



# APHASIA REHABILITATION IN ICELAND

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Speech Pathologist (SLP)

# Helga Thors, Ph.D. CCC-SLP



- MSc in Speech Language Therapy from the University of Reading, UK
- PhD in Communication Sciences and Disorders from the University of South Carolina, USA.
- Stroke and Neurogenic Communication Disorders
- SLP at the rehabilitation unit of the University Hospital, Landspítali.
- Adjunct professor of Speech Pathology at the Faculty of Medicine of the University of Iceland
- Private practice

# Stroke and aphasia

- The number of stroke survivors and subsequent need for rehabilitation and other services has increased (Béjot et al., 2019; Feigin et al., 2017; Mayo et al., 2002).
- Iceland: around 400 individuals suffer a stroke each year (Ágúst Hilmarsson et al., 2013) (+transient ischaemia: 600-700 individuals)
- Of these, about a third get an aphasia diagnosis

# Speech pathology services - Aphasia in Iceland

- Hospital:
  - 6 SLPs in rehabilitation, sub-acute/chronic
  - 1-2 SLPs in acute Ax and Tx at Landspítali, the university hospital
  - 1-2 SLPs in rehabilitation at a geriatric hospital
  - 1 SLP in hospital in Akureyri
  - 2 SLPs in hospital in Selfoss
- A handful of SLPs at private practices
- Two SLPs at Kjarkur Rehabilitation
- Two SLPs at Reykjalundur Rehabilitation

# The role of speech pathologists at different locations

- Diagnosis/evaluation
- Counselling and follow-up
- Education/training staff and relatives
- Treatment
- **Aphasia**
- Dysarthria
- Dysphagia
- Apraxia of Speech
- Voice problems
- AAC

# Speech pathologists & teamwork

- Stroke Team
- Brain injury team
- Parkinson's team
- MND Team
- Head- and Neck Cancer Team
- Transgender team
- Memory Clinic Team
- Team of SLPs that work with neurogenic communication disorders



# Hospital: Acute phase - diagnosis

- While patients are still hospitalized in the hospital's wards
- All departments of the hospitals
- Aphasia screening - formal/informal
- Reading and writing – informal screening



# Hospital: Acute phase - Counselling



- Counselling for individuals
- Advice and training for relatives and friends
- Training for staff in the department



# Hospital: Acute phase - Treatment

- Communication cards/books
- Worksheets
- Pictures

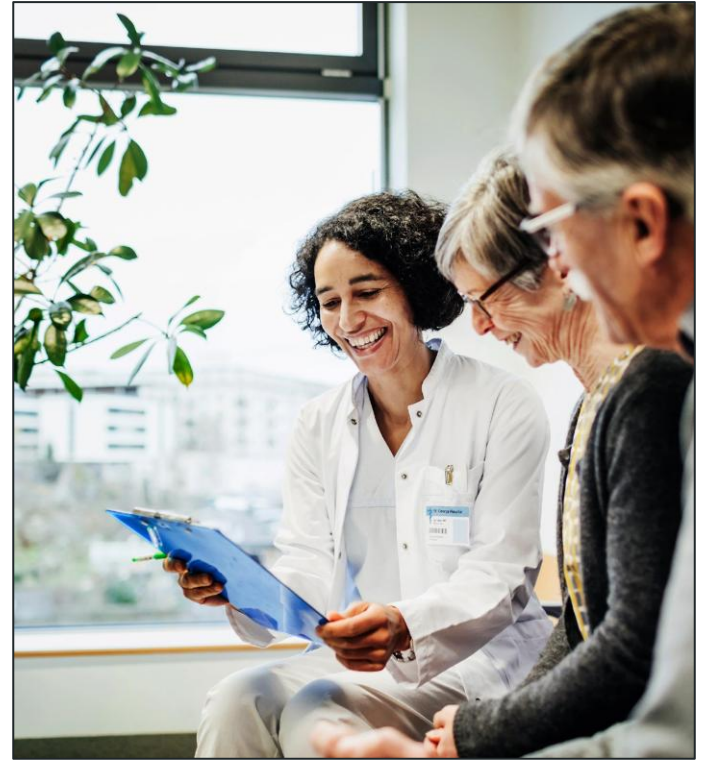
Sjúklingur á deild 	Hvað er klukkan 	Hvaða dagur er? 	Hvað gerðist? 	Mér er óglatt. 
Hvar er ég? 	Ég er þyrst/-ur. 	Ég er svöng/svangur. 	Mér er heitt. 	Mér er kalt. 
Mér er illt. 	Ég þarf lyf. 	Ég þarf aðstoð. 	Skipta um stellingu. 	Ég þarf að fara á klósettið. 
Ég þarf að hitta lækni. 	hjúkrunarfræðingur 	Hvernig hefur fjölskyldan það? 	Hvenær get ég farið heim? 	Eitthvað annað. 

