




Aphasia Treatment: Addressing the Activity/Participation Level

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Disclosure Statement

- I have the following relevant financial relationship(s) in the products or services described, reviewed, evaluated or compared in this presentation.
 - Shirley Ryan AbilityLab - salary
 - National Institutes of Health (NIDCD) and National Institute on Disability, Independent Living, and Rehabilitation Research – research grants awarded to the RIC (PI=L.Cherney)
 - Michigan Speech Language Hearing Association – speaker's honorarium
- I have no relevant *nonfinancial relationship(s)* to disclose.

Course Description

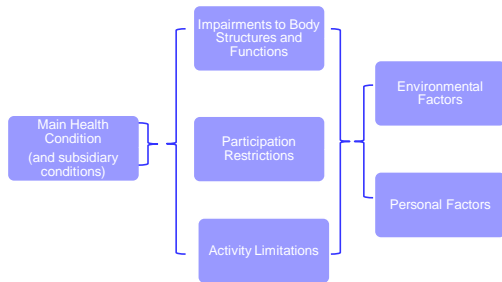
- Review aphasia treatment approaches that focus on oral expression by addressing the activity/participation level
 - ☐ Theoretical background, procedures, and current evidence supporting such treatments
- Issues affecting practical implementation
 - ☐ Computer treatment
 - ☐ Groups

Models of Health Care

- Medical Model
 - Problem with Patient
 - Expert provides treatment
 - Goal is curing disorder
- Social Model
 - Problem is interaction of personal, physical, societal, and environmental factors
 - Treatment is collaborative
 - Goal is to promote positive change when cure is not possible

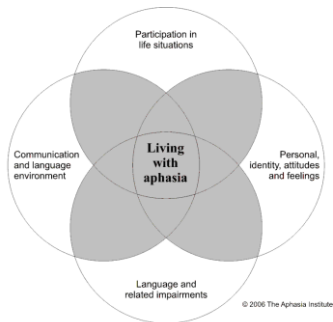
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World Health Organization: International Classification of Functioning



5

Living with Aphasia: Framework for Outcome Measurement (A-FROM)



■ **Language and Related Impairments Domain**

- Auditory comprehension (e.g., pointing to pictures named); Reading (e.g., matching a written word to a picture); Speaking (e.g., word finding, sentence formulation), and Writing (e.g., writing the names of objects).

■ **Communication and Language Environment Domain**

- Aspects of external context that might facilitate or impede language, communication or participation of people with aphasia such as: Physical environment (e.g., signage, lighting, written supports); Social environment (e.g., attitudes of people, skills of partners); Political environment (e.g., policies supporting participation)

■ **The Participation Domain**

- Life Roles (e.g., mother, teacher); Responsibilities (e.g., managing finances, performing a job); Relationships (e.g., engaging in conversation, making friends); Activities of choice (e.g., leisure and recreation, community participation); and Tasks engaged in by an individual – e.g., writing letters, cashing a check

■ **Personal Factors/Identity Domain**

- factors such as age, gender, culture, but expands the ICF domain to include internal factors that vary as a consequence of aphasia such as confidence and personal identity.

■ **Living with Aphasia Domain**

- dynamic interaction of multiple life domains
- captures elements of quality of life (how satisfied someone is with their life).

**Life Participation Approach
To Aphasia (LPAA)**

- General philosophy and model of service-delivery
- Focuses on re-engagement in life by strengthening daily participation in activities of choice

Life Participation Approach to Aphasia (LPAA)

- LPAA places the life concerns of those affected by aphasia at the center of all decision making.
 - It empowers the consumer to select and participate in the recovery process and to collaborate on the design of interventions that aim for a more rapid return to active life.
 - *The LPAA Project Group (Roberta Chapey, Judith F. Duchan, Roberta J. Elman, Linda J. Garcia, Aura Kagan, Jon Lyon, and Nina Simmons Mackie) of the American Speech-Language Hearing Association*
- <http://www.asha.org/public/speech/disorders/LPAA.htm>

Core Values of LPAA

- Explicit goal is enhancement of life participation
- All those affected by aphasia are entitled to service
- Measures of success include documented life enhancement changes
- Both personal and environmental factors are targets of intervention
- Emphasis is on availability of services as needed at all stages of aphasia



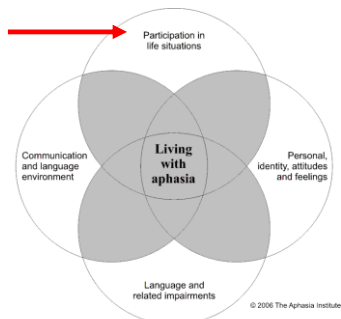
Mission: Growing a network of healthcare, business, and community leaders to advance lifelong communication access for people with aphasia.

