

Modular Therapy:
A Practical Approach to Life Situations

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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 motivation 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-stuffs, 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.

Pancakes

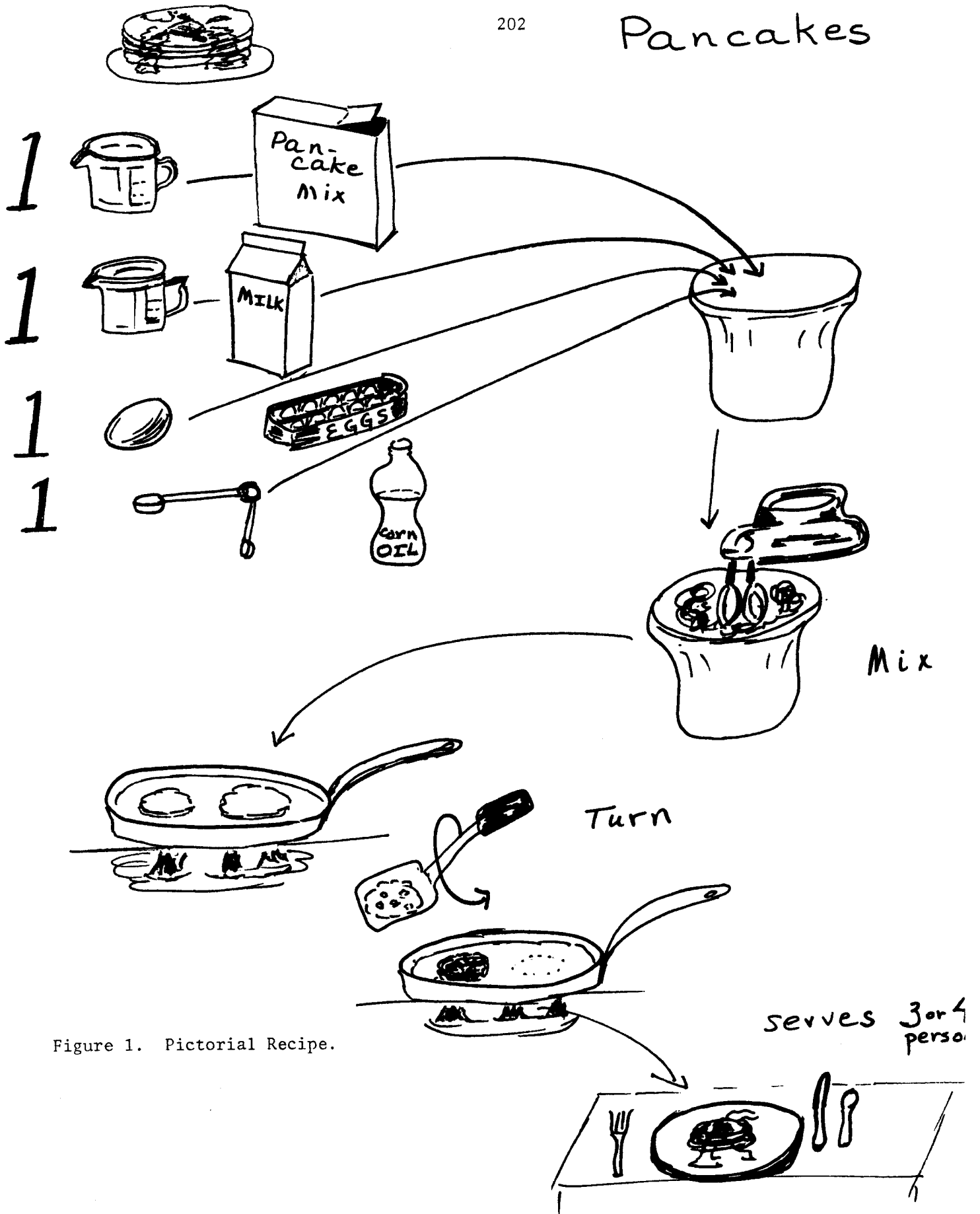


Figure 1. Pictorial Recipe.

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.

Figure 2. Simple Language Level Recipe.

Enough for 3 or 4
persons.