

# Communication disorders

## Aphasia - A social approach

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# A social model of aphasia management

- Reduce social consequences of aphasia
- Promote communication within natural contexts
- Promote participation - reduce barriers

## Goals:

- Improved ability to communicate
- Participation
- Quality of life

Reality: discrimination, social isolation, exclusion from work, education and leisure pursuits, limited community support and benefits

# Medical model

- Structure as medical treatment: diagnosis, treatment, dismissal
- Patient
- Illness
- Recovery (to get well)

# Social model

- Health
- Long time perspective - chronic - to live with aphasia
- Continuum of varied service
- Participation in society

# Principles of social model

- Assume that communication is designed to meet dual goals of social interaction and transaction of messages
- View communication as a flexible, dynamic, multidimensional activity
- Emphasize authentic, relevant, natural contexts
- Consider conversation as a primary site of human communication
- Focus on communication as collaborative achievement

- Focus on the social and personal consequences of aphasia
- Focus on adaptations rather than impairments
- Emphasize the perspectives of the person with aphasia
- Embrace qualitative as well as quantitative measures of outcome

# Implementation of a Social Approach

- Increasing conversational skill
- Increasing communicative support
- Increasing opportunities for participation in relevant activities
- Maximizing a healthy identity and promoting empowerment
- Promoting advocacy and social action



# Conversation therapy

- Group therapy
- Scaffolded communication
- Conversational coaching
- Strategies for engagement
- Adjusted compensatory training
- Increasing participation: Supported Conversation

# Partner training

- Training regular partners
- Expanding social networks
- A trained community