4-22-2015

Conversational Scaffolding with Couples with an Aphasic Partner

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Butler University

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Mary Jo Bissmeyer
22 April 2015
Abstract

Aphasia is an acquired language disorder experienced by approximately one million Americans today, many recovering from stroke or traumatic brain injury. Traditional therapy has focused solely on regaining specific linguistic skills, including auditory comprehension, speech, reading, and/or writing. Conversation partner training is a newer trend in aphasia intervention that has emerged thanks to an increasingly social model of disability and the pressure to deliver meaningful and cost effective health services. It fits nicely with the Life Participation Approach to Aphasia, which encourages clinicians to help individuals with aphasia and their families set and meet their own goals for therapy, which frequently focus on an overall improvement in quality of life rather than specific language skills. The Two to Tango program developed by Toronto’s Aphasia Institute provides education to a conversational dyad—in this case a person with aphasia and his or her spouse—on Supported Conversation for Adults with Aphasia (SCA). This education is meant to make communication within a dyad more effective and to allow the person with aphasia to participate more fully in everyday activities. This thesis evaluates the practical impact of the program on two couples' lives. After being trained in various supportive techniques, each spouse was able to more comfortably elicit a greater amount of information from her partner with aphasia. The results from this study provide evidence that supports conversation-based intervention for people with aphasia and their families.

Acknowledgments

Mary Jo would like to thank Dr. Mary Gospel, Ph.D., CCC-SLP for all of her guidance and enthusiasm throughout the process. Her support has been invaluable. The author would also like to sincerely thank Rori McPhilliamy and Rachel West for their willingness to serve as raters for the conversation analysis process. Lastly, she would like to acknowledge the Aphasia Institute of Toronto for graciously allowing her to use their program for this thesis.

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BACKGROUND

Language and the Brain

Although there are still many uncertainties about the functioning of the brain, our current understanding of language processing certainly has come a long way. It is widely accepted that the left hemisphere of the human cortex is dominant in cognitive-linguistic activity. Many skills have been localized specifically in the left perisylvian area, the region surrounding the lateral sulcus that divides the frontal and temporal lobes. The two most significant areas involved in language are Broca’s and Wernicke’s areas, both of which can be seen in Figure 1 below. Broca’s area is located in the posterior, inferior left frontal lobe, referred to as Brodmann area 44. Its proximity to the primary motor cortex reflects its role in planning the movements necessary for speech production. Wernicke’s area is found in the superior left temporal lobe, referred to as Brodmann area 22. Its proximity to the primary auditory cortex reflects its role in language comprehension. The two areas communicate via the arcuate fasciculus, an association fiber tract that runs through the parietal lobe that is also hypothesized to be the site for short-term memory of speech sounds. The angular gyrus, referred to as Brodmann area 39, also serves a linguistic purpose, as it has been associated with the ability to read. The supramarginal gyrus, Brodmann area 40 in the parietal lobe, has also been linked with writing skills.

Figure 1: Purves, D., Augustine, G.J., Fitzpatrick, D., et al. (Eds.) (2001). Figure 27.1 [Diagram of the major brain...]. In Neuroscience. 2nd edition. Sunderland, MA: Sinauer Associates.
Figure 1 displays the primary auditory cortex, Wernicke's area, Broca's area, and the primary motor cortex. All of these areas are highly active during a person's participation in conversation. For example, when Sally's mother tells her it is time for dinner, and the sound waves arrive at Sally's ears, her inner ear sends information about the pitch, loudness, and time sequencing of that message to the primary auditory cortex. That area of the brain sends signals describing the sound pattern to Wernicke's area, which interprets them into meaningful units of language. Sally then comprehends what her mother is trying to communicate. Next, she wants to let her mother know that she has heard and understood. The overall meaning of her message, her linguistic intention, is formulated in Wernicke's area and sent, via the arcuate fasciculus, to Broca's area. There, her brain plans out what her body will need to do to produce the necessary sounds for the word "Okay" at a volume appropriate for yelling back downstairs to her mother. These instructions are sent to the motor strip, which executes the plan by sending directions to the various parts of the body involved in speech, including the lungs, larynx, mandible, velum, tongue, and lips. This is a relatively simplified example of the normal functioning of the perisylvian area in conversation.

Aphasia

Any event that impacts the anatomy and physiology of the brain can have serious and potentially irreversible effects on an individual's ability to function normally. Damage in the left hemisphere involving those areas essential to language, for example, can cause aphasia. Aphasia is an acquired communication disorder that can impact a person's ability to comprehend and produce oral and written language. This could include understanding what he hears, producing meaningful speech, reading, and writing. Aphasia, then, is capable of affecting any modality of language, though not necessarily all modalities are affected for any one individual with aphasia. This variability is typically dependent on the site of the damage. The severity of the
impairment is related to the extent and cause of the damage. Although there may be other
cognitive deficits present in a person with aphasia depending on his medical history, aphasia
itself involves only linguistic skills.

While each person with aphasia presents the disorder in a unique way, a differential
diagnosis can be made based on the specific linguistic strengths and weaknesses of the
individual following brain damage. The more common labels include the following: Broca's
aphasia, which is characterized by deficits in speech fluency, Wernicke's aphasia, which is
characterized by deficits in auditory comprehension, and Global aphasia, which involves all
language modalities. Other less common labels include: Conduction aphasia, which is
characterized by attempts at self-correction and deficits in repetition, and Anomic aphasia, which
involves mainly deficits in word-finding, to name only a couple. However there are still many
people who do not fit neatly into any one type. What is generally accepted, however, is the
distinction between fluent and nonfluent aphasia. Individuals with fluent aphasia, such as
Wernicke's aphasia, may be able to say four or five words together in running speech. Individuals
with nonfluent aphasia, such as Broca's aphasia, are much less fluent, as the name suggests.

An estimated 1 million people live with aphasia in the United States, with approximately
80,000 people acquiring it each year (Castrogiovanni, 2004). By far the most common cause is
stroke, followed by traumatic brain injury. Because of aphasia's prevalence and the impact it has
on quality of life, it is important that research continue to address the ways in which the disorder
can be managed. Additionally, the limit on the amount of therapy allowed by the current health
care system challenges professionals to find cost-effective and efficient means of improving
overall quality of life. It is in response to that challenge that this project was designed, proposed,
executed, and reported.
History of Treatment

Aphasiology, the study of aphasia, has traditionally been based on a medical model. It has focused on treating the linguistic deficiencies associated with aphasia and evaluating outcomes that reflect the client's language proficiency. Sessions with a speech language pathologist focus on reducing the effect of the aphasia on the client's expressive and receptive skills. These language-oriented therapy tasks might include discrimination of speech sounds, auditory comprehension, naming common objects, semantic processing using semantic cueing or categorization, phonemic cueing, repetition, and reading aloud, depending on the specific impairments of the client (Taylor-Goh, 2005). Other newer approaches include multi-modal treatment, which encourages the use of a variety of non-verbal strategies to achieve successful communication, and computer-based treatment, which utilizes computer programs to target both expressive and receptive language skills. Group treatment has also demonstrated promise in various published research studies, in terms of both specific language skills and overall communication (ibid, 2005).

Recently, however, there has been a shift towards improving a client's ability to communicate in natural contexts. This more holistic social model views the limitations of a disability as the result of social construct rather than something intrinsic to a disorder (Threats, 2007). In other words, the communicative limits of a person with aphasia are seen in part as a failure of his or her environment to adapt rather than as direct consequences of aphasia. Treatment of the disorder, therefore, has shifted to include intervention in a person's environment to increase his or her communicative access and overall participation in life (Kagan & Simmons-Mackie, 2007).

In some part, this evolution in attitude can be attributed to the World Health Organization's International Classification of Functioning, Disability and Health (ICF). This coding system outlines functional and contextual factors related to health (Threats, 2007). "Functioning" factors include body structure, body function, and activity/participation. "Contextual" factors include environmental and personal issues. Threats focused on these last two in his article as
they relate to living with aphasia, raising the point that, "one can provide exemplary individual therapy, but that does not mean that these persons have anyone to talk with in their actual environments" (ibid, p. 68). He recognized the importance of both sides of communication, acknowledging that the individual with aphasia is not and should not be the only important party in any given conversation.

Environmental and personal factors play a significant role in shaping the ideal communicative setting for a client. Interviews conducted by Worrall et al. (2011) suggest that, although people with aphasia do have goals from the entire spectrum of factors outlined by the ICF, those goals that fall into the activity/participation section are most frequently mentioned. As might be expected, people with aphasia express concern with reengaging in their communities and taking up once more the activities they may have been forced to give up for medical reasons. The ICF provides a universal system of coding for any issue a client might be experiencing, and its application to aphasiology in particular provides some enlightenment about the ideal and practical goals of intervention.

The ICF was designed as a general guide to understanding health. It was then used as a foundation for developing the Life Participation Approach to Aphasia (LPAA), which is described as a "consumer-driven service delivery approach that supports individuals with aphasia and others affected by it in achieving their immediate and long term life goals" (Chapey et al., 2008, p. 279). As a treatment philosophy, it encourages clinicians to focus the goals of therapy to more accurately reflect the individual needs of the client in his or her own situation. Following the theme of the social model, LPAA's main goal is participation, emphasizing the client's underlying competence and attempts at inclusion rather than focusing on his or her linguistic deficit (Chapey et al., 2008). It suggests that therapy be aimed at life-participation and social relationships and that specific goals should be practical and individually appropriate. The five core values of LPAA as outlined by Chapey et al of the LPAA Project Group are as follows: (1) set goals that enhance life participation, (2) all those affected by aphasia are entitled to service, (3) measureable success means documented life-changes, (4) both personal and environmental factors are targets of
intervention, and (5) services should be available as needed at all stages of aphasia. In other words, it stresses the importance of practical, quantifiable life change as defined by the client, the need for treating both personal and environmental factors associated with aphasia, and the availability of support for all those affected by aphasia (Chapey et al., 2008). The LPAA shifts the goal of aphasia therapy to an increase in quality of life rather than an increase in language proficiency.

