Chapter 18
Manual for Adult Aphasia Therapy

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ABSTRACT

This chapter is a treatment manual developed to aid professionals working in the field of rehabilitation of persons with aphasia in India. It is clinically field tested and has proved to be effective in the treatment of persons with fluent and non-fluent aphasia. This chapter provides a brief and comprehensive overview of the manual, information on its contents, and an outline about its use in clinical settings. The reader can also develop an understanding of how to assess baseline, document progress, and systematically record the outcomes of therapy. This chapter is a clinically invaluable therapy material for speech-language pathologists working in the country.

INTRODUCTION

Aphasia is a language disorder acquired by damage to the linguistic areas of the brain, which leads to deficits of varying degree in comprehension, expression, repetition, naming, reading and writing. It is a multimodal language disorder resulting from traumatic brain injury, brain tumour, infection, and surgical removal of brain tissue or more commonly stroke (Hallowell and Chapey, 2008). According to WHO (2012), around one-sixth of the entire population suffer stroke during their lifetime, out of which 30% have a residual language impairment (aphasia). Though aphasia is majorly a language disorder, persons with aphasia (PWA) can have associated problems in aspects of cognition, physical, emotional/psychological, social and swallowing. Speech-Language Pathologists (SLP’s) are key member in the communication rehabilitation of PWA. Aphasiologists have described number of therapy techniques and approaches towards rehabilitation of persons with aphasia, based on their views of the underlying impairment. Controlled research and treatment efficacy studies in the recent years have provided evidence towards the efficacy of the aphasia treatment techniques mentioned in the literature. Though researchers have been successful in systematically documenting the positive outcomes of the treatment efficacy studies, the variability in these research have been the stimuli used.

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Stimuli used for language therapy of PWA form an essential material in rehabilitation. Despite the importance on understanding how stimulus used affect outcome of intervention programs, there are few relevant studies. The therapy resources available for an SLP providing rehabilitative services for PWA in India are limited if not any. Majority of them refer to studies and manuals prepared for western population. To mention a few in western context, Manual for the Aphasic Patient by Longerich (1968), An Auditory and Verbal Task Hierarchy by Ross and Spencer (1980); and Manual of Aphasia and Aphasia Therapy (third edition) by Helm-Estabrooks and Albert (2004). The dearth of resources available in the country led to the development of MAAT.

The Manual for Adult Aphasia Therapy (MAAT) was developed for use with Kannada speaking individuals with Aphasia, ages 18 to 89. It is a therapy manual for Speech Language Pathologists working with Persons with Aphasia (PWA), to systematically train and track the progress from baseline assessment. The manual consists of stimuli under five domains of language: Functional Communication, Comprehension and Expression, Repetition, Naming and Reading and Writing. MAAT-K is a compilation of therapy manuals: Manual for Adult Non-Fluent Aphasia Therapy in Kannada (MANAT-K) (Venugopal and Goswami, 2008) and Manual for Adult Fluent Aphasia Therapy in Kannada (MAFAT-K) (Chaitra and Goswami, 2009). These manuals focused mainly on providing materials for therapy purposes. Later, MANAT-K and MAFAT-K were modified and field tested on persons with non-fluent and fluent aphasia by Goswami, Shanbal, Navitha and Samasthitha, (2010) and Goswami, Shanbal, Chaitra and Ranjini (2011) respectively. To improve the ease towards management of people with aphasia and for commercialization, MANAT-K and MAFAT-K were combined and developed as the Manual for Adult Aphasia Therapy in Kannada (MAAT-K). This manual was computerized to improve ease of documentation as Computerized Version of Manual for Adult Aphasia Therapy in Kannada (CV-MAAT K) (Goswami, Renuka, and Kruthi 2013). This software has five major domains namely functional communication, repetition, comprehension and expression, naming and reading and writing. Each of these domains consists of graded sub-sections. They have computerized culturally relevant pictures. The scoring patterns of the manuals have been retained and are semi-automatic. This software enables the clinician mediated aphasia therapy to be carried out.

The five major domains of the MAAT-K contains sub-sections and cover a series of activities which can be carried out by the clinicians to fortify a wide range of responses from the Person with Aphasia (PWA). MAAT-K has proved to be clinically invaluable as it provides structured guidelines and materials to provide evidence-based therapy for persons with aphasia.

To improve the scope and utility of the MAAT-K, the manual is also developed in six other languages as MAAT-6 (Tamil, Telugu, Malayalam, Marathi, Hindi and English) (Goswami, Thomas, and Rachel, 2015) as a project under Department of Science and Technology at All India Institute of Speech and Hearing, Mysore. According to 2011 census report on languages in India, Hindi is considered the official language of the country, with English being the provisional official language and used widely across the country. And, along with Hindi; Tamil, Telugu, Marathi and Malayalam are among the 22 Eighth scheduled languages in the country. These languages also cover most of the regions and population across India. Therefore, therapy manuals were developed in these languages to enhance uniformity in aphasia therapy and documentation. SLP/clinicians across the country are encouraged to develop and adapt the manual in their native language to suit the needs of persons with aphasia in the region.

The clinical utility of MAAT has been established by field testing each of these individual manuals. Field testing is the process of manually administering the developed manual/software/protocol to check for its validity/outcome measure. In the field of communication rehabilitation, where there are