The ABC’s of Group Treatment for Aphasia
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Who we are
• A community-based Center in Vienna, Virginia (DC metro area)
• We began operations in January, 2005 to provide communication services to stroke survivors after they exhausted their benefits
• Our model is to provide services in small groups, at low cost with primarily self-determined goals, for as long as people wish to attend (LPAA)

Why we’re here
• In many settings, practicing clinicians are not provided the opportunity to develop group clinical skills nor appreciate the potential outcomes or potential applicability of group treatment to their setting
• We’re here to share our experiences and hope you take away some ideas for conducting groups you may already be doing, or ideas for starting groups in your setting.

The ABC’s
• A = ACQUAINT
• B = BEST PRACTICE (from our experience)
• C = COST EFFECTIVENESS

Acquaint: A brief history of group treatment

Group treatment is surely not a new concept
• Dates back to WWII - and maybe before (although largely not reported) and was primarily delivered through the V.A. system
• Early studies provided descriptions of group treatment and the effect on communication; very little empirical evidence (see references to Butfield & Zangwill (1946); Corbin (1951); Wepman (1951); Agranowitz et al (1954); Aronson et al. (1956); Bloom (1962); Vignolo (1964)
• Of particular note in the work of Martha Taylor Sarno who was truly one of the pioneers in considering the functional implications of treatment for aphasia
• In the 1980’s and early 1990’s more group studies reported (see the work of Wertz (1981); Aten (1991); Bollinger, et al (1993); Davis (1986)
• Much of the work in this time period focused on psychosocial functioning - we are indebted to Jon Lyon and his work in this area
• Work of Roberta Elman and her colleague Ellen Bernstein-Ellis who produced the most recognized study in 1999. Research is the signature controlled study of group treatment suggesting that group treatment is efficacious, provides benefits over time, and positively affects life changes
• In more recent advances, focus has shifted from the impairment of aphasia to focus on aphasia in everyday activities and to participation in society.
• Again, the research that comes from Elman, Kagan, Davis, Chapey, Vickers, Golper, Simmons-Mackie, Hinckley & many others substantiates the positive effects of group treatment.
• A presentation on group treatment would be incomplete without particular reference to the body of work produced by Audrey Holland. Her work has spanned several decades and influenced the structure and the vision of the Stroke Comeback Center.

Models versus Methods
• Models relate to a philosophy or a value system that guides assessment and intervention.
• Methods relate to a specific therapeutic technique (syntax training, pacing, book club)
• We follow the LIFE PARTICIPATION APPROACH TO APHASIA (LPAA) Model
• We offer primarily group therapies to stroke survivors in all stages of recovery from a variety of impairment levels.
• The nature of groups provide peer feedback and social opportunities.
• We are driven by goals set by our Members, not insurance companies.

Life Participation Approach to Aphasia: Five core components:
• Explicit goal is enhancement of life participation
• Everyone affected by aphasia is entitled to service
• Success measures include documented life enhancement changes
• Both personal and environmental factors are intervention targets
• Emphasis on availability of services needed at all stages of aphasia


Fundamentals of Groups
• The overall purpose of group sessions must be specified
• Opportunity to communicate with peers with structure and support
• Teach communication strategies
• Practice successful communication strategies
• Observe successful strategies used by others
• Psychosocial benefits

To be successful:
• Involve all the members and encourage monitoring communication attempts of others
• Peer cueing and modeling
• Members participate in the flow of the group and determine the course of the chosen topic
• 4-6 group members depending on the group

Fundamentals we believe, but can’t prove
• It is more difficult to run a good group than an individual session.
• Group chemistry is more of an art than science.
• Peer feedback is often more valuable than feedback from the SLP.

Why groups work
• Provides a chance to practice basic skills in a social context
• Peers are tough judges and high praisers
• It simulates real world communication
• It’s fun and rewarding
Best Practices: Our Experience with Groups

Therapeutic Program Overview
- Referrals from the community
- Intakes are free. We find the right “fit”.
- Scheduling
- Group options
- Our Group Options – 20 per week

Group Treatment Plan Design
- OPENING: brief period of socialization prior to structured activities
- CONTEXT BUILDING: leader-directed tasks to develop content, comprehension & confidence
- LANGUAGE TASKS: opportunity to map language onto ideas that relate to a theme or skill
- DISCOURSE: organize information from the session into functional discourse

From a group treatment model developed by Audrey Holland

Selected Topics I, II and III
- Primary goal is communication of ideas related to a specific topic
- Three levels of complexity
- One weekly treatment plan is crafted with tasks of varying complexity and supports as needed
- Treatment manual for future publication is in the works!

