

## Cooking up Meaningful Activities for Aphasia Groups

Functionally oriented aphasia therapy focuses on enhancing communication in everyday activities, promoting independence, and improving quality of life. One approach is to focus on specific activities within treatment (Bruce, & Newton, 2019). Cooking is one activity that people with aphasia want to return to (Niemi & Johansson, 2013) and food-related activities have social, emotional, and cultural value (Pashley et al., 2022). Cooking activities also provide opportunities to practice conversation in a relaxed, real-life setting, promoting meaningful interaction.

### Example 1: Lemon Loaf and Family Gatherings

Tina wanted to practice baking a lemon loaf in our shared kitchen space for the first time since her stroke. She also shared memories of family gatherings and using the opportunity to practice storytelling and conversation with the group. Visual cues from clinicians helped guide sentence formation and organization.

Outcomes reported by Tina:

- Increased confidence in completing tasks independently
- Improved word retrieval and sentence organization
- Emotional engagement through storytelling

Outcomes for the Group:

- Increased participation and interaction
- Strengthened social connections with the group
- Improved sentence structure and expressive language
  - o Statements created by group members: "Tina is cracking the eggs.", "She is mixing the flour.", "She is pouring the batter."





### Example 2: Adaptive Cooking for the Holidays

An occupational therapist shared a holiday cooking demonstration to highlight adaptive equipment. She showed some popular adaptative equipment while demonstrating alternative cooking methods adapted for people with mobility differences.

Outcomes:

- Group members and their family members purchased some products
- Allowing group members impacted by stroke to participate in ADLs and perform roles/hobbies they enjoyed doing prior to their stroke



### Example 3: Cupcakes and Connections

Joe shared his identity as a baker during his kitchen demonstration. Given his limited spoken output, he used a multimodal approach to convey modifications to the cupcake recipe. Group members engaged in high-quality communication interactions about his identity as a baker. He independently invited his family to attend and join the activity (his mom washed dishes).

- He altered recipe via text/email leading up to event
- Minimal-moderate physical assistance required during baking session
- Gained deeper connections with other group members via sharing more of himself



#### Example 4: Smoothies and Occupations

A group member with aphasia, who previously worked in fruit sales, wanted to share his expertise by demonstrating how to make a smoothie. With the support of clinicians, he led the demonstration in our kitchen space, explaining the process to others and answering questions about his career. The clinicians also facilitated discussions and encouraged group members to participate by creating their own smoothies.

Outcomes:

- Led to group discussions about nutrition, ingredients, typical breakfasts, and prior work experiences.
- Group members ordered smoothies and provided a list of their preferred ingredients
- Members built connections and learned more about one another





## Discussion Questions

### Example 1:

1. How does engaging in familiar activities like baking help individuals with aphasia regain confidence in communication?
2. How can structured group participation (e.g., sentence generation) enhance expressive language skills in a meaningful way?

### Example 2:

3. In addition to impacted mobility, what other challenges may people with aphasia encounter when cooking? What other modifications could be made to address these challenges?
4. How might these modifications/adaptive equipment be made more accessible for people with aphasia outside of community groups?

### Example 3:

5. What can members gain from sharing more about their past strengths? What risk does this bring for negative feelings or thoughts regarding change in skills?
6. How can we include person-centered activities that include family/friends/caregivers, and individuals' personality/interests in other ways in our groups?

### Example 4:

7. How can member demonstrations like this provide members with opportunities to practice for real-life conversations and interactions?
8. Given members' interest in discussions surrounding nutrition and healthy ingredients, how could aphasia groups involve other disciplines (e.g., Dietitians) in similar demonstrations?

## Resources, References & Contact Information





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