<http://www.aphasiaaccess.org>

A-FROM Model: Participation in Life Activities

Example: ORLA and
AphasiaScripts

Living with Aphasia: Framework for Outcome Measurement (A-FROM)



Oral Reading for Language in Aphasia (ORLA): PROCEDURE

- SLP sits opposite patient
- SLP reads stimulus aloud to patient
- SLP reads stimulus aloud to patient, with SLP and patient pointing to each word
- SLP and patient read aloud together, with patient continuing to point to each word
 - SLP adjusts rate and volume
- Above step is repeated twice more

ORLA PROCEDURE CONT.

- For each line or sentence, SLP states word for patient to identify
- For each line or sentence, SLP points to word for patient to read
 - both content words and functors
- Patient reads stimulus aloud
 - SLP reads aloud with patient as needed

ORLA – Key Elements

- Oral reading is systematically applied in programmed format
- Focuses on connected discourse
- Permits modeling of more natural speech
- Allows practice on a variety of grammatical structures
- Graded levels based on stimuli length and reading level
- Consistent with Principles of Learning Theory
 - Active participation by the learner
 - Repetitive practice in the overlearning of skills
 - Use of meaningful materials that are graded in difficulty

ORLA Levels

- Based on length and reading level
 - Level 1: 3-5 word sentences; 1st. grade
 - Level 2: 8-12 words; 1-2 sentences; 3rd. grade
 - Level 3: 15-30 words; 2-3 sentences; 6th. grade
 - Level 4: 50-100 word paragraph; 6th. grade
- Appropriate for individuals with a broad range of aphasia severities

ORAL READING FOR LANGUAGE IN APHASIA

Theoretical Background - Summary

- ☐ Based on neuropsychological models of reading
- ☐ Improve reading comprehension by providing practice in grapheme-to-phoneme conversion
- ☐ As oral reading becomes more fluent and automatic, the reader can focus on comprehension

(Cherney et al., 1986, 1995, 2004)

Summary

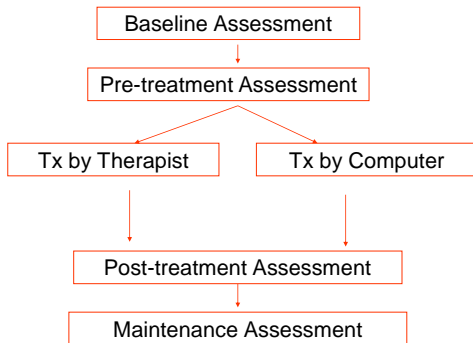
- Severe aphasia
 - ☐ Greatest improvements in reading comprehension
- Moderate aphasia
 - ☐ Greatest improvements in discourse production
- Mild-moderate aphasia
 - ☐ Greatest improvements in written expression and discourse production

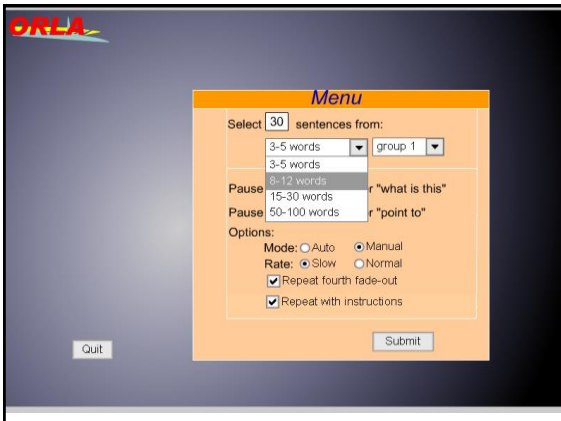
Study: Clinician vs Computer

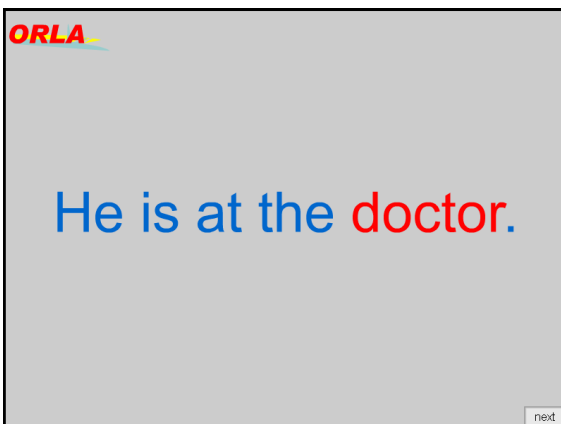
See

- ☐ Cherney, L. R. (2010). Oral Reading for Language in Aphasia (ORLA): Evaluating the Efficacy of Computer-Delivered Therapy in Chronic Nonfluent Aphasia. *Topics in Stroke Rehabilitation*, 17(6), 423-431.

