

EVA

Therapy Handbook 3

Interactive Storytelling



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Many thanks to Marcella Carragher for permission to adapt the original therapy approach

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Synopsis

Background

The EVA Park Interactive Storytelling therapy is an adaptation of a novel treatment targeting the exchange of new information between people with non-fluent aphasia and a family member [1]. The focus on storytelling is based on the following rationale:

- 1) storytelling is a part of everyday life;
- 2) sharing stories allows us to connect with others [2];
- 3) people with aphasia struggle to tell stories [3-5];
- 4) storytelling therapy allows the therapist to target a range of language and communication functions including word-finding, phrase production, narrative organisation, within an everyday communication activity.

There are two key differences between the original therapy and the version adapted for EVA Park. Firstly, the original therapy includes specific therapy approaches for both the individual with aphasia and a family member/close other [1]; the adapted EVA Park version includes only the individual with aphasia. Secondly, the original therapy encouraged the individual with aphasia to make use of non-verbal strategies such as gesture, drawing and pointing; in the current version of EVA Park, it is not possible to see the client's gesture, drawing or pointing.

Storytelling intervention

The individual with aphasia is supported to practice telling a story in response to video clips that convey new, and often funny, information. The aim is that the individual with aphasia will use their residual language resources, coupled with strategies learnt from the intervention, to successfully tell a story to a listener.

Intervention intensity and dose

This intervention is delivered following an intensive protocol: individuals with aphasia receive 20 hours of treatment over 5 weeks. Each week, the individual with aphasia receives four intervention sessions, with each session lasting for 1 hour. The sessions follow a format: each week, Session 1 is led by the speech and language therapist and the focus is to support the individual with aphasia to develop a story structure to convey what happens in the video clip. Sessions 2 and 3 are also led by the speech and language therapist, with the aim of supporting the individual with aphasia to practice telling the story, adding more detail when needed or able, and also practising compensatory strategies for times when word retrieval fails. The final weekly session, Session 4, is conducted with a volunteer who has not seen the video clip. This is an opportunity for the individual with aphasia to generalise what they have learnt in therapy to a 'blinded' listener, therefore mimicking real-life interaction.

Stimuli

There are five videos within EVA Park, one for each week of the intervention. A different video is focussed on each week. The video clips are displayed on two video screens in EVA Park: one screen is the TV inside the blue house, the other is the big screen on the green to the right of the election boards.

Assessment

The individual's storytelling is assessed at two time-points: before intervention (baseline assessment) and after intervention (outcome assessment). The baseline assessment gives the therapist information on how the individual currently tells a story. This will allow the therapist to identify the challenges to the individual telling a story and the potential difficulty a listener would have in understanding the story. The outcome assessment after intervention allows the therapist to identify and quantify any changes following the intervention, i.e., to measure the impact of the intervention.

Overview of the assessments and intervention

Table 1: Overview of assessment and intervention

Session	Plan	Stimuli
Baseline assessment	Video record the session	Mr Bean pre-therapy simple Mr Bean pre-therapy complex
Non-client session	Identify strengths and targets for therapy	Videos of baseline storytelling
Week 1, Session 1	Discuss baseline storytelling, agree goals	Videos of baseline storytelling
Week 1, Session 2	Follow therapy protocol	Seaplane fishing
Week 1, Session 3	Follow therapy protocol	
Week 1, Session 4	Generalisation session	
Week 2, Session 1	Follow therapy protocol	
Week 2, Session 2	Follow therapy protocol	
Week 2, Session 3	Follow therapy protocol	
Week 2, Session 4	Generalisation session	
Week 3, Session 1	Follow therapy protocol	Pigeons
Week 3, Session 2	Follow therapy protocol	
Week 3, Session 3	Follow therapy protocol	
Week 3, Session 4	Generalisation session	
Week 4, Session 1	Follow therapy protocol	For the birds
Week 4, Session 2	Follow therapy protocol	
Week 4, Session 3	Follow therapy protocol	
Week 4, Session 4	Generalisation session	
Week 5, Session 1	Follow therapy protocol	French language clip
Week 5, Session 2	Follow therapy protocol	
Week 5, Session 3	Follow therapy protocol	
Week 5, Session 4	Generalisation session	
Final assessment	Video record the session	Mr Bean post- therapy simple Mr Bean post- therapy complex 05:24-07:09
Non-client session	Identify pre-post therapy change	Videos of post-therapy storytelling

Assessment

Instructions for the client

Before therapy in the virtual world, ask the client to watch the assessment videos in order to explain each story. This allows the therapist to a) identify how the aphasia is affecting the individual's storytelling, b) identify goals for therapy, and c) later compare the baseline storytelling to post-therapy storytelling to identify potential changes.

