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.
  - Rehabilitation Institute of Chicago (RIC) - salary
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  - Ohio 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

World Health Organization: International Classification of Functioning

Main Health Condition (and subsidiary conditions)

- Impairments to Body Structures and Functions
- Participation Restrictions
- Personal Factors

Environmental Factors

Activity Limitations

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

- Participation in life situations
- Communication and language environment
- Personal, identity, attitudes and beliefs
- Language and related impairments

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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

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

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


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

Telerehabilitation / Telepractice

- ASHA affirms telepractice as an appropriate model of service delivery.
- Definition of telepractice states that “the quality of services delivered via telepractice must be consistent with the quality of services delivered face-to-face.”
- Two modes of delivery:
  - synchronous
  - asynchronous

Telerehabilitation / Telepractice

- ASHA has a formal position statement on telepractice.
- Defined as “the application of telecommunications technology to deliver professional services at a distance by linking clinician to client, or clinician to clinician for assessment, intervention, and/or consultation” (ASHA, 2010, p. 1).
- Primary benefit - expanded and immediate access to care.
  - In some geographic areas, PWAs unable to receive services due to the distance either they or their therapist would have to travel.
  - Even in accessible areas, PWAs may be physically unable to travel or have no means of transportation.
  - Reduces the potential delay of service.

Synchronous Telepractice

- Real-time audio or visual connections between participants.
  - As simple as a phone call, or as complex as a teleconference with shared materials viewed on the computer screen of each participant.
  - Telepractice sessions are typically delivered synchronously (ASHA, 2010).
  - Provide many advantages of 1:1 in-person therapy:
    - Customizing treatment to the individual participant.
    - Providing immediate reinforcement and feedback.
  - Cost-effective:
    - Although therapist treatment hours are the same, there are no longer travel expenses or travel time.
Asynchronous Telepractice

- Patient performance data are collected, stored, and then, at a separate time, retrieved by the SLP.
- Generally used “as an adjunctive mode to supplement services delivered in person or to review and validate information observed and recorded during synchronous telepractice encounters” (ASHA, 2010, p. 3).
- Allows for the greatest amount of client work time for the least amount of therapist time.
- Cost-effective
  - Expands number of people receiving speech-language services
  - Increases length of time that clients can receive treatment
  - Increases intensity of their practice

Web-ORLA

- Uses upgraded computer version of ORLA (v 2.0)
  - PWAs work with an avatar or virtual therapist who
    - reads sentences aloud
    - speaks with accurate visual speech
    - highlights and repeats words and sentences, providing guidance much like a real therapist.
- Web-ORLA
  - patients work on their home computers (asynchronous)
  - treatment delivered over the internet by the virtual therapist
  - remote online monitoring and communication by the real SLP (synchronous & asynchronous)

Introduction at Aphasia Conference

- Welcome lords, ladies, gentlemen, and honored guests.
- My name is Jim R
- I had a stroke eight years ago.
- And like many of you, I have aphasia.
- Living with aphasia can be a challenge.
- But stop, look around, we are in this together.
- I may have trouble finding the words I want to say.
- But I still have my sense of humor.
- That reminds me of a joke.
- Before you criticize someone, walk a mile in their shoes.
- That way, when you criticize them,
  - You’re a mile away and you have their shoes!
- Thank you and enjoy the wonderful day ahead.

Case Study: Subject 1 (ROMJI)

- 68 year old male
- 8 years post-stroke
- Moderate Broca’s aphasia
- WAB AQ 85.3
- Scripts
  - Introduction to the Midwest Aphasia Conference
  - Dialogue about family and interests
  - Dialogue about a Mediterranean cruise

My appointment is tomorrow afternoon.
ROMJI Exit Interview

W: I would say there was a major change.
SLP: Do you have a few examples?
W: Well, just sort of the feeling, we go to the exercise club every morning, and Jim has always enjoyed the group of guys who are there. But now it's Jimmy this and Jimmy that and hi Jimmy and here, you know he really is part of the group
SLP: Do you think that's happened because you were able to initiate with them a question about asking them, so that they have been talking more to you just because you've been able to initiate the question?
R: Yes yes yeah yeah

Case Study: Subject 2 (COLPA)

