

# UCL Communication Clinic

## Department of Language and Cognition

Michael Dean, Carolyn Bruce and service users



This poster contains links to web resources that can be accessed using a 'VR code reader' on a smart phone or other mobile device.

The clinic is based in Chandler House, also home to UCL's speech and language therapy programmes



### Speech and Language Therapy Service

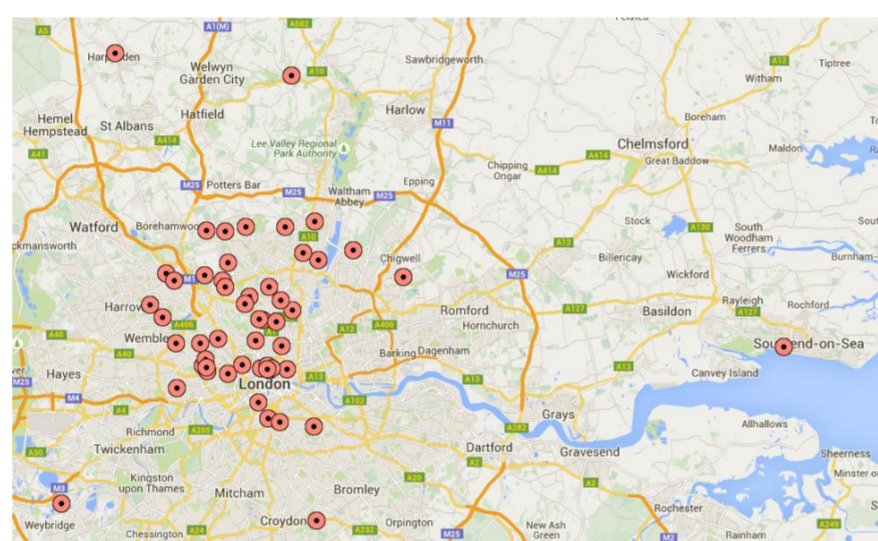
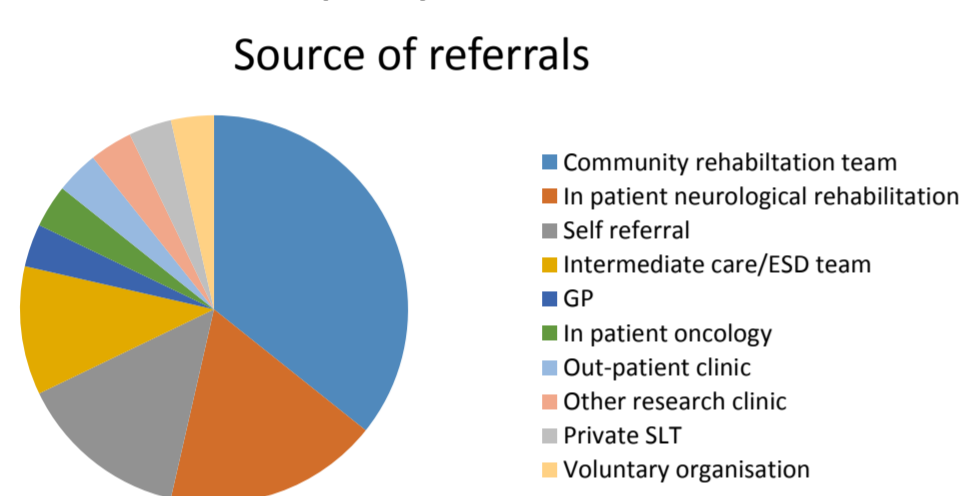
We accept referrals for adults with difficulties of speech, language and cognitive communication acquired following (non-progressive) brain injury. Intervention is based on individual goals, with the duration of input determined by the presence of goals and evidence of progress.

#### Caseload (July 2015)

- 55 people
- 50 with a diagnosis of aphasia
- 37 male
- Age range 41-82 years
- 34 attend individual sessions; 26 attend groups (5 both)

#### Referrals

57 new referrals per year



#### Challenges

- Referrals are often made in the context of limited local rehabilitation services
- Psychological adjustment is difficult to manage in weekly, uni-disciplinary sessions
- Distance from service users' homes limits the opportunity for community-based activities
- The expansion and contraction of staffing levels over the academic year results in – at times – a waiting list of several months

### Student education

In the 2013-2014 academic year we provided placements to 22 speech and language therapy students (89 WTE weeks). Students manage their own caseload under supervision. The clinic also offers a summer internship for graduating and newly qualified therapists.

Service users contribute sessions on 'Living with Communication Disability' as part of the teaching programme. Future plans include involving service users in the interview and selection process for potential speech and language therapy students.

### Research participation

The clinic maintains a database of potential research participants. Service users are often keen to participate in research as a means of contributing to an understanding of aphasia and to help develop novel and improved therapies. Twenty-seven service users participated this year.

British Aphasiology Society student prize winners, with projects based in the clinic:

- *Assessing the text-level reading skills of adults with aphasia* (James McGoldrick, 2014)
- *Investigating semantic impairments in people with aphasia using mouse-tracking technology: the effect of semantic distractors in a single word comprehension task* (Cathy Blair, 2013 joint winner)
- *Investigating the effects of social interaction and intellectual activities on cognitive functioning in people with aphasia* (Belen Lopez, 2012)
- *Getting into shape: The effect of Shape Coding on the spoken language production of a man with chronic aphasia* (Helen Davy, 2011)
- *The effect of unfamiliar accent on immediate story recall in adults with aphasia*, (Justine Green, 2010)

### Developing language skills through group projects

Many service users choose to improve their communication through direct work on language impairments, for example accessing the department's expertise in computer-based language therapy. Working on group projects provides a vehicle for honing language skills such as word retrieval, sentences, grammar and narrative structure, as well as skills of rhetoric such as making and defending an argument. Examples of recent projects include:

*Meeting with Frank Dobson, local MP and former Secretary of State for Health.* Group members described the effects of aphasia beyond language use, including having good days and bad days, time needed to get a message across, other people interrupting, reading and writing difficulties, reliance on familiar films and TV rather than 'looking forwards', anger and upset, and lack of awareness from businesses.



Link to 3 min video:



The group also discussed the time course of recovery and the need for long-term rehabilitation services.

They challenged the view that recent improvements to acute stroke services would have prevented their difficulties, and stressed the economic benefits of supporting people over the longer-term:



As experts in aphasia, group members wrote and produced a leaflet that gives strategies for *using the telephone*. It was distributed at the clinic and is freely available.

One of the clinic's groups planned and made a *youtube video* describing aphasia and its consequences.



The picture below, '*Coming face-to-face with stroke*' is on display in Chandler House. Made of 302 separate self-portraits drawn by members of the public using their non-preferred hand, it reproduces a self-portrait by Mike Austin. Many people reported that they could not draw with their preferred hand so could not be expected to draw with their non-preferred one. A number of people reported that they were anxious that their attempts might be judged critically. The experience highlights what we expect from people with aphasia, who often have no choice but to complete tasks in new ways.



### Why is the clinic important to you? Service users' views:

- *Before, I could only say 'no' and 'yes'... But now! (AS)*
- *What would I have done if I didn't come here? I don't know what would have happened if I hadn't been referred. (SS)*
- *Nice to be in a group. (TW)*
- *To communicate. Before, just 'uh.. uh..' for 2 months. And then, just 'yes'. It's so important. (JM)*
- *It's... my language, it brings it back. People say to me 'you're speaking well at the moment.' They couldn't believe it. (MC)*

Further information about the Communication Clinic, including how to make a referral and/or join the research volunteer register, can be found on our website