During the assessments, clients are not directed to, nor restricted from, using gesture, pointing, drawing, or writing. Paper and a pen is available for the client to use, but the client is not specifically instructed to use these. The therapist provides only general prompts, for example "Tell me more". **Video record the client retelling the video.**

The therapist will explain:

"In this session, I'm going to ask you to watch two videos. You can watch the videos more than once – you can watch the videos one, two, three times if you like.

Then, you will tell the story in your own way. Imagine you are telling this to your partner/friend/neighbour who has not seen the video"

Analysis of assessment

This is a preparation session which takes place without the client. The therapist watches the video of the client's baseline storytelling a few times. The aim is to identify how the client is currently planning, constructing and delivering the story. The therapist will consider the story structure (does the client move from beginning, middle, to end?), language (does the client use single words or phrases? How semantically rich are the words produced?), communication (does the client use non-verbal strategies to assist in storytelling) and the listener (would a potential listener be able to follow the story as told by the client?). Table 2 below will guide the therapist on aspects to note relating to the client's baseline storytelling.

After watching the baseline videos, the therapist will be able to identify instances of **breakdown** in the story, for example:

- word retrieval difficulties
- unclear referents = difficult for a listener to understand who the story is about
- difficulty in assigning action to a specific agent = difficult for a listener to understand who did what
- ambiguous or incorrect narrative sequences = difficult for a listener to understand how some information relates to the overall story and the 'point' of the story

The therapist will also be able to identify instances of **success** in the story, for example:

- establishing clear referents = the listener will know exactly who is in the story
- assigning actions to agents = the listener will be able to follow who is doing what
- communicating the problem and resolution or punchline = the listener will understand the 'point' of the story
- using strategies such as gesture, drawing, writing, or direct reported speech = the combination of speech plus other strategies will produce more semantically rich information within the story

Table 2: Guide to support therapist to analyse baseline storytelling

Segment	Specific points	Yes	No	Comments
Consider how the story was introduced	Main referent established early on			
	Clear who the main referent was			
	Tone of the story			
Consider how the story unfolded	The 'problem' in the story was conveyed			
	Other referents clearly established			
	Relationship between referents was clear			
Consider how the story ended	The resolution/point/punchline conveyed			
	Tone of the story			
Did the client make effective use of...?	Gesture			
	Pantomime			
	Writing			
	Drawing			
Narrative sequence	Story had a clear narrative sequence			
Instances of unsuccessful planning or production				
Instances of successful planning or production				
Which therapy goals are indicated?	Set the scene			
	Chunk it up			
	Drip, drip			
	Use linking words			
	Stop and listen			

Goal-setting session

Week 1, Session 1

Purpose: Meet in EVA Park to reflect on baseline storytelling and agree on goals for therapy

The first EVA Park session focuses on the therapist and client discussing the client's current storytelling. As part of this session, they can review extracts of the baseline video storytelling (or extracts of the transcript if the therapist transcribed the baseline storytelling). This discussion will encourage the client to reflect on the various strategies and choices within their current storytelling; in many cases, the client will not be aware of the strategies and choices they are currently using. Discussion will focus on strategies used by them to convey events, the sequence of the narrative, whether or not they manage to communicate the 'punchline' of the story and convey the tone of the story.

The therapist will say:

"In the assessment session, you watched two Mr Bean videos and explained the story to me. Aphasia can make it difficult to tell a story, or to tell the punchline to a funny story.

In this session we will look at how you told the Mr Bean stories. There are some great examples of how you managed to tell the story. We will look at what went well in the story. We will also look at the things we can work on and try to improve in therapy"

After discussion and reviewing examples of the participant’s current storytelling, the therapist will suggest setting some goals for therapy. The therapist will suggest specific goals for the individual with aphasia.