Study Design







ORLA


The museum is showing a new exhibit called The Studio of the South. It studies the **intense** relationship between the painters Van Gogh and Gauguin.

next

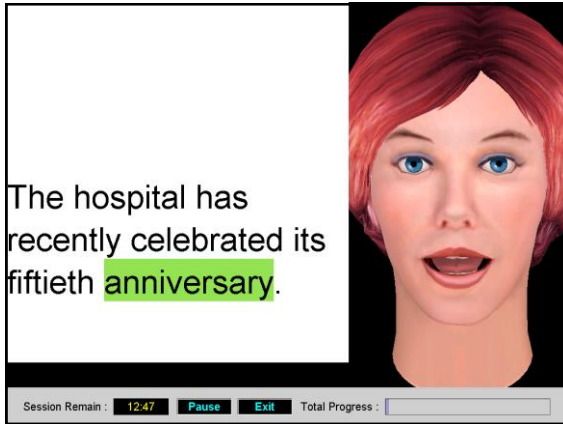
Modifications

- Add animated agent with visible speech
- Assess intensity of SLT:
 - 10 hrs/week vs 4 hrs/week
- Compare to no-treatment group

Our **address** has changed.



Session Remain : 14:33 **Pause** **Exit** Total Progress :



ORLA + WRITING


- We have developed a unique treatment approach
 - Pairs written production with verbal repetition
 - Extends treatment beyond the word level to the sentence level
 - Provides practice in the generation and revision of sentences
 - Practice is done independently on home computer
 - Practice is intensive

Treatment

- Treatment used state-of-the-art technology in which an anthropomorphically accurate "digital" therapist visually modeled speech and guided treatment.
- Treatment by a digital therapist ensured treatment fidelity and removed clinician-related variables (e.g., clinician expertise, personality factors) that potentially influence treatment outcomes.
- The computer agent read each target sentence aloud in unison with the PWA.
- Using a smart pen, the PWA copied the target, wrote it from memory, reviewed the target and made corrections.
- Participants worked intensively (90 minutes/day, 6 days/week, for 6 weeks) and independently on their home computer which was connected to a central server.
- Progress was monitored remotely and writing samples were captured by the smart pen.

Treatment – digital therapist AND LIVESCRIBE SMARTPEN

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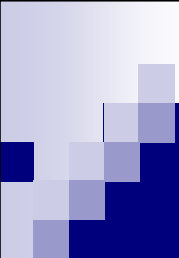


Treatment sequence

Step	Instructions Read Aloud by "Digital" Therapist	Program Features
1.	Look and listen	Sentence is presented on screen. As agent reads aloud, each word is highlighted.
2.	Point to each word	Sentence is presented on screen. As agent reads aloud, each word is highlighted.
3.	Say it	Agent reads sentence, each word is highlighted; subject reads in unison.
4.	Again	Agent reads sentence, each word is highlighted; subject reads in unison.
5.	Write the sentence	-Sentence is presented on screen -Subject copies sentence on microdot paper.
6.	Point to _____	Program selects word that is produced by agent
7.	Point to _____	Program selects word that is produced by agent
8.	Copy this.	-Program highlights word -Subject writes word on microdot paper
9.	Copy this.	Program highlights word -Subject writes word on microdot paper

Treatment sequence

Step	Instructions Read Aloud by "Digital" Therapist	Program Features
10.	Say the whole sentence again	Agent reads sentence, each word is highlighted; subject reads sentence in unison.
11.	Write the whole sentence again	Sentence appears on screen while agent gives instructions; then sentence disappears/screen is blank. Subject must write the sentence on microdot paper without a model.
12.	Check your work and fix it	Sentence appears on screen -Subject compares the hand-written sentence on the paper to the sentence on the screen and makes corrections as needed -Subject hits spacebar to advance program to the next sentence



ORLA Expansion

Scripts: Training Everyday Conversations for Individuals with Aphasia

What is a Script?

- A sequence of sentences that a person typically speaks in routine communication situations
- Examples
 - Ordering pizza over the phone
 - Making a doctor's appointment
 - Job interview

Background

- Scripts guide and facilitate identification of participants and actions involved in social situations
- Script knowledge includes understanding, remembering and recalling the temporal organization of events in routine activities
- Research indicates that script knowledge is not seriously compromised by aphasia, at least when the language deficit is mild to moderate thus making aphasic individuals candidates for script training (Armus et al, 1989; Lojcek-Osiejuk, 1996).

Script Training Rationale

- Instance Theory of Automatization
 - Automatic processing is fast, effortless, autonomous, stereotypic and unavailable to conscious awareness
 - Automaticity of skills achieved by retrieving memories of complete, context-bound, skilled performance
 - These memories are formed with repeated exposures to a consistent task (practice)

(Logan, 1988)

Instance Theory of Automatization

- Each instance of exposure contributes to the acquisition of a domain specific knowledge base when stimuli are mapped consistently on to the same responses
- Retrieval occurs automatically when the same stimuli from the practice environment are present
- Practice increases amount and speed of retrieval

(Logan, 1988)

Implications for Script Training

- Focus on complete meaningful segments rather than single words
- Use discourse relevant to daily life
- Practice with a communication partner
- Practice consistently
- Practice intensively

Creating Scripts

- Considerations
 - Identifying patient's communication needs and interests
 - Script topics
 - Type of script (dialogue or monologue)
 - Number and length of conversational turns
 - Grammatical complexity
 - Vocabulary selection

