- APHASIA GROUPS AT NERH
  - Aphasia Support Group
  - Talking Book Club

BACKGROUND

- Both groups represent an attempt to incorporate what has become known as the Life Participation Approach to Aphasia (LPAA)

LPAA: Core Principals

- 1. the explicit goal of intervention is enhancement of quality of life
- 2. all those affected by aphasia are entitled to service
- 3. both personal and environmental factors are target of intervention

- 4. success is measured by documented quality of life changes
- 5. services are available through all stages of life

The Aphasia Support Group

- Began in October of 2002
- Meets the first and third Thursday of each month from 3:15 pm to 5 pm
- Open to both individuals with aphasia and their families
- Currently has 19 active members

The Aphasia Support Group

- Format
  - Generally open conversation about any topic members wish to discuss
  - Occasional Videos and Presentations about Stroke and Aphasia
  - Occasional Pure social events…..Christmas parties, "Welcome Summer" party, and one time a Baby Shower!

Talking Book Club

- An Attempt to provide people with aphasia a chance to resume reading books.
- Most people with aphasia can no longer read at the text level.
- But they can follow along as they listen to a book on tape.

Talking Book Club

- Members are provided with:
  - A large-print version of the book being read
  - An audio version of the book being read
  - A tape player from the Division of Blind Services that reduces tape speed

Talking Book Club

- Meets the 2nd and 3rd Thursday of each month from 3:15 to 4:30
- Meetings are facilitated by myself and Kathy Kroll

Talking Book Club

- Format:
  - Content of the chapters that have been read since the last meeting are briefly reviewed
  - Then an "Oprah-style" discussion of the book follows. Discussion is often aided by questions provided by the California Aphasia Center

Talking Book Club

- Books that we have read:
  - Seabiscuit
  - A Walk in the Woods
  - The Greatest Generation Speaks
  - A Stroke of Luck
  - Marley and Me
  - Five People You Meet in Heaven

MY BACKGROUND

- SLP AT NEW ENGLAND REHAB IN PORTLAND
- 27 YEARS IN THE FIELD!
- BOARD CERTIFIED
- DIRECTED THE APHASIA PROGRAM AT GAYLORD HOSPITAL IN CT
- TAUGHT AT DALHOUSIE UNIVERSITY

COURSE REQUIREMENTS

- Assignment I: Critique of Treatment Studies
- Assignment II: Short-Answer Questions and Case Studies

WHAT IS APHASIA?

- APHASIA AS A GENERAL LANGUAGE DISORDER
- Aphasia is an acquires impairment in the ability to use and understand words that is:
  - the result of focal damage to the left hemisphere
  - disproportionate in impairment to other functions
  - not attributable to dementia, confusion, sensory loss, or motor dysfunction

APHASIA AS A GENERAL LANGUAGE DISORDER

- Crosses all language modalities
  - Auditory comprehension
  - Speaking
  - Reading
  - Writing

Major proponents of this view

- Hildred Schuell
- Fred Darley

POSITION #2: The Connectionist Approach

- Also known as the Boston Position
- Dates back to the 1860s: Paul Broca and Carl Wernicke
- Modern Proponents: Norman Geschwind, Harold Goodglass, Edith Kaplan

Position #2

- Aphasia is defined as “ a disturbance in any or all of the skills, associations, and habits of spoken or written language produced by injury to certain areas of the brain that are specialized for these functions”

POSITION #2: IMPLICATIONS

- MODALITY SPECIFIC DEFICITS ARE POSSIBLE AND PERSONS WITH THOSE DEFICITS ARE JUDGED TO BE APHASIC
- DEFICITS ARE TIED TO THE ANATOMICAL ORGANIZATION OF LANGUAGE IN THE BRAIN

Position #3: PROBLEM OF ACCESS

- Linguistic Deficits are not primary but are secondary to physiological deficits related to:
  - Increased fatigue
  - Decreased speed of reaction
  - Fluctuations in attention and mental effort

Position #3

- advocated by Malcolm Mac Neil (1982)
- Renewed interest in this position in the 1990s from Scott Rubin and Laura Murray

Position # 4: APHASIA AS A COGITIVE DISORDER

- Long History: Position goes back to the time of Pierre Marie (1853-1940) and Henry Head (1861-1940)
- Both believed that aphasia was a single disorder that always involved as " a component of intellectual defect"

Position #4

- Other Proponents:
- Goldstein: Argued that aphasia was the direct result of a loss of "abstract attitude" which was reflected in defective performance in nonverbal tasks
- Martin (1981): Saw aphasia as a reduction in the efficiency in the action and interaction of the cognitive processes that support language

Position #4

- Chapey (1981): Argued that cognitive deficits accompany but do not cause language deficits. Proposed that "memory and "thinking" are affected
- Mary Purdy (2004), Gail Ramsburger, and Jackie Hinckley have all argued that aphasic patients should be at least examined for executive function deficits.

What I believe About Aphasia (and you should too!)

Aphasia is an acquired impairment in the ability to comprehend and formulate language that:

1. Crosses all modalities. Modality specific impairments, for example to reading or speaking, are possible but should not be called aphasic in nature.

My Beliefs

- 2. Aphasic patients may be differentiated by the degree of impairment in underlying linguistic processes involving retrieval of semantics, phonology, and syntax as well as by the absence or presence or an accompanying apraxia of speech

MY Beliefs

- 3. Linguistic deficits may be further affected by difficulty establishing and maintaining, and shifting attention as a result of fatigue and emotional state. Attention deficits do not cause the linguistic deficits but they don't make things any easier!

My Beliefs

- 4. Cognitive Deficits (intellectual compromise) are not inherently part of aphasia but the likelihood increases with the severity of aphasia.
  - Age is probably an important factor in determining the co-occurrence of cognitive deficits
  - Type of aphasia is another important factor (i.e., Wernicke aphasia)

My Beliefs

- Don’t use the terms expressive and receptive aphasia. More helpful to talk about fluent versus non-fluent aphasia.
- Aphasia is primarily a language problem that often results in a communication problem. But some aphasic communicate much better than their linguistic problems would predict as well as vice versa.

My Beliefs

- Aphasia is a social problem, Aphasic are more impaired than they have to be because society in general has no awareness of its existence!

My Beliefs

- Aphasia is a life long problem and there should be continued support and services throughout the person's life span. We don’t cut off insulin to diabetics after the first year post diagnosis.

My Beliefs

- Individuals with Aphasia deserve care from SLPs that care about them, and have specialized in their care, and like aphasia!

Clinicians treating aphasic patients should care enough to keep up with the literature, attend conferences, buy books on aphasia post-grad school, and stay late if necessary to score tests and complete good documentation about their interventions.