Goals are given brief descriptive, mnemonic labels to help the client to remember their goals and to aid discussion of specific strategies within the therapy sessions (see Table 3).

Table 3: Goals for Interactive Storytelling

Goal	Description	Explanation to the client
Set the scene	Detail the important context to the story or give a general impression of the tone of the story	<i>“Think about how to start the story so that the listener knows what to expect. For example, you can do this by using one word to describe the story, such as “funny” or “strange”. Or think about the first part of the story, such as “man, outside, sunny””</i>
Chunk it up	Plan and tell the story in smaller, more manageable chunks	<i>“When you are planning the story, it’s difficult to think about all the details of the story at once. It can be hard to know where to start. Let’s think about the beginning, the middle and the end of the story. We will focus on the first part of the story – the beginning, i.e. what are the important details here. Then focus on the next part – the middle. Then focus on the end of the story – what important information do we need to communicate to wrap up the story”</i>
Drip, drip	Tell the story bit-by-bit, leaving time for the other person to ask questions	<i>“We use stories to tell someone something. For example, to tell our family a funny story or something that we learnt. [Name of listener] has not seen the video. He/she has no idea what you are going to tell them. Let’s make it easier for them to follow the story. Tell the story one drip, then</i>

		<i>another drip, so that they have a chance to put it all together”</i>
Use linking words	Use connectives to link parts of the story together, and to show cause and effect	<i>“You can use words like ‘so’, ‘but’, ‘because’ and ‘then’ to link sentences in the story. It can be helpful sometimes to show the listener that parts of the story are linked together (e.g. ‘so’, ‘because’), or follow each other (e.g. ‘then’, ‘next’), or help the listener see where they are in the story (e.g. ‘finally’, ‘lastly’)”</i>
Stop and listen	Use the listener’s questions to clarify details of the story with yes/no responses	<i>“Remember, you telling the story is only one half of the task. [Name of listener] has to understand the story. Give them a chance to ask questions. Their questions will tell you what they have understood and what they haven’t understood”</i>

The therapist and client will discuss and agree the most appropriate goals.

Therapy sessions

The following therapy protocol applies from Week 1 Session 2 onwards. That is, for all subsequent weeks, Sessions 1-3 will follow the format below. Session 4 will be described in the generalisation section of this document.

Video stimuli

The same video stimuli are used for clients across a range of aphasia severities. Although the video stimuli will be unchanged, the therapist will change the storytelling aim to suit the individual. For example:

- For a client with more severe non-fluent aphasia, the target will be the basic message or gist of the story. This will include essential references, a beginning, problem and resolution.
- For a client with milder non-fluent aphasia and richer linguistic and/or cognitive resources, the therapist will guide the individual to plan and produce a more embellished story. This will include non-essential details, e.g. the colour of the car, the weather, adjectives, pronouns and the individual's opinion or interpretation of the events.

Overview of the therapy protocol

- 1) Introduction to the therapy task
- 2) Story planning: set out the beginning, middle and end of the story
- 3) Foregrounding/backgrounding: decide on the important details (foreground) vs less important details (background)
- 4) Set the scene for the listener
- 5) Add detail to each section of the story structure
- 6) Direct reported speech: a linguistic option to convey what happens in the story

- 7) Level 1 support: the client co-constructs the story with the therapist plus the written story record (see Table 4)
- 8) Level 2 support: the client tells the story using the written story record with delayed feedback from the therapist
- 9) Level 3 support: the client tells the story using only the written story record
- 10) Level 4 support: the client tells the story without any cues

The therapist will support the client to construct and practise each story in response to video stimuli. The therapist will focus on optimising the client's storytelling; the aim is not to produce perfectly grammatical sentences. Rather, the aim is to boost the client's storytelling using a variety of strategies so that a listener can follow and understand the story. These strategies are detailed below and include noun + verb phrases, direct reported speech, writing, and narrative planning strategies. The decreasing levels of support guide the therapist on how to build towards independent storytelling.

