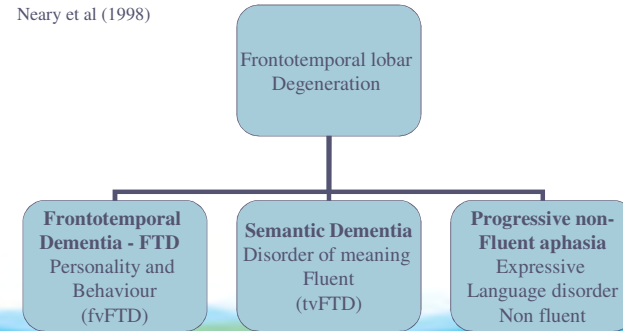


Laura Cole Speech and Language Therapist

Working with Progressive Language Disorders

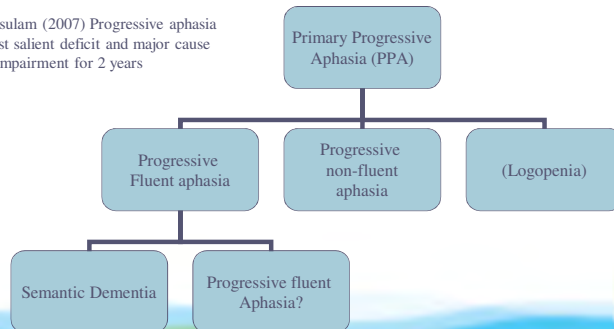
Classification issues

Neary et al (1998)



And..

Mesulam (2007) Progressive aphasia most salient deficit and major cause of impairment for 2 years

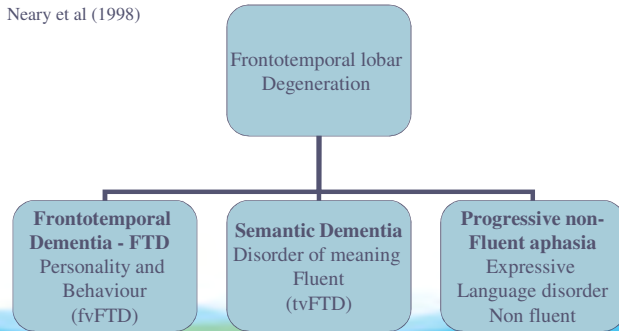


So...it can feel like...



Classification issues

Neary et al (1998)



What is Frontotemporal dementia?

Disorder of behaviour and cognition, impaired function of the front part of the brain. Main changes in character and behaviour.

What is Semantic Dementia?

Loss of meaning and understanding of how the world works. Problems recognising people and objects. Shrinkage of the temporal lobes. Initial problem remembering names.

What is Progressive Aphasia?

Progressive impairment in language, degeneration of the left side of the brain. Effortful speech hesitant and stuttering. Difficulty formulating what to say and finding correct word. Understanding often better than speech, although may be affected.

Background

- Service provision – where?
- SLT – in mental health
- SLT – general adult caseload
 - (Croot 2009, Croot et al 2009, Taylor et al 2009)
- Memory Clinics
- ...or fall through the net....

Challenges and Successes Staying connected to the world Therapy Approaches:

- Importance of developing communication strategies to:
- Maintain activities
 - Introduce to new activities and peer support at an early stage
 - Use life story care planning

Maintaining activities – opportunities for communication

- Peter

Activity: Work - Information on key fob about work sites and people.

- Jim

Leisure activities: Using the his realm of understanding – key words, routines. Key fob with info and visual diary.



Allotment/Gardening With Jackie



Badminton with Ian



Walk around Water Park with Amy



Lyme Park with John



Pub with Rob



Shopping, Trafford centre with Louise

Activity

- Jim has been introduced early to peer support groups e.g. Walking groups, activity groups.
- Life story

Looking to the future.....

Bill

- Writing – Diary, note pad
- Word finding – practising words personal vocab.

Juxtaposition – specific difficulties

Strengths and difficulties can be quite varied throughout different stages.

Work with person and family

Impact of communication and personality changes.

- Peer support
- CBT/counselling
- Differing needs – carer and person with dementia
....balancing needs....

Capacity and choices

- Rigidity and comprehension difficulties impact on decision making.
- Enabling Accessible information and means of expression.

Research Gaps

- Information from an interactional perspective
- Studies observing and documenting behaviour in real life settings
- Carer experiences/accounts
- Perspectives of person
- Lack of studies generating therapy, management or intervention strategies

Jackie Kindell
Pennine Care & University of Manchester

- Sustaining Conversation at Home in Semantic Dementia – A Case Study MClinRes
- PhD:
 - Dr Karen Sage and Dr Ray Wilkinson
 - Professor John Keady
 - Case Series Intervention Study
 - Conversation analysis
 - Narrative enquiry
 - Neuropsychology

**Top Ten ideas for supporting people with
Progressive Language Disorders
(PPA and SD)**

- 1) Referral to Speech and Language Therapy
 - www.rcslt.org/docs/free-pub/dementia_paper.pdf
- 2) Information resources:
Cerebral Function unit website: 'Information sheets' and 'Information for clinicians'
 - www.cerebralfunctionunit.co.uk
 - www.cerebralfunctionunit.co.uk/talks.htmlThe Pick's Disease Support Group www.pdsg.org.uk
Cognitive Neurology and Alzheimer's Disease Centre - www.brain.northwestern.edu/index.html

- 3) Explore use of Life story work to aid communication. Emphasis on present and future as much as past to inform care planning. Modify to individual. www.lifestorynetwork.org.uk
- 4) Look at ways to aid verbal communication with visuals/photos/pictures.
- 5) Support social opportunities that take some pressure off speech by pursuing 'hands on' activities involving non-verbal communication.
- 6) Explore referring to peer support groups at an early stage.
- 7) Use a team approach working together towards the same goals in a multi-disciplinary framework.

- 8) Facilitate carers to be involved in care planning and have opportunity to involve other family members as appropriate e.g. review meetings.
- 9) Ensure communication is supported as much as possible to enable decision making for as long as possible (Mental Capacity Act 2005)
- 10) Engage carers in accessing local counselling and CBT services for carers.

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