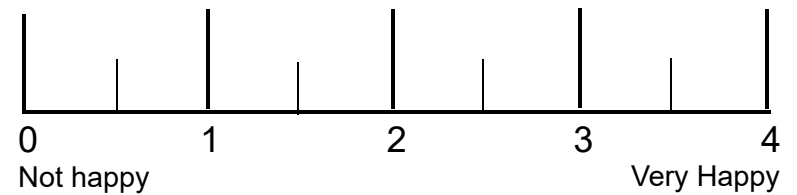
Assessment of Language Participation in Progressive Aphasia (ALA)

11. Think of your role as a being a husband or wife. Are you doing as much as you want in this relationship?

```
0        1        2        3        4
Definitely No              Definitely Yes
```
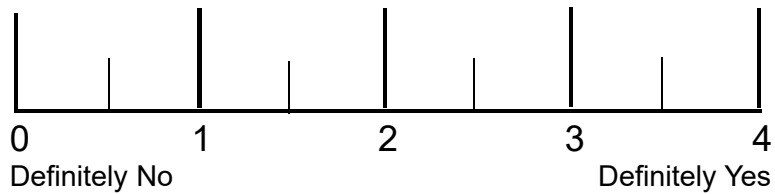
12. Who do you talk to the most on a daily basis?

_____

13. Is it easy to have a conversation with this person?
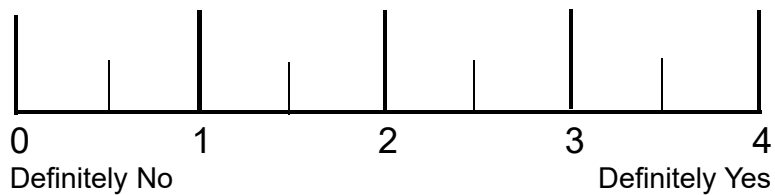
```
0        1        2        3        4
Definitely No              Definitely Yes
```

14. In a typical week, how many people do you talk to? *(This includes people you know, people you do not know, and people you talk to over the telephone)*

_____

Assessment of Language Participation in Progressive Aphasia (ALA)

15. Are you happy with the number of relationships and friends you have these days?
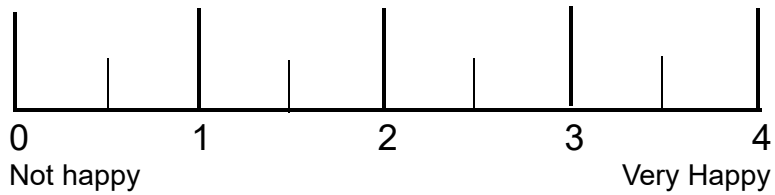
```
0        1        2        3        4
Not happy                  Very Happy
```

16. How often do you join in conversation with others?

```
0        1        2        3        4
Never join in              Always join in
```
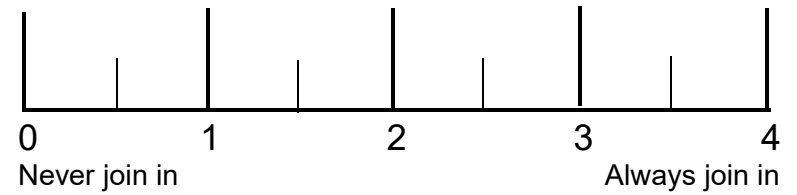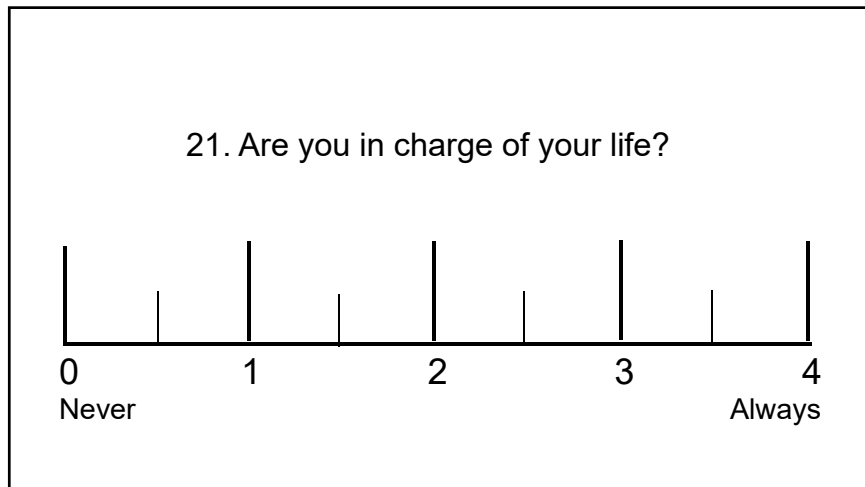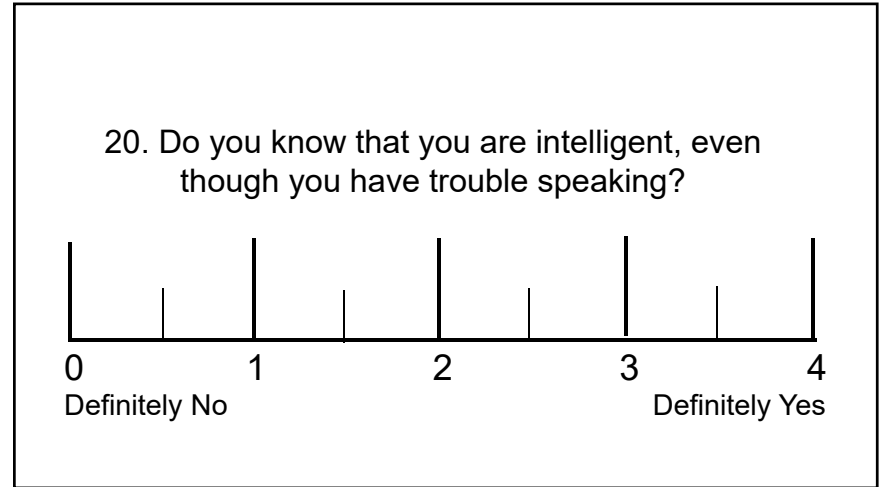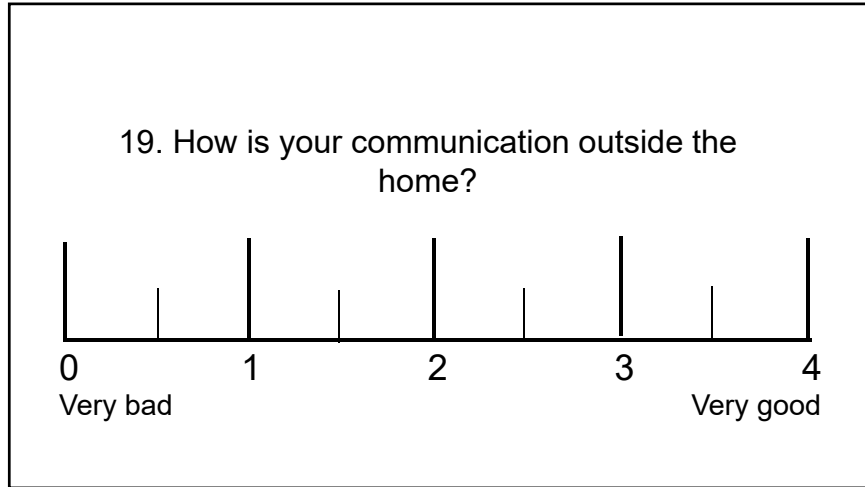
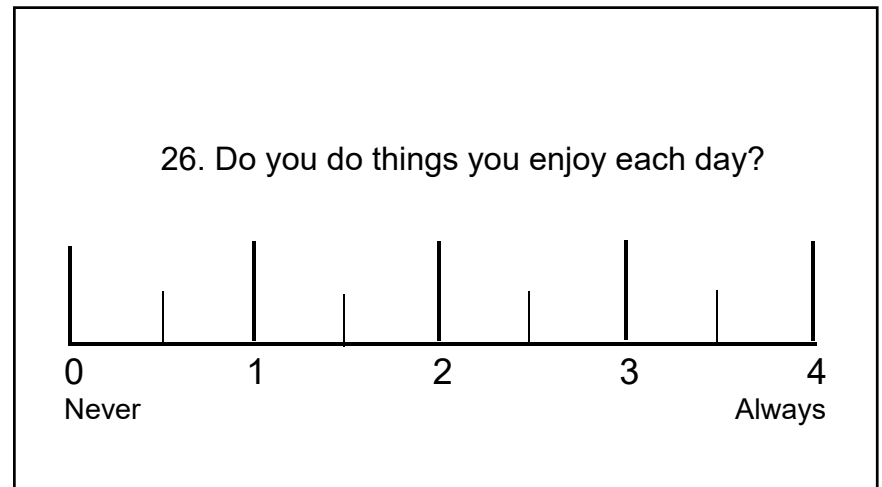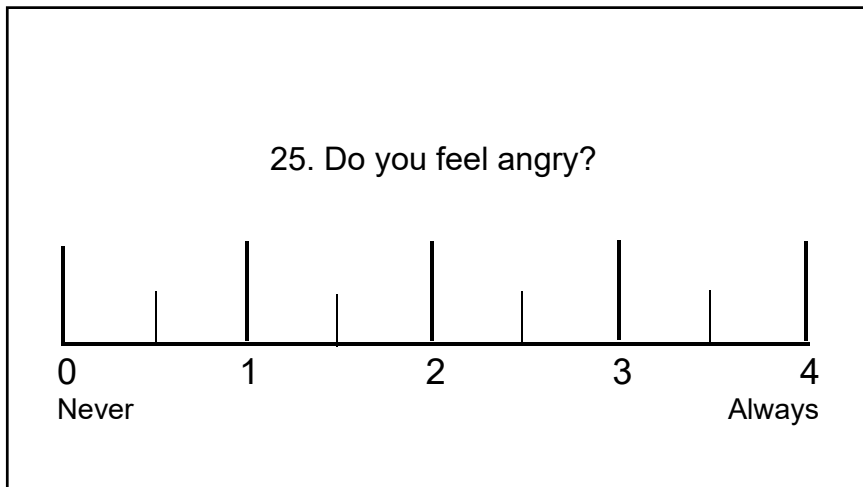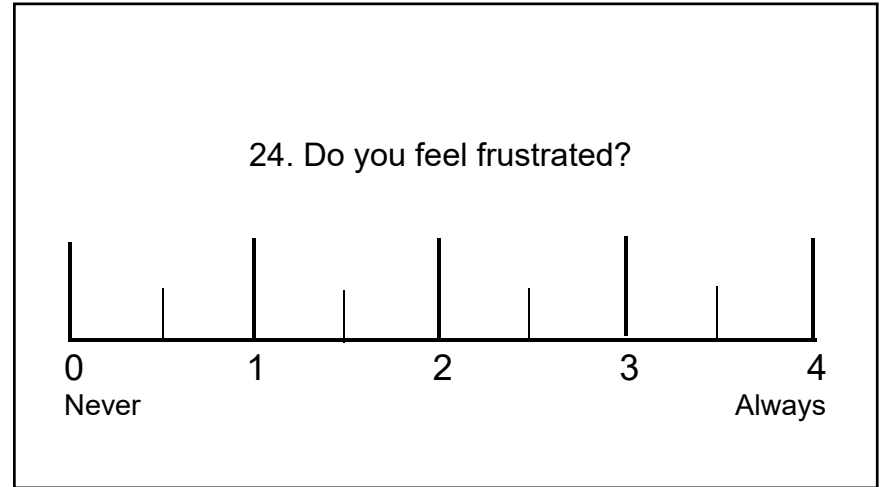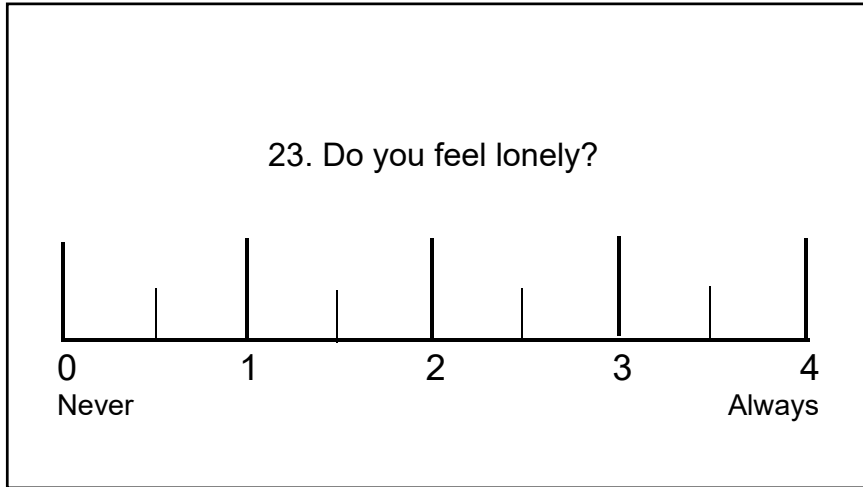### 17. What do you and your family members do to help conversation?