Detailed therapy protocol

1. The therapist and client meet in EVA Park.
2. The therapist explains the task, for example: *"We are going to work together on the type of conversation where you tell a story about something funny or something unusual that has happened. We will watch a video. You can watch the video again and again. Then we will work on how you would explain that video to someone who has not seen it. On ____ (day), you will meet ____ in EVA Park. He/she has not seen this video. The task is for you to explain the video to him/her. We will have some time to practice how you can best explain the video to ____."*
3. The therapist and client navigate to the screen in EVA Park.



To start the video, one avatar needs to press the 'video' button with the 'play' symbol. This loads the video. Each person watching the video must click on the screen to see the video clip. Clicking the 'video' or 'stop' button loads or stops the video for all avatars. Clicking the media screen shows the screen to that individual avatar. The client may watch the video clip as many times as needed.



4. The therapist initiates the process of planning the story. For example: *“Ok, the first thing we will do is divide the story into the beginning, the middle and the end. This will help us to build the overall structure of the story. Then we can fill in the details”*. The therapist types in a sequence of numbers (add more or less numbers to match the complexity of the target story):

1	(beginning)	_____
2	(middle)	_____
3	(middle)	_____
4	(middle)	_____
5	(end)	_____

The aim is to use the above outline to help the client to construct a general story structure. Even at this early stage, it will be necessary for the client to identify the

Story planning

main referent; the client might say the character’s name, use a generic term, or produce a written letter/word. The therapist guides the client through the numbered outline. As the client explains a story event, the therapist asks the client where in the story this event takes place. For example, if the client describes the last part of the story, the therapist will say *“Yes, that is an important part of the story, great. Now, where can we slot that into our outline? When does that happen – at the beginning, the middle or the end of the story?”* As needed, the therapist guides the client as to where in the story the event takes place. A relevant goal to discuss might be the ‘*Chunk it up*’ goal, i.e. thinking about the story in smaller pieces.

Foregrounding / backgrounding

- 5. Now the therapist guides the client to think about ‘backgrounding’ and ‘foregrounding’ of characters and details in the target story. This is about what is important to the listener and aims to develop the client’s awareness of the needs of the listener. As the client communicates characters and details, the therapist prompts him/her to consider whether these are important to the listener. The therapist documents these, for example:

Important – <u>need</u> to know	<u>Not</u> important
birds	tiles
nest	music
fly – no	

Set the scene

- 6. Now the therapist and client are ready to start constructing the story. The therapist prompts the client to ‘set the scene’ for the listener. The client might ‘set the scene’ by saying *“funny, really funny”* or *“outside, beautiful day, lovely”* or even *“really long story!”*

Detail the story

- 7. By now, the therapist and client have a general story structure, they have decided on important and less important details, and they have thought how to set the scene for the listener. Now the client is guided to detail each event, corresponding with the beginning, middle and end of the story that was sketched out in Step 4. This relates to the goals of ‘*Chunk it up*’ for the planning process, and ‘*Drip drip*’ for the delivery of the story to a listener. For each event, the client describes key information and actions. He/she is encouraged to produce agent-verb constructions, with the verb produced verbally or non-verbally. The aim here is not to correct spoken output, but

Detail the story

to optimise any communicative means for telling the story. The client is encouraged to use strategies such as writing or singing. The therapist focuses on maximising how informative these communicative actions are. Any prompts or modelling provided by the therapist are carefully built on the client's original output. For example:

Client: *"Nom nom nom"* (to indicate 'eating')

Therapist: *"Who is nom nom nom?"*

THE TARGET OR THE MODEL MIGHT BE: *"Bird... nom nom nom"*

A further example might be if the client produces a word in isolation:

Client: *"Sleeping"*

Therapist: *"Who is sleeping?"*

THE TARGET OR THE MODEL MIGHT BE: *"Girl sleeping" or "she sleeping"*

In all cases, the therapist is modelling and shaping the most semantically-full version of the client's original production and facilitating production of phrases.

8. The therapist can model and encourage direct reported speech. This is an efficient way to depict a character's reaction in a grammatically simplified way. For example, the therapist might say: *"One strategy that can be useful is to pretend to be the man/bird/dog in the story. Then you can say what he/she/it is thinking/doing. Instead of saying: "The girl said she would like a cup of tea", you could say: "girl – ooh cup of tea, lovely". This is a clever way to use less words but still get the message across"*.