Activities Checklist for Script Identification: Examples

- | | |
|-----------------------------------------------|----------------------------------------------------|
| ■ Visit exhibitions, museums, libraries | ■ Talk on the phone to friends and family |
| ■ Go to the movies, theaters, concerts, plays | ■ Make appointments over the phone |
| ■ Go to restaurants | ■ Order over the phone |
| ■ Go shopping | ■ Tell stories and jokes |
| ■ Play with or help children or grandchildren | ■ Discuss finances with banker, accountant, lawyer |
| ■ Visit friends or relatives | ■ Ask for directions |
| ■ Talk to sales people in stores | ■ Discuss your health with your doctor |

Types of Scripts

- Monologue
- Dialogue with person with aphasia as initiator
- Dialogue with person with aphasia as responder

Number and Length of Conversational Turns

- Severity of production deficits helps determine length of each turn
- Comprehension deficits help determine number of turns (total length of conversation)
- Keep the communication partner's lines as short as possible.

Grammatical Complexity

- Measured by the number of morphemes
- Definition of morpheme:
 - Smallest language unit that carries a semantic interpretation; a combination of sounds that carry meaning.
- Increasing number of morphemes increases grammatical complexity

Morpheme Count: Examples

- Jump = 1 morpheme
- Jumps, jumped, jumping = 2 morphemes
- Cake = 1 morpheme
- Cakes, cheesecake = 2 morphemes
- Happy = 1 morpheme
- Unhappy, happier = 2 morphemes
- Unhappier = 3 morphemes

Remember that irregular past tense verbs count as two morphemes, just like regular past tense verbs.

Grammatical Complexity

- Include a variety of different grammatical structures so that the script represents real-life conversation
 - Avoid using the present progressive "is + ing" for every sentence.
- Use syntax that the PWA would typically produce in conversations rather than perfectly correct grammatical sentences.
 - Consider using phrases and sentence fragments, rather than complete sentences.

Vocabulary Selection

- High interest to the patient
- Potential frequency of use by patient

- Word length and phonemic complexity
- High vs. low frequency
- Concrete vs. abstract
- Noun, verb, modifier count

Writing the Script

- Clinician and aphasic person collaborate
 - Draft of script is written
 - Reviewed by patient and others selected by the patient
 - Script is edited; may take several review cycles before patient provides final approval

Analyzing Patient Progress

- Requires analysis of:
 - Target script
 - Baseline pre-treatment performance
 - Post-treatment performance
- Recommend audio recording of baseline and post-treatment performance

Measures

- Percent script related words
- Rate of production of script related words

- Numbers of nouns, verbs and modifiers
- Number / % of morphemes

Computerizing Script Training

- Used technology from The Center for Spoken Language Research (CSLR) at the University of Colorado
- Developed animated computer characters that synthesize accurate visible speech, contextually appropriate facial expressions, eye movements, and head, hand, and body movements
- Applied to profoundly deaf children, autism spectrum disorder, and children with reading problems

Training Sequence

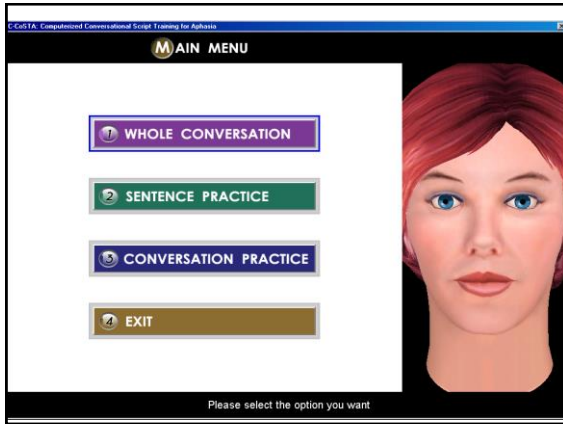
- Listening/reading whole conversation
- Single sentence practice
 - Self-monitoring
 - Individual word practice
- Conversation practice
 - Removing cues (face, voice, written words)

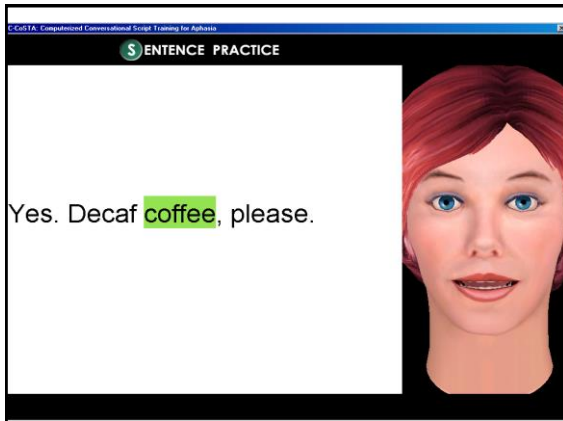
AphasiaScripts

- Sentence and conversation practice involves reading the script aloud with the following cues:
 - Visual verbal - words are highlighted on the screen
 - Visual motor – correct articulatory movements are seen on an animated agent
 - Auditory - words are heard
- Conversation practice - cues are removed in a step-by-step process in a fixed order

