

When People Call Us Intense, We Take it as a Compliment:

Why Intensity is Important to Aphasia Recovery Treatment

“YOU CAN’T JUST GO an hour here, an hour there,” said David H., referring to speech and language therapy for aphasia. “No, it has to be go, go, go. Morning to night. That’s the only way to get better. That’s the only way I got better.”

David had a stroke caused by a head injury. He was in intensive care, and as he describes: “I was gone. Nothing.” After months in the hospital, he mounted a comeback and eventually was cleared to go home. However, as anyone who has dealt with the aftermath of a stroke or head injury likely knows, the physical recovery was only the beginning. David was diagnosed with aphasia, a communication disorder most commonly caused by stroke or head injury after certain areas of the brain have sustained damage.

A few hours a week of speech and language therapy wasn’t cutting it. David, a lawyer for more than 40 years, was frustrated with the pace and progress. David and his wife Cynthia found the University of Michigan Aphasia Program (UMAP), one of about a dozen Intensive Comprehensive Aphasia Programs (ICAPs) in the world. Based on the intensity, reputation, individualized approach, and history of the program, they decided UMAP was the place for David.

WHY INTENSIVE?

Following a stroke or head injury, most patients receive 1 to 2 hours of speech and language therapy a week like David did—typically what insurance will cover. While some therapy is better than none and may be sufficient for some, a growing body of research shows that intensive therapy is the best way of improving language skills after a stroke, particularly for those with chronic aphasia.

How? Intensive therapy not only helps directly with language skills, but can also

impact the underlying neuroanatomy of the brain’s language network.

WHAT DOES ‘INTENSIVE’ MEAN?

To be considered an ICAP, a program must be comprehensive, intensive, and focused specifically on aphasia. Intensive means clients receive a *minimum* of 3 hours of therapy a day for at least 2 weeks, but more commonly 4 or 6 weeks. Intensive programs also emphasize individualized treatment goals and evidence-based practices to maximize improvement.

THE ‘COMPREHENSIVE’ PART INCLUDES THE FOLLOWING:

- **Individual and group therapy**—One-on-one time helps therapists target specific skills and deficits, while group interactions help build social skills, confidence, and group speech and language skills in a room full of people handling similar challenges.
- **Aphasia education and support for clients and care partners**—Aphasia changes so many aspects of a person’s life, impacting not only the person with aphasia, but also those around them. Understanding what has happened and receiving support for how to cope with these changes is vital to successful recovery for all involved. For example, UMAP offers a care partner component where care partners share their concerns, frustrations, and fears in guided group discussions.
- **Technological advances**—Technology, particularly apps, web tools and telemedicine, has come a long way in helping those with communication barriers and is incorporated into ICAPs as part of the treatment as well as continuing work.

- **Focus on overall quality of life**—The life participation approach helps encourage people with aphasia to re-engage with society. For example, clients at UMAP go out to places like restaurants and the farmer’s market to interact with the world at large in a way they might when they go home.

DO INTENSIVE PROGRAMS WORK?

The short answer: yes. Peer-reviewed research supports that intensive therapy works for many people with aphasia. While some of the effectiveness can depend on severity, location, how long since onset—even the attitude of the person with aphasia—the research is promising, particularly in comparison with the other treatment options available.

While evidence to support ICAPs as a therapeutic model has been emerging in the past decade, the intensive treatment model is not new. “The University of Michigan Aphasia Program pioneered this intensive, individualized model and has been practicing it for more than 80 years,” said Carol Persad, Ph.D., director of the program. “Our internal research has long supported intensive therapy as effective. Many people are taught that after a year of onset, there is likely little-to-no chance for speech and language improvement in those with aphasia—and we’ve found that this is simply not true. We don’t want to give anyone false hope, but we have seen the intensive, comprehensive approach work when nothing else has.”

To learn more about the University of Michigan Aphasia Program, call (734) 764-8440 or visit AphasiaHelp.com.

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