Selected Topics Ideas

Skill Related
- Opposites / Pairs
- Word Retrieval Strategies
- Homonyms / Idioms
- Numbers / Time
- Giving Directions
- Questions

Theme Based
- Body, Mind, Spirit
- Dreams
- Current Event
- Holidays
- Art, Music, Movies
- Sports, Food, People
- Health, CVA, Exercise

Writing Groups
- Primary goal is written output
- Three levels of complexity: Sentence +, Functional, Word
- Format varies between one weekly treatment plan that is crafted with tasks of varying complexity and supports as needed to skill specific plans based on group need.
- Tasks range from functional (write a business letter to write about your theme song.)
- Compensatory strategies are introduced as needed: Franklin spellers, Word Q, Read Please, Dictionaries, Spell Check.

Book Clubs
- Primary goal of Book Clubs I and II is to increase the amount of reading completed by members and provide a forum for discussion. Members determine the amount of pages to be read per week. Supports are provided as needed.
- Selected books are usually available in audio.
• Book Club III addresses strategies for improving reading comprehension and re-introducing reading as a leisure activity.
• Reading is of primary importance to the majority of aphasic individuals
• There is an unwillingness to make compromises in reading:
  • No “condensed” or altered versions
  • There is willingness to listen to audiobooks
• Facilitates community reentry
• Forces reading on a timeline
• Necessitates reading proficiently: to self examine comprehension
• Discussion with peers is the single greatest benefit

Food for thought
• Let your group members have a say in the choice of books.
• Books are very personal. You will be guaranteed that not everyone will like the book.
• Encourage members to highlight, underline and come prepared with questions regarding plot / vocabulary.
• Books that move sequentially are easier to read.
• Character lists are an excellent support.
• Encourage folks to listen and follow along in the book.
• A basic written summary is a good tool for review after discussion.

Motor Groups At the Stroke Comeback Center
Primary benefits: Peer Feedback – especially in dysarthria; Participation in group dynamics, pragmatics – especially with severe persistent apraxia
Dysarthria Groups: As a group we identify areas for attention
  • Phonetic Inventory
  • Intelligibility score: word level is most useful
  • Basic measures of vowel duration, diado rates
  • Objective/Subjective ratings of rate, pitch, loudness
Group Practice Material
  • Contrastive stress drills – in social context
  • Declarative/interrogative sentences
  • Tongue Twisters
  • Limericks
  • Short poetry
  • Quotations
Functional Group Activities
  • Basic group interaction
  • Giving basic information
  • Use of telephone: ordering, making app’ts
  • Ordering from a menu
  • Giving directions
  • Telling jokes
  • Games
Apraxia Groups: Building basic motor speech patterns
  • Accomplished in groups using phoneme based practice cards
  • Provides maximum practice; provides modeling
• Can also involve functional semantically based vocabulary for repetitious practice and learning of core vocabulary
• Spontaneity and automaticity of speech is a natural consequence of practicing in a group
• Compensation for Apraxia

VAST: Video Assisted Speech Technology
Script practice is useful in both aphasia and apraxia. Scripts can be recorded and stored in the iPhone for use in real-life situations. This has been one of the most innovative and empowering uses of the iPod/iPhone. Oral movements are recorded carefully articulating the movements necessary for short, straightforward messages or for longer, more complex speech segments. With training and repeated practice, and using the recorded oral movements as a guideline, a person with apraxia can follow the oral movements to speak scripts. Rather than show a clerk at Starbucks the written text, the person could follow the oral movements and verbalize the message. We have termed this technique

www.speakinmotion.com
A web based platform under construction that will offer SLP’s and individuals:
• recorded AOS treatment tasks
• Pre-recorded scripts
• The ability to self create videos with a web cam
• The ability to send created text and have a video custom recorded
• A community of VAST users to share videos and innovative uses of the technique