Clinicians are interpreting goals concerning quality of life as calls for intervention in conversational behavior, as evidenced by the increasing attention being paid to therapy with conversational dyads (Damico et al., 1999a). Conversation partner training programs, those that focus on working with non-aphasic conversation partners to improve communication, are another example of aphasiology's recent turn toward a social model of disability and intervention that makes a real impact on a person's participation in life (Turner & Whitworth, 2006). Kagan suggests that training conversation partners to make communication more accessible for people with aphasia is comparable to building ramps to make buildings more accessible for people in wheelchairs (Marshall, 1998). One of the earliest of these programs is Promoting Aphasics' Communicative Effectiveness (PACE), which emphasizes equal participation in a natural environment (David, 2005). Other examples include volunteer communication partner schemes designed to create communicative opportunities as ongoing holistic treatment, communication partners' training and real-life engagement, and conversational coaching to introduce successful communicative strategies to couples, to name a few (McVicker et al., 2009; Lyon et al., 1997; & Hopper, Holland, & Rewega, 2002). A more complete review of these techniques was published by Turner and Whitworth (2006). Although directly treating linguistic impairments is important, it is becoming increasingly accepted that "focusing solely on clinical repair of language and communication in the adult having aphasia is not sufficient to remediate the totality of what aphasia is or brings" (Lyon et al., 1997, p. 694).
Supported Conversation for Adults with Aphasia

Toronto's Aphasia Institute has developed a philosophy called Supported Conversation for Adults with Aphasia (SCA). It is one example of a conversation partner training program. It operates on four assumptions:

1. Aphasia can be defined as an acquired neurogenic language disorder that may mask competence normally revealed in conversation. 
2. There is an interactive relationship between perceived competence and opportunity for conversation. 
3. The ability and opportunity to engage in conversation and reveal competence lie at the heart of 'communicative access' to participation in daily life. 
4. Competence of people with aphasia can be revealed through the skill of a conversation partner who provides a 'communication ramp' for increasing communicative access (Marshall, 1998, p. 818-819).

SCA's methods rely on role-play and an emphasis on acknowledging and revealing the competence of the person with aphasia in natural conversation (Marshall, 1998). Again, like other approaches designed to train communication partners, SCA recognizes the dual nature of communication and the importance of both partners' skills in successful communication. It has been described as a "formalization of the 'functional' approach" that has been in use as part of the shift toward a social model of intervention (Marshall, 1998, p. 849). SCA has been used to train medical students, family members, and volunteers, all with varying levels of success (Legg, Young, & Bryer, 2005; Simmons-Mackie, Kearns, & Potchin, 2005; & Kagan et al. 2001). SCA's achievements in improving quality of life for people with aphasia would support the social model of intervention and the use of practical outcome measurement. Evidence of these positive outcomes is especially important at this time in the United States because treatment is restricted to evidence-based therapy provided over a shorter period of time only directly after a stroke (David, 2005).

The foundational principles of SCA involve teaching a conversation partner to acknowledge and to reveal the competence of the person with aphasia. Acknowledging competence includes maintaining a natural feel and age-appropriate flow during discourse, using humor, respecting your partner, and taking some responsibility for any communication breakdown. Responses like, "I know you know," and, "I'm sorry, you're giving me a lot of good information, but
I'm just not getting it," are encouraged. When the person without aphasia acknowledges the competence of the person with aphasia the social interaction aspect of conversation does not suffer as much from the frustration of both partners. It puts the responsibility of successful communication on both members of the dyad. Revealing competence, on the other hand, involves using strategies to ensure that the person with aphasia is able to engage in the actual transaction of information aspect of conversation. The partner should have a way to successfully get a message in to the person with aphasia, a way to get a reliable message out of the person with aphasia, and a way to verify that both members of the dyad understand what has been communicated in the same way. SCA suggests a variety of strategies for all three parts of revealing competence with the caveat that each dyad communicates in a different way and should therefore practice only those strategies that are useful in its specific circumstances.

Taken together, this past work suggests that conversation partner training has the potential to answer many of the current challenges in aphasia intervention. It incorporates treatment into the client's environment, as proposed by the WHO ICF. It can be highly individualized and is inherently practical and participatory, as supported by the LPAA. Conversation partner training makes improvements in linguistic skills secondary to improvements in practical communication. SCA, as an example of such a program, is designed to make conversation more efficient and comfortable, improving overall communication and quality of life.

PURPOSE

The purpose of this study was to evaluate the impact of educating a person with aphasia and his or her spouse in SCA. It was anticipated that the training would have a positive effect on the quality of the couple's conversation in terms of social interaction and information transaction.
METHODOLOGY

It Takes Two to Tango

Also developed by the Aphasia Institute, the Two to Tango program is designed for training family members of individuals with aphasia in SCA and providing guided practice using the strategies in a clinical setting. Hain-Cohen and Podolsky (2004) wrote a manual for clinicians planning to use the program. That resource was the main reference for the design of the training given to each dyad in this study. It divides the training into three modules. The first module introduces the multimodality of language, the effects of aphasia on an individual's ability to use language, and the theory behind conversation partner training. The second outlines the principles of SCA, including acknowledging and revealing competence, and introduces the various “tools” to be used as strategies for successful conversation. Both of these modules are taught separately to each member of the dyad, meaning the education can be given at a linguistic level appropriate for each individual. The third module comprises the bulk of the program and includes some drilling of the family member asking yes and no questions, practice role-plays (some supplied by the program, others developed individually based on the circumstances of each dyad), and some PACE-like activities. Also included is a checklist for the conversation partner to be able to reflect on his or her performance after each session to identify areas of strength and weakness. All activities in this module are facilitated by the clinician but involve the dyad conversing rather than the person with aphasia and the clinician. For example, the conversation partner asked the yes/no questions and found a way to get a reliable answer. The PACE-like activity employed in this study involved the conversation partner describing a picture to the person with aphasia, who was required to communicate back that he had understood. Again, this was facilitated by the clinician, but the clinician was not a participant in the activity. Table 1 outlines the Two to Tango program, including the suggested duration, goals, and activities for each module.
Table 1. Two to Tango Program Outline

<table>
<thead>
<tr>
<th>Module</th>
<th>Suggested Duration</th>
<th>Goals</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1</td>
<td>1-3 weeks</td>
<td>Education on various modalities of language, aphasia's impact on</td>
<td>Worksheets reviewed individually with the person with aphasia and with his conversation partner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>language, and the theory behind conversation partner training</td>
<td></td>
</tr>
<tr>
<td>Module 2</td>
<td>2-6 weeks</td>
<td>Education on interaction and transaction and the foundations of</td>
<td>Worksheets reviewed individually with the person with aphasia and with his conversation partner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCA; Introduction to the various SCA strategies</td>
<td>video examples of conversation using SCA</td>
</tr>
<tr>
<td>Module 3</td>
<td>2-6 weeks</td>
<td>Practice using SCA strategies in conversation within the dyad</td>
<td>Role-play conversations, some provided and some written with the dyad in mind; Yes/No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Question practice; some PACE-like activities</td>
</tr>
</tbody>
</table>

Participants

This study included two dyads, each made up of one person with aphasia and one without, for a total of four participants. All were recruited from support groups in the local area as recommended by the certified SLP in charge of those groups. Consent was received from both members of each dyad, including an aphasia-friendly consent form designed for the member with aphasia. Both versions of the consent forms can be found in appendix A1. The Western Aphasia Battery was administered at the beginning of the study to determine type and severity of aphasia.

DYAD A: The individual with aphasia in dyad A was a 54 year old male who had suffered a left hemisphere stroke three years prior. He had received 25 sessions of outpatient therapy, with the last occurring six months after the stroke. He displayed the characteristics of Wernicke's aphasia. His conversation partner was his wife of 37 years.

DYAD B: The individual with aphasia in dyad B was a 33 year old male who had suffered a traumatic brain injury due to a motorcycle accident one year prior. He was receiving regular speech therapy during the course of the study. He displayed the characteristics of global aphasia,
although his test results reflected a diagnosis of isolation aphasia by one tenth of a point. His conversation partner was his long-term girlfriend.

Table 2. Participant Information

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Gender</th>
<th>Type of Aphasia</th>
<th>Time Post Onset</th>
<th>Aphasia Quotient Pre-Test</th>
<th>Partner Relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyad A</td>
<td>54</td>
<td>M</td>
<td>Wernicke's</td>
<td>3 yrs</td>
<td>54.6</td>
<td>wife</td>
</tr>
<tr>
<td>Dyad B</td>
<td>33</td>
<td>M</td>
<td>Isolation</td>
<td>1 yr</td>
<td>26.6</td>
<td>girlfriend</td>
</tr>
</tbody>
</table>

Outcome Measures

As mentioned, the WAB was administered to both participants with aphasia before and after the study. It was anticipated that any change in the quality of conversation would be related to the partner's use of SCA strategies rather than an improvement in the language skills of the individual with aphasia. The WAB was used, therefore, both to eliminate the possibility that the results would be affected by this factor and to gather more complete information about each dyad.

Kagan and her colleagues also developed measures of communicative behavior for both conversation partners in an attempt to quantify various aspects of conversation and their relationship to each other. The Measure of Skill in Supported Conversation (MSC) rates the conversation partner's ability to support conversation, acknowledge client's competence, facilitate exchange, and reveal competence. Items on the MSC include Acknowledges Competence and Reveals Competence, the latter of which is measured as the average of items covering in, out, and verify. The Measure of Participation in Conversation (MPC) rates the level of participation of the person with aphasia. This is measured in terms of interaction, both verbal and nonverbal, and transaction, again verbal and nonverbal (Kagan et al., 2004). All items are scored on a nine-point Likert scale with half steps ranging from zero to four (i.e., 0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4). Both measures are designed to be sensitive to changes in communication and actual participation rather than only linguistic impairment (Kagan et al., 2004). Copies of the MSC and MPC can be
found in appendix A2, as can anchors developed by the Aphasia Institute that help ensure inter-rater reliability by establishing expectations for each score.

