

FITTING IN AFTER APHASIA

IMPROVING QUALITY OF LIFE
SESSION 23

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DISCLOSURE:

FINANCIAL—NO RELEVANT FINANCIAL RELATIONSHIP
EXISTS
NONFINANCIAL—NO RELEVANT FINANCIAL
RELATIONSHIP EXISTS

*“Communication, like breathing, is pervasive and
frequently taken for granted...the loss can
potentially cause catastrophic effects that are not
recognized until they have been experienced.”*

Audrey Holland
Counseling in Communication Disorders: A Wellness Perspective

STROKE SURVIVORS

- 50-70% regain functional independence
- 15-20% permanently disabled
- 20% require institutional care

(CDC, 2012)

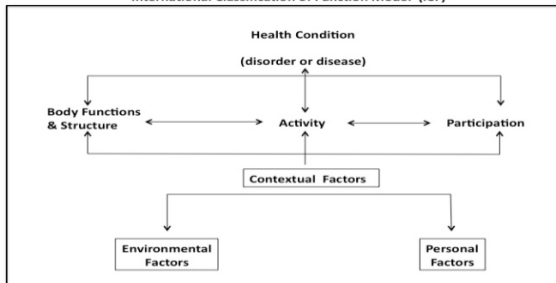
21-38% of acute stroke results in aphasia
(Berthier, 2005)

QUALITY OF LIFE

World Health Organization [WHO] (1997)

“...perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns” (p.2)

International Classification of Function Model (ICF)



Adapted From: Model of Disability – ICF Model

WHAT IS IMPORTANT FOR PEOPLE WITH APHASIA?

- Doing things/having independence
- Having meaningful relationships
 - Social relationships
- Striving for a positive way of life
- Having adequate communication skills
- Having relevant information about stroke and aphasia
- Maintaining dignity and respect

(Brown et al., & Worrall et al., 2011)

DOING THINGS/INDEPENDENCE

People need to feel they have independence and a purpose in life.

“you gotta have an interest like carving or reading...it gives you something to work for. It gives something to try and succeed with something...you got to work toward something.”

MEANINGFUL RELATIONSHIPS

- Spouse
- Caregiver
- Friends
- Family
- Other stroke survivors or people with aphasia
- Neighbors
- Even pets!

POSITIVE WAY OF LIFE

"I think you've just got to...take everyday after the next one...sometimes...you take three forward and then you drop back two. But then you sort of pick it up again. So it is...an ongoing problem."

RELEVANT INFORMATION

- Aphasia definition and explanation
- Stroke information and recovery

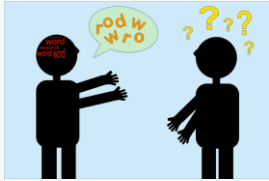
"We were never given information about what to expect after the stroke about his speech..."

Support group family member

ADEQUATE COMMUNICATION SKILLS

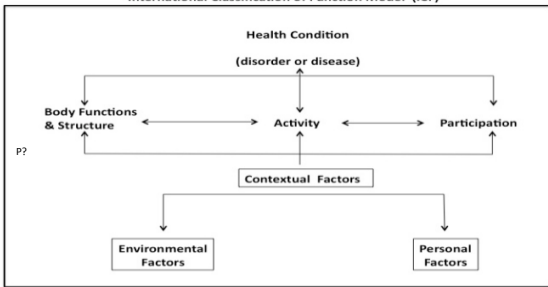
"I know what it is..."

MAINTAINING DIGNITY AND RESPECT



Horizontal lines for writing.

International Classification of Function Model (ICF)



Adapted From: Model of Disability – ICF Model

Horizontal lines for writing.



INDIVIDUAL PERCEPTIONS



Horizontal lines for writing.

Loss of friendship—can lead to social isolation and depression

Depression affects 30-60% of individuals with aphasia (Laska et al., 2001)

HOW CAN WE ELIMINATE SOME OF THE BARRIERS OR PUT MORE FOCUS ON THE FACILITATORS?

- Life Participation Approach to Aphasia (LPAA)
- Conversational partner training
- Supported communication for Adults with Aphasia (SCA)
- Support groups

LIFE PARTICIPATION APPROACH TO APHASIA (LPAA)

- Emphasis is on the attainment of re-engagement in life by strengthening daily participation in activities
- Strengthening participation strongly related to successful communication and improved quality of life

CONVERSATIONAL PARTNER TRAINING

- Communication cannot occur without a partner
- Imperative that the communication partner of a person with aphasia be trained to understand that what is not said is just as important as what is said
- Partners need to understand their role in maintaining and repairing conversational topics when breakdowns occur
- Conversational coaching—technique involves teaching partners to use verbal and non-verbal strategies to improve communicative interactions
- Lack of knowledge and awareness can be a significant barrier to life participate for people with aphasia

SUPPORTED COMMUNICATION FOR ADULTS WITH APHASIA (SCA)

- Emphasis on the social unit or dyad incorporating the conversation partner—not only the person with aphasia
- interaction/social connection is an important as transaction/information exchange
- The person with aphasia is treated as a competent person capable of making decisions if appropriate support is provided
- A commitment to decrease the barriers to conversation

Aphasia Institute, 2011

ACKNOWLEDGE COMPETENCE

- Speak naturally
- Acknowledge the patient/client's frustrations
- Deal openly with situations
- Integrate supports into natural talking

Aphasia Institute, 2011

REVEALING COMPETENCE

- In
- Out
- Verification

IN: IS YOUR MESSAGE CLEAR

- 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
 - Use pictures—focus on one at a time

Aphasia Institute, 2011

OUT: DOES THE PATIENT/CLIENT HAVE A WAY TO ANSWER OF ASK QUESTIONS

- Ask yes/no questions
- Phrase yes/no questions in a logical sequence (general to specific)
- Fixed choice questions verse yes/no questions
- Ask one thing at time
- Ask the patient/client to give clues by gesturing or pointing to objects, pictures and key words
- Give time to respond

Aphasia Institute, 2011

VERIFY: CHECK TO MAKE SURE YOU UNDERSTOOD

- Reflect: repeat the 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
- Add gestures or written key words, if necessary

Aphasia Institute, 2011

SUPPORT GROUPS

- Disseminate information
- Teach coping skills and strategies
- Identify resources
- Psychosocial adjustment
 - Provide social interaction
 - Provide emotional support and release

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