42 year old female
19 months post-stroke
Moderate Broca’s aphasia
WAB AQ 77.5
Scripts
- Phone conversation with prospective client
- Dialogue while showing a house
- Dialogue at house closing

COLPA Script 2

Pam: Hi I’m Pam C. Nice to meet you.
Pat: I’m Pat and this is my husband Jerry.
Pam: Did you have any trouble finding the place?
Pat: Oh no. The directions were easy.
Pam: I love this house. It was just painted and they put in new carpet.
Pat: Sounds great.
Pam: Let’s start in the kitchen. There’s a deck out to the landscaped backyard.
Pat: It’s beautiful.
Pam: This bathroom was just remodeled
Pat: Oh I love it.

Pam: Let’s go see the upstairs. There’s a whirlpool tub in the master bath.
Pat: Very nice.
Pam: Here’s the extra bedroom. It could be an office or playroom.
Pat: Perfect.
Pam: Let’s go down to the basement now. You’ll love it.
Pat: Great.
Pam: The finished basement has a fireplace and bathroom. The washer and dryer stay.
Pat: We love the house. We want it.
Pam: I will call your mortgage lender so we can get the ball rolling.
Pat: Great.

COLPA: Exit Interview

SLP: Can you tell me since you started the project did you notice any changes in your speech?
C: Oh, yes a lot.
SLP: Ok, can you give me um an example, anything?
C: Well, well, um, everybody seems they can notice to, um.
COLPA: Exit Interview

SLP: Ok um, did you notice any other changes in yourself after doing the program?
C: Yes I did.
SLP: Yeah, like-
C: I’m not, I’m not uh upset as much you know.
SLP: Oh ok. So you don’t get upset as much as you used to?
C: Right.

COLPA: Exit Interview

SLP: Ok, um what did you think about the program itself like Ms. Pat, what did you think about Ms. Pat?
C: Well um, um me and Pat we have to argue but it helps. (laughs)
SLP: Ok, did you did you like working with her as opposed-?
C: Oh yes I, oh yeah, yeah.

COLPA: Exit Interview with Significant Other

D: Her family says that they can understand her better now.
SLP: Oh they do too. Oh good. Ok
D: I noticed it quite a bit
SLP: Ok, um and did you notice anything any other changes with her..
D: Her mannerisms, have gotten once again I don’t know how to describe it but her mannerisms are she’s getting some of those facial expressions back like she used to have little quirky things people have it just um you can just tell it is kind of the old Pam so to speak.

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; Lojeck-Osiejk, 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
- Go to the movies, theaters, concerts, plays
- Go to restaurants
- Go shopping
- Play with or help children or grandchildren
- Visit friends or relatives
- Talk to sales people in stores
- Talk on the phone to friends and family
- Make appointments over the phone
- Order over the phone
- Tell stories and jokes
- Discuss finances with banker, accountant, lawyer
- Ask for directions
- 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
Communication Confidence Rating Scale

1. How confident are you about your ability to talk with people?

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2. How confident are you about your ability to stay in touch with family and friends?

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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

SentenceShaper

- Temporal window hypothesis: Rapid decay and/or slow retrieval of linguistic information prevent the agrammatic speaker from holding sentence elements simultaneously in working memory, as would be necessary to integrate them into a larger structure.
- SentenceShaper: A processing prosthesis for the performance limitations of aphasia
- Supports language production
  - Users record words or phrases in their own voice
  - Recorded utterances are linked to visual icons (shapes)
  - Users click on icon to replay the recorded segment, or drag icons across computer screen and order them into larger units such as sentences and narratives.
SentenceShaper

Website:
http://www.sentenceshaper.com/

VAST – Video assisted speech technology
Speak in Motion
http://www.speakinmotion.com/

B.A. Bar

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

E-Mails

Templates
- Copying
- Cut and paste

Hi ___________________!  Greetings____________,  Dear__________________,  Hello________________,  What's up______________?

Hope all is well with you.  It's been a long time!  How are you?  What's new with you?  How is work?

What have you been up to?  How are the kids?

I've been busy with working out on the treadmill.  working out at the gym.  speech therapy.  golf.  the grandkids.

I went to a great restaurant last night.  It was a place called __________ with __________ food.

Jenny and I ____________ have been spending time with the kids.  have been relaxing.  went out to eat.  saw a great movie.