Each dyad engaged in a conversation sample based on two different suggested prompts both before and after the training. These samples were evaluated using the MSC and MPC to identify any change in the quality of their interaction and transaction. The raters were shown the entire conversation with one exception. Because the pre-test sample from dyad A was over twenty-five minutes long, the researcher edited it to twenty minutes with great care taken to keep it representative of the entire conversation. Transcripts of all four samples (pre- and post-training samples for each dyad) can be found in appendices A3, A4, A5, and A6.

For the purposes of this study, the pre- and post-training conversation samples were evaluated using the MSC and MPC by two impartial undergraduate students in the Communication Sciences and Disorders department at Butler University. Both had taken a class in neurogenic communication disorders and therefore had some background knowledge of aphasia. A licensed SLP-CCC who had been trained by the Aphasia Institute trained the undergraduate students in SCA over the course of two sessions lasting approximately two hours total. During the instruction, the raters discussed acknowledging and revealing competence, engaged in role plays, and practiced using different strategies to facilitate communication. They were also introduced to the process of evaluating conversational dyads on their use of SCA. When rating the samples, neither was told which video was recorded prior to the training and which was recorded after. Each rated all 4 videos using the MSC and MPC individually. They were asked to compare scores afterwards. Any item scored similarly within one point by the two raters was judged to be the average of their scores. Any item scored differently by more than one point was discussed by the raters, who were asked to come to some consensus between the two of them.

Finally, in an attempt to obtain some feedback about the functional impact of the training outside of the couples’ performances in the clinic, the conversation partner was given a survey both before and after the training. This questionnaire included four questions, each asking for a
response on a five point scale from "Not at all" to "Excellent." The questions included the participant's knowledge of aphasia and her effectiveness of communicating with the partner with aphasia, as well as her knowledge and use of SCA strategies. A copy of this survey can be found in appendix A7.

RESULTS

This section will present the data collected during the process of this thesis. This will include information about the execution of the program, a comparison of WAB scores from before and after the treatment, a comparison of MSC and MPC scores for each dyad from pre- and post-test conversation samples, and a comparison of the feedback received from conversation partners from before and after the program.

Throughout the course of the 17 sessions held with each dyad, the researcher kept track of the amount of time each spent on assessment and testing, education (Modules 1 and 2), and conversation practice (Module 3). "Other" in Table 3 comprises all other interactions between the dyad and the clinician during the course of the session, which may have included asking questions, discussing the progression of the study, or engaging in conversation.

<table>
<thead>
<tr>
<th>Table 3. Hours spent in the clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Hours</td>
</tr>
<tr>
<td>Dyad A</td>
</tr>
<tr>
<td>Dyad B</td>
</tr>
</tbody>
</table>

The Western Aphasia Battery was administered to the clients with aphasia from each dyad. Table 4 includes a report of each individual's Aphasia Quotient, which is scored out of 100 points and reflects those oral language skills that are commonly impaired in aphasia, and
Language Quotient, which is also scored out of 100 points and reflects both oral and written language skills.

Table 4. WAB Scores

<table>
<thead>
<tr>
<th>Dyad</th>
<th>Aphasia Quotient</th>
<th>Language Quotient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Test</td>
<td>Post-Test</td>
</tr>
<tr>
<td>Dyad A</td>
<td>54.6</td>
<td>59.4</td>
</tr>
<tr>
<td></td>
<td>44.8</td>
<td>47.6</td>
</tr>
<tr>
<td>Dyad B</td>
<td>26.6</td>
<td>25.8</td>
</tr>
<tr>
<td></td>
<td>23.8</td>
<td>22.3</td>
</tr>
</tbody>
</table>

Figures 2 and 3 outline the quantitative evaluation of the pre- and post-test conversation samples of both dyads. The Measure of Skill in Supported Conversation (MSC) reflects the conversation partner’s ability to acknowledge and reveal her partner’s competence using the types of behaviors outlined by SCA. The Measure of Participation in Conversation (MPC) evaluates the interaction and transaction of the individual with aphasia. The raters scored each video individually and, where their scores were similar within one point or less, the two scores were averaged to arrive at the data presented below. There was one item that the two scored differently by one and a half points. To determine that score the raters were asked to come to a forced consensus. The rating process is addressed in more detail in the discussion section of this thesis.
Dyad A conversation samples

Figure 2: Pre- and post-test scores for the conversation samples of dyad A. Included are both the Acknowledge and Reveal components of the Measure of Skill in Supported Conversation and both the Interaction and Transaction components of the Measure of Participation in Conversation.

Dyad B conversation samples

Figure 3: Pre- and post-test scores for the conversation samples of dyad B. Included are both the Acknowledge and Reveal components of the Measure of Skill in Supported Conversation and both the Interaction and Transaction components of the Measure of Participation in Conversation.

Each spouse was given a survey before and after the training. Items included were: (1) How would you rate your knowledge and understanding of "aphasia," (2) How effective are you at communicating with your partner with aphasia, (3) How would you rate your knowledge of
"Supported Conversation" techniques, and (4) How would you rate your use of "Supported Conversation" techniques. They were asked to rank each item on the survey on a scale from one (Not at All) to five (Excellent). Figures 4 and 5 outline these results.

![Dyad A partner survey](image.png)

**Figure 4:** Results from the conversation partner surveys. The same survey was given before and after the training.

![Dyad B partner survey](image.png)

**Figure 5:** Results from the conversation partner surveys. The same survey was given before and after the training.

**DISCUSSION**

It is important to note that this program emphasizes the need to individualize education, strategies, and specific goals for each dyad based on that couple's background and situation. That being said, it was never the intention of this study to compare data across subjects. The
hours spent on the various parts of the program reflect the time the participants needed to spend to reach the goals of each module. They do not necessarily suggest that more work was done or that more work needed to be done. Rather, each dyad moved at its own pace and engaged as much as was appropriate or interesting for the participants.

Inter-rater reliability for the MSC and MPC measures was relatively strong, although the pool of raters was too small to perform any statistical analysis. It should be noted again, however, that all but one item was scored either exactly the same or within one point (i.e., the difference between the scores of the two raters was one point or less). That one item was on the pre-test MSC of dyad A. The two raters disagreed by 1.5 points on the conversation partner’s ability to successfully communicate a message to her husband. After discussing the issue between themselves, they came to an agreement on the score that was eventually reported. Again, all other metrics were scored either identically or within one point difference.

Figures 2 and 3 reflect the improvements made by each dyad on all items of the MSC and MPC. The exception, the Interaction component of the MPC for dyad A, can be subjectively attributed to the individual with aphasia’s fatigue and lack of interest in the topic chosen for the post-test. Although both participants with aphasia had vastly different backgrounds, different presentations of aphasia, and spent a different amount of time engaged in the Two to Tango program, both displayed an improvement in conversational behavior that led to a more effective conversation.

The WAB scores underline this theme as well. Both began with very different scores, and although the individual with aphasia from dyad A tested higher after the training, the individual from dyad B tested lower. Even those improvements were minimal: dyad A saw an 8.80% increase in aphasia quotient and dyad B saw a 3.01% decrease. It is entirely possible that these changes have little to do with anything other than the natural variance in performance of individuals with aphasia day by day or hour by hour. Yet both dyads demonstrated an improvement in functional conversation. This suggests that the increase in scores on the MSC and MPC were unrelated to any change in WAB scores. In other words, the improvement of the
quality of conversation between a person with aphasia and his conversation partner seems unrelated to any change in the language skills of the person with aphasia as measured on the WAB.

As a reminder, therapy was offered for the conversation partner’s use of SCA strategies. Although the Two to Tango program emphasizes the two-way responsibility of conversation, the bulk of the intervention was directed at the person without aphasia. The improvement in the communicative behavior of the person with aphasia, then, can be attributed to the facilitation offered by the partner using the SCA strategies. In other words, focusing on and educating the conversation partner can improve the communicative behaviors of both members of the dyad. The person with aphasia was directly supported by his partner, not necessarily by the therapy.

Additionally, the results from the conversation partner survey (displayed in figures 4 and 5) indicate that the training increased the self-perceived effectiveness of the communication within each dyad. Although not a behavioral measure, it is reassuring to know that the conversation partners were able to recognize independently the improvements that were reflected on the MSC.

Subjective observation of the dyads also reflected overall improvement of conversation, which supports the quantitative data collected. The recorded and transcribed conversation samples are a source of considerable potential for future analysis beyond the purview of this thesis. An example from each dyad is included below. Please see appendices A3-A6 for reference.

Conversation between the partners of dyad A appeared much less stressful after the training. For example, in the pre-test sample the conversation partner attempted to cue her husband to encourage him to say a word, even when she knew what word he was trying to say. Her tone of voice was also somewhat demeaning, and she spoke loudly although her partner did not present with any hearing loss. After the Two to Tango program, she used writing as a strategy to aid comprehension, writing key words and supplying options for her husband. She used a more
natural, conversational tone and allowed him more time to respond. Both partners appeared more comfortable during the interaction and more satisfied after its conclusion.

