# CPT and us: Working with a couple living with Parkinson's Disease

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# Background: L

- 60 years old
- Diagnosed with Parkinson’s disease 7 years ago and Alzheimer's disease 3 years ago
- Attending day centre for adults with learning disabilities once a week
- No previous SLT input

# Background: L and P

- Married for 10 years
- Both retired support workers for people with learning difficulties and dementia
- L has two daughters living nearby
- Both active in community groups e.g. church, choir, support groups, day centre
- Strong social network of friends and family
- Receive home care daily for ADLs

# Factors affecting communication

- Hypokinetic dysarthria
- Stooped posture
- Cognition/language impairment
- Reduced volume
- Hypomimia
- Fatigue
- Changes to medication
- Husband P - use of ‘test questions’, speaking for L, reduced confidence and enjoyment in interactions

# Factors promoting communication

- Engagement
- Openness to support and change
- P's self reflection
- Very social – lots of communication opportunities
- Existing use of strategies e.g. repetition, giving time

# What we did: Assessment

- G2 R2 B1 A2 S2
- Informal voice ax. (pitch glide, volume modulation, sustained and intonated phonation)
- Informal language ax. (to see how much is Lynn understanding when we talk about conversation)
- Discussion of their main priorities and expectations of SLT
- Discussion of our observations (of L and P)
- Use of video to understand the impact of L's dysarthria on social interaction

# What we did: Management

- Developed client led and dynamic CPT approach
- Adapted elements of LOUD voice work with CPT (not typical!)
- Raise awareness and insight of conversation
- Used video, small tasks and weekly objectives in and between sessions, resources e.g. photo albums, hymn books
- PD/dementia education
- Set collaborative mini goals rather than SMART goals e.g. *for L to use a LOUD voice when greeting two people at church this week* and *for P to identify 3 things that went well and 3 things that didn't go so well when having a conversation with L*

# What we did: using CPT

- Video for dual purpose: to reflect on voice exercises and how P delivered them outside of sessions, for L's biofeedback
- Use L's voice exercises functionally in conversation with P (and others)
- Identifying facilitators and barriers to effective communication for both L and P
- To measure progress

# Why we did it

- Marry up two priorities – address their concerns around dysarthria and improve participation
- Support couple to move away from ‘client-carer’ exchanges and more towards ‘spouse-spouse’ conversations
- Luxury of time and setting to provide ongoing weekly sessions
- Felt presented as ideal candidates for CPT and opportunity was ideal
- Followed client feedback on home tasks and general concerns/successes to direct each week

# What we found

- Not a huge jump in impairment… but significantly positive impact on QOL reported with greater participation and engagement
- Positive feedback from family and friends
- L and P were more likely to achieve small, achievable goals set together. Smart goals not always reflective of relative positive change with degenerative conditions
- P gained a better understanding about communicative and cognitive changes associated with PD
- Reduced test questions from P (enabling more conversational turns)
- More evaluative interactions between L and P – less transaction, more interaction