Computer Assisted Therapy
• Utilized for both group therapy (Computer Group) and individual practice.
• Structured group focuses on regaining basic computer skills to include using email and accessing the internet.
• Peer mentors, in addition to SLPs, facilitate use of the computer lab.
• CAT Lab Software Favorites
  o Bungalow Software
  o Rosetta Stone
  o Word Q and Speak Q
  o Read Please
  o Dragon Dictate / Via Voice
  o Talking Word Processor / Universal Reader / Talking Dictionary
• CAT References
  o http://www.shrs.ug.edu.au/cdaru/aphasiagroups
  o Judith Kuster for internet sites
  www.mnsu.edu/comdis/kuster2/sptherapy.html

Cost Effectiveness of Groups
Can be used to provide “new product lines” to existing individual services.
Can provide schedule flexibility to accommodate staffing changes.
Can generate more revenue while increasing frequency/intensity of sessions for patients.
Medicare
• Reimbursable service under both Parts A & B
  • Part A - Inpatient
    o Provides additional treatment options under the 3-hour rule
    o Groups are limited to 4 participants
  • Part B – Outpatient
    o 2009 Reimbursement rate (92508) - $29.41
    o Individual Session (92507) - $61.31
    o Any group with 3+ members will generate MORE revenue
    o With 4 members in a group, total revenue is $117.64.
    o Lower cost to patient increases available services under therapy cap
    o Codes are not time based.

Managed Care
• Many managed care providers count number of visits versus number of sessions.
• Group and individual therapy sessions on the same day may count as one visit.
• Increases intensity/duration of treatment within limits imposed by insurance companies.
• May also extend services for those with limits based on total expense.
• Varies greatly by insurance carriers. Verify policy at onset of treatment.

How to get started
Specific skill-based groups
• Language modalities
• Intelligibility
• Augmentative/Alternative Communication
• Cognition
Functional groups
• Community outings
• Book clubs

Set Goals
• Our group outcomes can be modified into a reimbursable goals:
  • Outcome: Group members will match sound to grapheme.
  • Goal: Patient will match sound to grapheme with 90% accuracy given ≤ 2 repetitions.

Set the Schedule
• Determine frequency of group (daily, weekly, etc.)
• Determine communication/skill levels for each group
• Skill levels can be assigned by day of week (e.g., Monday – mild, Wednesday – moderate)
• Multiple levels of groups can run concurrently
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Example of Selected Topics II Plan

Outcome:
Sentence Level +: Group members will participate in a discussion centered on the topic of music. Speech production will focus on expanding comments to the multi-sentence level with decreased reliance on the leader.

TASK BUILDING:
Group members will complete a word chain using musical instruments or types of music. Each group member will state a word that starts with the last letter of the preceding word (piano, organ, new wave, electric guitar).

TASK:
1. Group members will discuss what instruments they can play.
2. Group members will discuss how they think music positively and negatively impacts society.
3. Group members will discuss quotes about music and if they agree or disagree. (Attachment 2)
4. Group members will name the most influential musicians / singers in their opinion

LANGUAGE USAGE:
1. Group members will discuss how music affects your mood. Can you use it to enhance or change your mood?
2. Do you enjoy music differently since your stroke?
3. What is your favorite concert that you attended?
4. It is said that if you are in the spotlight you need to be a role model. Do musicians need to be role models?
Example of a Selected Topics III Plan

Outcome:
**Multi-Modal**: Group members will participate in structured activities centered on the topic of music via supported conversation. Members will utilize multi-modal communication to supplement verbal expression. Focus on expansion of speech production to word, phrase and sentence level output will be encouraged via modeling, repetition and written cues.

**TASK BUILDING:**
Group members will be given an index card with a well known song or rhyme on it. They will need to hum the song until others guess it. If no one can guess the song they will need to sing it. (Happy Birthday, Amen, Celebration)

**TASK**:
1. Group members will name musical instruments.
2. Group members will discuss what instruments they can play. A reference sheet will be provided. (Support 1)
3. Group members will listen to musical snippets and identify the genre. They will state how it makes them feel using the carrier phrase “It makes me feel ______” and “This song makes me reminds me of ______”. (Support 1)

**LANGUAGE USAGE**:
1. Group members will discuss how music affects your mood. Can you use it to enhance or change your mood?
2. Do you enjoy music differently since your stroke?
3. What is your favorite concert that you attended?
4. It is said that if you are in the spotlight you need to be a role model. Do musicians need to be role models?