The improvements for dyad B were more apparent after performing some conversation analysis with the transcriptions. For example, the person with aphasia took 71 turns in the pre-test sample. 45 (63%) responses were "yeah," or, "yup," and the remainder (37%) included many unintelligible utterances and one instance of pointing. In the post-test sample, of 34 turns total only three (9%) were, "yeah," and none were, "yup." Nine (26%) were pointing, and one was an instance of counting on his fingers. His partner was providing options on paper and on her cell phone so that he could use gesture to express his opinions. His decrease in, "yeahs," and increase in pointing suggest that he had a wider range of expressive capability after the training thanks to the support of his partner.

As has been noted previously, the small number of participants and raters limits the impact of this study. It was impractical to run statistical analysis with such a small n. A larger sample would give the results more power. Unfortunately, many studies in conversation partner training experience similar issues, meaning that few of the published articles can make any strong claims for the intervention's usefulness based on statistics. Other issues in this study in particular included the single pre- and post-training conversation samples. A more representative sample might have included multiple conversations to more accurately reflect the variability of aphasia. Another way to make the study stronger would have been to include a conversation sample from several weeks after the training to see if the skills had been maintained or generalized. Many skills are more likely to increase after an intensive training program. It would be interesting to re-test several weeks later to determine if the training made a lasting effect on the couples' communication.
CONCLUSION

This thesis presents evidence of two cases in which education in SCA promoted an improvement in the effectiveness of communication independent of improvement in the language skills of the person with aphasia. Additionally, following the training, both spouses felt more confident in their ability to communicate with their partner. These findings reflect the potential of conversation partner training as a worthwhile part of standard aphasia intervention.

Studies like the one discussed here are important contributions to the discourse concerning the social model of disability and the Life Participation Approach to Aphasia. Conversation partner training has the potential to be a cost-effective supplement to traditional aphasia therapy. It seems to be better suited for meeting goals in the area of overall quality of life for all those affected by the disorder. The participants in the current study also demonstrated that clients with chronic aphasia and their families, who have already established an altered method of communication to accommodate the aphasia, can still adopt new ways to improve communication. It remains unclear exactly how this kind of education can be integrated into acute care, that is, within the first six months after whatever event caused the aphasia. However, the accumulation of data supporting its effectiveness can only further motivate clinicians and health care providers to begin including conversation partner training into their programs as early as possible.

To be clear, it is not being suggested that language-based therapy become less accessible. This has already been established as an effective method of mitigating the effects of aphasia. As a supplement, however, conversation partner training also shows considerable promise.

The SCA program in particular has also seen great successes, which supports the results seen in this study. It is one example of an intervention that focuses on functional outcomes by treating the communication breakdown in its natural context—conversation. It works with both parties of a conversation to increase overall communicative effectiveness rather than placing all
the responsibility for adaptation on the person with aphasia. It may also be equally beneficial for a wide variety of clients and their families, as demonstrated by the sample included here.

In summary, conversation partner training in general and Supported Conversation for Adults with Aphasia in particular should not be overlooked in standard aphasia intervention. Although time and resource limitations brought on by health insurance concerns may be interpreted as a need to focus completely and intensely on a client’s linguistic skills, it is important to keep the overall goal of improved quality of life always in mind. It may be better in the long run to dedicate even fifteen or twenty minutes of a session to working with the client’s most common conversation partners. Research studies, such as this one and those discussed in the Background section, suggest that this can improve the conversational success of the client, lowering frustration levels and facilitating the actual exchange of information. If the goal of aphasia intervention is truly to improve overall quality of life, steps should be taken to adapt the environment—conversation—in addition to ones that ameliorate the language deficit. Conversation partner training has a real potential to serve that need in a cost-effective and functional manner.
References


Informed Consent
For
RESEARCH

Participant: ______________________
Investigator: ____________________
Project: _________________________

*Adapted from Pictographic Communication Resource Manual from Aphasia Institute in Toronto
WHAT can you expect?

Potential BENEFITS

✔ This will help research!

✔ This will help others with aphasia!

✗ This is not speech or language therapy.
Potential RISKS

There is NO danger in participating in this study.

Everything is confidential.
Right to Withdraw:

✓ You can stop at any time.

✓ It is your choice.

✓ It is ok to quit.
Project Consent:

The information presented on the previous pages has been explained to me.

I agree to participate in this research project.

I have been given a copy of this form.

Signature of Participant _______________________________ Date ____________

Signature of Witness _______________________________ Date ____________
Informed Consent Form:

Conversational Scaffolding with Couples with an Aphasic Partner

The purpose of this study is to determine the effectiveness of conversation training with couples with an aphasic partner. You will be asked to participate in a training program involving sessions without your spouse and taped practice sessions with your spouse. Your performance in these practice sessions will be recorded and evaluated to determine the usefulness of the training.

There are no risks to you in participating in this study. The recordings and other data collected will be protected to ensure confidentiality. The research also will be presented in a way that will protect your identity. Your participation is voluntary, and you may drop out at any time.

The Butler University Institutional Review Board has approved this study. If you have any questions at any time, feel free to contact the researcher Mary Jo Bissmeyer at mbissmcy@butler.edu or (513)300-1833 or her faculty advisor Dr. Mary Gospel at mgospel@butler.edu.

I understand what is being asked of me and agree to participate.

I have been given a copy of this form.

__________________________________________  ________________
Participant Signature                              Date

__________________________________________  ________________
Witness Signature                                Date
MSC
Measure of skill in
Supported Conversation

Name: __________________________
Date: __________________________
Rated by: _______________________

MPC
Measure of level of Participation in
Conversation (for partner with aphasia)

Interaction
Transaction

A. Acknowledges competence

B. Reveals competence

1. Ensures that Partner with Aphasia understands

2. Ensures that Partner with Aphasia has a means of responding

3. Verifies

Score

*Average of B1, B2 and B3

MSC © Aphasia Institute 2002
MPC
Measure of Participation in Conversation

Name: ________________________________
Date: ________________________________
Rated by: ____________________________

MSC
(Skill of Conversation Partner)

<table>
<thead>
<tr>
<th>Acknowledge Competence</th>
<th>Reveals Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. Interaction
1. Verbal/Vocal
2. Nonverbal
   Gesture
   Writing
   Drawing
   Resources

B. Transaction
1. Verbal/Vocal
2. Nonverbal
   Gesture
   Writing
   Drawing
   Resources

Score

MPC © Aphasia Institute 2002
Anchors developed by the Aphasia Institute for the MSC:

### Example of Rating Anchors for Conversation Partner
(in the context of the Pat Arato Centre)

<table>
<thead>
<tr>
<th>Acknowledge competence</th>
<th>Reveal competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0</strong></td>
<td>0</td>
</tr>
<tr>
<td>Competence of AP not acknowledged. Patronizing. Could cause harm. Should not be working with our members.</td>
<td>No use of techniques to reveal competence.</td>
</tr>
<tr>
<td><strong>1</strong></td>
<td>1</td>
</tr>
<tr>
<td>Needs a lot of supervision or needs to volunteer with experienced co-leader.</td>
<td>Needs a lot of supervision or needs to volunteer with experienced co-leader.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>2</td>
</tr>
<tr>
<td>Competence of AP acknowledged implicitly and explicitly as appropriate. Volunteer is ok. You do not have big concerns. Moderate level of supervision e.g., 1 x per month.</td>
<td>Volunteer is able to get some information. You do not have big concerns re leaving them with this member.</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>3</td>
</tr>
<tr>
<td>Doesn’t need much supervision, e.g., 1 x per term (4 months).</td>
<td>Doesn’t need much supervision, e.g., 1 x per term (4 months).</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>4</td>
</tr>
<tr>
<td>Peer-trainer level. Interactionally outstanding. Just needs motivation and ongoing opportunity to learn as opposed to supervision.</td>
<td>Technically outstanding. May not always succeed but as good as any well-trained professional.</td>
</tr>
</tbody>
</table>

Note: PA = partner with aphasia, CP = conversation partner

### Example of Rating Anchors for Partner with Aphasia
(in the context of the Pat Arato Centre)

<table>
<thead>
<tr>
<th>Interaction</th>
<th>Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0</strong></td>
<td>0</td>
</tr>
<tr>
<td>No participation at all. No attempt to engage CP or respond to interactional attempts. Would be very concerned for the volunteer. Would definitely not feel comfortable to leave the volunteer (CP) alone with this member (AP) unless volunteer is highly skilled.</td>
<td>No evidence of being able to understand or get a message across. Would be very concerned for the volunteer. Would definitely not feel comfortable to leave the volunteer alone with this member unless volunteer is highly skilled.</td>
</tr>
<tr>
<td><strong>1</strong></td>
<td>1</td>
</tr>
<tr>
<td>AP beginning to take some responsibility for interaction. Still concerned about the volunteer, and would feel obliged to observe frequently and provide support, unless volunteer is highly skilled.</td>
<td>AP beginning to show evidence of being able to understand and convey content. Still concerned about the volunteer, and would feel obliged to observe frequently and provide support, unless volunteer is highly skilled.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>2</td>
</tr>
<tr>
<td>Clear attempts to be part of the conversation. Feel ok to leave this member with the volunteer, but would need to check in.</td>
<td>Evidence of ability to understand and get a message across in some way at least 50% of the time. Feel ok to leave this member with the volunteer, but would need to check in.</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>3</td>
</tr>
<tr>
<td>AP taking increased responsibility for interaction. Very little concern for volunteer, but would still check in from time to time, e.g., 1 x per term (4 months).</td>
<td>Able to understand and convey content most of the time. Very little concern for the volunteer, but would still check in from time to time, e.g., 1 x per term (4 months).</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>4</td>
</tr>
<tr>
<td>Full and appropriate participation. Takes responsibility for conversational interaction. Full confidence in the member – no concerns at all for the volunteer.</td>
<td>Able to understand and get a message across. Full confidence in the member – no concerns at all for the volunteer.</td>
</tr>
</tbody>
</table>

Note: PA = partner with aphasia, CP = conversation partner
Dyad A Pre-Test Conversation Sample

R: As long as I can, I can... As long as I, I, I can't understand this one up here [I can't-]

J: [You're gonna be talking with me R____]

R: I don't understand [what I am-]

J: [R____, look at me. You're going to be talking with me. We're going to talk to each other, that's what we're gonna do today. We're gonna talk about... um, we're gonna have a party.