_____

_____

_____

18. How is your communication at home?
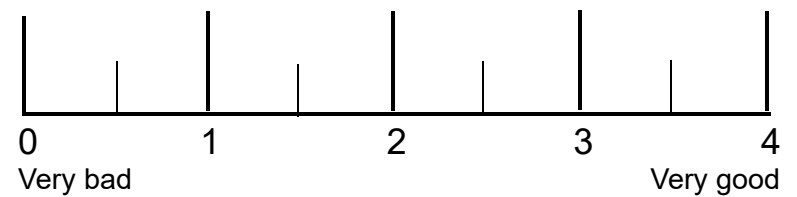
```
0        1        2        3        4
Very bad                   Very good
```

Assessment of Language Participation in Progressive Aphasia (ALA)

19. How is your communication outside the home?

```
0        1        2        3        4
Very bad                        Very good
```

20. Do you know that you are intelligent, even though you have trouble speaking?

```
0        1        2        3        4
Definitely No                 Definitely Yes
```

21. Are you in charge of your life?

```
0        1        2        3        4
Never                            Always
```

22. Do other people respect you?

```
0        1        2        3        4
Never                            Always
```

Assessment of Language Participation in Progressive Aphasia (ALA)

23. Do you feel lonely?

```
0        1        2        3        4
Never                              Always
```

24. Do you feel frustrated?

```
0        1        2        3        4
Never                              Always
```

25. Do you feel angry?

```
0        1        2        3        4
Never                              Always
```

26. Do you do things you enjoy each day?

```
0        1        2        3        4
Never                              Always
```

Assessment of Language Participation in Progressive Aphasia (ALA)

27. Think about your life. Is aphasia a big problem?

```
|    |    |    |    |    |    |    |    |    |
0         1         2         3         4
No problem                        Aphasia is a
                                  big problem
```
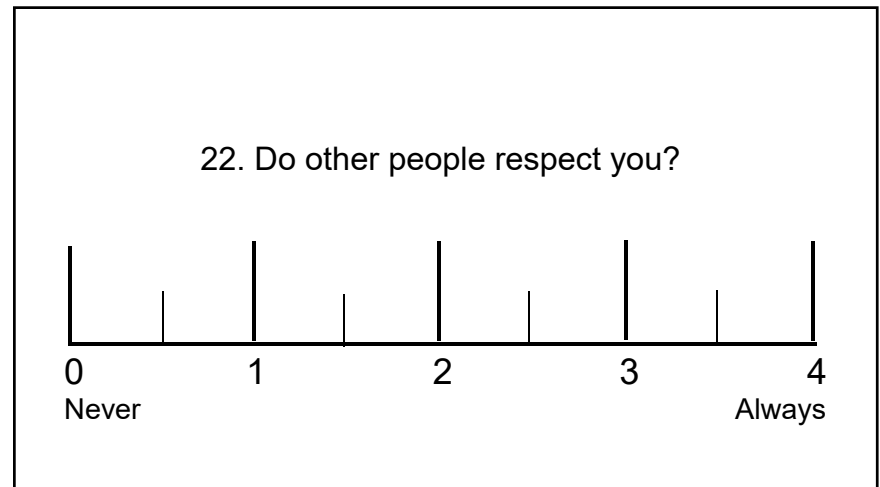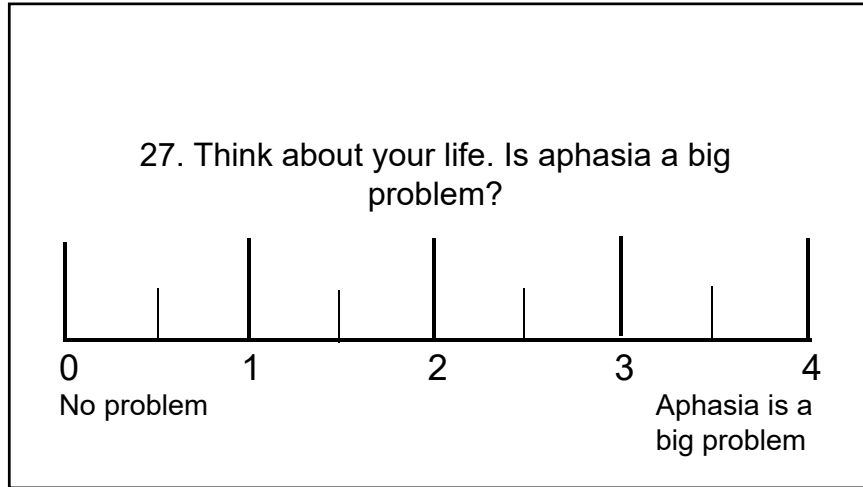
Social Networks Inventory Questionnaire

SLP: Now we are going to talk about the different ways you communicate with people in your life. Think about all of the different people you communicate with (e.g., family members, friends, neighbors, acquaintances, doctors, storekeepers, therapists, strangers, etc.). There are many different ways to communicate. This could include strategies you use to get your message across to someone else; but it could also include strategies you use to understand when others are speaking. I am going to explain different modes of communication and ask if you use each one. Can you please pull out your "Social Networks Response Form" (blue) sheet?

For each mode, or way, of communication, I will explain the mode and then ask the following questions:
First, I will ask if you use the mode at all *(for expressive or receptive)*. Please answer Yes or No.
If you say yes, then I will ask HOW OFTEN you use the mode of communication.
Finally, I will ask HOW EFFECTIVE that mode of communication is for you.
You can use your blue sheet to help you answer these last two questions.
The PT and CP can collaboratively discuss and answer these questions. The SLP can provide further explanations and use the "chat" function on BlueJeans to provide written cues to aid comprehension as needed.

1. Do you use **facial expressions/body language** *(natural, often unintentional modes of expression that others may or may not interpret as meaningful)* to communicate?   □ Yes   □ No
    a. Can you provide 2 examples?
        i. _____ ii._____
    b. How often do you use **facial expressions and body language**?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never
    c. When you use **facial expressions and body language**, are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never

2. Do you use **gestures** *(body movements that establish reference and convey meaning like pointing, headshakes, eye gaze, as well as idiosyncratic symbolic gestures like looking at the door to indicate "let me out of here")* to communicate?   □ Yes   □ No
    a. Can you provide 2 examples?
        i. _____ ii._____
    b. How often do you use **gestures**?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never
    c. When you use **gestures**, are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never

3. Do you use **speech** *(intelligible spoken words/phrases/etc.; this includes word approximations that are recognizable to familiar communication partners)* to communicate?   □ Yes   □ No
    a. Can you provide 2 examples?
        i. _____ ii._____
    b. How often do you use **speech**?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never
    c. When you use **speech**, are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never

4. Do you use **writing/drawing** *(text produced using pencil/pen, etc.; drawing for communicative purposes)* to communicate?   □ Yes   □ No
    a. Can you provide 2 examples?
        i. _____ ii._____
    b. How often do you **write/draw**?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never
    c. When you **write/draw**, are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never

5. Do you use a **nonelectronic communication board/book** *(any low-tech display developed to enhance an individual's ability to express language using symbols/words/photos/etc.)* to communicate?   □ Yes   □ No
    a. What type do you currently use?
        i. _____
    b. How often do you use a **nonelectronic communication display?**
        □ Most of the time   □ Some of the time   □ Rarely   □ Never
    c. When you use a **nonelectronic communication display,** are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never

6. Do you have any **apps on your smart phone or smart tablet** *(this could be any apps used for reading, or writing)* that you use to communicate?   □ Yes   □ No
    a. What apps do you currently use?
        i. _____
    b. How often do you use these **apps**?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never
    c. When you use an **app**, are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never

7. Do you use a **complex electronic communication device** *(electronic AAC devices with synthesized speech output that enable an individual to spell and generate language; digitized speech devices with more than 8 minutes of recording time that the person uses to generate language)* to communicate?   □ Yes   □ No
    a. What type of device?
        i. _____
    b. How often do you use a **complex electronic communication device**?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never
    c. When you use a **complex electronic communication device**, are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never

8. Do you use a **phone** to communicate **verbally**?   □ Yes   □ No
    a. How often do you use a **phone** to communicate **verbally**?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never
    b. When you use a **phone** to communicate **verbally,** are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        □ Most of the time   □ Some of the time   □ Rarely   □ Never

9. Do you use a **phone** to communicate via **text**?   ☐ Yes   ☐ No
    a. How often do you use a **phone for texting**?
        ☐ Most of the time   ☐ Some of the time   ☐ Rarely   ☐ Never
    b. When you use a **phone for texting,** are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        ☐ Most of the time   ☐ Some of the time   ☐ Rarely   ☐ Never

10. Do you use a **phone or tablet** to communicate via **videochat** *(i.e., FaceTime or Skype)*?   ☐ Yes   ☐ No
    a. How often do you use a **phone or tablet for videochat**?
        ☐ Most of the time   ☐ Some of the time   ☐ Rarely   ☐ Never
    b. When you use a **phone or tablet for videochat,** are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        ☐ Most of the time   ☐ Some of the time   ☐ Rarely   ☐ Never

11. Do you use **email** *(use of email to communicate across distances)* to communicate?   ☐ Yes   ☐ No
    a. How often do you use **email**?
        ☐ Most of the time   ☐ Some of the time   ☐ Rarely   ☐ Never
    b. When you use **email,** are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        ☐ Most of the time   ☐ Some of the time   ☐ Rarely   ☐ Never

12. Do you use **other modes of communication** to communicate?   ☐ Yes   ☐ No
    a. Specify:
        i. _____
    b. How often do you use **other modes of communication**?
        ☐ Most of the time   ☐ Some of the time   ☐ Rarely   ☐ Never
    c. When you use **other modes of communication,** are people able to understand you/are you able to get your message across/are you able to comprehend the message?
        ☐ Most of the time   ☐ Some of the time   ☐ Rarely   ☐ Never

---

Total Number of Modes Used (# yes responses): _____

Progressive Aphasia Severity Scale (PASS)

	0 Normal	0.5 Questionable/Very Mild Impairment	1 Mild Impairment	2 Moderate Impairment	3 Severe Impairment	n/a Not Assessed
ARTICULATION: Ability to say sounds and syllables accurately and effortlessly	Normal Articulation	Occasional misarticulation and/or effortful or hesitant speech, or dysarthria; difficulty repeating "pa ta ka" and/or pronouncing multisyllabic words; 100% intelligible.	Mild and consistent difficulty with articulation; most utterances are intelligible	Moderate difficulty with articulation; half of utterances are intelligible.	Minimal or no intelligible speech.	Not assessed

Notes:

FLUENCY: Degree to which speech flows easily or is interrupted by hesitations, fillers, pauses; reduced fluency is associated with decreased phrase length and WPM	Normal flow of speech	Speech contains occasional blank pauses or use of fillers (umm); reduced WPM and/or phrase length	Speech is in short phrases, interrupted with pauses or groping for words but there are occasional runs of fluent speech	Dysfluencies in most utterances; phrase length rarely exceeds three words	Severely dysfluent speech; phrase length rarely exceeds one word. May not speak.	Not assessed

Notes:

SYNTAX & GRAMMAR: Use of word forms (run, ran), functor words (the, an), and word order when forming phrases and sentences in most used modality (speech or writing)	No difficulty in the use of grammar and syntax.	Occasional agrammatism or paragrammatism (i.e., odd sentence structure such as "I my car drive in your house."); may complain it is effortful to combine words into phrases or sentences.	Frequent agrammatism; sentence structures are simple; frequent misuse/omission of grammatical words or morphology.	Utterances contain mostly content words with rare use of syntactic word groupings, functor words, or morphological markers.	Single word utterances or no speech/writing.	Not assessed

Notes:

WORD RETRIEVAL AND EXPRESSION: Ability to express the intended word through most used modality (speech or writing)	Difficulty limited to rare word-finding problem or tip-of-the tongue feeling.	Noticeable word-finding pauses during conversation or testing; may substitute a more common word (circumlocution) expresses message with most details; may use stereotyped phrases.	Word finding difficulty (pauses or struggling) occurs several times in a 5-minute conversation; difficulty naming common objects; occasional semantic or phonemic paraphasias; expressers overall message with few details.	Most utterances lack meaningful content; expresses some general meaning with no details.	Utterances rarely contain meaning and may be neologistic; unable to come up with the word or a circumlocution in most instances.	Not assessed

Notes:

REPETITION: Ability to repeat words, phrases, sentences; difficulty should not be attributable to working memory problem; do not penalize for sound distortion resulting from apraxia of speech or dysarthria	No difficulty repeating words, phrases, and sentences.	Difficulty repeating complex or lengthy sentences.	Difficulty repeating simple sentences (e.g., It's a sunny day in Boston) and/or phrases (e.g., no ifs, ands, or buts).	Difficulty repeating multi-syllabic words; can consistently repeat mono-syllabic words.	Unable to repeat even mono-syllabic words.	Not assessed

Notes: *RA will score based on neuropsych exams; SLP add any additional notes.*

	0 Normal	0.5 Questionable/Very Mild Impairment	1 Mild Impairment	2 Moderate Impairment	3 Severe Impairment	n/a Not Assessed
AUDITORY COMPREHENSION: Ability to understand spoken phrases and sentences (e.g., conversation, commands)	Normal auditory comprehension in conversation or in executing complex commands.	Requests repetition and/or complains people talk too fast. Or, displays difficulty comprehending complex sentences in testing. This difficulty may not be apparent in conversation.	Understands simple sentences and follows one-step commands some two-step commands; comprehension breaks down about half of the time in conversation and for most multi-step commands.	Understands only familiar or routine phrases or commands.	Minimal display of understanding or what is said to him/her.	Not assessed

Notes:

SINGLE WORD COMPREHENSION: Ability to understand spoken or written single words.	No difficulty understanding single words in conversation or testing.	Occasional difficulty understanding low frequency words (e.g., cork); may question the meaning of words (e.g., What is a ____?).	Displays lack of word comprehension several times in a brief conversation but able to carry on reasonably meaningful conversation.	Understands some high frequency and/or familiar words. Questions the meaning of many words in conversation.	Minimal comprehension of single words.	Not assessed

Notes: *RA will score based on neuropsych exams; SLP add any additional notes.*

READING: Ability to decode and understand written material; difficulty should not be attributable to an elementary visual problem	No change in reading habits or ability.	Reads less or complains of difficulty reading. Able to perform well on simple tests of writing, but may demonstrate difficulty on challenging tests.	Has given up usual writing habits. Reads short paragraphs (2 or 3 sentences) well enough to understand some meaning.	Reads single words well enough to understand the, or may make regularization errors; difficulty reading beyond short phrases for meaning.	Non-functional reader.	Not assessed

