

A SOCIAL LANGUAGE GROUP FOR APHASICS

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At Western Michigan University in Kalamazoo Michigan, we are in our third year of conducting a social language group for adults who have aphasia and have reached a point in their progress where they need a language experience other than individual therapy. In some cases individual therapy seems to be no longer appropriate or warranted. We have found that termination of speech therapy frequently proves to be a difficult experience for both the families of the clients and the clients; they continue to need supportive contacts which no other agencies seem to provide. Our social language group was developed to alleviate these kinds of stresses. Beyond helping the aphasics and their families, the social language group provides a training opportunity for our graduate students. The following describes some of the functions of the group:

To provide the clients with the opportunity for social interaction, entertainment and intellectual stimulation.

To provide a situation whereby they can practice using and maintaining existing language skills.

To provide language therapy where it is appropriate and desirable.

To assist the adult aphasics in making appropriate contacts with other related community services and --

To provide supportive information through group inter-action, individual contacts, and visiting lecturers.

For student clinicians:

The social language group provides the opportunity for them to inter-act with persons who have aphasia. It provides information concerning the nature of aphasia, related problems and allied services appropriate for these persons.

It helps the student clinicians gain experience in assessing aphasic behavior and the possibilities for modifying it.

They learn how to plan and conduct social interaction groups for aphasics.

Student clinicians develop some skills in counseling the families of aphasia victims.

For the families the social language group endeavors:

1. To provide general information as to the nature of aphasia.
2. To provide general information regarding allied services:
 - a. Community services
 - b. Occupational therapy
 - c. Vocational rehabilitation
3. To provide supportive information through:
 - a. group interaction
 - b. individual contacts
 - c. visiting lecturers
4. To provide a nucleus of people who can help others confronted with the problems of aphasia.

There have been some specific behavioral evidences which assure us that our social language group is effective. Specifically, for the clients we can say that:

They attend regularly - no pressure is exercised to achieve this, and they participate in the activities. They interact - verbally and/or non-verbally. They have been successfully referred to other social agencies where they have benefitted, i.e. - YMCA, Vocational Rehabilitation and Goodwill Industries. Other agencies seek our services for clients whom they feel will benefit.

The families of our clients seek out our services for counseling and related services information. They additionally help each other by discussing mutual problems and procedures for solution of the problems.

They tell us that they appreciate the free time available to them when the clients are attending the social language group.

The student clinicians working in the social language group give evidence of having achieved their goals by fulfilling specific assigned tasks at the initial assignment to the group. They must:

- Be responsible for a minimum of two clients, contacts, interactions, reports, and special problems.
- Evidence the ability to interact appropriately.
- Be able to identify by giving examples of some typical behaviors related to the problems of aphasia.
- Be able to involve the clients in the group activities.
- Be able to conduct the social language group independently.

It is our opinion that, recognizing that most victims of aphasia plateau in their language skills with lessened ability than they previously had, the social language group provides a necessary extension of services for clients, families of clients and for training student clinicians. We further propose that as a profession we should assume the responsibility to become competent in this area.