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"Activities are types of causes…An entity acts as a cause when it engages in a productive activity. This means that objects *simpliciter*, or even natural kinds, may be said to be causes only in a derivative sense. It is not the penicillin that causes the pneumonia to disappear, but what the penicillin does." Page 6.

Machamer P, Darden L, Carver C. Thinking about Mechanisms. Philosophy of Science, Vol. 67, No. 1. (Mar., 2000), pp.1-25.

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

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Aphasia Insights!

Reading the Landscape *of* Aphasia, from a Person *with* Aphasia: Part 2, *Aphasia Therapy*.

By Tom Broussard, Ph.D.

This is the second part of the ***Reading the Landscape of Aphasia*** series:

Part 1, aphasia awareness points out that many hospitals do not utilize the lexicon (the language) of aphasia in their website (Aphasia Insights! Vol. 4, Issue 2, Reading the Landscape of Aphasia, Part 1, *Aphasia Awareness (*2-22-2022).

> *"The only thing that an aphasic can do is learn. And most of the learning is accomplished below the surface."*

Part 2, aphasia therapy calls for higher education to consider researching the pre-stroke habits and activities of patients with aphasia while just starting formal speech therapy in an attempt to use those earlier pre-stroke habits as enriched tools to be used in their recovery plan.

Part 3, aphasia recovery describes the changing roles of speech therapists and PWAs that share in an increasingly self-directed approach to adult learning, lifelong learning, and long-term personal speech therapy. Part 3 will appear in a subsequent article.

My aphasia recovery was a successful experiment, but an experiment nonetheless. I got better, but we are still not sure how it happened. I received all the therapy my insurance afforded me. That included 30 sessions of speech therapy, homework and 22 hours of aphasia group therapy. Those 50 some-odd hours were spread across six months of treatment.

But here is the question: did I get better as a result of those 50 hours of speech therapy? We will never know. And we will never know because the 50 hours of *outside* therapy were tossed in among the 1,700 hours of my *own* intensive therapy.

Learning what I have learned about aphasia recovery, I can say the difference between 50 hours and 1,700 hours is stark. A few hours with a professional speech therapist definitely provide a good start. However, recovery needs more than what speech therapy alone can offer.

The cost and insurance factors can be part of the solution. If more stroke survivors were to be admitted into intensive programs,

that could help. More resources from insurance companies means more therapist hours (also in intensive programs) for the patient. Still, you're left with a paltry sum of hours, compared to a new configuration of recovery.

The current (clinical) thoughts about recovery are established like a school. There is one class with one teacher and one student. The student goes to class twice a week. That's it.

The student attends with some idea that these classes can help. And there is some homework. But not enough to sustain the flow of thinking from one week (or one class) to another. There is no curriculum such that you can "look ahead" and see what else has to be studied.

What has to change is an understanding that there is a larger context of recovery, with a lot more moving parts than just speech therapy.

Again, using a school metaphor, a college degree takes four years. As a stroke survivor student, you get a small amount of "learning" (from your teacher) and then it is over. And you are still stuck as a freshman. You have three and a half years to go with no curriculum, no classes, and no teachers. In addition, there will be no degree.

The concept of recovery (or graduation) doesn't exist, other than completing the only class which you have been assigned. That is the problem.

This new context of recovery changes the idea of how a person with aphasia learns. A person with aphasia learns from habit and experiences on the inside.

A successful student might appear to be learning from a great teacher. And that can be the case for some teachers and students willing to be taught.

"There is a bright future of continuous improvement if the learning activities are also continuous that become habitual."

But it is different for people (or students) with aphasia. For one thing, a person with aphasia will have a hard time being taught when "being taught" is part of the problem.

What little information is provided will dissolve into an ocean of unknown needs. The only thing that an aphasic can do is learn. And most of the learning is accomplished below the surface.

All brains learn all the time, whether awake or asleep. The structure of the organ is designed that way. The brain works hard while awake and consolidates many frayed threads while asleep. Food provides the needs of the body. Thinking provides the needs of the brain. Short and intermittent therapy does not provide the needs required.

Lifelong learning provides sustenance to long-term recovery. It is a critical element of rehabilitation.

It isn't enough to attend SLP sessions *as if* the sessions will provide all the learning and, as a result, all the energy. SLP sessions must be refashioned with a full understanding of how the brain learns from sustainable, persistent experience.

There is a bright future of continuous improvement if the learning activities are also continuous that become habitual.

The task of each therapy session should not be just about identifying the proper response, such as remembering a name or spelling a word or identifying an object in a picture. It isn't good enough to answer a canned set of questions correctly. It is more than that.

Understanding the underlying process of being *aware* of the deficits is the core of learning.

Therapy sessions provide a narrow view of the process. Having said that, speech therapy is still incredibly valuable. Speech therapy orients the start of your therapeutic life.

After the classes end, though, the need for more therapy is still necessary. That is the issue. For most aphasics, those few classes typically can't provide the momentum required to launch a multiyear effort of learning.

It has been almost 11 years since my stroke, and my aphasia left me unable to read, write, and speak well for almost a year. The next two years were spent working on my ability to read and write well. And another year provided more writing and public speaking.