Notes: Per participant/communication partner report

WRITING: Ability to write and spell; difficulty should not be attributable to an elementary motor problem.	No change in writing habits or ability.	Writes less or complains of difficulty writing. Able to perform well on simple tests of writing, but may demonstrate difficulty on challenging tests.	Has given up usual writing habits. Writes phrases and sentences that express meaning but with frequent agrammatism and grammatical errors. May make spelling errors that are reported to be a change from baseline.	Writes meaningful and functional words or two-word phrases. May make spelling errors that are reported to be a change from baseline.	Non-functional writer.	Not assessed

Notes: Per participant/communication partner report

FUNCTIONAL COMMUNICAION: Participation in social situations and overall success in communication	No change in ability or motivation to communicate. Or, able to compensate successfully for the problem.	Works or performs daily routine with modifications (e.g., taking a job with few communication demands) to get around the communication difficulty. Alternatively, may not realize that communications are ineffective and tries to communicate.	Stopped working and/or reduced activities due to communication problem. Difficulty with social conversation results in a few attempts. Alternatively, may not realize communications are ineffective most of the time and continues to try and communicate.	Communicates only with caregiver/family primarily about wants and needs. Alternatively, is insistent at communicating despite failure to convey accurate message.	Minimal participation in communicative interactions, even with caregiver. Gestures may or may not be preserved.	Not assessed

Notes:

	0 Normal	0.5 Questionable/Very Mild Impairment	1 Mild Impairment	2 Moderate Impairment	3 Severe Impairment	n/a Not Assessed
CDR SUPPLEMENTAL LANGUAGE	No language difficulty or occasional mild tip-of-the-tongue.	Consistent mild word finding difficulties; simplification of word choice; circumlocution; decreased phrase length; and/or mild comprehension difficulties.	Moderate word finding difficulty in speech; cannot name objects in environment; reduced phrase length and/or agrammatical speech; and/or conversation and reading.	Moderate to severe impairments in either speech or comprehension; has difficulty communicating thoughts; writing may be slightly more effective.	Severe comprehension deficits; no intelligible speech.	Not assessed

Notes:

	0 Normal	0.5	1	2	3	n/a
INITIATION OF COMMUNICATION: Initiation of communication exchanges versus taking a passive role by communicating only in response to questions.	No change in the frequency of initiation of communication.	Initiates conversation slightly less often.	Noticeable reduction of initiation, but continues to initiate conversation at least several times per week.	Occasionally initiates conversation but usually just responds to others. The partner must usually be the one to start the conversation.	Minimal or no initiation of communication exchanges.	Not assessed

Notes:

	0	0.5	1	2	3	n/a
TURN TAKING DURING CONVERSATION: Ability to take turns during conversation versus speaking/writing over another person	No change in ability to take turns in conversation.	Takes turns slightly less often.	Noticeable reduction in ability to take turns. Frequent interruptions make it difficult for the partner to take a turn in conversation.	Occasionally takes turns but generally does not speak/write at the appropriate time during a conversation.	Minimal or no ability to take turns during conversation.	Not assessed

Notes:

	0	0.5	1	2	3	n/a
GENERATION OF LANGUAGE: Ability to use novel language to express oneself versus using stereotyped or scripted language	No change in use of novel language.	Slight decrease in use of novel language, slight increase in use of stereotyped or scripted language.	Noticeable increase in use of stereotyped or scripted language by continues to use novel language in most conversations.	Occasionally uses novel language but typically uses stereotyped or scripted language.	Minimal or no use of generative language. Almost all utterances are stereotyped or scripted.	Not assessed

Notes:

Baseline Target Word Selection - Experimental

•When introducing task to participant, explain that they will have 5 seconds to answer after the definition is given. Let PT know it is OK if they can't think of the word and you will provide a small cue. If they still can't get it, you will simply move to the next word. Assure participant that this is not meant to be a difficult/painful task, but rather is a way to identify which words will be best to focus on in therapy.

•Give semantic cue stimulus, write response, indicate I (immediate response) OR <5 (up to 5 seconds); Circle correct or not; If incorrect or > 5 seconds, give initial phoneme cue, record response, indicate I or <5. At end of cueing for word, it is OK for SLP to state, or repeat, the target word.

•Circle if PT answered correctly with Semantic or Phonemic cue or was Incorrect; Repetition for auditory clarification is OK; Clinican to use judgment so repetition isn't of therapeutic value (Put R in left margin to indicate repetition)

•Give credit for responses that differ due to dysarthria (slurring) or dialectical variations; initial sound repetitions and fillers are acceptable

☐**MCL Completed** ☐**Ethernet connected**

	TARGET WORD	Semantic Cue (Definition)	Response	*	Correct	Initial Phoneme	Response	*	Correct	Semantic / Phonemic / Incorrect
Ex.	Monkey	A primate that lives in the jungle and swings from trees.		I <5	Y / N	Muh		I <5	Y / N	S / P / Inc
1				I <5	Y / N			I <5	Y / N	S / P / Inc
2				I <5	Y / N			I <5	Y / N	S / P / Inc
3				I <5	Y / N			I <5	Y / N	S / P / Inc
4				I <5	Y / N			I <5	Y / N	S / P / Inc
5				I <5	Y / N			I <5	Y / N	S / P / Inc
6				I <5	Y / N			I <5	Y / N	S / P / Inc
7				I <5	Y / N			I <5	Y / N	S / P / Inc
8				I <5	Y / N			I <5	Y / N	S / P / Inc
9				I <5	Y / N			I <5	Y / N	S / P / Inc
10				I <5	Y / N			I <5	Y / N	S / P / Inc
11				I <5	Y / N			I <5	Y / N	S / P / Inc

Participant ID: _____   Date: _____

	TARGET WORD	Semantic Cue (Definition)	Response	*	Correct	Initial Phoneme	Response	*	Correct	Semantic / Phonemic / Incorrect
12				I <5	Y / N			I <5	Y / N	S / P / Inc
13				I <5	Y / N			I <5	Y / N	S / P / Inc
14				I <5	Y / N			I <5	Y / N	S / P / Inc
15				I <5	Y / N			I <5	Y / N	S / P / Inc
16				I <5	Y / N			I <5	Y / N	S / P / Inc
17				I <5	Y / N			I <5	Y / N	S / P / Inc
18				I <5	Y / N			I <5	Y / N	S / P / Inc
19				I <5	Y / N			I <5	Y / N	S / P / Inc
20				I <5	Y / N			I <5	Y / N	S / P / Inc
21				I <5	Y / N			I <5	Y / N	S / P / Inc
22				I <5	Y / N			I <5	Y / N	S / P / Inc
23				I <5	Y / N			I <5	Y / N	S / P / Inc
24				I <5	Y / N			I <5	Y / N	S / P / Inc
25				I <5	Y / N			I <5	Y / N	S / P / Inc
26				I <5	Y / N			I <5	Y / N	S / P / Inc
27				I <5	Y / N			I <5	Y / N	S / P / Inc
28				I <5	Y / N			I <5	Y / N	S / P / Inc

	TARGET WORD	Semantic Cue (Definition)	Response	*	Correct	Initial Phoneme	Response	*	Correct	Semantic / Phonemic / Incorrect
29				I <5	Y / N			I <5	Y / N	S / P / Inc
30				I <5	Y / N			I <5	Y / N	S / P / Inc
31				I <5	Y / N			I <5	Y / N	S / P / Inc
32				I <5	Y / N			I <5	Y / N	S / P / Inc
33				I <5	Y / N			I <5	Y / N	S / P / Inc
34				I <5	Y / N			I <5	Y / N	S / P / Inc
35				I <5	Y / N			I <5	Y / N	S / P / Inc
36				I <5	Y / N			I <5	Y / N	S / P / Inc
37				I <5	Y / N			I <5	Y / N	S / P / Inc
38				I <5	Y / N			I <5	Y / N	S / P / Inc
39				I <5	Y / N			I <5	Y / N	S / P / Inc
40				I <5	Y / N			I <5	Y / N	S / P / Inc
41				I <5	Y / N			I <5	Y / N	S / P / Inc
42				I <5	Y / N			I <5	Y / N	S / P / Inc
43				I <5	Y / N			I <5	Y / N	S / P / Inc
44				I <5	Y / N			I <5	Y / N	S / P / Inc
45				I <5	Y / N			I <5	Y / N	S / P / Inc

	TARGET WORD	Semantic Cue (Definition)	Response	*	Correct	Initial Phoneme	Response	*	Correct	Semantic / Phonemic / Incorrect
46				I <5	Y / N			I <5	Y / N	S / P / Inc
47				I <5	Y / N			I <5	Y / N	S / P / Inc
48				I <5	Y / N			I <5	Y / N	S / P / Inc
49				I <5	Y / N			I <5	Y / N	S / P / Inc
50				I <5	Y / N			I <5	Y / N	S / P / Inc
51				I <5	Y / N			I <5	Y / N	S / P / Inc
52				I <5	Y / N			I <5	Y / N	S / P / Inc
53				I <5	Y / N			I <5	Y / N	S / P / Inc
54				I <5	Y / N			I <5	Y / N	S / P / Inc
55				I <5	Y / N			I <5	Y / N	S / P / Inc
56				I <5	Y / N			I <5	Y / N	S / P / Inc
57				I <5	Y / N			I <5	Y / N	S / P / Inc
58				I <5	Y / N			I <5	Y / N	S / P / Inc
59				I <5	Y / N			I <5	Y / N	S / P / Inc
60				I <5	Y / N			I <5	Y / N	S / P / Inc
61				I <5	Y / N			I <5	Y / N	S / P / Inc
62				I <5	Y / N			I <5	Y / N	S / P / Inc

	TARGET WORD	Semantic Cue (Definition)	Response	*	Correct	Initial Phoneme	Response	*	Correct	Semantic / Phonemic / Incorrect
63				I <5	Y / N			I <5	Y / N	S / P / Inc
64				I <5	Y / N			I <5	Y / N	S / P / Inc
65				I <5	Y / N			I <5	Y / N	S / P / Inc
66				I <5	Y / N			I <5	Y / N	S / P / Inc
67				I <5	Y / N			I <5	Y / N	S / P / Inc
68				I <5	Y / N			I <5	Y / N	S / P / Inc
69				I <5	Y / N			I <5	Y / N	S / P / Inc
70				I <5	Y / N			I <5	Y / N	S / P / Inc
71				I <5	Y / N			I <5	Y / N	S / P / Inc
72				I <5	Y / N			I <5	Y / N	S / P / Inc
73				I <5	Y / N			I <5	Y / N	S / P / Inc
74				I <5	Y / N			I <5	Y / N	S / P / Inc
75				I <5	Y / N			I <5	Y / N	S / P / Inc

Once SLP completes initial probe, RA will create 2 lists of words based on Semantic Stimulable or Phonemic/Non-Stimulable responses.

Then, RA will send 2 word lists to PT/CP and ask them to select 6 words from Semantic Stimulable list and 24 words from Phonemic/Non-stimulable list that they would like to work on throughout study. If not completed, words will be selected following the Control group rules for 30 word selection.

TOTALS:	
Semantic	
Phonemic	
Incorrect	

30 Word Evaluation

Instructions: Go through cueing hierarchy until PT provides correct response, allowing up to 5 seconds after each cue; Check next to correct response
Give credit for responses that differ due to dysarthria (slurring) or dialectical variations; initial sound repetitions and fillers are acceptable

	TARGET WORD	Prompt (definition)	✓	Semantic Cue (definition)	✓	Initial C/V	✓	Initial Syllable	✓	Repetition	✓
Ex	Monkey	A primate that lives in the jungle and swings from trees.	✓	They like to eat bananas.	✓	M	✓	Mon	✓	Monkey	✓
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

	TARGET WORD	Prompt (definition)	✓	Semantic Cue (definition)	✓	Initial C/V	✓	Initial Syllable	✓	Repetition	✓
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
TOTALS:		*Total Correct:*		*Semantic Cue:*		*Phonemic Cue:*		*Syllable Cue:*		*Repetition:*	

Script Probe

□ SLP Probe

Rules: Give credit for responses that differ due to dysarthria (slurring), dialectical variations, or word contractions; initial sound repetitions and fillers are acceptable; Well-Formed: elements of sentence follow correct rules of syntax
Discontinuation: SLP should discontinue probing for script after PT has 3 consecutive failed lines

Monologue Script	W-F	Prop
	Y / N	/
	Y / N	/
	Y / N	/
	Y / N	/
	Y / N	/
	Y / N	/
	Y / N	/
	Y / N	/

RA Only:			
Word Score:		/	%
Well-Formed Score:		/	%
Proposition Score:		/	%
TOTAL SCORE:		/	%

SESSION RUNSHEETS

COMMUNICATION BRIDGE – Therapist Compliance Checklist

Scheduled Start Time: _____ Actual Start Time: _____ Time Ended: _____ Next Session: _____

CP Present: ☐ Compliant ☐ Non-compliant (detail/% time est.): _____

Time (mins)

_____
_____

MCL: ☐ Yes ☐ No **Ethernet Connected:** ☐ Yes ☐ No
Barriers/Subjective (check any that apply): ☐ Physical ☐ Psychological ☐ Other
(Limit subjective to 5 mins; if >5 add to 'Other Activities'; See validation statements to move on as needed)

_____
_____
_____

Therapist outline of today's session
30 Words: ☐ Evaluation (Tx #2) ☐ Probe (Tx #3-15) ☐ Additional words evaluated
Scripts: ☐ Script 1 Intro (Tx #3) ☐ Probe(s) (Tx #4-15) ☐ Script 2 Intro & Probe ☐ Script 3 Intro & Probe

