Response Elaboration Training (RET) Protocol

What is Response Elaboration Training (RET)?: RET is a treatment approach that can be used to increase the Mean Length of Utterance (MLU) or Correct Information Units (CIU) in spontaneous speech. RET is considered to be a “loose training” approach to language intervention, as it does not follow a structured organization of prompting and response (Kearns, 1985; Wambaugh, Nessler & Wright, 2013). This approach encourages the person with aphasia to create their own responses to visual and/or auditory stimuli, as the clinician/communication partner works to reinforce and help to shape these responses.

Who Would Benefit from RET?: The effectiveness of RET has been shown in individuals with various types of types of aphasia (Bunker, Nessler, & Wambaugh, 2019; Conley & Coelho, 2003; Hinckley, 2009), even including individuals with aphasia and apraxia (Wambaugh, et al., 2001). Therefore, this approach may be the most beneficial for a person with aphasia whose goals relate to expanding content and/or utterance length in conversational speech.

Goals of RET: To improve verbal production and number of content words in conversation, as well as support generalization of expanded utterances across contexts and conversational partners. Treatment is NOT focused on training the person with aphasia to produce a prescribed response.

Remember: Education is important in helping clients to understand our rationale for using certain treatment approaches. Provide an explanation of what you are doing with your client and why it can help them. You can include an explanation of the approach, what the desired effect is, and that it is supported by research. This will help the client to understand the purpose of the treatment and how it can help them to improve communication.

How to Implement RET:

1. Begin by identifying your target stimuli for the session and/or intervention process. The goal is to continually elicit responses from the client; therefore it is best to choose stimuli that depict clear (not abstract) concepts. Minimal context within the stimuli allows the individual to more “creatively elaborate” on the provided themes (Gaddie, Kearns & Yedor, 1991). The client will be describing what they see, so it is also useful to include a range of various concepts (i.e. a person sweeping, dog chasing a ball, man running). Pictures depicting actions/activities (i.e. running) have been used throughout the literature to prompt creative and original responses from the client (Gaddie, Kearns & Yedor, 1991; Kearns, 1985; Wambaugh, Nessler & Wright, 2013).

2. Present the picture stimuli to the client, while prompting a verbal response (i.e. “Tell me what’s happening in this picture”). For the first few responses you might begin with questions regarding the specific topic, to demonstrate to the client what you would like them to do. Below are some examples of prompts and responses from Hinckley et al. (2009):
   a. Client response to picture: “Man…sweeping”
Clinician reinforces, models and shapes this initial response, “Great. The man is sweeping”.

Use of a Wh-question/cue to elicit elaboration of response, “Why is the man sweeping?”

For RET there is no “right” or “wrong” answers. We are trying to elicit as much as we can from the client and encourage longer utterances. The client’s responses are used as the starting point for the treatment process.

3. Using the same picture, extend the client’s responses by adding information or elongating the utterance. As the clinician, you are taking the initial response provided by the individual, and using modeling/cueing to expand on the information already provided (Bunker et. Al, 2019). Provide a verbal model (of a combination of the client’s responses provided) for the client, and request that they repeat your model (Hinckley et al., 2009):
   a. Patient response to wh-question: “Wife…mad!”
   b. Clinician reinforces, models and shapes the response, “Nice job! The man is sweeping the floor because his wife is mad.”
   c. Clinician gives a second model, and requests repetition, “Now, try and say the whole thing after me, ‘the man is sweeping the floor because his wife is mad’.”
   d. Following client’s response, “Good! Now try to say it one more time”.

4. Continue this method of “chaining” for each picture stimulus, allowing the client to direct the content. The goal is to continue to create longer utterances, using each of the stimulus pictures.

Remember: The major strategy that is employed by the clinician in RET is forward chaining, using both repetition and reinforcement of the client’s responses, “… combined successive patient responses, modelled them for repetition by the patient, and then prompted them to provide more information”, (Kearns, 1985). As noted in the example above depicting a man sweeping above:

   Client: “Man.. sweeping”

   Clinician: “Yes! The man is sweeping.” (Repetition of client response plus elaboration)

   Clinician: “Why is he sweeping?” (Prompt to provide more information)

   Client: “Sweeping.. wife mad.”

   Clinician: “Right! The man is sweeping because the wife is mad.” (Combined client responses, modelled for repetition)

   Clinician: “Now you repeat: The man is sweeping because the wife is mad.” (Model and prompt for repetition)
**How to Take Data:** When determining data collection methods, first consider the client’s needs and goals. Identify whether you will choose to track MLU or CIUs (or both) for this individual. When tracking and analyzing your data it can be helpful to create an *average* by recording the client’s initial response, as well as their responses following cueing, modeling and requests for repetition (Hinckley et al., 2009). See an example data sheet in Appendix A.

**Stimuli Examples:** Ideal stimuli are pictures that have minimal context, include various concepts and depict various actions/activities. See Appendix B for examples.
References:


### Appendix A:

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<th>Client’s Response</th>
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<th>Length of Utterance (# of words)*</th>
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Appendix B: