

“Who’s Doing the Talking? Who’s Doing the Thinking?”

OSLHA 64th Annual Convention

March 13, 2010

The Pittsburgh Aphasia Treatment,
Research and Education Center

The Aphasia CyberClinic

www.aphasiatoolbox.com

The Aphasia Solutions Network

**800 Vimal Street, B408
Pittsburgh, PA 15212**

Learner Outcomes

- Identify 10 techniques to simplify, adapt and maximize computers and information technology for aphasia, alexia, agraphia and cognitive therapy.
- Identify 5 key cognitive/mental processes that underpin and support language and its rehabilitation and incorporate these into treatment protocol development and application.
- Identify 5 techniques for applying adult evidence-based rehabilitation techniques in working with adolescents and young adults with communication problems.
- Identify 4 observation and analysis techniques of aphasic



“Traveling the Pathways of Aphasia Recovery...”

“Life without passion is
unforgivable.” Sean John

Basic Session Plan

- Present and discuss informational content
- Using observation of demonstration videos, simulations and distance interaction, discuss treatment activities, tools and

10 Big Questions for Today?

- What is aphasia, really?
- How can we make every activity truly therapeutic?
- What does best EBP for aphasia look like?
- What are some key elements helping to alleviate effects of depression with aphasia?
- Is there a difference between aphasia rehabilitation and aphasia recovery? ⁷

10 Big Questions for Today?

- Can traditional didactic treatment ever be effective?
- What is the cost-benefit ratio for intensive aphasia treatment?
- What is the best way to use groups?
- Why do 1.25 million resident of Canada and the USA suffer chronic aphasia?

8

#1 Big Questions for Today?

- Can worksheets grow dendrites?

The BIG IDEA on Aphasia Therapy

Everything revolves around and comes back to propositional speech and conversation

9

10

The Essence of Aphasia Therapy

- Get the patient skilled at:
 1. knowing where to focus his/her mental attention
 2. acting on that point of focus
 3. efficiently shift to next point of focus

The Key Elements of Aphasia Therapy

Faith

Rhythm

11

12

The Missing Ingredient in Aphasia Therapy

- A tremendous amount of smart, effective independent, patient practice
- It is all about therapeutic time on task in a variety of situations including a therapeutic social network.

13

Helping people speak again

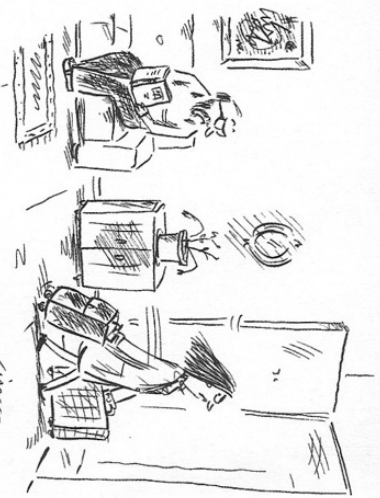
- Reading – alexia
- Writing – agraphia
- Listening – auditory comprehension
- Interpersonal communication – pragmatics
- Cognitive underpinnings – verbal working memory, attention, mental resource allocation, flexible thinking, problem solving
- Non verbal – gestural, facial, body language



17



THE NEW YORKER



"Who's going to finish your sentences?"

5/press

TUESDAY
FEBRUARY 24

What is the Problem?

One million USA citizens endure the hope robbing, independence-depriving effects of aphasia. Despite the millions of dollars spent on awareness, research and treatment, the data shows too often only nominal and limited positive movement in real progress for these people and their millions of caregivers and loved ones.

What is aphasia?

- Review Paul Berger video

18

What is aphasia?

Paul Berger Goals:

1. Become a good communicator in both conversation and group presentations
2. Become an excellent salesma
3. Use the internet competently

19

The problem

How have we failed people with aphasia?
Why have we failed?

Why have we failed?

1. We have invested in approaches that either don't work or are too slow.
2. We lack faith and give up.
3. We blame the patient. "You have plateaued."
4. Treatment focuses on output not mental processes.
5. We do not collaborate.
6. We fail to go beyond the clinical evidence an research.

Why have we failed?
Reason 1

We have invested in approaches that either don't work or are too slow.

Why have we failed?
Reason 2

We lack faith and give up.
"Your wife will never talk again."

Why have we failed?
Reason 3

We blame the patient.
"You have reached a plateau."

"Faith is a passionate intuition.

"Plateau schmateau" -- Bill

*Why have we failed?
Reason 4*

Treatment focuses on data not mental processes.

“Who’s Doing the Thinking, Who’s

*Why have we failed?
Reason 5*

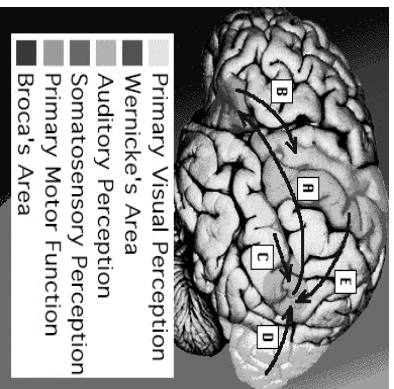
We fail to collaborate

“Collaboration is a process of participation through which people, groups and organizations work together to

*Why have we failed?
Reason 6*

We fail to go beyond the clinical evidence and research.

“a) clinical expertise, b) best current evidence, c) client ...

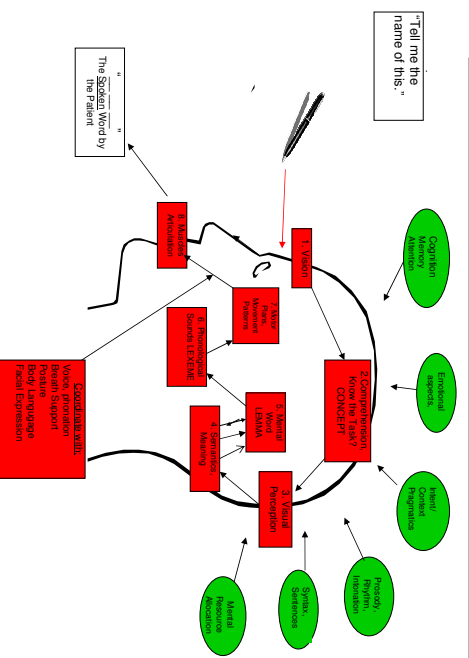


What is aphasia?

“Aphasia is different for everybody.”

Ginny Anguish,
recovered from aphasia

The Visual Definition of Aphasia and Apraxia



- Visual Diagram Key Elements:**
1. Communication efforts travel similar pathway to LEMMA for all modalities then flow to various modalities [e.g., speech, writing, gesture]
 2. This is typically a feedforward but can be a feed backward and/or sideward process flow.
 3. Sometimes treatment hones in on one or two modalities rather than all modalities

Actual Internet Posting 1

Mother had her stroke a year ago, and **couldn't even stick out her tongue** when told to do so at that time. We have had speech therapy (**which recently ended**) and she is some better, but still can't actually **carry on a conversation** and many times can't get the right words or sounds. She **relies on me too heavily**, because I

My husband and I now live with her as she doesn't want to live alone and couldn't have until maybe recently. She still doesn't want to live alone or even be alone in the house for more than 15 or 20minutes. I am **trying to get her to talk more**. I understand that **lay persons can be trained** to do the **restraint intensive therapy**. Can you tell me how to get **more information on this?** I would be very grateful.

Hi my name is XXXXX, about 7 months ago my mother had a stroke. She has Aphasia. She has had speech therapy but they **have her down to twice a week at 45 min.** each time. The **doctors all say after 7 months you can't expect much**. That is **not good enough for us or her**. We **need help**. What is the best advice you can give us? **What is the best treatment center?** Do any of you know about the place at University of Michigan? Any advice would greatly appreciated. Thank you so much. Amy

Actual Internet Posting 3

I am looking for **any information I can find**. We **can't afford the much**. That is why I am looking for the **layperson version** that I can learn, hopefully. **Mother really wants talk** and has come a long way since her stroke. It is so disappointing that she has had so much success and then **her insurance quit paying**, because the **success isn't as fast as it was**. We work 4 to 5 days a week on exercises for her speech.

Can you tell me if it is **normal to be afraid to be alone?** She never has been before. Is it just because her communication is not up to speed? Thank you for any and all information you can give us.

Actual Internet Posting 2

My Actual Response to 1

We use several techniques to prepare my patients in my practice and on the Aphasia Treatment Cyberclinic. First we use script rehearsal so that people are prepared to introduce topics, offer small talk and social greetings and feel increased confidence. Secondly, we try to get pictures of people he/she may meet at get-togethers and practice names and basic biographical information about those people again to facilitate ease of conversation. We also work

My Actual Response to 2

Thanks so much for sharing this reference Karen. It provides an important message. We know from our experience and various studies that we definitely can train caregivers and other interested people to effectively help others communicate better. If you revolve your therapeutic efforts around normal elements of communication [e.g., turn taking instead of didactic interaction, exchanging new information, reinforcing if the message is successfully exchanged instead of how it was done, use technology when possible, apply smart techniques, etc.]. I would add the caveat to those 'laypersons' being trained that restraining a person with aphasia to one modality

Actual Phone Conversation 1

- I was told by a PhD clinic director of a university-based aphasia center after two months of treatment that after a year or two they might “..get your husband to say some short words...” 2009

38

My Response to Phone Conversation 1

“We will start with sentences.”

You know what patients and caregivers want. You know what has not worked for them.

✓ What does work?

Here are 10 Simply Smart Principles for ...

.... innovative and effective treatment and self-help therapy for aphasia, alexia, agraphia, apraxia and cognitive underpinnings for communication



Principle 1

Work on reconnecting neural pathways that are used for propositional, generative, conversational speech.