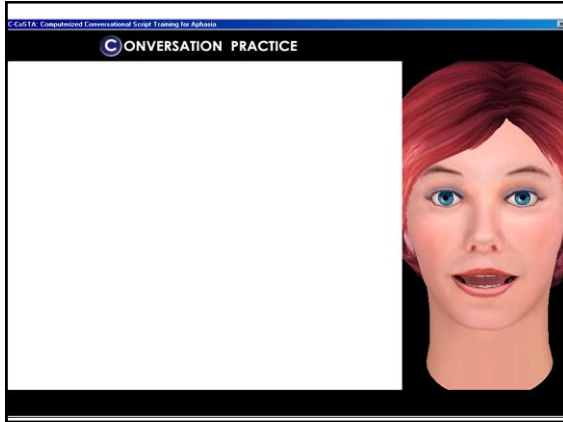
AphasiaScripts

- Available from:
www.ric.org/aphasia
<http://ricaphasiascripts.contentshelf.com>
Email: aphasiascripts@ric.org









Authoring

- Each script recorded
 - ☐ Select number of lines
 - ☐ Select order of speakers – can be reversed in the middle of the script
 - ☐ Rate of recording individualized for subject

Research Protocol

- Three scripts are developed for each subject
- Each script is practiced for three weeks
- Scripts are practiced daily at home for at least 30-minutes on a loaned laptop
- Once-weekly sessions with SLP to check status and ensure compliance
 - ☐ First and last scripts are transcribed and coded according to the previously described procedures

Outcome Measures

- ASHA Quality of Communication Life Scale
- Western Aphasia Battery
- Burden of Stroke Scale
- Language Sample: Picture Description and Story Retelling
- Boston Naming Test
- Exit Interview

Summary : Exit Interview Themes

- Increased verbal communication
- Generalization to other modalities and situations
- Improvements noticed by others
- Increased confidence
- Satisfaction with program

Conclusions

- Conversational script training resulted in improved production of the practiced scripts
- Reports from patients and family indicated improved communication skills in other situations
- Computer script training using virtual therapist software may be cost-effective means of delivering therapy
- Analysis of data from a larger sample of participants is underway

Talking Photo Album

<http://www.attainmentcompany.com/talking-photo-album>



- VAST – Video assisted speech technology
- Speak in Motion

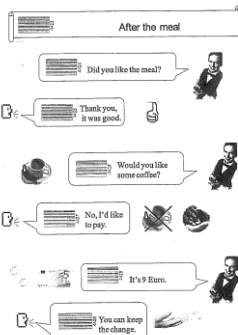
<http://www.speakinmotion.com/>



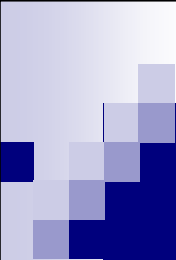
B.A. Bar



Figure 4. B.A.Bar dialogue training—example of practice material (translated from original German).




Nobis-Bosch et al., 2011 (JSLHR, 54, 1118-1136).




Loose Training Approaches

Response Elaboration Training RET

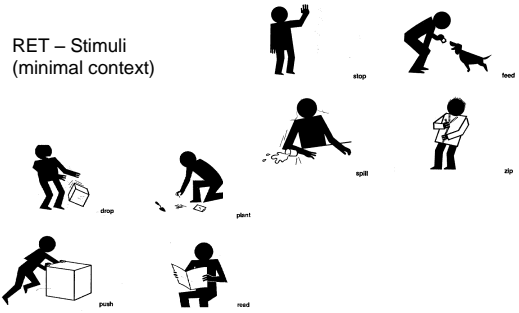


Response Elaboration Training (RET)

- “Loose training” program
 - Loosens control over stimuli and response by using patient-initiated responses as the primary content of therapy
 - Stimuli does not define content
- Purpose:
 - **Increase the length of utterance** and
 - **Increase information content** in verbal responses of persons with non-fluent aphasia
- Technique:
 - Shaping and chaining on patient-initiated responses



RET – Stimuli (minimal context)



RET – Stimuli (minimal context)



Response Elaboration Training (RET)

- Elicit spontaneous responses to minimally contextual picture stimuli (show actions) – “Tell me anything you can about this picture”
- Model and reinforce initial response
 - Verbal
 - Written
- Provide “wh” questions to prompt the PWA to elaborate on the initial response
- Reinforce attempted elaboration(s), and then model sentences that combine initial and all subsequent responses to the given picture stimulus

Response Elaboration Training (RET)

- Provide a model following each addition
 - Verbal
 - Written
- Request a repetition of the sentence, models and cues as necessary
- Reinforce repetition of combined sentences and provide a final model and cues as necessary
- Responses not directly corrected – naturalistic feedback provided during structured interactions through conversational modeling