R: Oh, okay.

J: You wanna have a party-?

R: Sure.

J: -at the house?

R: Oh!

J: Huh?

R: Yeah, okay.

J: Okay, so what we want to, um... (reaching for paper and marker). Okay.

R: (Putting on glasses)

J: So, I thought we'd throw a party and ask some friends over because everybody hasn't seen the condo yet.

R: Right, okay.

J: So we could do, what, part inside and some on the deck, or we could do downstairs and upstairs, or what do you think? Which... do you, do you think we should do- let's see (going for paper and marker) Here's your paper. You know what, um... let me see if I have another pen. [Or...]

R: [Ew.]

J: Ew? What's the matter?

R: Well, I guess...

J: Ew? Just be careful not to get it all over you. That's all you have to do, right?

R: Oh, okay.

J: Okay?

R: We, we got it. It's okay-

J: You got it?

R: -this is okay.

J: Well I don't got it, 'cuz I don't have a pen. Here.
R: [Oh]

J: [Okay], I think we've got it now. Okay, so, we want to decide, um...do we wanna have it on the deck (writing) and inside...

R: Is that what I want, are you writing...

J: Do we wanna have it on the deck and inside?

R: (writing)

J: Yes or no? Can you tell me yes or no?

R: Mhm

J: No, R. R. Look at me. Do we want to have people on the deck and inside (gesture in a circle)? Yes or no? You don't have to write this.

R: [Okay]

J: [Wait] a minute, okay? Do we wanna have some people like, um...Do you wanna, we wanna do it outside and in, don't we?

R: Yeah.

J: So we wanna do both?

R: Mhm.

J: So, so you c-so you can write yes down here so I'll know that you wanna do both, okay? Can you write yes on this paper for me right here? Yes. Here (pointing).

R: Okay (on his own paper)

J: No (takes his paper), on this paper.

R: [Okay]

J: [Can you] write yes for me? Yes.

R: Yes. (writing)

J: Mhm...Then, oh...Oh, I see what you're doing. You're telling me you wanna have it inside and on the deck? And on the deck?

R: Yes.

J: So both.

R: Yeah, probably.

J: So can you write both there? Do you know ho-Can you write both?

R: Both.

J: B

R: B...Oh!
J: Both.
R: Like this? (writing)
J: B...O...
R: O.
J: Both.
R: O?
J: O. /t/
R: T.
J: T. And...T.
R: T?
J: T. And H....H.
R: H.
J: (writing on his paper). Both.
R: Oh, both. [Both.]
J: [Okay?]
R: Okay, I [got it]
J: [So we’re] gonna do both, and let’s see...Who do we want to invite? Can you think of help me think of some people to ask?
R: Um, Bill.
J: B-Who’s Bill?
R: (starting to point) Guy that’s in the-
J: Who’s your best bud?
R: Um, [oh-]
J: [You know], [you know]
R: [-whatcha call it]
J: You go to the VFW with.
R: Yes.
J: What’s his name? Do you remember? Your old buddy /g/?
R: Gary.
J: Gary (writing). And his wife?
R: Mhm.
J: What's her name, do you remember? I think it starts with a D doesn't it?
R: Oh, [Gary] and-
J: [Gary]
R: Melissa? Melissa.
J: No, I think it starts with a /d/. [/da/-]
J: /dan/...
R: Donna.
J: Donna. (writing)
R: [Donna.]
J: [Yeah], Donna. Okay. So we've got Gary and Donna. Who else do we wanna ask?
R: Gary. [Oh.]
J: [That-] That's Gary and Donna.
R: Oh, um...
J: Um...Who else can you think of?
R: [Um.]
J: [Can you] think of someone else?
J: Jimmy?
R: Mhm.
J: Oh, you wanna invite Jimmy?
R: Mhm.
J: (writing) You know, Jimmy lives in Lafayette now.
R: Yeah, I noticed that.
J: Okay. Okay.
R: Chris. Oh, [that's-]
J: [Jimmy] and Chris?
R: Right.
J: I don't think they're together anymore, but we can ask Chris (writing). Okay, who else?
R: Um...Oh...What's dad's (gesturing)...Dad's, what's her...um...Jim, Jim, Jimmy?
J: Your dad?
R: Yeah.
J: Oh, you wanna invite your dad to come-
R: Mhm.
J: -down?
R: Mhm.
J: I don't know if he'll be able to. You've just-Dad?
R: Yeah. Or like-
J: You wanna invite your dad?
R: [And-]
J: [Okay], we can invite Dad (writing).
R: Um...what's her...Mom. And my mom (pointing to paper).
J: Dad and Mom. Okay.
R: Chris. Uh, no, what's...okay...
J: Um.
R: Melissa.
J: How about, um...How about um...Who's my friend with the red hair?
R: With the red?
J: Red hair, and she was a-
R: Oh. [Um-]
J: [She-]. /m/
R: M--Melissa?
J: /mə/.../mə/...She laughed a lot. She had long red hair and then she got it cut kinda short.
R: Mhm.
J: What was her name? Wasn't it /mə/?
R: Mary.
J: Mary. (writing)
R: Yeah, Mary. Melissa. [No, that's not Melissa].
J: [I don't know who Melissa is.] That's your-Must be your girlfriend because you say her name a lot. Melissa. You think?
R: How about JoJo?
J: JoJo. You remembered JoJo! That's good, yes. JoJo would be happy that you remembered her name.

R: I mean, (gesturing) she's already...[out and...]

J: [Yeah, I know.]

R: Yeah.

J: We haven’t seen her for a long time, [have we?] R: [And she isn't] married yet.

J: No, she's not married yet.

R: Um, what's his name is. The guy-

J: She's divorced. What?

R: The, um...Oh, what's his name? She-(gesturing to his hair) she does the...(pointing to her) you...

J: She does hair?

R: Yeah. [Um...]

J: [You mean] Georgia?

R: Yeah, what's her name?

J: [Georgia.]

R: [What's his-] What's his name? She-She does (gesturing to hair)... You're [saying she...]

R: [Her.] Him. Him.

J: It's a man.

R: It's-(still gesturing to hair) She does...your hair.

J: Dougie.

R: Yes.

J: Oh, you want Dougie to come.

R: [Yes.]

J: [Okay.] We can do Dougie (writing). And who else?

R: Oh. The guy that, um...at Target...at Target, or um...

J: The guy at Target...

R: Target...

J: I don't think I know who you're talking about, at Target.

Dyad A
Pre-Test
R: Um...

J: I was thinking we'll just put down-How 'bout if we just put down family and then we can just call some of them up like we, ya know. And just touch base [with them.]

R: [Oh, you wanna] get my sister and our mother and...[them kind] of guys?

J: [You-] You wanna do your sisters?

R: And my, um...Dad. Oh, I [got it.]

J: [We've got] Dad down. You wanna do your sisters?

R: ~~, and um...Melissa.

J: There's Melissa again. We don't even know who this Melissa is, do we?

R: I know.

J: I know I don't.

R: Oh, they're...what are they, three (counting on hand)...yeah, there's three. My...one and two.

J: [Um...]

R: [~~, um...]

J: Well-

R: R__. No, that's R__. Um...

J: You're R___. How about, um...Let's leave the names for a few minutes and then come back to them.

R: That's fine.

J: We wanna decide, do you wanna have it in June or do you wanna have it in July or do you wanna have it in August...

R: July.

J: You wanna do it in July. (writing) So we're gonna do it in July. And we're gonna have to pick out a-a date. I don't think-Do you think we should do it the 4th of July?

R: No.

J: No, I don't either.

R: Because...the um...my house...so go out...make it, um...the one I know, so...maybe, we should go...with...August, because it's already here.

J: Well, you know your dad will be up-uh, they will be coming down in August because Michael's...wife is having her new baby.

R: Oh. That's right.

J: So maybe August would be a better time to have it.

R: Yeah, you're right.
J: Then they would already be here because it's harder for them to get down.

R: Uh huh.

J: So let's mark out July and put down August (writing).

R: [Okay-]

J: [Why don't you write] August on your sheet so you'll have it on there too.

R: (writing)

J: (phone ringing) Oops, 'scuse me (turning phone off). We need to shut this off so we won't be interrupted. [There we go.]

R: [Okay] this is what? (pointing to his paper)

J: That's August. That's an abbreviation for August.

R: And what's the name, I mean, um...

J: You wanna spell the rest of it out? Is that what you're saying, or...

R: No, um, August...

J: When in August?

R: March. No, um...one, two, three, four, five (counting on hand)...

J: Oh, you wanna pick a date?

R: Date, yes.

J: A date [in August.]

R: [Of this one.] [So we need, for the party...]

J: [Um, you know what I'm] thinking...I'm thinking...You know your dad's birthday's in August too.

R: Oh yeah, that's very, [~~~~~]

J: [His birthday's the 26th.] So...why don't we, um, have it...I think they'll be here before that, though.

R: Her birthday? His-

J: Well, I...Why don't we, say, have it like on the 21st?

R: (writing) We'll see, [2]

J: [2]

R: 1

J: That's the 23rd, that's not the twenty-21st is 2-look-2 1 (showing fingers)

R: Okay. (writing)

J: There ya go, there ya go. Yeah, we'll mark that one out. So let me put 21 down here (writing). Okay...
R: Okay, that's-

J: So now we have a date. Um...And so...What time do you wanna start the party? Do you wanna have it like um...like for, from like 12 to 5 and have people can just come and go between those times?

R: Yeah, that that that w-w-work

J: Or do ya just, er do ya wanna do something different?