_____

Web Application Review *(did SLP review – if 'no' document why)***:**
 Achievements: ☐Yes ☐No ☐NA   **PC**: ☐Yes ☐No ☐NA   **WPM**: ☐Yes ☐No ☐NA
      ProC: ☐Yes ☐No ☐NA   **Script**: ☐Yes ☐No ☐NA   **Videos**: ☐Yes ☐No ☐NA
Did you have difficulties? Did you have any successes? Technology concerns (e.g., mismatch in PT report and web-app)?
Comments:

_____

Reminders review: ☐Y ☐N ☐NA   **PT/CP Completion:** ☐Compliant ☐Non-compliant ☐Partially compliant
Comments:

_____
_____

30 Words: ☐ Practice (Tx #3-15)
Scripts: ☐ Practice (Tx #4-15)
Strategies used: ☐ Articulatory ☐ Orthographic ☐ Melodic ☐ Rhythmic ☐ Segmentation ☐ Other:

_____

Review GAS goals (exp. only): ☐ Yes ☐ No

_____
_____

Disease Education/Counseling: ☐ Yes   ☐ No   ☐ Validation Responses
Other Activities: ☐ Yes   ☐ No (*Document details on Other Activities Run Sheet*)

_____
_____
_____

End of session review: ☐ Yes   ☐ No
*Time lost to scheduling/restroom breaks/other (specify):
*Time lost due to technology (specify):

_____ - _____ = _____	_____ - _____ = _____	**Notable Timestamps** *(Learning moment, quote, time outside of protocol, noncompliance, control initiated GAS discussion, etc.):*
Session End Time / Scheduled Start Time / **Total Session Time**	Total Session Time / Time Lost* (above) / **Total Tx Time**	

Session Notes (for SLP use only):

Plans for next session:

Other Activities

Any strategy education, practice, or drilling of an intervention/activity should all be coded under that intervention's code
Indicate which GAS goals were targeted with each strategy

Strategy Code	Timestamp	Total Mins	Notes	Goals Targeted
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4
				☐G1 ☐G2 ☐G3 ☐G4

Total Time: _____

1 Lexical Retrieval
Semantic Circumlocution
Phonemic Self-Cueing
Visualization
Gestures
Written Self-Cueing

2 Conversational Strategies
Conversation Training with CP
Key Wording
Strategies for Listening/Understanding
Yes/No Confusion
Educating Others About PPA

3 Compensatory Support
Script as Visual Aid
PPA Wallet Card

Communication Board/Book/Wallet
Remnants
Taking Pictures for Communication
Built-in Apps
Communication Apps (SC/PC)
Enviornmental Modifications

4 Apraxia/Motor Speech Strategies
Melodic/Rhythmic/Both
Syllable Segmentation
Phonemic Orthographic Cues
Visual Articulating Cues
Rosenbeck Apraxia Hierarchy

5 Reading Strategies
Re-reading
Word Look-up Technology

Modified Readng Materials
Audio Book + Paper Book

6 Writing Strategies
Pocket Dictionary
Proof Reading
Templates
Voice Recognition Technology
Grammar/Spell Check/Word Predict
Visual Templates for Writing

7 Script Practice

8 Other
Disease Education/Counseling
Other

Activities: ☐ Picture Naming Cards ☐ Word Pronunciation Cards ☐ Word to Picture Matching Cards ☐ Script Practice
☐ Other: _____

30 Word Maintenance Probe and Practice

PROBE: *Do probe of all words first - Give stimulus definition, allow up to 5 seconds, write response, Indicate 1 (correct) or 0 (incorrect)*

PRACTICE: *Provide cue, ask PT to produce word; Indicate 1/0; If correct, go to next cue; If incorrect, step out of hierarchy and provide full word, asking PT to repeat word; Then, resume hierarchy at same cueing level; If correct, add 1 to score, move on to next cue; If incorrect, add another 0 to score and have PT repeat word again;* **Always end on correct production of word before repeating cue or moving to next cue;** *Continue rules for entire hierarchy;* **PROMPTS:** Sound + 1st vowel: *"I will give beginning of the word and I want you to say the full word"* Hold up index card with first letter of word on it; Closure: *"Now, I want you to finish my sentence with the word"; Give credit for responses that differ due to dysarthria (slurring) or dialectical variations; initial sound repetitions and fillers are*

Probe:					Practice:										
	TARGET WORD	**Stimulus: Definition**	**Response (<5secs; NR= no response)**	**1/0**	**Maint.**	**Repetition**	**1/0**	**Say C/V; Index 1st Letter**	**1/0**	**Semantic Closure**	**1/0**	**Semantic Feature Cue**	**1/0**	**Repeat 3x (Tally)**
1					NO									
2					NO									
3					NO									
4					NO									
5					NO									
6					NO									
7					NO									
8					NO									
9					NO									
10					NO									
11					NO									
12					NO									
13					NO									
14					NO									
15					NO									
16					NO									
17					NO									
18					NO									
19					NO									
20					NO									
21					NO									
22					NO									
23					NO									
24					NO									
25					NO									
26					NO									
27					NO									
28					NO									
29					NO									
30					NO									
TOTALS:					0									

Script Probe

□ SLP Probe

Rules: Give credit for responses that differ due to dysarthria (slurring), dialectical variations, or word contractions;
initial sound repetitions and fillers are acceptable; Well-Formed: elements of sentence follow correct rules of syntax
Discontinuation: SLP should discontinue probing for script after PT has 3 consecutive failed lines

Monologue Script	W-F	Prop
	Y / N	/
	Y / N	/
	Y / N	/
	Y / N	/
	Y / N	/
	Y / N	/
	Y / N	/
	Y / N	/

RA Only:		
Word Score:	/	%
Well-Formed Score:	/	%
Proposition Score:	/	%
TOTAL SCORE:	/	%

Script Practice

Aim to practice script 5-7 times, allowing use of multimodality stimulation approach
(i.e. articulatory cues, orthographic cues, choral speech, rhythmic cues, sprechgesang, deconstructing utterances)

Script 1 - PPA: Explaining Condition to Others

1	Well-Formed?
I have a neurological condition called Primary Progressive Aphasia.	Y / N
It is difficult for me to find the words to express my thoughts.	Y / N
It does not affect my intellect.	Y / N
Please be patient and give me time to speak.	Y / N
Another thing that helps is speaking face to face with eye contact.	Y / N
You can also help by asking me to tell you more if you don't understand.	Y / N
I am working with a speech language pathologist on communication strategies.	Y / N
Thanks for your patience and understanding.	Y / N

2	Well-Formed?
I have a neurological condition called Primary Progressive Aphasia.	Y / N
It is difficult for me to find the words to express my thoughts.	Y / N
It does not affect my intellect.	Y / N
Please be patient and give me time to speak.	Y / N
Another thing that helps is speaking face to face with eye contact.	Y / N
You can also help by asking me to tell you more if you don't understand.	Y / N
I am working with a speech language pathologist on communication strategies.	Y / N
Thanks for your patience and understanding.	Y / N

3	Well-Formed?
I have a neurological condition called Primary Progressive Aphasia.	Y / N
It is difficult for me to find the words to express my thoughts.	Y / N
It does not affect my intellect.	Y / N
Please be patient and give me time to speak.	Y / N
Another thing that helps is speaking face to face with eye contact.	Y / N
You can also help by asking me to tell you more if you don't understand.	Y / N
I am working with a speech language pathologist on communication strategies.	Y / N
Thanks for your patience and understanding.	Y / N

4	Well-Formed?
I have a neurological condition called Primary Progressive Aphasia.	Y / N
It is difficult for me to find the words to express my thoughts.	Y / N
It does not affect my intellect.	Y / N
Please be patient and give me time to speak.	Y / N
Another thing that helps is speaking face to face with eye contact.	Y / N
You can also help by asking me to tell you more if you don't understand.	Y / N
I am working with a speech language pathologist on communication strategies.	Y / N
Thanks for your patience and understanding.	Y / N

5	Well-Formed?
I have a neurological condition called Primary Progressive Aphasia.	Y / N
It is difficult for me to find the words to express my thoughts.	Y / N
It does not affect my intellect.	Y / N
Please be patient and give me time to speak.	Y / N
Another thing that helps is speaking face to face with eye contact.	Y / N
You can also help by asking me to tell you more if you don't understand.	Y / N
I am working with a speech language pathologist on communication strategies.	Y / N
Thanks for your patience and understanding.	Y / N

6	Well-Formed?
I have a neurological condition called Primary Progressive Aphasia.	Y / N
It is difficult for me to find the words to express my thoughts.	Y / N
It does not affect my intellect.	Y / N
Please be patient and give me time to speak.	Y / N
Another thing that helps is speaking face to face with eye contact.	Y / N
You can also help by asking me to tell you more if you don't understand.	Y / N
I am working with a speech language pathologist on communication strategies.	Y / N
Thanks for your patience and understanding.	Y / N

7	Well-Formed?
I have a neurological condition called Primary Progressive Aphasia.	Y / N
It is difficult for me to find the words to express my thoughts.	Y / N
It does not affect my intellect.	Y / N
Please be patient and give me time to speak.	Y / N
Another thing that helps is speaking face to face with eye contact.	Y / N
You can also help by asking me to tell you more if you don't understand.	Y / N
I am working with a speech language pathologist on communication strategies.	Y / N
Thanks for your patience and understanding.	Y / N

Communication Bridge Website Updates

REMINDERS: *The following reminders currently appear on the PT's CB website. Please indicate whether each reminder should be kept, updated, or removed* **from home page***. NEW reminders should be added to the 2nd table below.*

RA Only:	Reminder Title	Reminder Details	Keep	Update	Remove	Update (if applicable):

NEW REMINDERS

RA Only:	☐ No New Reminders Assigned	
	Title	**Details**

Communication Bridge Website Updates

Use your Resources and Videos Handout for the list of available resources and videos

VIDEOS: *The following videos currently appear on the PT's home page. Please indicate whether to keep or remove each video **from the home page**. Any videos that have been assigned will remain on the PT's videos tab. NEW videos should be added to the 2nd table below. If you want to re-assign a video to make it visible on the home page, add it to the 2nd table.*

RA Only:	**Videos**	**Keep**	**Remove**

NEW VIDEOS:

	□ No New Videos Assigned
RA Only:	**New Videos**

RESOURCES: *The following resources currently appear on the home page as a reminder titled RESOURCES that the RA manages. Please indicate whether to keep or remove each resource **from the home page**. Any resources that have been assigned will remain on the PT's resources tab. NEW resources should be added to the 2nd table below. If you want to re-assign a resource to make it visible on the home page, please add it to the 2nd table.*

RA Only:	**Resources**	**Keep**	**Remove**

NEW RESOURCES:

	□ No New Resources Assigned
RA Only:	**New Resources**

Communication Bridge
Introduction and Mastery of External Communication Supports

I.   APP: _____

II. General Touch Screen Mastery

Steps	Initial Training	Session #										
Press Home button to turn on device												
Slide arrow to open												
Locate app and demonstrate light, single touch to select app												

III. Initial Assessment Worksheet for External Communication Supports

Taken from "Optimizing Cognitive Rehabilitation: Effective Instructional Methods" Form 7.3

List Steps for Using App	Accuracy (+/-/cued)	Comments	Target
			□ PT □ CP □ Both
			□ PT □ CP □ Both
			□ PT □ CP □ Both
			□ PT □ CP □ Both
			□ PT □ CP □ Both
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			□ PT □ CP □ Both
			□ PT □ CP □ Both
			□ PT □ CP □ Both

Notes/Comments:

IV. Progress Monitoring Form for External Communication Supports
Taken from "Optimizing Cognitive Rehabilitation: Effective Instructional Methods" Form 7.4

Strategy Steps	Session Probe Data											
	4	5	6	7	8	9	10	11	12	13	14	15

Notes/Comments:

CB WEBSITE

HANDOUTS

How to Sign on to a Communication Bridge Session

Step 1. Open **Google Chrome** on your laptop Desktop by **double-clicking** the icon
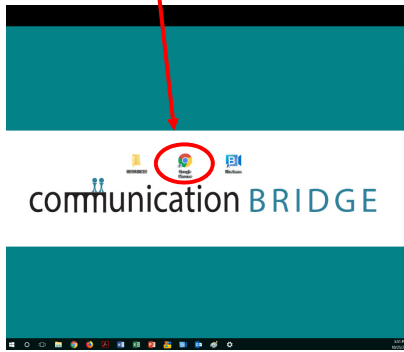
Step 2. Sign into the Communication Bridge with your **email** and **password**. Click **Sign In**.
*Your email and password can be found on your laptop keyboard or in your Communication Bridge folder.
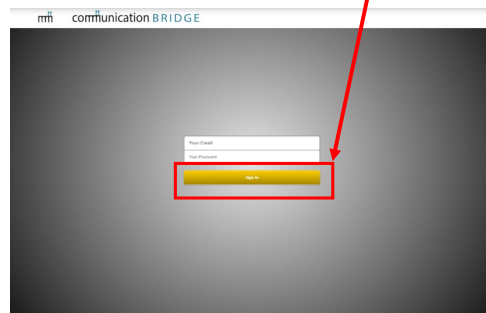
1

How to Sign on to a Communication Bridge Session

Step 3. Click on the **Connect to Therapy Sessions** Icon on the top, right corner of your Communication Bridge web-application.
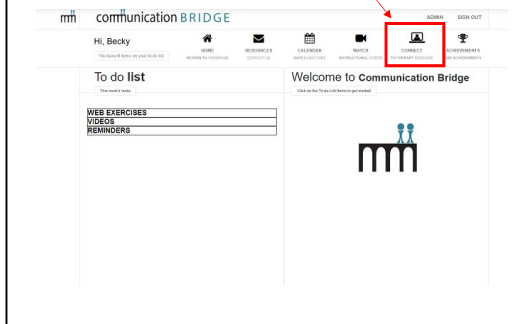
Step 4. A pop-up window will appear. Click on the link that says **Go to this event**. This will open BlueJeans on your computer.
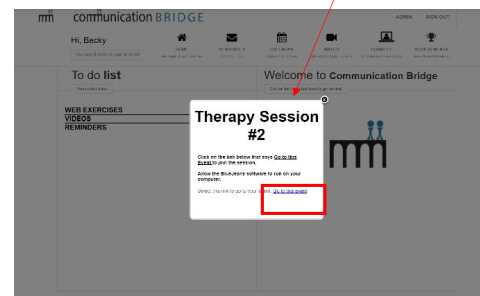
2