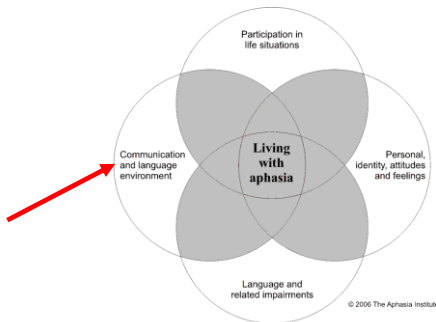
RET : Evidence

- Kearns et al. (1988, 1991)
- Increased number of content units produced to trained and untrained picture stimuli
- Some generalization across stimuli, people and settings
- Used with nonverbal patients to elaborate on their drawing responses

A-FROM Model:
Environment

Example:
Communication
Partner Training

Living with Aphasia: Framework for Outcome Measurement (A-FROM)



Definition:
Communication Partner Training

An intervention that provides training to a person or persons other than the person with aphasia, with the intent of improving language, communication, participation and/or well-being of the person with aphasia

Definition:
Communication Partner

Individual(s) in the environment with whom the person with aphasia might interact, including, but not limited to, family members, friends, volunteers or health care providers.

The top ten: Best practice recommendations for aphasia

- Nina Simmons-Mackie, Linda Worrall, Laura L. Murray, Pam Enderby, Miranda L. Rose, Eun Jin Paek & Anu Klippion on behalf of the Aphasia United Best Practices Working Group and Advisory Committee. Aphasiology, 2017, 31:2, 131-151.
- Levels of Recommendation /Evidence
 - ☐ Level A: Body of research evidence can be trusted to guide practice
 - ☐ Level B: Body of research evidence can be trusted to guide practice in most situations
 - ☐ Level C: Body of research evidence provides some support for recommendation
 - ☐ Level D: Body of research evidence is weak
 - ☐ Good Practice Point: Recommendation is based on expert opinion or consensus

1. All patients with brain damage or progressive brain disease should be screened for communication deficits. (Level C)
2. People with suspected communication deficits should be assessed by a qualified professional (determined by country); Assessment should extend beyond the use of screening measures to determine the nature, severity and personal consequences of the suspected communication deficit. (Levels B, C).
3. People with aphasia should receive information regarding aphasia, aetiologies of aphasia (e.g., stroke) and options for treatment. (Levels A–C).
This applies throughout all stages of healthcare from acute to chronic stages.
4. No one with aphasia should be discharged from services without some means of communicating his or her needs and wishes (e.g., using AAC, supports, trained partners) or a documented plan for how and when this will be achieved (Level: Good Practice Point).

5. People with aphasia should be offered intensive and individualized aphasia therapy designed to have a meaningful impact on communication and life. (Level A-GPP depending on approach, intensity, timing).
This intervention should be designed and delivered under the supervision of a qualified professional.
 - a. Intervention might consist of impairment-oriented therapy, compensatory training, conversation therapy, functional/participation oriented therapy, environmental intervention and/or training in communication supports or augmentative and alternative communication (AAC).
 - b. Modes of delivery might include individual therapy, group therapy, telerehabilitation and/or computer assisted treatment.
 - c. Individuals with aphasia due to stable (e.g., stroke) as well as progressive forms of brain damage benefit from intervention.
 - d. Individuals with aphasia due to stroke and other static forms of brain damage can benefit from intervention in both acute and chronic recovery phases.

6. Communication partner training should be provided to improve communication of the person with aphasia. (Levels A, B)
7. Families or caregivers of people with aphasia should be included in the rehabilitation process. (Levels A–C)
 - a. Families and caregivers should receive education and support regarding the causes and consequences of aphasia (Level A).
 - b. Families and caregivers should learn to communicate with the person with aphasia (Level B).
8. Services for people with aphasia should be culturally appropriate and personally relevant. (Level: Good Practice Point)
9. All health and social care providers working with people with aphasia across the continuum of care (i.e., acute care to end-of-life) should be educated about aphasia and trained to support communication in aphasia. (Level C)
10. Information intended for use by people with aphasia should be available in aphasia-friendly/communicatively accessible formats. (Level C)

Simmons-Mackie, Raymer, &
Cherney, 2010, 2016

Recommendations

Effective

Partner training is recommended with a high degree of clinical certainty and should be employed for:

- improving **communication** of communication partners to support the person with aphasia

Supported Conversation

- ▶ Developed by the Aphasia Institute (Toronto)
- ▶ Provides “communication ramps” to the person with aphasia
- ▶ The person *without* aphasia, i.e. the conversation partner, learns to adjust their communication strategies to allow the person with aphasia, opportunities to engage in meaningful conversation.

Supported Conversation

- ▶ Communicating with Patients/Clients Who Know More Than They Can Say
- ▶ Underlying philosophy
 - Individuals with aphasia are competent, but competence is hidden
 - Competence can be revealed during conversation with conversational supports provided by a trained conversational partner

Supported Conversation for Adults with Aphasia (SCA™)

Acknowledge Competence

- Techniques to help patients/clients feel as though they are being treated respectfully

Reveal Competence

- Techniques to **get** and to **give accurate information**

Are You Treating the Patient/Client Respectfully?