I am looking forward to ____________ seeing you soon.  going to Florida.  playing golf.  seeing the kids.  this weekend.

Would you like to get together soon?

Next time you are in Chicago, give me a call!

Hope all is well.  I would love to hear from you.  Hope to talk to you soon.

Love, John
Response Elaboration Training (RET)

- “Loose training” program
  - Loosens control over stimuli and response by using patient-initiated responses as the primary content of therapy
- Purpose: increase the length and information content of verbal responses of nonfluent aphasic patients
- Shaping and chaining on patient-initiated responses

RET – Stimuli (minimal context)

Response Elaboration Training (RET)

- Elicit spontaneous responses to minimally contextual picture stimuli (show actions)
- Model and reinforce initial response
- Provide “wh” cues to prompt patient to elaborate on initial response
- Reinforce attempted elaborations and then model sentences that combine initial and all subsequent responses to the given picture stimulus

Response Elaboration Training (RET)

- Provide a second model – request a repetition of the sentence
- Reinforce repetition of combined sentences and provide a final model
- 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

Social Practice Principles and Aphasia

- Equalizing social relations
- Creating authentic involvement
- Creating engaging experiences
- Establishing user control

Aphasia Group Models


Rehabilitation Institute of Chicago Center for Aphasia Research & Treatment

- Promotes the development and implementation of rehabilitation practices that enhance the communication skills of individuals who are living with aphasia and facilitate their engagement in life activities.
- Conducts clinical studies to establish the efficacy and effectiveness of aphasia treatments.

Why the Speech-Language Pathologist?

- Recovery and rehabilitation is life-long process
  - Different needs at different times
  - Different group models at different times; cyclical process
- SLP
  - Understands the disorder
  - Has skills to facilitate communication for people with aphasia at all severity levels
  - Provides an environmental milieu that supports, challenges, and reinforces communication interactions
  - Identifies additional referral resources e.g. vocational; emotional; medical
  - Identifies "next steps" to help person with aphasia transition to more independence

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 ........ 7 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.

Biographical Writing Class

My Life: a Journey in Pictures

It’s time to get out those old pictures... In this workshop, you will create an album of your life. You bring the stories and we’ll help with the writing.
Biographical Writing Class

- **My Life: a Journey in Pictures**
  - Participants create an album with pictures
  - SLP and volunteers help with writing captions or sentences.

- **Initial Writing Activities**
  - First Letter Name Activity
  - About Me – Favorite Things

**Subsequent Class Format**

- Bring pictures/photographs from their lives (current/past)
- Select a photo to write about in class
- If needed, family would provide details of photo
- Participant asked to write as much as possible independently
- Go around and help them put it into a sentence format (more one-on-one)
- Copy or write corrected version on a form page
- Discussion: tell about picture

Current Controversies

- **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.

**Class Structure**

- First class identified potential topics to be discussed in depth during the following weeks
- SLP presented topic at start of each class and solicited opinions
- SLP presented materials that included main pros and cons of the issue – group discussion on each
- Participants indicated whether they had changed opinion or not – and why

Controversies in the News

- **Materials**
  - Pictures of people/places/items
  - Large print / brief statements
  - Clip art
  - Likert scales for response opinions
  - Internet – e.g. google earth

Art Appreciation

**Art Experience**

- Develop your artistic abilities. Even if you can’t draw!! This class is an introduction to and discussion about various types of art forms. You might be the next Picasso!!
Art Appreciation

- Weeks 1 and 2
  - Discussion: What does “art” mean to you
  - Materials: 11 famous paintings
    - Which ones do you like? Why?
    - Which rooms in the house would you put the paintings in?

Art Appreciation

- Art Movements
  - Renaissance
  - Cubism
  - Impressionism
  - Pop-Art
- Popular Art Images
- Stories behind the pictures

Art Appreciation

- Direction of class shaped by participants
  - Bring in samples of art
    - Own paintings
    - Paintings of family members
    - Photos from books
    - The Chicago art experience

Art Appreciation

- Activity: creation of group “modern piece of art”
  - Each person draws a squiggle on a piece of paper; paper passed from person to person
  - Used colored markers

Art Appreciation

- American Art (pictures that were on display in the Art Institute)
- Individual Collage – What does America mean to you?

