

Aphasia Insights!

June 2022
Volume 4, Issue 7
June 21, 2022

“It seems that the effectiveness of multimodality stimulation stems from the redundancy of the information that it provides and the additional associations it might help to trigger.” “Repetitive sensory stimulation is a principle of treatment by Schuell and colleagues (1964).” Pg 414.

Coelho, Carl & Sinotte, & Duffy, J.R.. (2008). Schuell's Stimulation Approach to Rehabilitation.

Aphasia Nation, Inc. is committed to educating the wider public about stroke and aphasia and the “*Aim High for Aphasia!*” international Aphasia Awareness campaign.

Stroke Educator, Inc.
4 Aspen Drive
Brunswick, ME 04011
207-798-1449
tbroussa@comcast.net
www.strokeeducator.com
www.aphasianation.org
FB: DrTomBroussard
FB: StrokeEducatorInc
FB: AphasiaNationInc

Aphasia Recovery: Erect a Habitual Therapeutic Structure Before Conventional Therapy Ends.

By Tom Broussard, Ph.D.

I had a stroke and aphasia on September 26, 2011. I was an associate dean at The Heller School at Brandeis University when I fell down on Main Street, Waltham, MA. I lost my language and could not read, write or speak well.

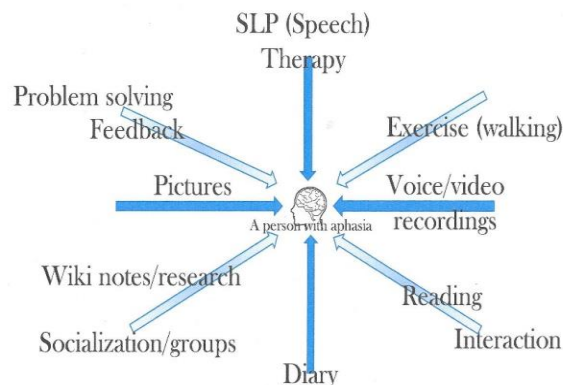
It is always difficult to explain today what I had experienced back then at a time when I was unaware that the activities that I was doing were highly therapeutic which led to my ongoing recovery. It was also accidental.

Of course, having said that, it wasn't *completely* by accident. Our speech language pathologists (SLPs) provide us with the initial spark that helps start the recovery

engine with the knowledge, understanding, compassion, empathy, and kindness needed to take each step when all we know is worry and stress.

But there were other activities early on, even before speech therapy had started, that were habitual and not credited as formal therapy until I realized that *all* those activities were therapeutic, whether formal or not.

Lifelong practice every day!



Those self-directed activities provide their part of the stimulus needed to build the therapeutic structure and sustain the momentum

needed to induce plasticity and learning for the long term.

I have always used my calendar religiously and after my stroke, listed classes, appointments, clinics, sessions, visitors, and meetings. I also kept track of my walking miles and posted my first walking mile on 10/11/2011, two weeks after my stroke.

On the same day, I also started taking pictures of the world around me. I saw signs that I *could* read

and others that I *couldn't*. I would take pictures of them and show them to my wife so she could tell me what they were. Some of those words, as simple as they were, took months for me to be able to pronounce and understand what they meant.

My speech therapy started a month after my stroke (10/24/2011). Within days, I started what turned out to be a 500-page diary (10/27/2011). I reviewed my entries every day and they looked fine to me at the time. It wasn't until months later when I realized how bad my diary had been.

But it doesn't matter whether the text made sense or not. What mattered was that the activities *themselves* were therapeutic. It is the act itself, not the quality of the action and that provides the stimulus that converts thought and cognitive activities into new brain matter.

I started Wiki Notes (11/1/2011) a few days after my diary started. I couldn't read a sentence but I could "read" the titles of Wikipedia notes, articles and books. The words were like bricks with no mortar to cement them together.

I was looking for more information about what had happened to me and started printing (and saving) the Wiki Notes. It started with *stroke* and *aphasia*. It ended up being eleven 3-ring binders (623 Wiki Notes ending on 11/10/2013) and a database to organize the bricks.

I started recording my voice (11/4/2011) with Voice Memos culminating in 201 recordings ending on 10/11/2013. I would listen to what I had just said, and for the most part they sounded fine to me. It wasn't until years later when I had them transcribed that I could hear the errors I was making back then.

My activities were not directed or prescribed and gave the appearance of being accidental but they weren't. They were habitual and as a result, therapeutic; *before, during* and *after* formal therapy.

That is the issue. *Formal* therapy is really just a small portion of what is needed to start and sustain the therapeutic language activities needed for recovery.

By the time I completed my therapy, I had created a therapeutic structure that improved my language day after day. How did that happen? Habit, motivation and practice. People learn incrementally based on what had been learned the day before, and the day before that.

Habit and learning are built that way, step by neural step.

"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 (Payot, 1914)."

Conventional speech therapy needs to change. The "tools" for recovery can't be just short bursts of energy. The tools that are needed require regular, persistent, and repetitive language activities to build up momentum. Aphasia recovery grows over time and needs a long runway to get off the ground.

SLPs must build an environment using every modality to start the ongoing stimulus that ignites the habitual and integrated process of plasticity and recovery *before formal therapy ends*.

People with aphasia must start using these tools as soon as possible to gain altitude while still in contact with the SLP tower.

Signed: *The Johnny Appleseed of Aphasia Awareness*

Payot, Jules. *The Education of the Will, the Theory and Practice of Self-Culture*. Funk & Wagnalls Company, New York and London. 1909 (Forgotten Books, 2012).