- ▶ Speak naturally (with normal loudness), using an adult tone of voice
- ▶ Acknowledge the patient/client's frustrations and fears of being thought of as stupid e.g. *"I know you know"*
- ▶ Deal openly with situations in which you have to communicate with a partner to obtain or give information

Revealing Competence

Techniques to **get** and to **give accurate information**

- In
- Out
- Verify

In: Is Your Message Clear?

- ▶ Eliminate distractions
- ▶ Use short, simple sentences and expressive voice
- ▶ As you are talking:
 - ✓ Use gestures that the patient/client can easily understand
 - ✓ Write key words/main idea e.g. '*pain*' in large bold print
 - ✓ Use pictures—focus on one at a time

Out: Does the Patient/Client Have a Way to Answer or Ask Questions?

- Ask “yes/no” questions and make sure that the patient/client has a way to respond
- Phrase “yes/no” questions in a logical sequence (general to specific)
- Ask one thing at a time
- Ask the patient/client to give clues by gesturing, or pointing to objects, pictures and written key words (e.g. “*can you show me...?*”)
- Give the patient/client time to respond

Verify: Have You Checked to Make Sure You Have Understood?

- State slowly and clearly what you think the patient/client is trying to say, e.g. ... “*so let me make sure I understand. ...*”
- Add gesture or written key words, if necessary

Verify: Have You Checked to Make Sure
You Have Understood?

- *Reflect*: repeat the patient/client's message
- *Expand*: add what you think the patient/client may be trying to say
- *Summarize*: pull things together at the end of a longer discussion

For more information on SCA™ and pictographic resources, please contact the

APHASIA INSTITUTE

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Tel: 416-226-3636
Fax: 416-226-3706
Email: aphasia@aphasia.ca

www.aphasia.ca

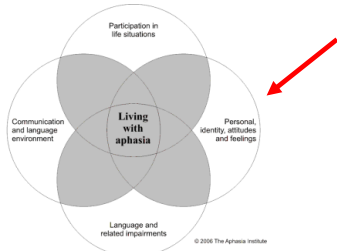
www.aphasia.ca/communicative-access-sca

<http://www.slideshare.net/aphasiaweb/sca-sdlm-3>

A-FROM Model:
Personal Factors

Example: Aphasia
Groups

Living with Aphasia: Framework for Outcome Measurement (A-FROM)



Aphasia: Psychosocial Impact

- Depression
- Loneliness
- Frustration
- Loss of control
- Loss of identity
- Poor self-esteem

Groups: Psychosocial Advantages

- Not alone / sense of community
- Feeling of success in communication
- Increased confidence
- Renewed sense of identity
- Increased self-esteem / autonomy
- Good "feelings"

Group Therapy for Aphasia facilitates:

(Literature Review)

- Improvements across language modalities including linguistic, pragmatic, and discourse-based outcomes
- Significant gains in activity and participation levels (ICF-WHO) as well as psychosocial benefits
- Maintenance of skills
- With no correlation to age, severity, aphasia type

Layfield, C. A., Ballard, K. J., Robin, D. (2013). Evaluating Group Therapy for aphasia: What is the Evidence? Evidence Based Practice Briefs, Vol. 7, No. 5.

Groups: Across Settings:

- Inpatient Rehabilitation
- Outpatient Rehabilitation
- Private Practice
- Community Programs

Aphasia Group Models

See: Elman, R. J. (2007). Group treatment of neurogenic communication disorders: The expert clinician's approach. San Diego, CA: Plural Publishers

Define the purpose of the group

- Foundation skills
- Generalization
- Life Participation/Conversation
- Instructional/Experiential

Groups that target foundation skills:

- Incorporate traditional treatment exercises
- Clinician as *leader*
- “Watch me”, “Listen to me”

Groups that target generalization:

- Promote carryover of practiced skill(s) to new situations
- Clinician as *architect*
- “Try something new with me”

Groups that target **life participation**:

- Stimulate communicating successfully in activities of common or specific interest
- Clinician as *supportive peer*
- "I'll join you"

Groups that target **instruction/experience**:

- Foster understanding and awareness
- Clinician as *guide*
- "Let's explore together"

Key Principles:

- Structure for **success** rather than waiting for failure
- **Maximize** opportunities

Facilitate Communication Success:

- Utilize multimodal communication for both *sending* and *receiving* the message
- Use Supported Communication Techniques (SCA™)

<http://www.aphasia.ca/communicative-access-sca/>

Maximize Opportunities:

- Provide aphasia friendly materials
- Have communicative supports available
- Provide opportunities for active participation
- Model

Social Practice Principles and Aphasia

- Equalize social relations
- Create authentic involvement
- Create engaging experiences
- Establish user control

Byng, S., Duchan, J.F. (2005) Social model philosophies and principles. Their applications to therapies for aphasia, *Aphasiology*, 19, 906-922.