Art Appreciation

- Expression of own identity through art
- Draw line down center of page; one side before stroke; other side after stroke
- Each person started with own page – then passed that page along – so 6 pieces of paper moving around
- Added picture to collage
- Discussion of each picture – what each person had contributed to that picture
“Photo-Voice” Class: Aphasia Talks

- A joint venture between Archeworks and The Center for Aphasia Research
- Supported by NIDRR – Stroke RRTC grant # H133B031127
Drama Therapy is…
- An interactive experience
- Focused on solving problems
- A way to include all people in all aspects of life
- About individual change, group change and social change
- Informed by and mediated by scientific and scholarly research.

“Waiting on the Words”
- An Original Play
- Written, Staged, and Performed by participants in the Theater Group Class

  - RIC Center for Aphasia Research and Treatment, Chicago, IL
  - Institute for Therapy Through the Arts, Evanston, IL

Theater Experience
- “Theater Experience – Join us for an innovative new group! Use improvisation techniques to develop and create your own material. The group will culminate in a multi-media production in June for our Aphasia Day. If you don’t feel comfortable being on stage, there are many things you can do ‘backstage’… Just bring yourself and your interest!”

Structural Overview
- 18 weeks
- Once weekly, 90 minute meetings
- 3 additional weeks of rehearsal
- Dress rehearsal
- Staged, Multi-Media Performance

Additional Logistics
- Each session audio and video taped
- Each tape transcribed
- Meetings:
  - Administrative
  - Development
- Support material creation & distribution

Stages of the Drama Process
Encountering the Drama/Theater Experience
- Games and Exercises

Exploring the Drama/Theater Experience
- Improvised Storytelling, Fluid Sculptures, Sodiogram/Spectrograms
- Psychodrama, Playback Scenes

Elaborating the Drama/Theater Experience
- Improvised Scene Rehearsal, Script Generation & Revision, Rehearsal of Scripted Material

Preserving the Drama/Theatre Experience
- Performance
Encountering the Theater Experience: Initial Sessions

- Establish
  - A safe and welcoming environment
  - Equal communication
  - Full inclusion

- Skills are developed in the fun and excitement of playing theater games

Choosing the Amount of Distance

Drama Therapy allows clients to choose whether dramatic content is:

- **Fully Distanced**
  - Characters and situations are fictional

- **One Step Removed**
  - Characters & Situations are fictional, but based on real life experience

- **Immediately Personal**
  - Characters and situations are directly biographical

Elaborating the Experience: Setting the Script and Rehearsal Sessions

- Having discovered together that they wanted to communicate and what they wanted to communicate, they moved to how they wanted to communicate

- Example:
  - The *Past, Present, Future* exercise gave the show a working structure
  - Parts were retained from improvisation that allowed both more verbal and less verbal members to have an active role in the show

- Editing
- Negotiating
- Shifting leadership roles
- Participating in the experience with the audience
- Practice

Preserving the Drama Theater Experience: Concluding Sessions

- Individualized “line” revisions
- Performance

Patient-Reported Outcomes Measures

- Burden of Stroke Scale (BOSS)
  - Communication Difficulty
  - Social Relations
  - Mood
    - Positive (confident, happy, calm, optimistic)
    - Negative (lonely, anxious, angry, sad)
  - Psychological Distress Scales for each of the above
- Communication Confidence Rating Scale for Aphasia (CCRSA)
Outcomes

"Thank you very much. You know, with the play, I was exited. I can sharpen my sensory memory. Keith suggested that I write some music score. I was hesitant. I only want my lines...memorize...and then rehearse with all the actors. I was focus on one thing. But, as my President Obama said, “I can do more than one thing!”…

At the play...achieve this…
It’s the story.....living, breathing story. The in result, the play. It’s the story that has to tell. -P

Supported Conversation (Kagan et al., 2001)

- Aphasia may mask competence normally revealed in conversation
- Interactive relationship between perceived competence and opportunity for conversation
- Ability and opportunity to engage in conversation reduced - limits “communicative access” to participation in daily life
- Competence of people with aphasia can be revealed through skill of a conversational partner - provides “communication ramp” for increasing communicative access

Supported Conversation

- 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.
- Using these techniques, we acknowledge the inherent competence of those with aphasia.

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

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

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