

## Introduction

There is arguably no area of acquired communication disorders in which the line between technology for AAC (alternative and augmentative communication) and technology for therapy is so blurred as it is for people with aphasia (PWA), yet there is no resource currently available in BC to provide expertise to front line SLPs about the use of technology for therapy. A model is needed for technology consultation at the intersection of the various needs of PWA.

## Method

- 1) A complex client with chronic severe aphasia, apraxia, concurrent cognitive and anger management issues had various technology needs that were beyond the expertise of the treating SLP.
- 2) An ad-hoc team of consultants with collective expertise in the treatment of aphasia, speech-language software and AAC was formed to assess and advise on technological solutions for this client. Background was given to the consultants prior to the consultation.
- 3) A meeting between the consultant team, the treating SLP clinician, and the client established recommendations for treatment and communication supports.
- 4) The recommendations were carried out in the intensive aphasia treatment program (iTAWC\*) the client was enrolled in.
- 5) The client will continue to see his community-based SLP to fine-tune and continue to use the recommended programs.

### Selected References:

Fridriksson, J., Hubbard, H. I., Hudspeth, S. G., Holland, A. L., Bonilha, L., Fromm, D., & Rorden, C. (2012). Speech entrainment enables patients with Broca's aphasia to produce fluent speech. *Brain*, 135(12), 3815-3829.

van de Sandt-Koenderman, W. M. E. (2011). Aphasia rehabilitation and the role of computer technology: Can we keep up with modern times?. *International journal of speech-language pathology*, 13(1), 21-27.

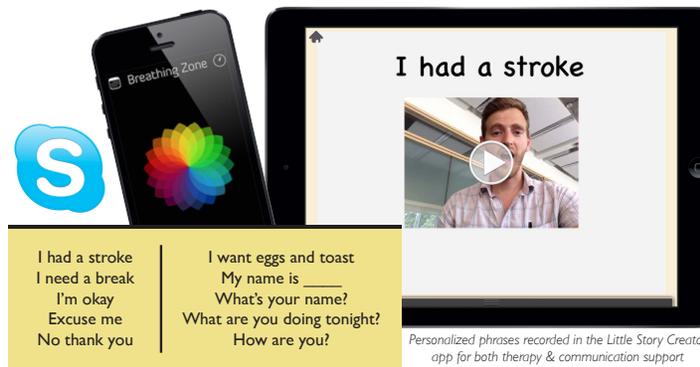
## A technology consultation model for aphasia therapy: a case study of a complex client

## Consultation Outcome

A picture-based AAC app was trialled, but was not suitable to the client's needs. Ultimately, the following additional technologies were recommended and implemented:

- 1) *Little Story Creator* (pictured), a free customizable talking photo album
  - Albums with 3 videos of decreasing support for functional phrases on iPad. All videos contain mouthed words with a) full audio & text, b) fading audio, and c) no audio
  - Dual purpose – a) practice as therapy, and b) prime before conversation as a "communication support"
  - Future plans: a) add to iPhone, b) increase repertoire of phrases, and c) ultimately use client's own best productions as models
- 2) *Breathing Zone* (on iPad) to help with stress management
- 3) Phrase bank and practice for use of e-mail
- 4) *Skype* for distance communication

Client was already using therapy apps such as *Speech Sounds on Cue* and *Tactus Therapy's Language TherAppy*; these were continued as appropriate.



## Challenges

- **Funding** As this is not an established consultation service, the time for the meeting was volunteered by the consultants. Further, the implementation and practice were conducted within an intensive program which included many privately funded and/or volunteer clinician and student hours that would not typically be available. Community-based treatment for this PWA for follow-up also required private funding as public options had been exhausted.
- **Need for ongoing consultation** This model of a one-time consultation did not allow for adjusting recommendations if the initial plan had not worked as expected.
- **Availability of expertise** This model worked in this instance because of the depth and breadth of local expertise available; this is not the case in many regions.

## Conclusion

**Aphasia treatment takes a village – no one clinician can have expertise in all available technology, techniques, and resources for AAC and therapy in this rapidly changing world.** This expanded consultative model holds promise by taking advantage of expert resources to maximize the utility of technological advances beyond traditional AAC. More funding is needed for consultation and treatment of PWA in the chronic stage.

### Recommendations:

- 1) A new consultation service needs to be created and funded to serve PWA as their needs and technology change. This service should include an assessment and ongoing consultation sessions as needed.
- 2) PWA need access to funded intensive aphasia therapy and long-term community-based treatment to continue to improve and be trained to use new communication supports and therapy tools.

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\* Intensive Treatment for Aphasia in Western Canada – a specialty clinic of Columbia Speech & Language Services; see itawc.com