Modular Therapy:  
A Practical Approach to Life Situations  

E. Gene Ritter  
Department of Communication Disorders  
Indiana University  

Carry-over into normal life situations of the skills that the aphasic patient learns in the course of treatment is often a problem. The patient seems to dichotomize what he learns with the speech and language clinician from what he does with the family, the nurse, or others in his daily life. In an effort to reduce this barrier, a small inter-disciplinary group from Indiana University and the Bloomington Convalescent Center have been utilizing modular therapy for selected patients.

Several persons have aided me in developing work in the modules even without their knowledge of having done so. I would like to acknowledge them at this time: Grace Thara, a former student of mine, who is in private practice currently in Honolulu; several members of the speech pathology and physical medicine staffs at the Mayo Clinic; and the occupational therapists at a rehabilitation center that I visited in Stockholm, thanks to arrangements made by Gunnar Gerby.

The concept of a modular system is not unique, but a brief review of our work might encourage those of you who have not yet tried the approach to do so. The purpose of this multi-disciplinary modular system is better rehabilitation of the aphasic patient. In the BCC, the team is composed of the floor nurses, the speech and language clinicians, the physical therapists, and the occupational therapists. We have tried to establish sets of practical activities which can be useful to the patient in returning to his home. Such activities include aids to daily living, home care practices, and modified workshop activities. It is easy for the members of the team at the BCC to work together informally. Frequently the speech clinician will be directly involved in work with the occupational and the physical therapists by giving demonstrations of language models for them to use with the patients as they are working together.

Included in the modules are the patient's room, a kitchen, a cafeteria, and a modified workshop. Each activity has its own inherent "core vocabulary" which is emphasized by each member of our interdisciplinary team as we all work with the patients.

In the patient's own room, for example, as many personal care items as possible are labeled for daily reminders to the patient who is having difficulty in remembering the names of these items or who is having difficulty with reading the words. Pressure sensitive labels or "pin-on" tags like those used for convention registrants are used for such items as the razor, toothbrush, lipstick, comb, towel, washcloth, etc.

In the kitchen module, various kitchen tools and equipment are labeled in the same fashion. Since the slides used with this presentation are not appropriate for reproduction in these proceedings, I shall attempt to list a few of the labeled items. They include skillets, mixing pans, measuring spoons, cake and pie pans, an electric blender, etc.

Both men and women receive training in the kitchen module, since both
frequently need to regain skills in the preparation of their own meals when
returning to their home responsibilities. We also use a modified recipe
system for those having difficulty in reading and remembering instructions.
Recipes are prepared in three levels of difficulty and the patients progress
from the initial pictorial level to the final stage of the regular recipe
card style. The simplest style is a full-page pictorial presentation such
as found in Figure 1. As the patient is able to move on to the intermediate
level of simplified language, the equivalent recipe is provided and compared
with the pictorial recipe; see Figure 2. Still later, the patient is given
the same recipe in the classical file-card style (not shown here) as he or
she can cope with the more complicated linguistic structures.

In the workshop module, we have gone from a typical confusing set
of tools and materials which are haphazardly stashed in the corner or carelessly
hung on a peg board wall to a neat and well-arranged set of items. For
hand tools, the appropriate labels are placed on the item and on the peg
board wall where the tools are normally found. To aid in location and
replacement of the items, a simple outline of the tool has been painted on
the peg board wall where the item should be kept when not in use. These
labels also serve to help the team members to remember to use the core
vocabulary for auditory stimulation as the patients are using the tools, etc.
Patients in the workshop often make easy-to-construct items utilizing
staplers, tack hammers, tape, hand coping saws, etc. Projects often include
the assembly of packets, stapling of booklets, foam boards or light wood
pieces to be cut and assembled into bird houses, napkin holders, etc.
Instructions for these projects can be presented in a manner similar to the
three-stage recipes mentioned above. The simplest level is a pictorial set
of instructions for the project. Simplified written instructions accompanied
with pictures is next, with the classical instructions being at the top of
the hierarchy.

In the cafeteria module, emphasis is put on "ordering foods" and on
developing normal social speech that is helpful in interacting with family
members and peers. The therapists cannot interact daily with the patients
in this setting, but the occasional sharing of the dining table at lunch
helps the therapist carry over into practice the language that the patient
is learning in therapy sessions. After all, there is a great deal of moti-
vation in asking for certain food items which are on the table before the
patient, but which cannot be obtained without his best linguistic effort.

In as many aspects of the patient's daily activities as possible, the
members of the interdisciplinary team stimulate the patients with a common
core vocabulary. The names of commonly used personal items, clothing, food-
stuff, and the tools and equipment used in the kitchen or workshop are
presented to the patients auditorially as well as visually. The "names"
are individually prepared on inexpensive, pressure sensitive labels or on
name tags which can be pinned to cloth items. The presence of these labels
reminds members of the team to use those core vocabulary words frequently
as they speak and work with the patients who are regaining their command of
these concepts. All speech and language clinicians recognize the limited
benefits of such sterile therapy as "naming" or sentence drills in the
therapy cubical. Using words, appropriate phrases and sentences in a
"slice of life" situation is much more practical and beneficial to the
patient.
Figure 1. Pictorial Recipe.
Pancakes

1 cup pancake mix
1 cup milk
1 egg
1 tablespoon corn oil

Mix together in a large bowl.

Cook in hot frying pan.

Turn once.

Serve with butter and syrup.

Enough for 3 or 4 persons.

Figure 2. Simple Language Level Recipe.