# Sub-acute - Assessment

- When patients are discharged from neurology, they are usually ready for a more detailed test of speech and language with standardized tests
- We have a variety of aphasia tests that test for example:
  - Aphasia
  - Word retrieval
  - Reading comprehension and reading speed
  - Practical Language Ability
  - Expression (describing an image/explaining how things are made)

# Counselling

Those who do not need extensive rehabilitation might still be invited to come and see a speech pathologist for guidance and advice



# Counselling for family of people with aphasia

- We invite relatives/friends to come and meet us if they are interested or have any questions
- Doctors (in the neurology department) sometimes send us a referral and ask that we call individuals in for diagnosis and an interview at the outpatient department.

# Grensás - treatment

- Individuals who are sufficiently healthy, and require extensive therapy receive treatment 2x/day, 5 days a week
- When people move on to outpatient status, the number of hours often starts to decrease, but this is not universal
- Homework to work on independently between sessions
- Treatment objectives are made as practical as possible and determined in consultation with the individual/relatives

# AAC communication

- Assistive devices that make it easier for patients to express themselves and comprehend
- From notebooks and pens to communication books and complex computers with speech synthesis
- Technology isn't everything!

*If you can't form a sentence, it doesn't work any better to write it on a computer/iPad, etc.*



# At discharge

- Advice and guidance on how to proceed
- Referral to a private practice from a doctor
- Limited number of speech pathologists working with adults at private practices

## *Aphasia groups in Heilaheill*

- **10 sessions**
- **Led by speech pathologists**
- **Goal to practice telling and listening to others**



# Other treatment locations

- Reykjalundur
  - Out-patient services
  - Chronic aphasia – intensive treatment for 4-6 weeks
- Kjarkur
  - Inpatient rehabilitation (1-2 bdr. apartments)
  - Outpatient assessment & treatment



# Some thoughts and ideas from some of the participants of the Aphasia Groups



# What is the Status - Therapy

- Difficult to get into training, especially in rural areas
  - Cost is a problem - can get high
  - Goes well when training is done - but if training falls down, people lose skills
  - Group training has great potential - provides an opportunity for group conversations
- Being in communication with others matters - that's how you maintain skills
- Unconventional methods - what works and may it not work?
  - Biofeedback - Transcranial direct current stimulation (tDCS) – medication?
- Communication partner training and communication support
  - Education to people who work in care and service as well as relatives and friends

# What is the status - Accessibility issues

## Obstacles:

1. "Auðkenni" - electronic ID
2. Call and talk to people on the phone
3. Online banking
4. "Heilsuvera", and other official websites can be complicated

# What is the status - Accessibility issues

## Support Tools:

1. Speech synthesis in the computer
2. Get training in the use of electronic solutions such as “online banking”, “Heilsuvera”, etc.
3. Use video calls/videos/facetime and Messenger
4. “Hlusta” – button on many websites
5. Let people know that you have difficulty speaking
6. Various apps for your phone

# What is the status – Continuing education

## Examples:

- It helps to meet and do something together, e.g. needlework, café, etc.
- Mímir – continuing education - offers various types of courses
- Attend Choir – Vocals
- Singing lessons with a singing teacher
- Practice writing - e.g. text messages, messages, letters, notes

# What is the status - Hobbies

Examples of hobbies that can be pursued:

- Choir
- Photography
- Fishing/Hunting
- Out cycling - e.g. tricycles, electric bikes
- Go swimming
- Out for a walk – or do other outdoor activities



**Thank you!**

**Takk!**

**Děkuju**





[MALSTOL.COM](http://MALSTOL.COM)





**American  
Stroke  
Association.**  
A division of the  
American Heart Association.

## What is aphasia ?

Aphasia is a language disorder that impairs the ability to communicate. It's most often caused by stroke-related injuries to areas of the brain that control speech and language.



*I have aphasia.*



**Take your time**  
It may take a while to get the words out.



**Let people know what works best for you**  
Do you want a question asked in multiple ways or repeated? Let them know.



**Use as assistive devices**  
Bring photos, diagrams, pen and paper or other helpful tools.



**Frustration is OK**  
Don't blame yourself if you get stuck or stumble over your words. Be patient with yourself as you learn what works.

### What to do if you get stuck:

1. Admit you're struggling.
2. Recap what you've discussed so far.
3. Decide whether to continue or come back to the subject later.
4. Try a different method of communicating such as drawing, hand gestures, etc.



**National  
Aphasia  
Association**

The American Stroke Association and the National Aphasia Association —collaborating to help stroke survivors beat aphasia.



*I need to communicate with someone who has aphasia.*



**Keep it simple**  
Speak in short, simple sentences.



**Be patient**  
Allow plenty of time for a response. Talk *with* the person who has aphasia, not *for* him or her.



**Remove distractions**  
Turn off radios and TVs and focus on the person with aphasia.



**Be creative**  
Try writing, gesturing, drawing pictures or using devices such as smartphones and tablets.



**Confir**  
Repeat what you think they said or meant.



### Facts about people with aphasia:

1. They communicate differently but are as smart as they were before they developed aphasia.
2. Their hearing is usually fine, so speaking loudly doesn't help.
3. Their condition means you'll have to communicate differently with them.

Learn more at [stroke.org/Aphasia](https://stroke.org/Aphasia)

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