Well-managed sessions:

- Establish communication “equality”
- Focus on meaningful communication topics
- Use multi-modal communication
- Mediate group communication socially
- Calibrate corrections
- Optimize teachable moments

N. Simmons-Mackie, Elman, R. J., Holland, A. L., and Damico, J. S.
Management of discourse in group therapy for aphasia (2007). Topics in
Language Disorders; Vol. 27, No. 1, 5-23.

Groups

- SLP facilitated
- SLP facilitated with trained volunteers
- Co facilitated SLP + another professional

Why the Speech Language Pathologist?

- Rehabilitation and recovery is a life-long process
 - The PWA presents with different abilities over time
 - The PWA has different needs over time
 - The PWA has different interests over time

- SLP
 - Knowledge of aphasia
 - Has skills to facilitate communication for PWA at all severity levels
 - Specialized techniques to provide an environmental milieu that supports, challenges, and reinforces communication interactions
 - Identifies additional referral resources
 - Identifies “next steps”

Life Participation/Community Groups

- Book Group
- Conversation Group
- Special Topic Groups

- *participants choose activities based on interest

RIC Center for Aphasia Research and Treatment: Classes We Offer

- Conversation Group
- Book Club
- Topic Specific Groups
 - Examples:
 - Humor
 - Music
 - Travel
 - What's in the News / Controversies
 - Biographical Writing
 - Movies
 - The 50's: A decade in depth

Conversation Support Group

- **“Conversation Support Group** - This is an opportunity to talk about any topic. Converse in a supportive environment with others who have aphasia.”
- **Goals:**
 - Transaction (exchange of information)
 - Interaction (fulfillment of social needs)

Conversation Support Group

- **Facilitate group participation and exchange of information by:**
 - increasing conversational initiation
 - promoting conversational “cross-talk”
 - improving use of communicative strategies
- **Use techniques of “Supported Conversation”**
 - APHASIA INSTITUTE
Tel: 416-226-3636; Fax: 416-226-3706
Email: aphasia@aphasia.ca
www.aphasia.ca

Book Club

See: The Book Connection at:

www.aphasiacenter.org/

Book Club

- Average of 8 participants per group
- Run two groups per week
- Each group made up of members with varying severity and type of aphasia (severe-mild; mostly Broca's but some Wernicke's)
- "Reading ramps" provided – audiotapes, chapter summaries, worksheets
- Weekly discussion – 90 minutes long
- Format is loosely structured. Worksheet questions used as a starting point for discussion. But the discussion is open-ended – it goes wherever the topic leads

Digital Talking Book Player and Cartridge



Topic Specific Groups

- ▶ **My Life: a Journey in Pictures** - Participants create an album with pictures and an SLP and volunteers help with writing captions or sentences.
- ▶ **What's In The News?** - Participants bring in interesting news article that will be discussed in depth. Participants will also practice reading aloud parts of the article and summarizing key points.
- ▶ **Travel Club** - Explore our world! Talk about exciting places you have visited or places you would like to travel to. Share personal photographs or bring in pictures from the travel guides.
- ▶ **Music Appreciation** - Listen to favorite songs, sing along with them, and discuss what you like (or don't like) about them. Learn something new about the composers, song writers and singers.
- ▶ **A Decade in Depth: the 50's** - What was the price of gas? What was the latest invention? How about world events? Do you remember the 50's? In this class, we'll discuss the 50's in depth including: music, art, inventions, events, etc. Put on your memory cap and join us!!

Topic Specific Groups

- **Current Controversies** - Each week we will select a controversial newsworthy topic such as stem cell research, illegal immigration, war in Iraq, smoking bans in bars and restaurants, or? You tell us what you want to explore. We will investigate the pros and cons and discuss all sides of the issue.
- **Writing: Express yourself!** - Practice your writing by exploring different forms of expression: emails, notes or letters to friends, journal writing, descriptive writing, poetry
- **Chicago Architecture** - Learn about Chicago without leaving your chair! Explore some of the unique buildings that you see in the Chicago skyline or driving around Chicago, or in your neighborhood. Learn the history of some of Chicago's greatest architects.
- **A Day at the Movies** - Come discuss and view excerpts from movies. We'll give our own "thumbs up" or "thumbs down" to the classics, current movies, and your favorites.

Specialty Classes:

- 90 minutes, 1x weekly
- 12-20+ participants
- Mixed aphasia types
- Mixed severity
- Defined topic
- Variety of interactive activities

What makes groups work?

- SLP flexibility
 - ☐ Equalizing social relations
 - ☐ Creating authentic involvement
 - ☐ Creating engaging experiences
 - ☐ Establishing user control
- Participant "ownership"
 - ☐ Input
 - ☐ Choice

Aphasia

Intelligent but hidden behind closed doors
Improvement – Always keep fighting
Depression – Frustration
Awareness of Disability
Tinged with sadness
A new beginning
Heads up
Positive choices
A growing process
Aphasics are wonderful
Happy – Future – Hopeful
The world opens up to you
Life is different – Adjustment
Aphasia is Communicating with Intelligence
APHASIA IS EVERYDAY