R: I'd say, uh-

J: Just kinda have like a-a-an open house kind of thing where they can come and go as they want?

R: Mhm.

J: From 12 to 5?

R: Yeah, that sounds [very good]

J: [Okay so] write down on your paper 12 dash 5 (writing)

R: (writing)

J: There you go. Okay, um...then we're gonna have to figure out are we gonna do, um, like appetizers or do we wanna do, um...hotdogs and hamburgers and then do, like, some salads and a little bit of chips and dips and stuff like that, or...

R: Oh, yeah, let's, let's do it that way.

J: Do you-You'd rather do hotdogs and hamburgers?

R: And potato chips and all that stuff, yeah. [~~]

J: [Chips and] dips and cups and salads, like some big things of pasta salad, er-

R: Yeah, I would-

J: Stuff like that?

R: Mhm.

J: Okay, well let's write down some ideas, then. So we're gonna do hotdogs, so write hotdogs down on your paper (writing).

R: (writing)

J: And hamburgers. Or burgers.

R: Hamburgers.

J: Burgers. I'm just gonna write burgers down (writing).

R: (writing)

J: Burgers. Ham.../bl. /bæl. No, not /gæl. /bl. What makes this sound (pointing to lips), look at me, look at me. /bl. /bl.

R: Oh. (writing)
J: B. /bɔ/. B. U. U.
R: U?
J: What's a U look like, R___? It looks like that (pointing to his paper).
R: Yea, like this, right?
J: No. Looks like this. U.
R: Oh!
J: Oh! So B U. Do the U. You can do it. Oh, now you have to scribble the whole thing? Just put burgers. B.
R: U.
J: R. /l/.
R: E?
J: R.
R: Like this?
J: R. B U R. /l/
R: Burger. [Like ~]
J: [R (drawing letter in air).] R.
R: R.
J: Are you-You know how to make an R? You have an R in your-~~-R___ is an R.
R: R.
J: R.
R: Like this?
J: Make it! I can't tell if you don't make it. No...No. Here, I'm gonna write this for you so you can see, okay? And then you can write underneath it. (writing)
R: Oh!
J: Yea, [it's a long word, innit?! I know.]
R: [it's a very true...Yes, it is.]
J: Okay. Hotdogs and hamburgers. What else do you wanna have? You-You said you wanna have chips?
R: (nodding)
J: Chips?
R: Chips.
J: Can you write chips down on your sheet? (writing)
R: (writing)

J: And we'll both have a sheet, so...in case I lose mine then you'll have yours. Good job. Chips and dip. We wanna have dip, don't we?

R: Yeah.

J: Okay. (writing) Dip.

R: (writing)

J: There you go. And we'll probably, um...salad?

R: Oh, salad? Okay.

J: Yeah. (writing)

R: (writing)

J: Let's see, hotdogs, burgers, chips, dip...salad. What else, do you think? What else did we say? Maybe, um...Drinks. We wanna do iced tea? Water, and...what? Or do you wanna do something else?

R: Um...

J: What kind of drinks?

R: Pepsi.

J: Pepsi? You wanna do Pepsi?

R: Pepsi-

J: Does it have to be Pepsi? Can it be Coke?

R: Coke? [Okay]

J: [You don't] care, do ya? [Hmm?]

R: [Coke.]

J: Coke? Coca-Cola?

R: (leaning back and looking up)

J: What's the matter? Ya thinkin' too much?

R: No, I got it.

J: Okay.

R: Pepsi, Pepsi, Pepsi...

J: Oh, you're thinking about spelling Pepsi. /p/ /p/. What makes a /p/, that sound? Pop. You know how to spell pop, don't ya?

R: Uh...

R: [P.]

J: There ya go, P-

R: P. (writing)

J: -that's right, uhuh. P.

R: P. Oh, and...uh, wait a minute.

J: Do your-Finish doing your P first. Finish your P-

R: [P?]

J: [You just] have a stick there. You don't have your P [finished.]

R: [Right here.]

J: Yup, right there, put-Make your P. P. Pop. You gonna write pop or you gonna write Pepsi?

R: Um...Pepsi.

J: Okay. Pepsi. /p3/, /3/ [/3/]

R: [P.] P?

J: P P. P, [what?]

R: [E?] E.

J: Right. Good job. E.

R: (writing)

J: /p3p/. /p/ /p/. Another...

R: (writing)

J: /s/ . What makes that sound? That's right, S. And...

R: [I] 

J: [Sounds like] an E but it's an I, right. [There ya go.]

R: It's what?

J: I.

R: I.

J: Good job. Pepsi. Woowoo! Okay (writing). Um...I don't know how much all this is gonna cost. What do you think? Chips, dip, salad, Pepsi...should we have a dessert? Maybe some brownies or cookies? Or both?

R: Yeah.

J: Yeah? Ah! None for you!

R: Um...
J: Cookies?
R: Um, cookies...[yeah.]
J: [Cookies?] Can you write cookies?
R: Um, P.
J: No. /k/. Cookies. /k/ /k/.
R: K.
J: It sounds like a K but it's not a K. It's a /s/...
R: Oh, a C. (writing)
J: Then you wrote a K. It's not a K. It starts with a (making letter with fingers)-R__, C. /s/. /k/.
R: Oh! (writing)
J: Wow, good job!
R: Yeah, that's what I thought.
J: You knew how to spell that, [didn't ya?]
R: [Yes,] yes.
J: (writing) Didn't need my help. Okay. Okay, so we've invited some people. We can, like, finish that up. We've got what we're gonna do, we've got our date, our time.
R: Mhm.
J: What else? (reading) Foods and drinks, ~~~~~. Budget. I have no idea. That's a good question...Um...Well you know, we wo-We can't have a very big budget because...
R: W-...Dad, my Mom got me...um...
J: We're not spending the money that you've made. No no no, dear. I was thinking maybe we could, um...do like a hundred bucks and probably get the food and stuff and...um...
R: [Oh]
J: [That's really] all we need to do. We might have, um, some beers there for Gary.
R: Mhm.
J: Um, but other than that. So what do you think? You think like a hundred bucks would be plenty?
R: I would say [so, yeah.]
J: [Just to have people] kind of...mush in and out?
R: Mhm.
J: Yeah? Okay. (writing)
R: Do we got a...um...A grill? [For the this and this (pointing to paper).]
J: [A grill? Oh.] I didn't think about that. We don't have a grill, do we?
R: Well I know we don't even have anything-
J: Well you know, I bet, um, Gary and Donna could probably bring, um, the grill.
R: Charcoal? Do we have any charcoal?
J: Hmmmm...
R: Well, we can always get charcoal, [I mean...]
J: [Yeah.]
R: It's already [in there, and...] 
J: [So we could have], um...Let's have Gary bring the grill. (writing)
R: Okay. That sounds good.
J: So Gary, and then next to his name we'll put grill.
R: Okay. [Sounds good.]
J: [That's a good idea], R., I didn't even think of that. Do the grill.
R: Gary should definitely, I mean...She has a grill, [like-]
J: [I know] they have a small one that they probably take camping too.
R: Yeah, exactly. I bet he does too.
J: I think they do. I think they have one. And if they don't then...um...I forget who it was who said they had an electric one, so...that you plug in (gesturing). It's electric.
R: Who, J__?
J: No, I'm J__.
R: Oh, J__, um...
J: JoJo, you mean?
R: JoJo.
J: I think she might. I'm not sure.
R: Oh, neither am I. I'm not sure if he does any...
J: Not sure.
R: How 'bout what's his name, Gary. Um...she works at, um, JoJo. At...
J: The hairdresser?
R: No, at the, um, place.
J: Jennifer?
R: Jennifer...
R: Yeah.
J: You wanna invite Jennifer?
R: I was wondering about him. I was wondering-
J: Her?
R: Her. If she-if she would have a...If she could...make a grill...If-if you would like the grill...
J: You want her to come to the-
R: Party, if you are...
J: Oh, we can invite Jennifer, sure.
R: And, um-
J: And her, [and her-]
R: [Jo-] Not JoJo, um...Guy that...at the...at the apartment. The guy, oh, he's at the apartment.
And, um...What's his name, um...
J: Th-The guy at the apartment?
R: Mhm.
J: Where we live?
R: Mhm.
J: Right next door-
R: Yeah
J: -is that who you're [thinking of?] 
R: [Yeah.] (gesturing) He's...
J: Tall guy?
R: Mhm.
J: Steve?
R: Steve. Yeah.
J: Oh, we can in-We can ask Steve. He's gone a lot, so [who knows whether he'll-]
R: [Oh, well, that's true]
J: But we can ask him.
R: Well that's, yeah.
J: We can certainly ask him, I think.
R: Actually, I think everything looks good, though.
J: So, we're done?

R: Yeah, ~~~, I think I'm pretty well... I can do that, I think, and do it... we'll see, March... (pointing to paper) this would make, um... [~~~~~~~~]

J: [This-What month are we in now?]

R: ~make 3 days, so...

J: What month are we in now?

R: One, two, three.

J: What month is this?

R: March...

J: No.

R: Oh.

J: R___, look at me. What month are we in now? What month is the race in?

R: Oh! (gesturing) March.

J: No.

R: It's April.

J: No. What month is this? It's almost over.

R: Um...

J: We're almost out of this month. Do you remember?

R: Um... April, May, June, July. Oh, that's April...

J: Do you remember what-what month the race is run in? And what month Memorial Day is in?

R: Mhm.

J: What month is it?

R: April.

J: No.

R: May.

J: Yup. This is May still. We just had a 500 race. And yesterday was Memorial Day.

R: Okay.

J: Right?