**Support 1**:

- CELLO
- CLARINET
- DRUMS
- FLUTE
- GUITAR
- HARP
- PIANO
- SAXOPHONE
- TRUMPET
- VIOLIN

- BAGPIPE
- BLUES
- CLASSICAL
- COUNTRY
- GOSPEL
- JAZZ
- OLDIES / BIG BAND
- REGGAE
- ROCK
- RAP
- SWING

**This song makes me feel _______________________.**
**This song reminds me of _______________________.**
Example of a Writing I Plan: Sentence Level +

Outcome:
Sentence Level +: Group members will practice writing at the multi-paragraph level.

TASK BUILDING:
Group members will generate a list of music related words going A-Z as a group.

TASK:
Sentence Level +:
1. Group members will write a multi-paragraph paper on their theme song

Materials Needed:
1. A-Z music words from The Writing Teacher’s Book of Lists
2. Theme Song Assignment Sheet (Attachment 1)

It's Your Theme Song       The assignment: Choose one song that reflects the past year or motivates you when you are feeling down / discouraged. It must represent several thoughts, experiences or feelings that you had over the year, and not simply be a reflection of yesterday or of last week. Next week, bring in a copy of the lyrics, and a written explanation of why this song fits your experiences or motivates you. This assignment needs to include the following: paragraphs summarizing the past year or how you would describe your personality, why you chose this song to represent your year or why you find it motivating, a description of any lyrics that you particularly empathize or identify with and how this song makes you feel. Email me the name of the song and I’ll have a copy of it by next week. (Attachment 1)
Example of a Writing II Plan: Functional

Outcome:
Functional: Group members will be able to identify singular and plural nouns & pronouns; Group members will write at the sentence to paragraph level.

TASK BUILDING:
Group members will identify nouns and pronouns as singular or plural

TASK:
1. Group members will change words from singular to plural.
2. As a group, group members will correct homework with a focus on noun – verb agreement.
3. As a group, group members will identify the correct verb to agree with the subject
4. Group members will write sentences given a noun.

Writing Plan – Attachments

Write singular (1) or plural (more than 1) after each noun or pronoun.
1. dream __________________
2. assassinations_____________
3. preacher ________________
4. we _____________________
5. group ___________________
6. suit______________________
7. sermon   ____________________
8. monuments___________________
9. ideas_______________________
10. she _______________________

Change singular (1) to plural (more than 1) or plural to singular.
1. dream __________________
2. assassinations_____________
3. preacher ________________
4. we _____________________
5. group ___________________
6. suit______________________
7. sermon   ____________________
8. monuments___________________
9. ideas_______________________
10. she _______________________

Circle the correct answer.
He (dream / dreams). The Subject is singular / plural.
The boys (yell /yells). The Subject is singular / plural.
We (is / are). The Subject is singular / plural.
She (is / are). The Subject is singular / plural.
The girl (drink / drinks). The Subject is singular / plural.
I (walk / walks). The Subject is singular / plural.
The girls (cook / cooks). The Subject is singular / plural.
The doctors (work / works). The Subject is singular / plural.
The children (play / plays). The Subject is singular / plural.
The dog (bark / barks). The Subject is singular / plural.

General rule: Nouns ending in s are plural (boys, girls, stores)
Verbs ending in s are singular (plays, eats, is)
The pronouns I and we typically go with verbs with no s.
A verb agrees with its subject.
Example of a Writing III Plan: Word Level

Outcome:
Word Level:
  • Group members will match sound to grapheme.
  • Group members will use referent sheets and templates to generate graphic
    responses to travel related information.
  • Group members will write a postcard using a template.

TASK BUILDING: Group members will match sound to grapheme.

TASK:
1. Group members will complete a travel survey
2. Group members will write a list of places they have traveled.
3. Group members will write a list of places to go in the future.
4. Group members will write a postcard

Writing Plans – Attachments

S T V W Y Z
A E I O U

WRITE THE LETTER THAT MATCHES THE SOUND
1. _________ 6. _________
2. _________ 7. _________
3. _________ 8. _________
4. _________ 9. _________
5. _________ 10. _________

TRAVEL SURVEY

PLACE HAVE YOU BEEN THERE? WHEN?
San Francisco
Niagara Falls
Paris
New Orleans
London
Russia