The therapist should write down the two versions of the sentence to show the client how many words can be saved using this strategy.

9. Repeat Step 7 until the complete story has been fleshed out in a written record by the therapist.

Direct reported speech

10. The therapist will record any verbal output produced by the client through written words on the story record as shown in the following image.



Level 1

11. Once all the events have been completed on the story record, the client has completed storytelling corresponding to **Level 1** in the cue hierarchy. That is, the therapist and client have co-constructed the story together. Using the story record that the therapist has been writing, the therapist will “tell” the story using the words/phrases, or written output that was produced by or agreed with the client. In this way, the therapist models how to combine the various layers to produce a complex story, that is, delivering a story that is clearly divided into sections/events, clearly setting the scene, introducing the main referents, and using a combination of strategies (verbal output, non-verbal output, isolated word plus gesture, and directed reported speech).

Level 2

12. Moving to **Level 2** in the cue hierarchy, the therapist prompts the client to tell the story again. The therapist explains the rationale for practising the story more than once, for example *“Aphasia can mean that it is difficult to repeat or access some words – sometimes you can easily say the words, other times they seem to disappear. It is important that you can get your point across, even on those days when your words seem to disappear. We will practice telling the story a few times. Each time*

Level 2

you tell the story, it is okay if you tell it in a different way, or you can't remember the words you just used. In fact, that is better! That is more like real life – what other strategies will you use when the word you wanted to say has disappeared?"

The client tells the story using the written story record and will receive feedback after telling the story. At this level, the therapist does not help the client to construct the story. At the end of the story, the therapist will provide feedback on what strategies worked well and which strategies to focus on in the next retelling of the story. The therapist will provide feedback on:

- a. whether or not the main referent was clearly communicated
- b. whether the client told the story 'in chunks' (preferable) or as a whole piece (the latter is likely to be difficult for a listener to follow)
- c. the details the client focused on and whether these details are likely to be relevant to the listener
- d. what details were left out of the story and whether this was appropriate
- e. what strategies were useful for the listener
- f. what strategies were not useful for the listener

The client can practice telling the story with Level 2 support multiple times.

13. Moving to **Level 3** in the cue hierarchy, the therapist prompts the client to tell the story again, this time **without any help** or feedback from the therapist. The therapist explains: *"This time, you will tell the story without any help from me. You can still use the written storyline to guide you through the story"*. Once the client has finished telling the story, the therapist will encourage the individual to reflect on the storytelling using the story record as a guide, e.g.

- a. Did you say who the main person/people are?
- b. Did you think about the story in smaller chunks?
- c. Did you tell the story one chunk at a time?
- d. What details did you highlight?
- e. What details did you leave out of the story?
- f. What strategies were useful?
- g. What strategies were not useful?

The client can practice telling the story with Level 3 support multiple times.

Level 3

Level 4

14. Moving to **Level 4** in the cue hierarchy, the therapist prompts the client to tell the story **without the story record** and **without help** from the therapist. The therapist explains: *“The goal of the therapy is that you will feel better able to explain a funny or interesting story to a family member or friend. This time, when you tell the story, you will have to think about your strategies and take your time. You will not have the story record to help you. This is like real-life – when you don’t have time to write out the story before you tell it”*.

The client can practice telling the story again with Level 4 support multiple times.

The therapist encourages the client to reflect on the storytelling, emphasising getting across the message rather than grammatical accuracy.

Discussion here might also include the sometimes unpredictable nature of aphasia; that is, sometimes a specific word can be easily retrieved, at other times the word cannot be retrieved. The therapist and client might discuss how to manage this experience. This might include using a different strategy or getting help from the listener to find the word.

End

15. The therapist will prepare the client for the final session of the week in which he/she will explain the story to someone who has not seen the video. This might be a volunteer, a student or a family member. The therapist explains: *“You have practiced telling the story with me. On [day], you will tell the story to [name]. [Name] has not seen the video. You will need to remember to use your strategies to help you tell the story.”*

Table 4: Decreasing levels of support to encourage independent storytelling

Record with a ✓ the level of support the client currently requires to track progress throughout the sessions.