How to Sign on to a Communication Bridge Session

Step 5. Click on **Computer Audio.** Click **Save and Skip Next Time** to skip this step in the future.
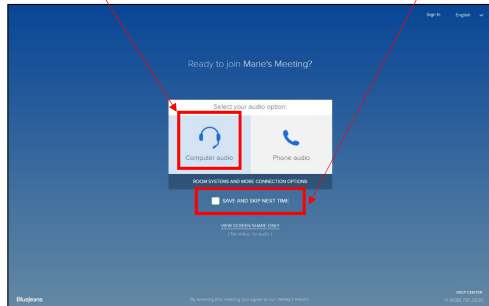
Step 6. You should see yourself on the screen. You will see the message **"You are the only one here"** until your therapist joins the session.
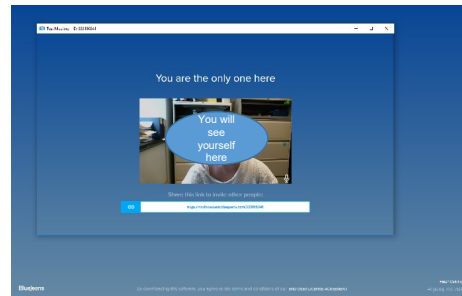
3

How to Leave and Rejoin a Communication Bridge Session
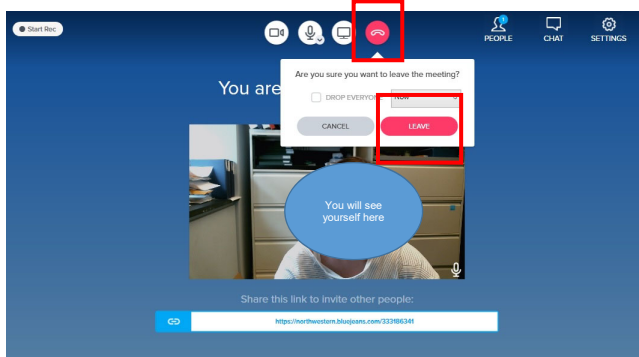
If you're having audio or video trouble in your session, it sometimes will help to leave the meeting and rejoin.

First, click the picture of the phone. Next, click **Leave.**

(*Continue to next slide*)

4

How to Rejoin to a Session
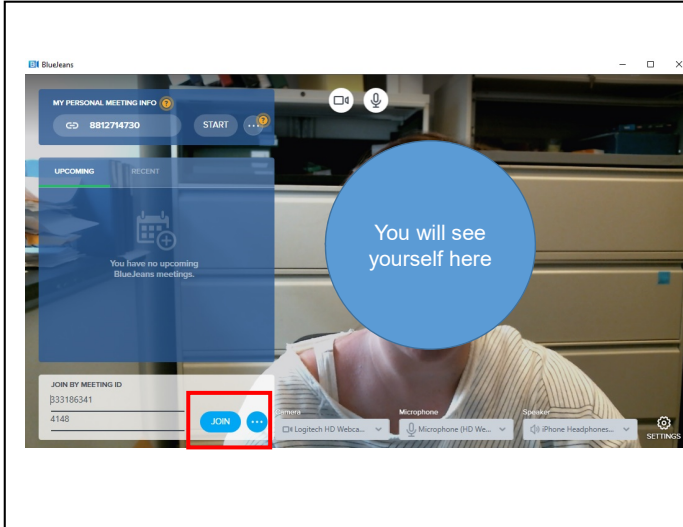
There should be a Meeting ID number in the bottom left hand corner of the screen. Click the blue **Join** button next to this Meeting ID number. This should take you back to the session.

If there is no Meeting ID, go back to Step 1, and rejoin from the Communication Bridge website.

5

How to Check your Speakers
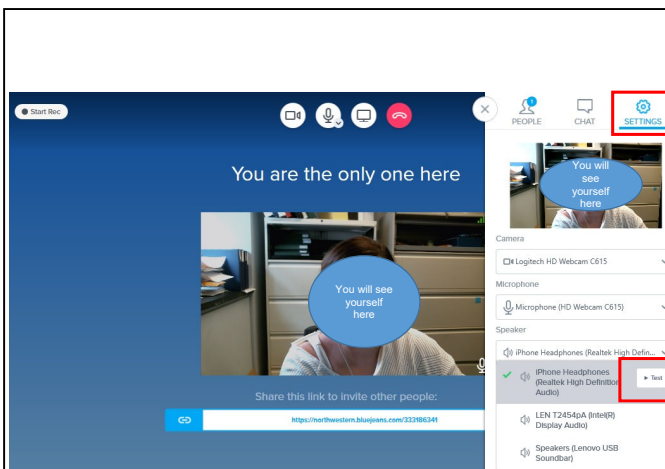
Click **Settings** on the right hand side of the BlueJeans meeting to check your Speakers

Under Speaker, click on the **v** arrow to the right of your selected speaker device.

Click **Test** next to the speaker that is checked with the green check mark.

If you hear a sound, your speakers are working.

If you don't hear a sound, try adjusting the volume on your laptop.

6

How to Check your Microphone
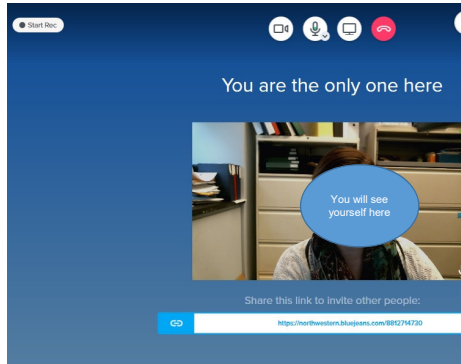
Click **Settings** on the right hand side of the BlueJeans meeting to check your microphone.

Under Microphone, you should see a device selected and checked with a green check mark. This should be the **Blue Snowball** microphone.

You will see several green bars to the right of the microphone title. These should light up in a darker green color when you speak.

If these bars don't change colors, then you are having a problem with your microphone.

7

How to Share Your Screen
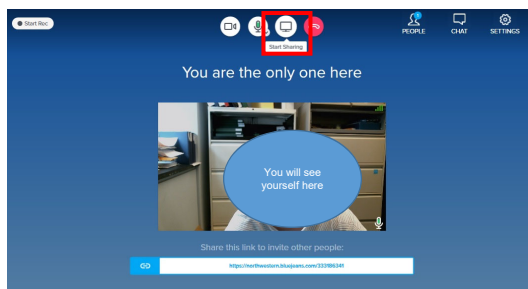
Step 1. To share your screen, click on icon of a computer on the top of the screen.
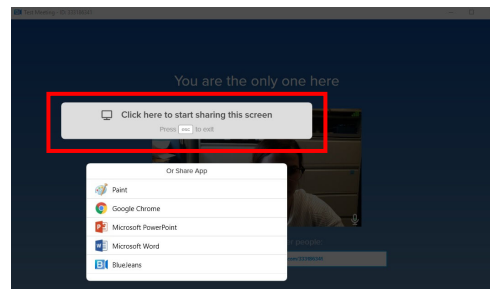
Step 2. Click on the button that says "Click here to start sharing this screen".

8

How to Use the Chat Feature
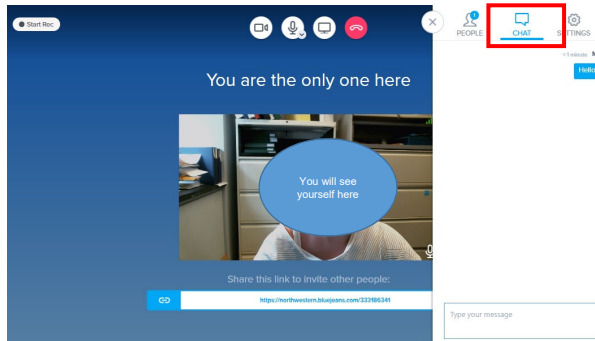
You can communicate on BlueJeans by typing, if you need to.

Click **Chat** on the right hand side of the screen.

You can then type in the box that says **Type your message** on the bottom right hand corner of the page.

9

Picture Cards Exercise

1. On your To do list, click on **Picture Cards** to start the exercise.
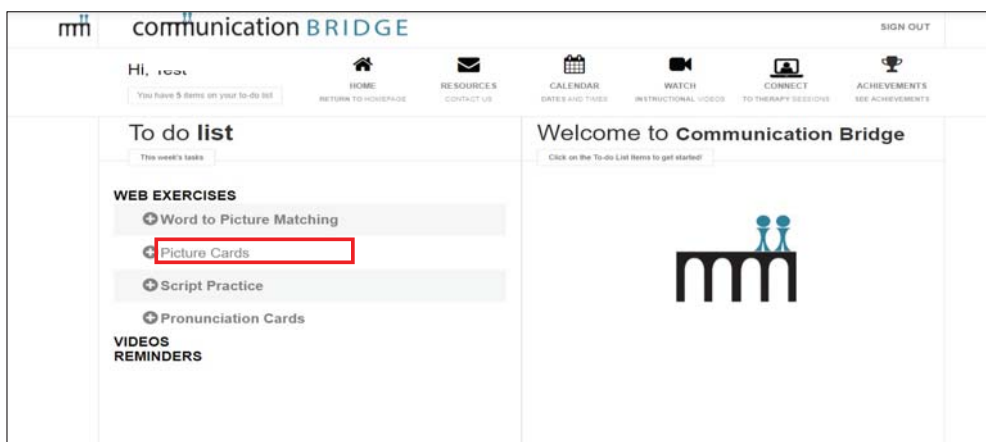
Picture Cards Exercise

2. After you click **Picture Cards,** text will appear on the right side of the web application. Click **Go to Exercise** to go to your Picture Cards.
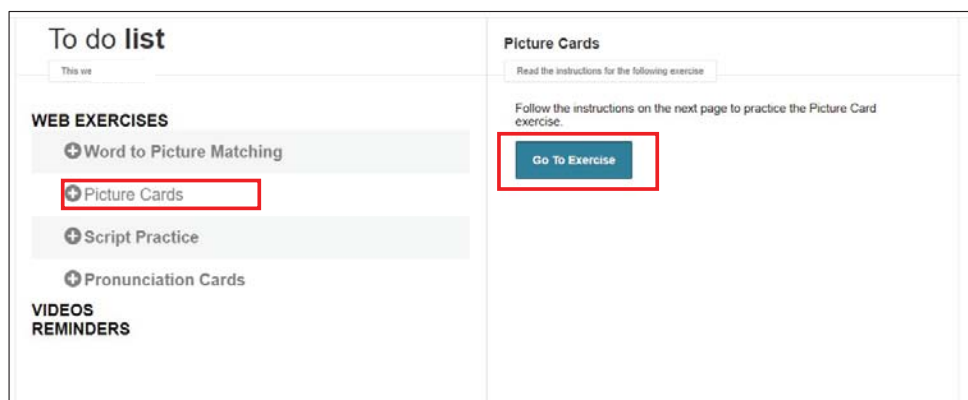
Picture Cards Exercise

3. The following instructions will appear for Pronunciation Cards. Click **Start** when you are ready to begin to exercise.

Picture-Cards

LET'S PRACTICE NAMING PICTURES.

1. You will see a picture.
2. If you know the name of the picture, click 'Record' and say your answer.
3. Click on Answer box to see and hear the correct answer.

If you CAN'T name the picture:

1. Click on **Hint** box.
2. You can click **FOUR TIMES** for three hints.

If you need the answer:

1. Click on **Answer** box at any time.

When you are done:

1. Click on **Finish** box

Want to practice again?

1. Click on **Restart** box.

Start >

Picture Cards Exercise

4. Once you start the exercise, you will see a picture that we would like you to name. There are four buttons that you can use in this exercise. If you know the name right away, you can click **Record**.
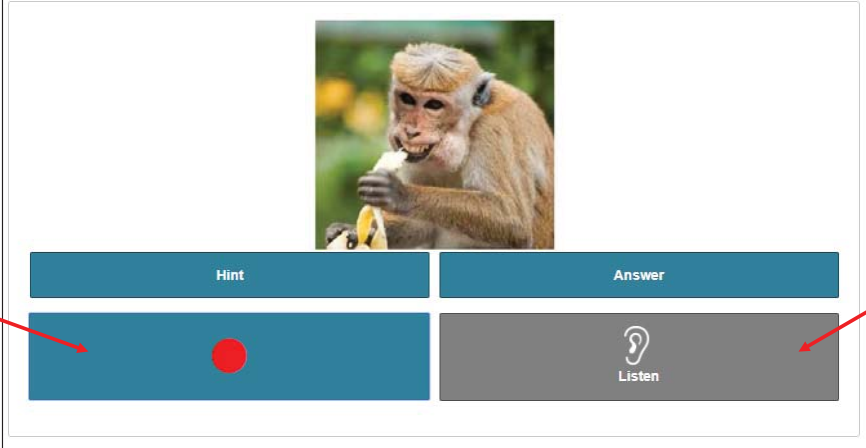
Click to record your answer

| Hint | Answer |
| Record | Listen |

Picture Cards Exercise
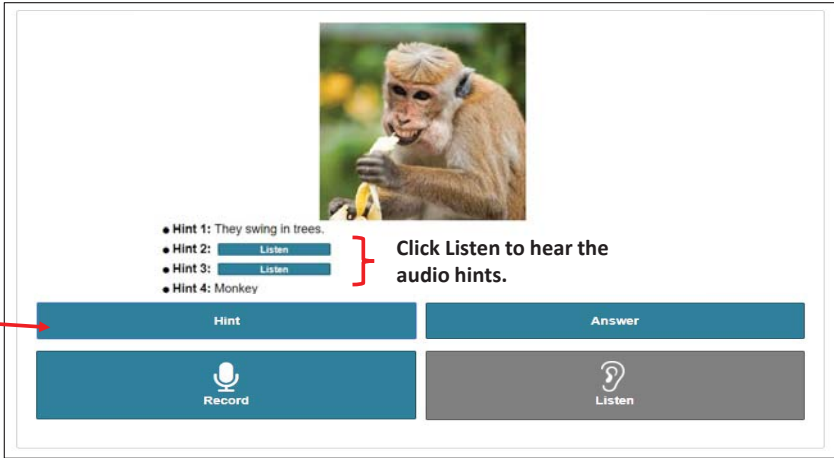
5. Once you click **Record**, you will see a **red circle** appear. This means that the computer is recording your answer. Click the red circle to stop recording. You can then listen to your answer by clicking the **Listen** button.

