

Aphasia Insights!

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“Those actions which appear the most insignificant, if only they are constantly repeated, will form for us in the course of weeks or months or years an enormous total which is inscribed in organic memory in the form of ineradicable habits (pg. 209).”

The Education of the Will; The Theory and Practice of Self-Culture, Jules Payot, (1914).

Jules Payot, a French educationist & friend of Santiago Ramon y Cajal, Pioneer of modern Neuroscience.

Stroke Educator, Inc. is committed to educating the wider public about stroke and the 50 state *“Aim High for Aphasia!”* Aphasia Awareness Campaign.

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Enriched Therapy: The Game Changer of Aphasia Recovery.

By Tom Broussard, Ph.D.

I had my first stroke on September 26, 2011 and could not read, write or speak well. I was an associate dean at The Heller School at Brandeis University at the time. After my stroke and aphasia, I received 30 speech sessions, twice a week, for 30 minutes each. I worked hard on my language but it was still only about one hour a week of speech therapy.

It had always been my habit and motivated to “keep track” of my life. So, without a job and only one hour of therapy weekly, I started studying the problems with my brain and my language.

I started walking around town. I started a diary. I started recording my voice regularly. I also took pictures of the world around me as I walked.

It turned out that these activities *themselves* (persistent reading, writing, speaking and exercise) were the grist for the language

mill. Everything I did was interesting and educational but I didn’t know that they were highly therapeutic as well.

After years of exercising my language with every modality, I eventually called it “Enriched Therapy”.

“It turned out that these activities *themselves* (persistent reading, writing, speaking and exercise) were the grist for the language mill.”

It was only by accident that I took those actions and was never told that these activities were therapeutic. It was just my habit to

document my work, education and family life. I wish I had been told from the start that there were a variety of language activities that could be considered therapeutic both before, during, and after conventional (or intensive) therapy.

Conventional therapy is just the start. Intensive therapy is nothing more than a sprint.

Enriched therapy (and any ensuing aphasia recovery) is a marathon that never ends.

Enriched therapy requires lifelong practice in pursuit of constant improvement. (It sounds like lifelong learning to me!)

DIARY-I started what turned out to be a 500 page diary over two years. The first two hundred pages were filled with graphs, charts, and metaphorical drawings with words that didn't make any sense. I had no idea that what I was writing was wrong. I thought it looked fine to me.

The important part of these activities were the active ingredients themselves. It didn't matter that it was written poorly. What mattered was that I was immersed in the mental and physical *experience* (and the plasticity that came with it) of writing.

The key points of the diary included: a bound notebook (loose papers get lost), every page labeled with the day of week, the date, the time, and location (where were you?) and everything written down (even with only the appearance of writing) to elaborate and document my thoughts for future consideration.

VOICE RECORDING-I took 202 recordings, taping my voice over two years. I would listen to every recording to hear what I was saying. Not unlike my diary, the recording sounded good to me too.

But I couldn't tell if there *were* problems. It wasn't until after I had all my recordings transcribed when I got the chance to "see" what I was trying to say. Saving the evidence of my voice was another key. I listened to my recordings every day from my (often poorly) spoken word without knowing that

the feedback itself was therapeutic at the cellular level.

Transcribing all my voice memos allowed me to "hear" my improvements once written without being consciously able to "hear" improvements day to day. I would recommend recording your voice, listening to your voice, and transcribing your voice regularly. That allows you to see the gradual improvement of your language over a protracted period of time. The most important part of this is the experience *itself*. It induces plasticity and learning as a result.

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TAKING PICTURES-I started taking pictures while going for walks. I photographed new things and especially signs and words that I couldn't "say". I took them home with the "evidence" of what I had seen without standing there in the street looking dazed (which happened more than once) at signs I couldn't read.

I showed the pictures of the signs to my wife and asked what those words meant. The pictures provided another way of *experiencing* a more interactive, engaged (and therefore therapeutic) world of seeing, writing, and speaking from a new (if not recently rebuilt) neural perspective.

WALKING (or other exercises)- Three months before my stroke, I had had open heart surgery with a quadruple bypass and an aortic valve replacement. I had just started my cardio-therapy walking regimen for my heart health when I had my stroke. As a result, I had to wait for another month before I could start walking again at the rehab hospital and then on my own.

By then, I knew that I could not read, write or speak well. But once I started walking in the neighborhood, I saw my first sign on the street. It said "Stop" and I could read it. I was quite excited! The next sign said "Speed Limit", and I could read that too. How was it that I still couldn't read, yet WAS able to read those signs? But once I encountered signs with many more words, I realized that I could NOT read THEM!

At that point, I realized that my reading problems didn't have much to do with my words per se (although there were some longer words that were part of the problem too!)

The walking routine provided me with another perspective regarding my language. I was able to "see" (observe, perceive, and notice) the novel world around me viewed through different ways of "seeing" and understanding.

My inability to express myself had more to do with timing, construction, and the rules of grammar and syntax of the language rather than the word-product itself.

SUMMARY-The problem (and it is not really a problem) is that people with stroke and aphasia are yoked to a therapeutic harness that only goes in certain directions. It is not a problem per se.

In my case, my speech therapist directed certain activities: do *these* things, in *these* ways, and *then* do it over and over again. I was told that I needed to work on word-finding activities and repetition. It was only after my brain “settled down” somewhat when I realized that I needed more than the initial rudimentary therapeutic activities.

The clarity came from understanding that the conventional therapy was highly focused on a narrow beam of limited therapeutic activities.

It wasn't that I needed more hours of therapy as much as I realized that the hours I was getting weren't the only activities that could be considered “therapeutic”.

I didn't know that these activities could supplement and enhance formal therapy. One hour of formal therapy (and therefore, deemed therapeutic) was one thing. The possibility that the rest of the week was suitable for personal therapeutic activities was another. That is a game changer.

The speech therapy community provides the best that limited health insurance can offer. Unfortunately, the health industry is blind to the possibility that there are other (useful, impactful,

productive) lay activities that complement limited conventional therapy. The activities are easy, fun, no cost, enjoyable, and yes, highly therapeutic.

I started walking, kept a diary, recorded my voice, and took hundreds of pictures, all quite by accident. I used the tools with no conscious purpose other than to occupy my mind. It was fun. It was something to do.

It was only much later when I realized that the activities *themselves* were the active ingredients of healing.

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People with aphasia can improve their language by using these lifelong activities regularly.

It does *not* require a prescription. But it *does* require that these activities be persistent and interactive.

Enriched therapy paired with conventional therapy could be the proverbial fruit of the language loom.

Signed: *The Johnny Appleseed of Aphasia Awareness.*