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Foreword

I have long dreamed of a great series of “how to” books in Speech-Language Pathology. These books, my imagination dictates, would not be versions of recipe and direction following (that is, “cookbooks”). Those sound both contrived and appropriate only to real beginners, say, students on their first clinical assignments. I had something more ambitious in mind, and to extend my cookbook analogy even farther, more like a conversation between two distinguished chefs, say Julia Child and Jacques Pepin, on many gastronomic topics (1999).

Larry Boles has done just this in this book. Focusing on clinicians who feel the need to engage significant others in the clinical process, Dr. Boles has provided the template here. All of the examples and exercises he describes are in fact a training manual, far beyond a cookbook and into the Julia-Jacques dialogue. My belief is that, once you have dealt with, and followed, the principles Boles has outlined, clinicians will be able to extend them to a range of problems and to the never ending unique situations that clinicians find themselves in when they attempt to manage human communication disorders everyday. This is the proving ground of finding solutions to the problems into the arena of daily living.

By its very nature, no communication problem belongs to one participant in a communicative event. This book provides clinicians with important and substantial guidelines in how to move away from the person with the problem to incorporating those around him or her in solving communication problems.

I am not aware of another book that comes even close to my “how to” goals and I am honored to write this foreword.

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References

Child, J., & Pepin, J. (1999). *Cooking at home*. New York: Knopf.

Preface

To the Speech Pathologist

Some of us are willing to incorporate spouses, family, and friends into therapy. Others attempt to do it, and a few of us actually successfully follow through in a meaningful way. If you are in any of these three categories, this book can be helpful. You may have urged family members and significant others (hereafter SOs) to get involved, and this book can address *how* to get them involved with therapeutic communication activities.

I do not recommend handing this workbook to the SOs and wishing them luck—even after placing bookmarks in appropriate places. I do recommend using these pages as in-session ideas. Use this workbook as is, or with your own—or their own—embellishments and upgrades. You may choose to have them continue some of the tasks at home, but it is best to know they are engaged in something therapeutic as they practice. The best way to facilitate that is to watch it happen first in your office.

Notice that the activities do not have preset criteria. That cannot be known in advance. You may or may not choose to have the SO document performance in relation to criteria. In many cases, the activities do not appear to include the SO at all. For example, Interacting with a Service Worker (Activity 13) and Requesting a Change in Medication (Activity 17) are designed for the individual with aphasia to interact with someone else. However, these are “role play” activities, where the SO assumes the role, in these cases, of a service worker and a physician, respectively. The intent here is not for you, the SLP, to play these roles, but rather for the SO to do so.

To the Significant Other

You have a role that you probably did not plan: a partner and perhaps caregiver to someone who will now and forever communicate differently from before. You may have found help in unexpected places, and a lack of help where you most expected it. Congratulations on your courage and commitment to helping your loved one. Use this book as a guideline. Your speech pathologist can help you with some of the details and the ideas behind it. Use her or him to help you engage in these tasks so your loved one can benefit the most. You want to help, and you may have some ideas how to do so. This workbook will give you a few more. I wish you the best. As the son of a woman with aphasia, I know how frustrating, disheartening, surprising, encouraging, painful, delightful, and confusing this can be. Please just do your best. It will be enough.

Some of the activities in this workbook are directed toward interaction between the two of you. Others involve the two of you, but are rehearsals for interaction between the Survivor and another person. This gives you a “safe haven” for practicing interaction

with the plumber (Activity 13), the librarian (Activity 14), or a potential hired caregiver (Activity 16). Try to stay “in character” during these activities. It is amazing what we discover in these role playing situations. Sometimes we discover difficulty where we didn’t expect it; other times we discover resilience and competence where we didn’t expect them. Whatever you discover, practice is likely to improve the eventual interaction with the service workers and other people whose role you are playing.

To the Couple with Aphasia

You are a couple with aphasia. One of you has survived a stroke. Both of you are living with the consequences of that stroke. In this workbook I refer to each of you, and sometimes both of you. It is awkward to keep saying “the Survivor who has had the stroke,” and “the Survivor whose significant other has had the stroke.” You may not be a couple, in the traditional sense. I have worked with mothers and daughters, siblings, and people who in one form or another are committed to helping each other.

In this workbook I will refer to the person who has survived the stroke as the Survivor, and the person committed to helping that person as the SO (significant other). Most of us do not refer to our loved one as our “significant other,” but you may not be a married couple. You might be a sibling, an adult child, a committed partner, a dear friend, or some “other” person who is “significant” in the life of the survivor. If you are reading this workbook, you certainly must be significant. So I encourage you to feel pride in the title “significant other.”

Strategies

Throughout this workbook I refer to your use of your strategies. Each of you will have strategies that work for you. I cannot tell you what those might be (though I’ll list some possible ones in this workbook). Each person is different, depending on style, personality, and strengths and weaknesses before the stroke and after the stroke. For example, it helps some people with aphasia to have the SO slow down his speaking rate and/or repeating what the Survivor said. That would be a strategy for the SO. Some people with aphasia do better when they try to use their hands, gesturing what they cannot immediately say (it occasionally works for the rest of us too!). Other people with aphasia benefit from drawing what they’re trying to say, and still others make good use of communication books, cards, or other devices. All of these methods are encouraged and welcomed, individually, and in combination. The key is communication, not perfecting speech.