Communication disorders
Aphasia - A social approach

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A social model of aphasia management

- Reduce social consequences of aphasia
- Promote communication within natural contexts
- Promote participation - reduce barriers
Goals:

- Improved ability to communicate
- Participation
- Quality of life

Reality: discrimination, social isolation, exclusion from work, education and leisure pursuits, limited community support and benefits
Medical model

- Structure as medical treatment: diagnosis, treatment, dismissal
- Patient
- Illness
- Recovery (to get well)
Social model

• Health
• Long time perspective - chronic - to live with aphasia
• Continuum of varied service
• Participation in society
Principles of social model

• Assume that communication is designed to meet dual goals of social interaction and transaction of messages
• View communication as a flexible, dynamic, multidimensional activity
• Emphasize authentic, relevant, natural contexts
• Consider conversation as a primary site of human communication
• Focus on communication as collaborative achievement
• Focus on the social and personal consequences of aphasia
• Focus on adaptations rather than impairments
• Emphasize the perspectives of the person with aphasia
• Embrace qualitative as well as quantitative measures of outcome
Implementation of a Social Approach

- Increasing conversational skill
- Increasing communicative support
- Increasing opportunities for participation in relevant activities
- Maximizing a healthy identity and promoting empowerment
- Promoting advocacy and social action
Conversation therapy

- Group therapy
- Scaffolded communication
- Conversational coaching
- Strategies for engagement
- Adjusted compensatory training
- Increasing participation: Supported Conversation
Partner training

- Training regular partners
- Expanding social networks
- A trained community