R: I think so.
Dyad A Post-Test Conversation Sample

J: Um. I was thinking that it is probably about time that we got a (writing) new car.
R: Okay.
J: Um. And I was just kind of wondering what you thought about it.
R: For the car or truck?
J: Well, I-What kind of car do you think we should get? Ours is old-(writing)
R: Well if my brother could get-
J: -and lots of miles.
R: Oh. Yes. Mhm.
J: So. What do you think? Is-Do you have a preference of what kind of car you'd like to have or what do you think would be best for us to get?...What kind of new car? Any thoughts?
R: Yea. I'd like-get a car that-drives.
J: Well, yea, we're gonna get a car that drives. Do you want, um-
R: Mileage, and-
J: -an SUV (writing)...small SUV?
R: Yea, that would be good.
J: Or...
R: Oh, okay.
J: Do you want, um...um...a car? (writing) Like a small car? (writing) We want something that's good on gas.
R: Oh, yes. Mhm.
J: So, do you have any ideas, is there any kind of car that you can think of?
R: Like, mileage. gas? [And you can...]
J: [Mhm. That's good on gas?]
R: Mhm.
J: What kind of car? What kind of car?
R: Um, Bravada?
J: A Bravada is what I had.
R: Oh.
J: It was old.
R: Okay. [Oh-]
J: [And it is] (writing) too big.
R: Oh, okay.

J: Okay? So, um. Do you have any thoughts? I was thinking maybe you would have some ideas. Sometimes you mention things.

R: Um. Well, (pointing) this one and then this one. Yea, I would say this one is good.
J: You want to get an SUV?
R: Mhm.

J: Okay. So we'll look at SUVs (writing).
R: [Mhm.] (nodding)
J: [SUV.] This is a U. U. (laughing)
R: Mhm. (nodding)
J: A small SUV, right?
R: Mhm. (nodding)

J: Okay. (writing) What color do you-What color would you like to think about if you had a choice.
R: Burgundy.
J: Maybe burgundy (writing).
R: Mhm.

J: What other color?
R: Um. Lavender. [Oh...]
J: [I don't-] Lavender? I don't think I want to drive a [lavender car.] (laughing)
R: [Um.] Um...Hmm.
J: Maybe, um, a black one?
R: Black one, yea.
J: Black (writing).
R: Mhm. Oh, black. [Yes.]
J: [Uhuh.]
R: Yea, those are all good.
J: Or, um, a red one?
R: Yup.
J: Red. (writing)
R: And that-Actually I think that's pretty good. I-I can't really.
J: Now we're gonna have to think of some small SUVs. (Pointing) Small SUVs...Um. What we're driving now is a (writing) Santa Fe.

R: Mhm.

J: Do you know of any other SUVs, R? Any other kinds?

R: Which, like...the mileage? Or the gas?

J: What kind of SUV? (pointing)

R: Oh!

J: Like, do-would-this would be a Hyundai (writing).

R: Oh, um.

J: Maybe, um, if/ A if/...

R: Ferrari? No, that's-[wild.]

J: (laughing) I think that's not-that's [not an SUV.]

R: [Yes.] Yea yea yea.

J: Uh. /fo/...

R: A Ford?

J: A Ford?

R: Mhm.

J: Maybe a Ford? Um, let's see, (writing) I think the Ford small SUV would be the Ford Pilot. That's the one that comes to mind. So we'll put Pilot over here. Let's see if we can't think of one more.

R: Um...

J: One-One more. Let's see, we've got a Hyundai and a Ford...

R: A Chevrolet.

J: You want a Chevy?

R: Chevy. Yea.

J: Ugh. I-Do I know an SUV that's a Chevy?

R: Oh, that's ~~~

J: I'm trying to think. I don't know the name of one.

R: Um.

J: Maybe, um...Well, and may-And maybe just the two of them will be enough- R: Mhm.

J: -to decide between. Right?
R: Mhm.

J: Okay. Well we'll-We'll look at both of these, then, what do you think? And then we'll make a decision about...Um, we also have to think about how much (getting paper)...How much money we wanna spend on it so our payments...Our payments? (writing)

R: Mhm.

J: Our payments will be, you know, affordable.

R: Mhm.

J: You know, so-So we can make the payments. That would be important, right?

R: Mhm.

J: So, how much are you thinking? Or do you have any idea? [Or do you-]

R: [Um.]...Um.

J: Do you want me to kind of decide since I've been dealing with...[finance-]

R: [Financials] and [stuff, yea.]

J: [Yea,] do you think. Um, I-'Cuz I can do that. It would be easier for me. 'Cuz you know I'm not gonna do anything that I can't afford.

R: Okay.

J: So, I'm thinking probably we wanna look at about...oh, maybe...

R: Um...

J: 'Cuz it'll be new, but it'll be used...so I'm gonna say, let's see...maybe ten thousand is all we wanna go on this, what do you think? I think that's probably good, 'cuz we'll trade our other one in and that will get us where we need to be...That what you think? I don't know-I'm not sure where to go to look for one. Um...do you have any thoughts on that? Where we might find the best deal? Do you remember anything about all that kind of stuff?

R: Hmm...

J: Tired? [Where do you think?]  

R: [Um...]

J: Let's see, maybe /kar/-

R: Carmen, um...

J: Carmax?

R: Carmax.

J: Carmax?

R: Mhm.

J: (writing) Carmax. Actually, you know, that's just down the street from us, so that would be an easy place to go...
R: Mhm.

J: Um, and we could start there and, they got quite a few cars. So that might be our best bet. And there's car dealerships all over the place. You know? We could go look at, um...Well, Carmax would be a good place? It would have a-a- good assortment [of different-]

R: [Mhm.]

J: -kinds of cars. Okay. So what we kind of decided here-[Oh]

R: [And] who is gonna be the...um...apartment, I mean...the car...is it gonna be you or...m-or...

J: I'm not sure what you're saying.

R: Who is going to be...offic-officiary of the, um...ca-apartment. (pointing) Me or you?

J: I probably will be. 'Cuz I'm driving. At least right now.

R: (nodding)

J: Is that okay?

R: Will I get any of it?

J: Get any of what? We're not getting money, we're just buying a car.

R: A car.


R: Who's gonna get it, me or you.

J: Probably me. We're trading in our old car (pointing)-

R: Okay.

J: -on the new car. Do you know what I mean [by that?]

R: [Mhm.] Yea. And...I was just wondering who's gonna get-is-or, is my truck gonna get...My dad.

J: Larry's-has your truck and he's-it-He bought it [from you.]

R: [I hope] it's not ~~~

J: No, it won't be yours any more. It's gone. [Remember we-]

R: [The battery's] already...

J: It's-It's already sold.

R: I said I would get him the truck, I mean, the battery with this guy if he needs it.

J: He doesn't need anything.

R: Oh.

J: Let's get back to our car, dear. Shall we? We're getting off the beaten subject here.

R: Okay.
J: (laughing) We're getting off the subject, dear.

R: I understand.

J: So, um. I think we need to decide on a color we want to go with, maybe, what do you think?

R: Mhm.

J: Burgundy, black, red.

R: Um, black.

J: We'll go with black (circling). And...okay, so we're gonna get-we're gonna look for a (writing) new, small, SUV. And. We want the color- (writing)

R: Mhm.

J: -to be black, right?

R: Mhm

J: Okay. And we wanna pay (writing) ten thousand for it, or around about there. A little less if we could. And, we are going to look for this vehicle at Carmax (writing). (moving papers) 'Scuse me. Get those out of the way. At Carmax. And we want this vehicle to be either a Santa Fe (writing) or a Pilot? Ford Pilot. Correct?

R: Mhm.

J: Okay. So we are going to go shopping for a new, small SUV. (pointing) We're hoping that the color will be black, and that we'll end up paying about ten thousand dollars for it. We're going to look at Carmax, and we're hoping that we can find either a Pilot or a Santa Fe.

R: (nodding)

J: Is that what you understand?

R: Mhm.

J: Mhm?

R: Mhm.

J: Well, okay. So, we're going to look at Carmax for it? And how much are we gonna spend?

R: Thirty-eight dollars.

J: Ten thousand dollars.

R: (nodding) Mhm.

J: Okay. I say that we start next week.
Dyad B Pre-Test Conversation Sample

J: You and I have to talk.

B: (laughing)

J: They're going to watch us. Okay?

B: What?

J: Well come on up here. (reaching for marker) So...we're-we're gonna act like we're doing something, okay?

B: Yeah.

J: I mean we have to communicate between each other, okay?

B: [Yeah.]

J: [Okay?] Alright. So, I've been thinking about throwing us a party. Throwing a party at the house?

B: Yeah.

J: Um, I'd like to talk to you about some details, okay? So, where do you think we should throw the party at the house? Should we throw it-Should we have it in the house? On the deck? The new deck that we just built? [Or both?]

B: [Yeah.] Yeah.

J: Yeah?

B: Yeah.

J: So, um...When do you think we should have it? You-

B: ~

J: You want me to get the calendar out.

B: ~~~

J: Well when do you think ~~~...be throwing it. Here, let's look at the calendar...(pulling up calendar on phone) So should we have it in June or July? Do you want it this month or next month? Look how much we have going on in June. We may not want to have it in June, right?

B: (pointing)

J: You want it July? Look we could have it on July 4th and make it a July 4th party, huh?

B: ~~~

J: Alright, that [sound good?]

B: [Yeah,] yeah.