People ask me all the time if I am fully healed. I appear to be "perfect" in their eyes. I tell people that I am doing very well but by no means "perfect." My remaining aphasia symptoms are small but still bothersome to me and to those around me who can still see the difference.

I acquired the therapeutic momentum as a result of accidental and habitual activities that created the enriched environment I now espouse.

There is a real difference between conventional therapy and enriched therapy, and it is more a shift in the approach to recovery.

The context of recovery is based on time. The perspective of a therapist is short term, data driven, budget aware, and objective.

The perspective of a patient is almost unknown, pending more awareness and improvement. As a result, it is a race between one's perspective and another.

Therapists know, regardless of improvement, that they will part company when the contract ends. And regardless of awareness or improvement, the patient is still only starting on a long journey of recovery.

This is where the rubber meets the road. The sessions were wonderful in their own way but they were over, and it was time to start a new stage of learning. And if "learning how to learn" wasn't part of the previous lessons, you and your family are on your own.

The speech therapy profession must convert the idea of recovery into the ethic of "learning how to learn."

> *"Waiting until the end of speech therapy sessions to begin the next stage is too late. Tilling and amending the soil is needed long before planting the seeds."*

Every therapy day must be converted into an "every day is a *session* day" mentality. The day comes too quickly when the conventional therapy sessions end. And without a long-term plan for continued activity and improvement, the little momentum that had been started can wane.

The brain needs to exercise every day and it can't sit by and wait for someone else to tell you what to do.

The brain works by being engaged. It creates a mental tension that allows the ebb and flow of thought to arise. Problem solving without the problem doesn't provide the hook.

The sessions have to be constructed to allow a future to be considered. This future won't exist without an overarching context of recovery over and above the sessions allowed by insurance.

For me, each session had its own beginning, middle, and end. There was no discussion of the future or what would happen after the therapy was over. There was no discussion of additional long-term tasks to be considered on a week-to-week or month-to-month basis. The tasks were limited to the exercises in the playbook. Nothing went beyond that.

I began to wonder if there was another world outside of my scripted reality. It turned out to be the same world and the same reality. But my efforts were only scripted—if I had not confronted the reality of needing to do more *doing*.

Therapists provide the basics of recovery: automatics, word finding, and repetition. Therapists can help only up to a point.

Counterintuitively, part of the point of speech therapy is to withdraw the aid. The electric starter in a car engages, but not until the engine kicks in.

A therapist cannot be engaged *on behalf* of the person who needs to be engaged. A therapist cannot be motivated *on behalf* of the person who needs to be motivated. The only thing a therapist can do is

provide the scaffolding of the habitually structure yet to come.

The enriched environment provides the support, but it can't be imported. It has to be organically grown. The seed bed must be sowed from the beginning. Waiting until the end of speech therapy sessions to begin the next stage is too late. Tilling and amending the soil is needed long before planting the seeds.

The transition from *conventional* speech therapy to *enriched* speech therapy requires more therapeutic energy.

In the absence of a speech therapist in residence, *enriched* therapy requires regular, persistent, *personal* therapy.

The mission of speech therapists is to help people with aphasia understand the overarching context of recovery: it is a marathon, not a sprint. Every day is a session day, whether you are seeing the therapist, walking around town, or writing in your diary.

Re-creating one's language requires a continuous loop of activity, the evidence of those activities, and feedback.

It has become clear in the literature that aphasia gets better from therapy and substantially better from intensive therapy (Kleim, 2008).

Enriched therapy is intensive. The difference is that enriched therapy represents an ethic of learning in the absence of any external teaching resources. Enriched therapy isn't looking for the right or wrong responses as much as it must *experience* the responses and look for what grows.

Word finding and repetition are the start with conventional speech therapy. Intensive speech therapy provides more therapeutic hours, but still woefully fewer hours than what enriched therapy requires.

> *"Enriched therapy isn't looking for the right or wrong responses as much as it must experience the responses and look for what grows."*

The new, enriched elements of speech therapy provide an enhanced atmosphere of learning far beyond one exercise or another. Speech therapy needs to transition to an enriched therapeutic culture that includes the long-term therapeutic responsibility for speech-language pathology.

The responsibility of the therapist is to create tasks that encourage *more tasks to be assigned* by the patient themselves.

The secret of aphasia recovery is all about the *doing*, and synaptic connections are the key. Those connections deliver the ever-increasing learning field.

It is in our nature; the brain *wants* to build more networks. Enriched therapy creates more experience, more practice, more variety, and more *life* that provides the momentum of lifelong language recovery where every day is a *session* day!

Signed: *Johnny Appleseed of Aphasia Awareness*

Article adapted from Stroke Diary: The Secret of Aphasia Recovery (Vol II), Conclusion, Enriched Speech Therapy (Broussard, 2016).

Kleim J, Jones T. (2008). Principles of experience-dependent neural plasticity: Implications for rehabilitation after brain damage. Journal of Speech, Language, and Hearing Research, 51, 225-239.

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The author is a three-time stroke survivor and aphasia. He could not read, write or speak well which took years to recover.

He is now Founder and President, Aphasia Nation, Inc., a non-profit organization whose mission is educating the wider public, national and international, about aphasia and plasticity, the foundation of all learning.