Click the red circle to STOP recording

Click here to listen to your answer

Hint	Answer
🔴	👂 Listen

Picture Cards Exercise

6. If you don't know the answer right away, you can click **Hint** up to four times. These Hints will help you retrieve the word. Some of the hints are written words. Some of the hints are spoken sounds. Click **Listen** to hear the spoken word hints. At any point, you can click **Record** to record your answer.

- **Hint 1:** They swing in trees.
- **Hint 2:** Listen
- **Hint 3:** Listen
- **Hint 4:** Monkey

Click Listen to hear the audio hints.

Click Hint to get up to 4 hints.

Hint	Answer
🎤 Record	👂 Listen

Picture Cards Exercise

7. To see and hear the answer, click **Answer**. Once you click Answer, the answer will appear in green over the picture. You can hear the answer again by clicking the speaker symbol.

Click here to see and hear the answer

Click here to hear the answer again

Pronunciation Cards Exercise

1. On your To do list, click on **Pronunciation Cards** to start the exercise.

Pronunciation Cards Exercise

2. After you click **Pronunciation Cards,** text will appear on the right side of the web application.
Click **Go to Exercise** to go to your Pronunciation Cards.

Pronunciation Cards Exercise

3. The following instructions will appear for Pronunciation Cards. Click **Start** when you are ready to begin the exercise.

Pronunciation Cards Exercise

4. Once you start the exercise, you will be able to watch a video of your word being pronounced. You can also see your word spelled out by how it sounds. Once you are ready, you can record your word. Click **Record**.

Pronunciation Cards Exercise

5. Once you click **Record**, you will see a red circle to indicate that is recording. Click the red circle to stop recording. Click the **Listen** button to listen back to your recording.

Click here to stop recording

Click here to listen back to your recording

Word to Picture Matching Exercise

1. On your To do list, click on **Word to Picture Matching** to start the exercise.
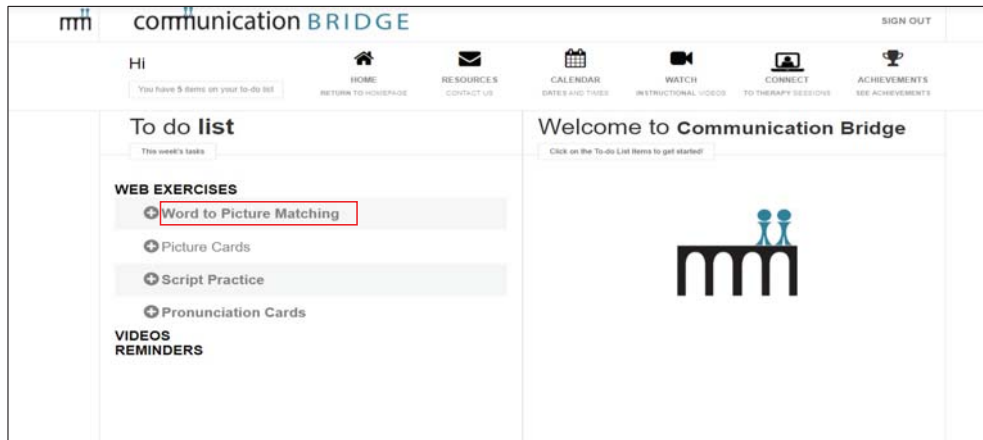
Word to Picture Matching Exercise

2. After you click **Word to Picture Matching**, text will appear on the right side of the web application. Click **Go to Exercise** to practice Word to Picture Matching.
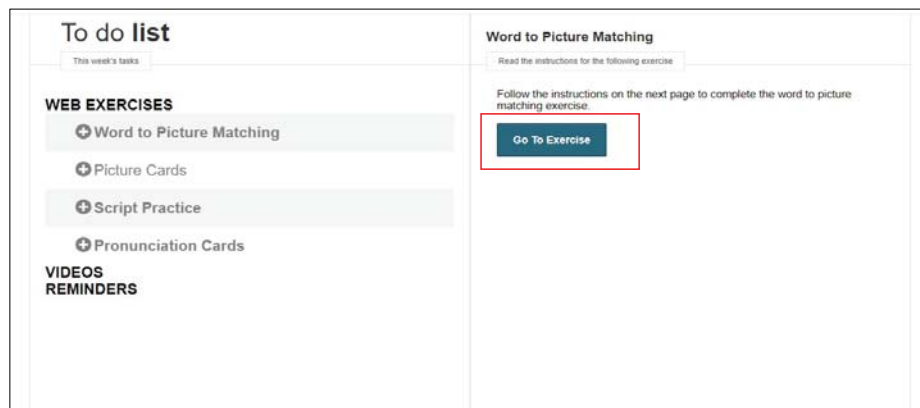
Word to Picture Matching Exercise

3. The following instructions will appear for the Word to Picture Matching Exercise. Click **Start** when you are ready to begin the exercise.

Comprehension-Cards

LET'S PRACTICE WORD COMPREHENSION.

1. You will see a word with four pictures.
2. Try to choose the correct picture that corresponds with the word.
3. When you make a selection, you will be informed whether or not your selection was correct. Then you may click **Next** to move on to the next card.

Start >

Word to Picture Matching Exercise

4. Once you start the exercise, you will be asked to click on the picture that matches the word.

Click on Monkey

This picture matches the word so you would click here

Word to Picture Matching Exercise

5. Once you click on a picture, colored borders will appear around the pictures. If you clicked the correct answer, the picture will be bordered in **green**. If you clicked the wrong answer, it will be bordered in **red**.

Next

Script Practice Exercise

1. On your To do list, click on **Script Practice** to start the exercise.
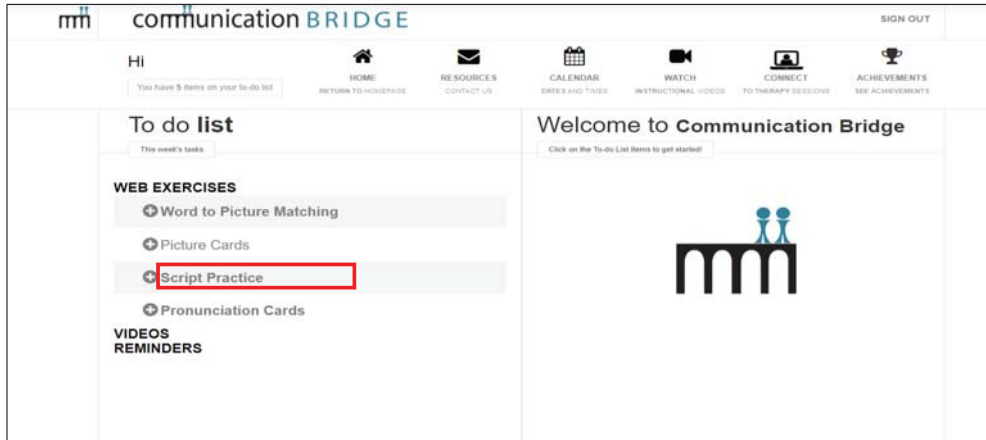
Script Practice Exercise

2. After you click **Script Practice**, text will appear on the right side of the web application. Click **Go to Exercise** for Script Practice.
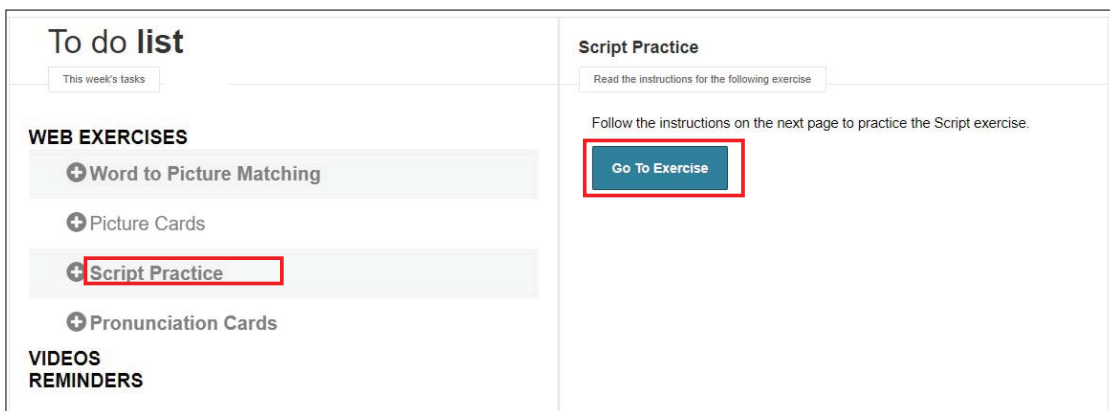
Script Practice Exercise

3. The following instructions will appear for Script Practice. Click **Start** when you are ready to begin the exercise.

Script Training

LET'S PRACTICE SAYING SCRIPTS.

1. You will see a script with an instructional video.
2. Click on Press to record word and try to say the script.

Want to practice the script again?

1. Click on **Press to record again** and say the script aloud again.
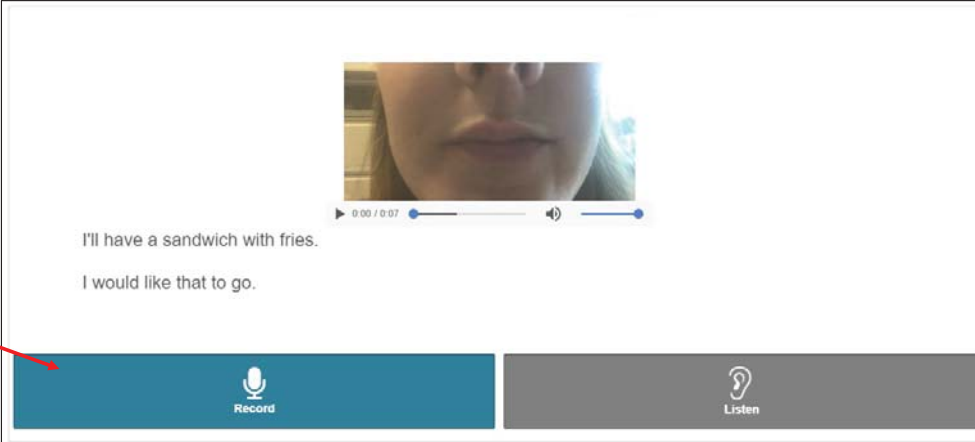
When you are done:

1. Click on the **Finish** box
2. Complete your exercise log.

Start >

Script Practice Exercise

4. Once you start the exercise, you will be able to watch a video of your script being read. You can also read your script below the video. Once you are ready, you can record your script. Click **Record**.

▶ 0:00 / 0:07 🔊

I'll have a sandwich with fries.

I would like that to go.

Click here to record →

🎤 Record

👂 Listen

Script Practice Exercise

5. Once you click **Record**, you will see a red circle to indicate that is recording. Click the red circle to stop recording. Click the **Listen** button to listen back to your recording.

Click here to stop recording

Click here to listen back to your recording

I'll have a sandwich with fries.

I would like that to go.
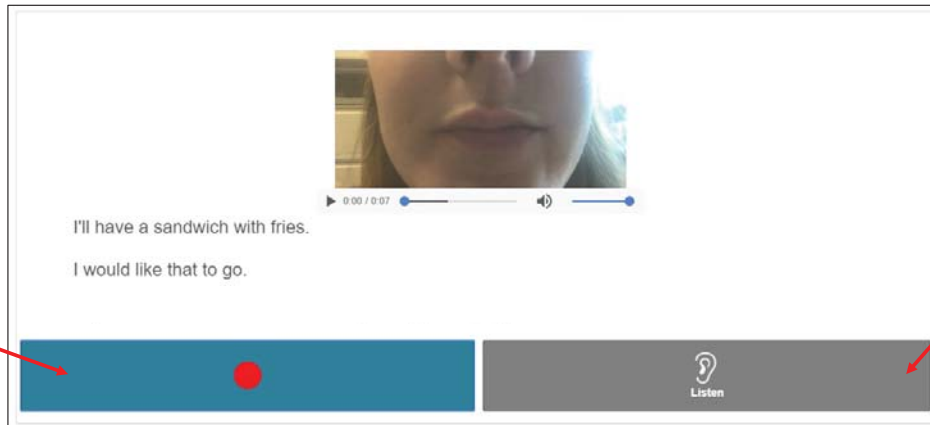
communication BRIDGE

What to Do During the Break

Web Exercises Practice

During the break, the Communication Bridge website is still available for your use. We recommend that you practice your web exercises:

- **5 days a week**
- **30 minutes each day**

Try to split the thirty minutes evenly between all of the exercises:

1. **Picture Cards**
2. **Word to Picture Matching**
3. **Pronunciation Cards**
4. **Script Practice**

Study Contact Information
communicationbridge@northwestern.edu
312-503-4012

communication BRIDGE

What to Do During the Break

Web Exercises Practice

During your break, the Communication Bridge website is still available for your use. We recommend that you practice your web exercises:

- **5 days a week**
- **30 minutes each day**

Exercise	SLP Recommendations for Practice
Pictures Cards	
Word to Picture Matching	
Pronunciation Cards	
Script Practice	

Other Home Exercises (see Communication Bridge website):

Study Contact Information
communicationbridge@northwestern.edu
312-503-4012

TECHNOLOGY GUIDES

Most comfortable listening level (MCL) protocol:

Overview

The SLP will read a standardized passage aloud using normal rate and voice loudness (i.e., cold running speech). The SLP will instruct the participant to change his/her computer volume until the passage is easily understood by the participant (i.e., hear me clearly). Once set, the participant will leave the volume at that level for the duration of the session.