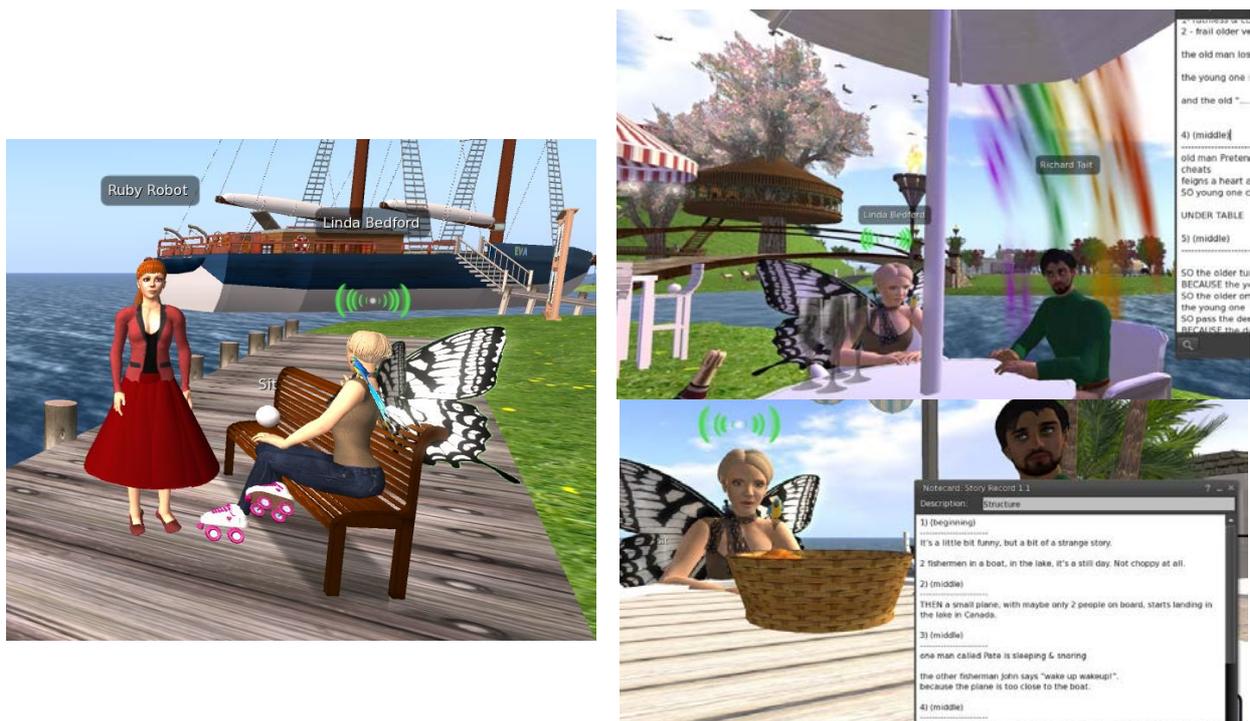
Week	Session	Decreasing levels of support			
		Level 1	Level 2	Level 3	Level 4
		Therapist co-construction + story record	Story record + delayed feedback	Story record	No cues
1	1				
	2				
	3				
	4				
2	1				
	2				
	3				
	4				
3	1				
	2				
	3				
	4				
4	1				
	2				
	3				
	4				
5	1				
	2				
	3				
	4				

Additional opportunities for storytelling practice in EVA Park

The client has unlimited access to in-world practice by watching the videos.



They may also practice retelling stories with Ruby Robot and notecards.



Generalisation session (Session 4)

Purpose of the generalisation session

The final session of each week focuses on generalisation of the skills acquired and developed in the therapy sessions. The client tells the story to a 'blinded' listener, that is, someone who has not seen the corresponding video clip. This could be a volunteer, therapy assistant, a family member or friend. For the purposes of this document, we will refer to this person as the 'volunteer'. The weekly generalisation session simulates real-life communication, where the individual with aphasia is telling new information to another person. The volunteer is able to interact naturally during the story, for example, the volunteer can ask questions, clarify something, or check his/her understanding. At the end of the session, the volunteer and client watch the target video together. This will enable the volunteer to give feedback to the client regarding how much of the story they have understood.