J: Okay, so, uh...We got when we're going to have it. How long should we have it for? Should we have it at night? Or during the day?
B: day.
J: During the day?
B: Yeah.
J: Well I wanted to have it at night. There's fireworks. For July 4th?
B: (laughing)
J: Or do you wanna have both?
B: Yeah. Yeah.
J: (laughing) Okay. Okay, so the important question is who do we want to invite? Is it adults only?
B: [Yeah.]
J: [Or both] kids and adults? Which one would you rather have, (gesturing) adults or kids and adults?
B: ...Yeah.
J: Kids and adults?
B: Yeah.
J: Yeah? So, who should we invite? Should we invite our neighbors Mike and Nicky?
B: ...
J: No? (laughing) Why not?
B: Ehh...
J: They'll keep the kids entertained if their kids come over, right?
B: Yeah.
J: Yeah. Should we invite your mom?
B: ...(sigh)
J: That's a big no, huh? Should we invite my parents? My mom and dad? Yeah?
B: ~
J: Who should we invite? Gary? Gary wants to come over? Gary? Stacy?
B: (nodding) Yeah.
J: (nodding) Yeah. What about your friends? Martin?
B: Yeah.
J: Yeah. Martin will have his new baby then, won't he.
B: Yeah.
J: Martin and Laura'll have their new baby by then, so...Should we invite them?

B: Yep.

J: So...we got kinda who we're gonna invite. It's gonna be small, 'cuz our house is small.

B: [(laughing) Yeah.]

J: [We don't wanna have a lot of people over.] right? (laughing)

B: What?!

J: Right. So, food wise....what type of food should we have? This is the, like...regular hamburgers and hotdogs, grill them out?

B: Yeah.

J: You think so?

B: Yeah.

J: I think so too. Drinks?

B: ~~

J: We should have everybody bring their own drinks, in my opinion. What about yours? Or should we supply drinks?...We can supply the non-alcoholic drinks, but if they wanna bring their alcoholic drinks...

B: Yeah.

J: You agree?

B: Yeah.

J: Be bring your own fireworks, I guess, too.

B: ~~

J: Right?

B: Yeah.

J: Yeah. Alright, so we have food and drinks so we need...We have to run to the grocery store...

B: ~~~ (laughing)

J: And we have to, uh, send out invitations-

B: Yeah.

J: I'll probably just put that on Facebook, and invite people that way. Does that sound good?

B: Yup.

J: Are you gonna go to the grocery store with me?

B: Yup.
J: Okay, so... How much money do we wanna spend on this little get together? And are you gonna wanna buy fireworks? 'Cuz fireworks-You could easily spend about a hundred dollars on fireworks. Right?

B: [Yeah.]

J: [I think] I spent a hundred dollars on fireworks last year when the kids and I were shooting off fireworks when you were still in the hospital.

B: Yeah.

J: Have you- How much money did you spend on fireworks back... 'Cuz I never, I never, (laughing) you know that I never went to a fireworks store ever in my life until last year. So did you spend one hundred dollars or more (gesturing up)?

B: No.

J: Did you spend more?

B: Yeah.

J: You-I knew you did. Did you spend more than two hundred dollars (gesturing up)?

B: Yeah.

J: You spent more than two hundred dollars on fireworks?

B: Yup.

J: Three hundred (gesturing up)?

B: Yup.

J: More than four hundred (gesturing up)?

B: No.

J: Okay, so... (laughing) We're not spending three hundred dollars this year on fireworks. I say we spend about a hundred and then ask Mike across the street if he'll pitch in. And do what we did a couple years ago when you and Mike shoot off fireworks in front of our house. Does that sound okay? Stop (stops his leg from bouncing). And we have- So we're spending a hundred dollars on fireworks.

B: Yup.

J: Food.

B: Yup yup yup.

J: I think, well-I think what we should do is do hotdogs and hamburgers, and then, have everybody bring a side. Like, everybody that's coming to the party.

B: [~~~]

J: [Bring their own] side. What do you think?

B: [~~~]

J: You-Are you okay with that?
B: Yup yup yup.

J: Okay, so... I'm counting in my head how many people we think we're gonna invite and it's around, 20 people... So I'm guessing food is gonna be between and hundred a fifty and two hundred. 'Cuz you know not everybody's gonna bring a side so we do have to provide some sides.

B: Yup.

J: Stop (moves table)... July 4th. Do we wanna have it July 4th? Or do we wanna have it the 5th? Or the 3rd? You wanna have it July 4th?

B: (nodding) Mm.

J: Okay... Okay. So we got the budget down. We got around how many people are coming, it's gonna be around 20 people that are coming. We're gonna have to get the house cleaned.

B: [~~~]

J: [So,] you're gonna have to have-We're gonna have to have a list. Between you, me, Joe, and Reece of what everything needs to be done in the house that day. To get it all straightened up, right?

B: Yup.

J: And then we probably need to get some activities stuff for the kids that are coming.

B: Mm.

J: Maybe like water guns?

B: ~

J: You know, set up, like, our soccer goals in the back yard.

B: Yup.

J: What do you think?

B: Yup yup yup.

J: You're just agreeable for everything?

B: Yup yup yup. (laughing). ~~~~~

J: What?

B: ~[~~~]

J: [You're just there] to have a good time, right?

B: Yup.

J: And set off the fireworks?

B: Yup yup yup.

J: And I'll handle all the rest.
B: Yup yup yup (laughing)
J: (laughing) Yeah, that's how it usually goes, doesn't it?
B: Yup yup yup!
J: Alright, so we have it down, we're gonna have a party July 4th.
B: Yup.
J: With all the kids and everything.
B: Yup.
J: We're gonna spend about three hundred dollars on this party.
B: Wooo!
J: Okay?
Dyad B Post-Test Conversation Sample

J: Okay. So, um...I was thinking about buying a new car.

B: ~~~

J: A new car.(writing)

B: ~~~ (stopping her hand)

J: You don't want a new car?

B: (shaking his head) No...No.

J: (pointing to prompt) That's what we're supposed to talk about, remember? It's-It's pretend. (writing) It's pretend.

B: No!

J: (pointing to camera) You know they're watching us, right? (laughing)

B: (laughing)

J: Okay, so I've been thinking about buying a new car.

B: New car.

J: Okay? So we're going to talk about buying a new car. Um. So the reason why I think that we need a new car is because ours isn't running very well. Our car. Okay? So, um, what do you think? About getting a new car?...Yes? (reaching for paper)

B: ~~~

J: (writing) Yes or no? New car? Yes or no?

B: No.

J: No? You don't want a new car? You wanna get a used car? (writing) Instead?

B: ~~ car.

J: Yes or no? Used car?

B: (pointing) No.

J: So you want a new car?

B: (pointing) No. ~~~~~

J: (laughing) Well, I know, I-I mean-I know our car-Thi-Thi-Look, this is pretend. It's pretend.

B: ~~~

J: (pointing) It's pretend.

B: Pretend.

J: Okay? So act like we need a new car. [Okay.]

B: [~~~]
J: So should we get a new car or a used car? Which one do you think we should get? (pointing)
B: (sighing) Yea.
J: Which one do you think we should get, a used or a new?
B: (pointing)
J: Used car? Okay. (circling) Alright, so here we’ll try it a different way. We wanna get another
car to take-so we don’t have to have so many miles on our current car. We wanna get another
car to drive around. You forgot your hearing aids again too, didn’t ya? So you want a used car, right?
Okay, so...do we wanna lease it (writing) or buy it? Which would you rather do, lease or buy?
B: (pointing back and forth between the two)
J: You know with leasing there’s a mileage restriction on it. So just think about that. We have to
watch the number of miles that we put on it. So lease or buy?
B: (pointing)
J: You wanna do buy? (circling) Okay. So, um...How much money (writing) are we willing to
spend on a used car? How much do you think?
B: (counting on fingers)
J: Four thousand? (laughing) We won’t get that much out of that, we won’t get a very good car for
four thousand dollars! (writing)
B: (laughing) ~~~
J: So let’s say between, five thousand to ten thousand. (writing) Okay? So in that price range.
Okay? Cuz this is a car to get us around town. We don’t need an expensive car, we just need to
get us around town so we’re not putting miles on our Sorento. Okay?
B: Okay.
J: So. What kind of car do you think we should get? What kind? (shuffling papers) Put that to the
side for a minute. (writing) So what kind of car? Should we do a small car? What size? You want
a small or a medium? Size?
B: (pointing)
J: Medium? (circling) Okay. (getting phone from purse). So you wanna see what kind of car you
want? Let’s look at, uh, the Kias...(on her phone). Okay. (turns the phone around so both can
see, scrolling). I mean th-These are new ones, but we can get used ones of this, okay?
(scrolling). I like those. No, those were minivans, never mind.
B: (pointing)
J: You want a Kia Soul? Okay. (writing)
B: Yea.
J: Okay, what color? (writing) (picks up phone) Here, I’ve got the colors here. (shows him the
phone) So, looks like...let’s do build and price. (scrolling) Okay, so here’s the different colors.
Which color do you like the best? (scrolling) Which color? Try black
B: (takes over scrolling)
J: Like a grayish?
B: ~~ (pointing)
J: Yellow?
B: Yellow.
J: You're gross.
B: (laughing)
J: (laughing) I don't want a yellow car! Here, how 'bout, like, gray?
B: (nodding)
J: Gray? Or, like, silver? (writing) Okay. So we're all set. So we're gonna get a used (shuffling papers)...We're gonna get a used...(pointing) Kia Soul. It's gonna be silver. We wanna buy it. And we, our-this is our price range. Right?
B: ~~
J: You got it? What are we buying? What are we buying? Point for me. (gesturing) Point.
B: (shaking head) Point?
J: Yes, point. Where-What are we buying?
B: (pointing) ~~~~ [~~~]
J: [Well what kind of car are w-]
B: ~~~~
J: Okay.
B: Yea.
J: Okay. Alright. We're done!
Conversation Partner Survey

Self-Rating for Communication Partners
(☐ Pre-test or ☐ Post-test)

Name: _______________ Date: _______________

1. How would you rate your knowledge and understanding of “aphasia”?

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2. How effective are you at communicating with your partner with aphasia?

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3. How would you rate your knowledge of “Supported Conversation™” techniques?

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4. How would you rate your use of “Supported Conversation™” techniques?

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It Takes Two to Tango