Supplies: Standardized reading passage

Instructions:

1. Inform the participant that the purpose of the task is to make sure that they are able to hear you clearly during the session.
2. The SLP should use the same microphone set up and computer settings that will be used for the full session.
3. Let the participant know that you will be reading aloud and you want him/her to change the computer volume as you read aloud. Ideally, you want them to change the volume every 5 to 10 seconds, until it is loud enough that they can hear your words clearly.
4. The Rainbow Passage is traditionally used for this task (attached).

Sample Instructions:

I am going to read a passage out loud. I want you to increase or lower the volume until you are able to hear my words clearly. You may lower or raise the volume as often as you like – until you have it just right. Once you have the volume where you want it, let me know.

The Rainbow Passage

When the sunlight strikes raindrops in the air, they act as a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is , according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow. Throughout the centuries people have explained the rainbow in various ways. Some have accepted it as a miracle without physical explanation. To the Hebrews it was a token that there would be no more universal floods. The Greeks used to imagine that it was a sign from the gods to foretell war or heavy rain. The Norsemen considered the rainbow as a bridge over which the gods passed from earth to their home in the sky. Others have tried to explain the phenomenon physically. Aristotle thought that the rainbow was caused by reflection of the sun's rays by the rain. Since then physicists have found that it is not reflection, but refraction by the raindrops which causes the rainbows. Many complicated ideas about the rainbow have been formed. The difference in the rainbow depends considerably upon the size of the drops, and the width of the colored band increases as the size of the drops increases. The actual primary rainbow observed is said to be the effect of super-imposition of a number of bows. If the red of the second bow falls upon the green of the first, the result is to give a bow with an abnormally wide yellow band, since red and green light when mixed form yellow. This is a very common type of bow, one showing mainly red and yellow, with little or no green or blue.

From Fairbanks, G. (1960). Voice and articulation drillbook, 2nd edn. New York: Harper & Row. pp124-139.

communication BRIDGE Laptop and Accessories Setup

Accessories included:

- **"Blue" Microphone** – Connect your "Blue" microphone by plugging it into one of the USB ports on the side of your computer. Try to place the microphone directly in front of you.

- **External Speakers** – Connect your speakers to the computer using the headphone jack and then connect them to a wall outlet. Place one speaker on each side of the screen. The speakers should be 1-2 feet behind the microphone so you don't hear any feedback.

- **Wireless Mouse (optional)** – Connect your mouse by removing the small USB receiver that is located inside of the mouse (between the batteries) and inserting it into one of the USB ports on the side of the computer.

- **Ethernet Cord** – First, connect the Ethernet cord to the white adapter included in your laptop bag. Next, connect your Ethernet cord to the laptop's Ethernet port and then to a router (internet box) or Ethernet jack (wall outlet).

communication BRIDGE Laptop and Accessories Setup

Accessories included:

- **"Blue" Microphone** – Connect your "Blue" microphone by plugging it into one of the USB ports on the side of your computer. Try to place the microphone directly in front of you.

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- **Ethernet Cord** – Connect your Ethernet cord to the laptop's Ethernet port and then to a router (internet box) or Ethernet jack (wall outlet).
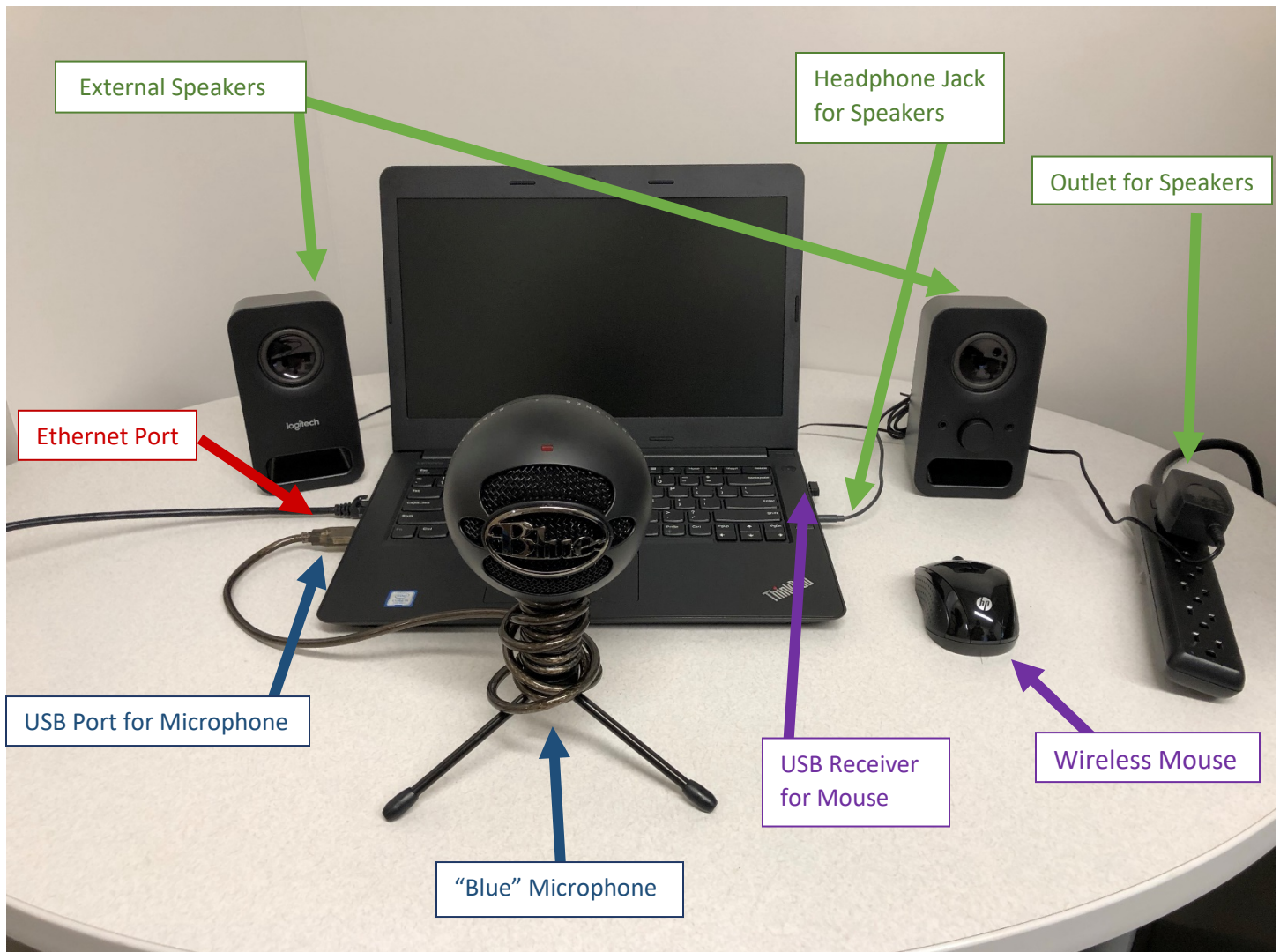
Connecting your Ethernet Cable

Step 1: Remove your Ethernet cord from its packaging. You will notice that both ends of the cord are the same.

Step 2: Connect one end of the Ethernet cable to the internet source. Each house and internet set up is different. You may be able to connect your Ethernet Cable in a number of places. You can connect it to a wall jack if one is available or you can connect it to your Internet box (router).

Step 3: Find and Insert the Ethernet Cable to the port on your laptop. The port is located on the side of your laptop. If you have a mac, you will first have to connect the adapter cable included in your laptop bag.
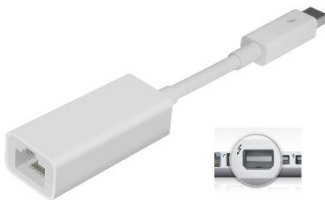
If you have a Mac:	**If you have a PC:**

Checking your Connection on a MAC

1. Open System Preferences This is the gear icon on the bottom of the screen 	**2. Click on "Network"** 	**3. Click on "WiFi"**
4. Click on "Turn WiFi Off" 	**5. Click on "Thunderbolt Ethernet"** Note that the word may be cut off and appear on your screen as "Thund...thernet" 	**6. Make sure that the status is "Connected"**
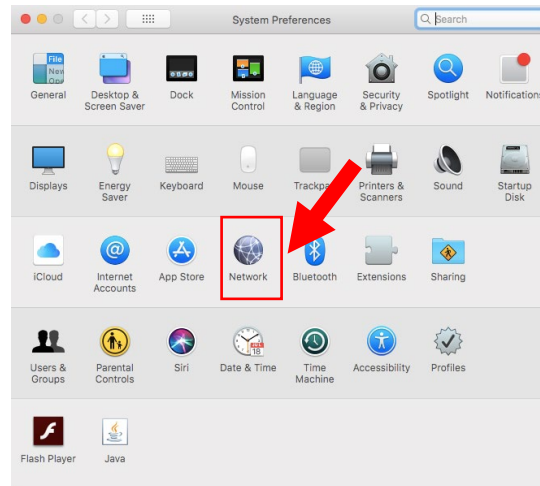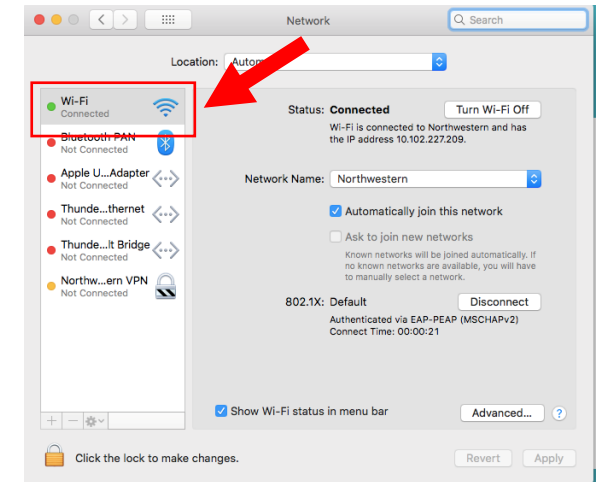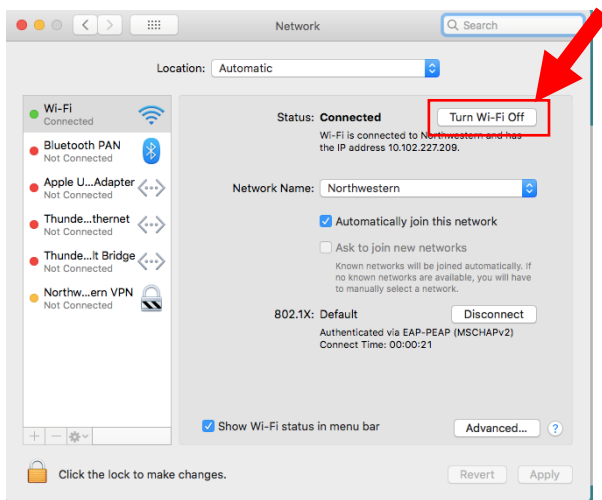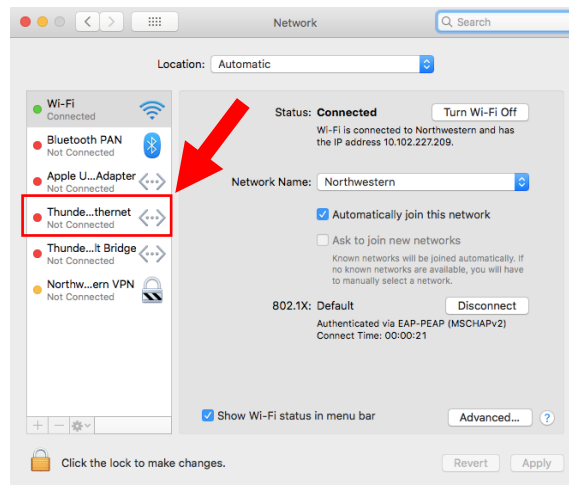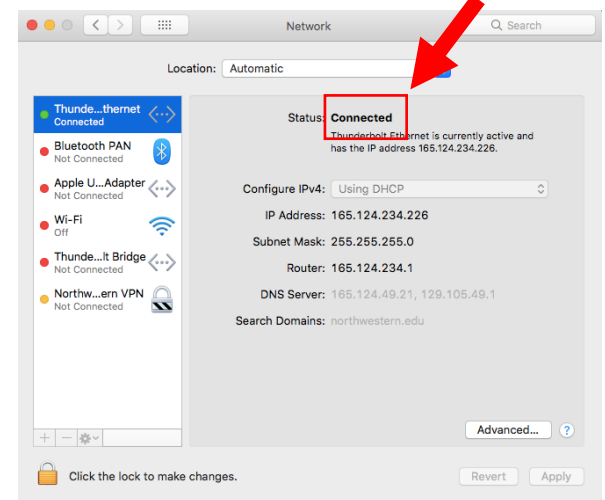
Checking your Connection on a PC