Protocol for the generalisation session

1. The volunteer and client meet in EVA Park.
2. The volunteer explains the task as follows: *"You have been working on a story with _____ (therapist) this week. I have not seen the video. I don't know what the story is about. In this session, we have time for you to practice telling the story to a new person. You will tell me the story. I'll try to get a good idea of what is happening. So, I might have to check some things with you or ask you some questions. Then, at the end of our session, we will watch the video together. Let's see how close I can get to understanding the story!"*
3. The volunteer will have access to the client's storytelling goals. At the beginning of the session, the volunteer can remind the client of these goals. For example: *"Do you want to have a quick look through your goals?"* or *"Can you tell me the goals you are working on?"* The volunteer can use the notecards in EVA Park to write key words of the goal (e.g. "Set the scene").
4. The client will begin to tell the story.

5. During the story, the volunteer can:
 - a. Ask questions about specific details of the story (e.g. *“Who started to sing?”*) or about an aspect of the story structure (e.g. *“Is this the start of the story?”*)
 - b. Summarise what he/she has understood and what is unclear (e.g. *“I got the bit about the bird on the wire. And then I know someone started to sing but I didn’t get what happened after that?”*)
 - c. Write in key words to check a detail
 - d. Leave silences to allow ‘thinking time’ for the client. This is the first time the client has told the story outside of the structured therapy session. The client will have to manage linguistic, cognitive and social demands. The volunteer can assist by not jumping in to fill silences
 - e. Help the client to tell the story. For example, if the client has produced a really effective circumlocution and the volunteer knows what the word is, the volunteer will offer the word to them rather than waiting for them to say the target word
 - f. The volunteer should avoid correcting the client’s output, cueing a specific target word or modelling and asking the client to repeat. This session is not about correcting linguistic impairments. Rather, the focus is on the client communicating a story using various strategies, and the extent to which the volunteer can follow the story. If the participant struggles to produce a word, the volunteer can suggest they use another strategy, e.g., circumlocution or writing.
6. At the end of the story, the volunteer will tell the story in their own words.
7. The volunteer and the client will navigate to the screen in EVA Park and watch the target video together.



This is the “a-ha!” part of the session when the volunteer gets to see the “answer”. Watching the video should further help the volunteer to make sense of the story. The volunteer will provide feedback to the client, e.g. *“Oh that’s what you meant by saying ‘Dig, dig, dig’! Yes, that was a really good idea”* or *“Oh I see, I didn’t understand ‘Dig, dig, dig’ but now I can see what you meant”*). This part of the session should be light-hearted and fun!

8. After the generalisation session, the volunteer will provide feedback to the therapist. The therapist will use this feedback to tailor the sessions in the following week, for example, to practice a specific strategy. The volunteer will provide feedback on:
 - a. Did the volunteer understand the general gist of the story?
 - b. Was it clear who the main characters were?
 - c. Was there a clear beginning, middle and end?
 - d. Did the client use strategies:
 - i. Write key words
 - ii. Tell the story in small chunks and give the volunteer time to ask questions
 - iii. Use direct reported speech
 - iv. Use circumlocution
 - v. Use singing or sound effects, e.g., *“bird... nom nom nom”* to communication *‘The bird was eating’*
 - e. Did the client need help to communicate the story? If yes, what help was given?
 - f. What strategies worked well and were useful?
 - g. What change would help future storytelling?

Changing the video each week

The video will have to be updated on the media screens each week. There are two video screens in EVA Park: one on the TV set inside the house, the other on the green to the right of the election boards.

To update the media screen, simply **right click** on the play button below the screen:



A unique YouTube code will allow you to watch a specific video on the media screen. Codes for each video clip are listed here for use. Enter the YouTube code in the description box as per the image below:

Video clip	Unique YouTube code to cut and paste into 'Description' box
Mr Bean pre-therapy simple video	DudEF4tLJgg

Pre-therapy complex video	Ub1YI7LF3e8?start=77&end=288
Seaplane fishing video	iY6AWs2QMbM
Pixar: Geri's game video	tU25uRvbrHk?start=35&end=470
Pigeons video	oIIIVFBbNw?start=15&end=164
For the birds video	KvBlrIdi6eE?start=19&end=182
French video	3xAE6gJvQ7Q?start=6&end=98



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