Principle 2

Challenge the patient

"The human brain is a most unusual instrument of elegant and as yet unknown capacity." --

Principle 3

Guide the patient toward being his/her own speech therapist.

Help the patient appreciate and understand the nature of aphasia/apraxia [metaphasia] and

Principle 4

Use SMART therapy activities.

These take evidence-based research and science and make them understandable and useable. Achieve neural rhythm, flow and fluency in

Principle 4 continued

Use SMART therapy activities.

Principle 5

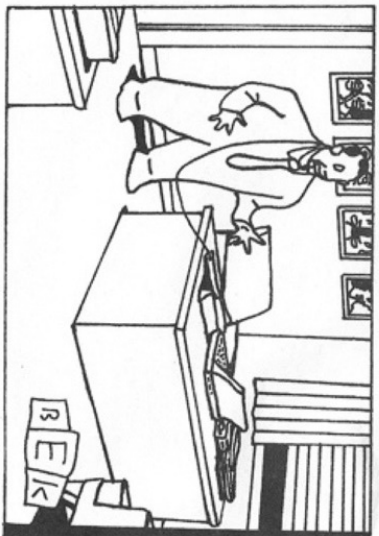
Use all possible angles to reconnect the neural pathways:

- Prosody – definitely address this early/ongoing
- Reading / Writing

PUHLEASE, avoid boring,



THE NEW YORKER



"I want you to meet these guys—they've got the hottest new stupid thing on the Internet."

FRIDAY
AUGUST 29

Software for Aphasia should: SHEAR

- Simple to use
- Human touch remains
- Effective for clients
- Affordable
- Responsive to change and client growth

Principle 6

When possible, take advantage of technology:

Not a fan of commercially prepared software programs and services for aphasia

www.aphasiatoolbox.com

Principle 6 (cont.)

Aphasia Sight Reader

Internet games and activities

Joan Green's book

www.sentenceshaper.com

Easy email sites

word of the day, minute of the day

Principle 7

Deal effectively with the effects of apraxia.

Identify and put back into working order any respiratory and phonatory apraxia (the effects of this can preclude success yet in conversation this is often

Principle 8

Focus on conversational interaction and discourse.

Some ideas and activities include: Scripting, introductions, greetings, common responses, open - closed ended question asking, having the client with conversation

Principle 9

Persistent, ongoing therapy bolstered by interval intensive visits is where it is at.

- Have fun
- Believe
- Find a way

Principle 10

Have the patient work from his/her own memory or thoughts.

Avoid use of imitation, external cuing, and/or copying which may exacerbate perseveration and the inability to use

What is the Answer?

The Aphasia Solutions Program

✓ Alternate effective, innovative SLP therapy with...

Language activation manual/book

The Reconnectionist Theory

- There is no such thing as a patient plateau.
- The language dominant side reconnects.
- The focus is on normal reconnection.
- Many, many neural pathways flows are needed

You are such a great audience, here is a bonus Principle 11

“Never, ever, ever give up.”

Winston Churchill

The Reconnectionist Theory

- Find a way to get started.
- Support the cognitive underpinnings.
- Have the patient improve attention focus and shift.
- Ensure metaphasia and metapraxia and metacognition.
- Rhythm and faith predominate.

The Reconnectionist Theory

- Use propositional pathways as often or soon possible.
- Blink it.
- Help the patient and caregiver learn to embrace his/her mistakes.
- Feedback consists of what to do. Avoid negatives.

61

The Reconnectionist Theory

- Help patient know where to focus mental attention, act on it and then shift to next.

62

Collaboration

The Pittsburgh Aphasia Treatment, Research and Education Center

- Satellites: PA;VA; OH
- SLPs in PA; WV; MD; OH; MA; VA; FL; NY; Canada; Greece

Targeted outcomes

- Return to work
- Be able to effectively facilitate an online small group
- Prepare and deliver effectively a 5 minute speech
- Organize and deliver effectively a 2 minute impromptu monologue

65

How To Work On Auditory

- If they ~~comprehension~~ ~~issues~~ can hear it.
- If they can propositionally say verbs, they can hear verbs.
- If they can hear a canonical sentence, they can hear a canonical sentence.
- If they can hear prepositions, they can hear prepositions.

64

Targeted outcomes

- Engage effectively in a conversation with one partner
- Engage effectively in a 5 question Q&A
- Participate with engagement in an online small group
- Ask someone a question
- Give someone a compliment

66

Collaboration

- The Stroke Recovery Center
- Montgomery County Stroke Association
- The DaZy Aphasia Center
 - HopeHealthNetwork
- The Anhasia Action League

The Pittsburgh Aphasia Treatment,
Research and Education Center

The Aphasia CyberClinic

www.aphasiatoolbox.com

The Aphasia Solutions Network

800 Vimal Street, B408

Pittsburgh, PA 15212

724.494.2534

bill@aphasiatoolbox.com

Collaboration

- VA PIRATE residential program
- Pittsburgh VA Aphasia Research
- Carnegie Mellon