1. Click on the Windows icon	**2. Click on the Settings Icon**	**3. Click on "Network and Internet"**
4. Click on "Ethernet"	**5. Make sure that the status is "connected"**	**If you have any difficulties, please reach out to one of the Communication Bridge team members:** Libby Rogers (312) 503-4012 Libbyrogers@northwestern.edu **OR** Marissa Esparza (312) 503-2911 Marissa.esparza@northwestern.edu
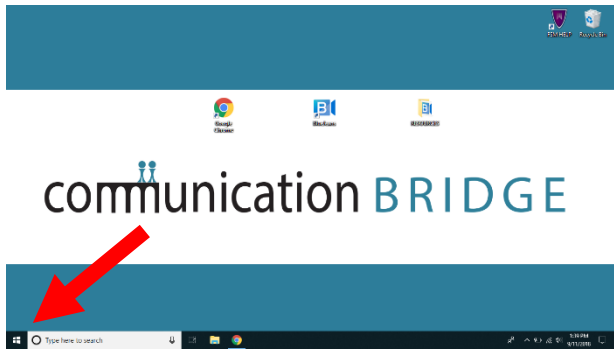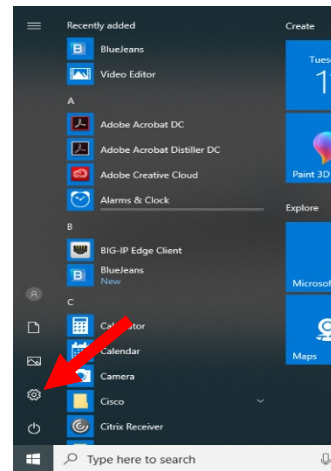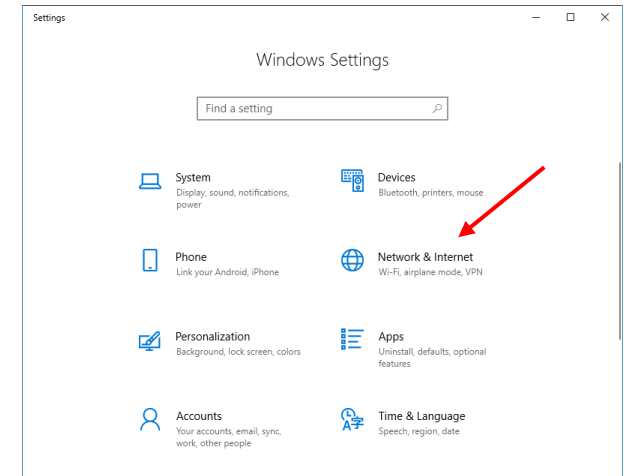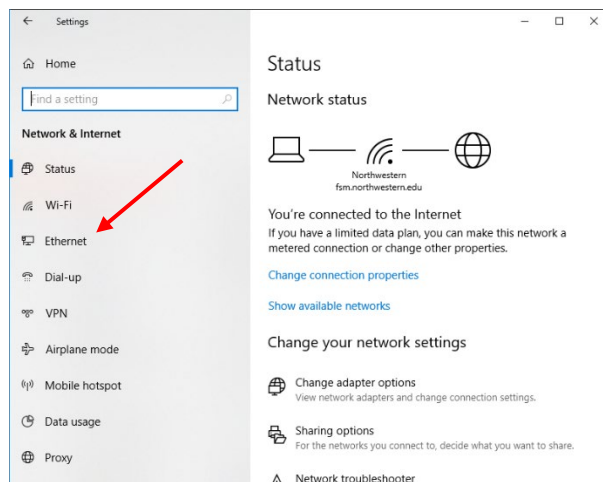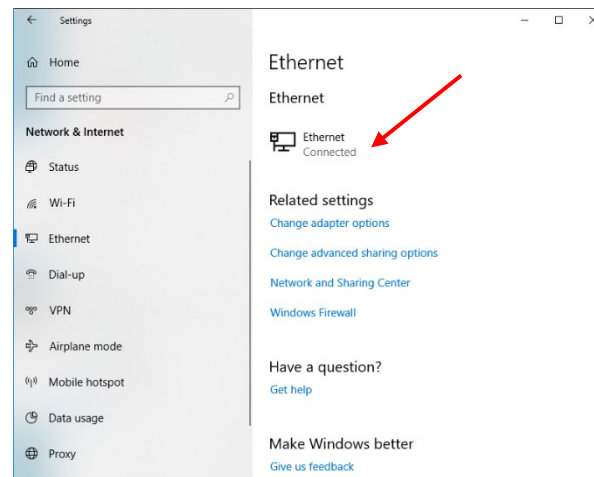
MISCELLANEOUS

<u>Social Networks Response Form</u>

1. **Do you use _____ to communicate?**

   □ **YES**

   □ **NO**

2. **How often do you use _____?**

   □ **Most of the time**

   □ **Some of the time**

   □ **Rarely**

   □ **Never**

3. **When you use _____, is it effective?**

   □ **Most of the time**

   □ **Some of the time**

   □ **Rarely**

   □ **Never**

Personally Relevant Words Creation

Over the next several days, we will be working together to come up with a list of 80 words that you use in your everyday life and that are meaningful to you. You will use these words in practice exercises with your SLP and in web-based exercises. We will break this task into 3 parts. I will be available throughout the process to assist you and answer any questions.

The picture below is an example of how words will be presented in your web-based exercise. First, we will help you develop a word list for your practice exercises. We also will need a set of hints for each word. We will ask you to come up with personally meaningful hints for each word. We will also ask you to send pictures for some of the words on your word list.

We know this can take some time. To help, the task is broken into three steps:

Step 1 (optional): Use the "Brainstorming Ideas" document to begin to think of words that are meaningful to you. This is not a requirement and you do not have to fill out the whole thing. Instead, think of it as a guide to help you start coming up with words.

Step 2 (required): This is the list of all 80 words and hints that we will use to create the training for therapy sessions and web exercises. You can begin filling this out right away, or if you worked on Step 1, you can choose your words from that document.

You will meet with your SLP between Step 2 and Step 3.

Step 3: After you meet with your SLP, I will request pictures for a list of 30 of the words. For words that are someone or something personal to you, you will need to e-mail me the pictures. Other words can be selected from Google images, by you or me, whichever you prefer.

Personally Relevant Words – Step 1: Brainstorming

In order to make your therapy sessions and exercises personalized, we would like to help you brainstorm a list of words that are most important and useful for you. These words should be meaningful to you and ones that you use in everyday activities.

These words should be words that are often difficult for you to remember, say, or pronounce. Choose words that you have trouble with 50%-75% of the time. While names of family members and friends are important, try to think of content words that represent objects, actions, places, or events.

Please use the following topic ideas to start thinking of words that you would like to practice in therapy. **Some sections may have more words than others and some sections may be blank. That is okay!** We want this to be personalized for you! For the next step, we will take **80 words** from this form, so try to aim for 100-120 words.

About Me: *birthday, hometown, address, places I have lived, education, occupation, etc.*

People: *family members, friends, doctors, neighbors, coworkers, pets, celebrities, etc.*

Places: *restaurants, stores (grocery, hardware, clothing), community (church, gym, post office), etc.*

Travel: *vacation destinations, cities/countries, activities, monuments, buildings, cultural references, etc.*

Household Items: *kitchen, bathroom, living room, dining room, bedroom, basement, garage, etc.*

Food and Drink: *favorite items for breakfast, lunch, dinner, desserts, snacks, restaurant orders, etc.*

Entertainment: *TV shows, movies, sports, theater/plays, music, books, games, etc.*

Animals: *pets, favorite animals, animals you frequently see, etc.*

Hobbies: *activities/equipment for favorite hobbies (example: Golf – clubs, driver, cart, wedge, etc.)*

Current Events: *newspapers, people in the news, topics you discuss (ex: health care, immigration)*

Work/Volunteer: *names/words related to your work, past or present (ex: teacher, accounting)*

Medical History: *important information about medical conditions, medications, etc.*

Other: *any other words that are important to you*

Personally Relevant Words – Step 2: List of 80 Words and Hints

Select 80 personally meaningful words that you would like to practice in therapy. You can begin to list the words right away, or you can use the brainstorming form from Step 1. Again, these words should be meaningful to you. They should also be words that are often difficult for you to remember, say, or pronounce. Be sure to choose words that you have trouble with 50-75% of the time. While names of family members and friends are important, try to think of content words that represent objects, actions, places, or events from your everyday activities.

While your communication partner can assist, the final list of words and clues should primarily come from you, the participant.

For each word, come up with 3 clues that help you remember the word. The hints should be short (a couple of words or a phrase) and highlight the personal relevance of this word in your life. You can think of the following qualities of each word to help generate clues:

- Where is it located?
- What does it look like?

- What does it feel like?
- When do I use it?

- Who does this word relate to?
- Why is this word important to me?

Here are some examples:

Word	Clue 1	Clue 2	Clue 3
Hydrangea	My favorite flower	Grows in our garden	Comes in many colors
Lawyer	A person who practices law	Also known as an attorney	My brother has this job
Racquet	I use this to play tennis	It has a metal frame and strings	Mine is Wilson brand
Ibuprofen	Medicine for pain	I take it for headaches	I use Advil brand
Diagnosis	The identification of an illness	Doctors give these	I received one of these for PPA

Risk Alert Identification and Response Documentation

SECTION 1: RISK EVENT

Date of initial concern**: _____**

Circle all that apply below and explain your choices in the description of the event:

Person of concern: Participant   Communication Partner

Trigger for concern: Verbal indication   Behavioral indication   Test Scores

Area(s) of concern: Abuse   Depression   Anxiety   Suicidal thoughts   Homicidal thoughts

Degree of concern: Serious (immediate danger of injury to self and/or other(s))   No Immediate Concern

If serious, complete SECTION 2 and 4. If no immediate concern, complete SECTION 3 and 4.

Study relatedness: Definitely Related   Possibly Related   No relation reported

   If related to study: Expected Risk   Unexpected Risk

      If unexpected, complete SECTION 3.1

Description of the event:

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[blank text box]
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Participant ID: _____

SECTION 2: SERIOUS EVENT

*If a **serious** event happens **(whether it is related or unrelated to the study),** complete below:*

Initial   Date

☐ _____ _____   911 was called and concern was reported

☐ _____ _____   PI was notified as soon as event is known

☐ _____ _____   PI notified NIA, DSMB Chair, and IRB within 24 hours of being notified

☐ _____ _____   PI notified relevant team members within 48 hours of initial notification of incident

Team members notified: _____

☐ _____ _____   If a protocol deviation was necessary during this event, a RNI was completed and submitted to the IRB *(if not, write N/A)*

☐ _____ _____   Darby Morhardt, PhD, LCSW alerted and consulted within 48 hours of the event

☐ _____ _____   The PT and/or CP is scheduled to speak with a member of the CNADC Social Work team
*Social Work Session document to be completed by social worker

SECTION 3: NON- SERIOUS EVENT

If the event does not cause immediate concern, complete below:

Initial   Date

☐ _____ _____   PI was alerted and informed of the concern within 48 hours of the incident

☐ _____ _____   PI notified relevant team members within 7 calendar days of initial notification of incident

Team members notified: _____

☐ _____ _____   Darby Morhardt, PhD, LCSW alerted and consulted within 48 hours of the event

☐   Consultation suggested   Date: _____
*Social Work Session document to be completed by social worker
☐   Consultation not suggested

SECTION 3.1: UNEXPECTED RISK

If the event is not an expected risk to the study, complete below:

Initial   Date

☐ _____ _____   Report to IRB, OHRP, and NIA within 2 days of the event

SECTION 4: SIGNATURES

_____   _____
Name and Signature of Study Team Member Documenting Event   Date

_____   _____
Name and Signature of Study SLP Documenting Event   Date

_____   _____
Darby Morhardt, Ph.D., CNADC Director of SW   Date

_____   _____
Emily Rogalski, Ph.D., Principal Investigator   Date

☐ _____ _____   Event is submitted in routine Adverse Event or Serious Adverse Event reporting to DSMB

Participant ID: _____ Date: _____

Communication Bridge: Social Work Risk Consultation Session

SW Team Member Conducting Session: _____

Date of Social Work Session: _____ Time of Social Work Session: _____

Summary of Social Work Session:

Recommendations:

Examples of Validating Statements to be use by SLP's in Control Arm intervention:

This must be difficult for you.

I think you probably did the best you could in the situation.

I hear you.

One of the things I appreciate is your resilience.

Sorry you have to go through that.

I'm sorry that this happened to you.

That must be difficult / That must have been very difficult

Can you tell me more?

You're not alone.

I'm sorry to hear that

I hear what you're saying.

That must be very hard to deal with.

I hear what you are saying.

Uh huh…

It sounds like you did your best.

Most people would have that reaction—it' normal!

I care about you and about what happened to you.

I see your strengths.

I am so sorry that happened to you and I am so glad you are here.

You're very courageous/brave.

You sure work hard at this.

Communication Bridge – Blank Notes Page

Evaluation or Session (if applicable): _____

communication BRIDGE
Speech Therapy Study

Who?
Individuals with a diagnosis of
Primary Progressive Aphasia and their
Communication Partners

Why?
To help us better understand the
effects of speech language therapy
on communication abilities
in individuals with PPA

Where?
All components of the study take place
remotely via video-conferencing

How Long?
Over the course of one year, participants in
our study will be involved in:

- 5 evaluations with a certified
  speech language therapist
- 15 therapy sessions with a certified
  speech language therapist
- Exercises through our web-application

There are no costs to participate in this study. Compensation will be provided.

If interested, contact us for more information

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ℳ Northwestern Medicine
Feinberg School of Medicine

Mesulam Center for Cognitive
Neurology and Alzheimer's Disease
Version Date: 10/2/19

communication BRIDGE

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