



Show Notes - Episode #22

A Model for Engaging People with Aphasia in the Community with Dominique Herrington

In this episode, Janet Patterson (Chief of the Audiology & Speech-Language Pathology Service at the VA Northern California Health Care System) speaks with Dominique Herrington, Director of the Aphasia Group of Middle Tennessee, which is housed in the Vanderbilt Bill Wilkerson Pi Beta Phi Rehabilitation Institute at Vanderbilt University in Nashville Tennessee. They dive deep into the Aphasia Group of Middle Tennessee with the hopes that it can both inform and inspire others.

Dominique received her Masters of Science in Speech-Language Pathology from the University of Montevallo and is a certified and licensed Speech-Language Pathologist. She is a Senior Clinical Education Associate for Vanderbilt Bill Wilkerson Department of Hearing and Speech Sciences and Vanderbilt University School of Medicine, serving as the Assistant Manager of Pi Beta Phi Rehabilitation Institute as well as the Program Coordinator for the Aphasia Group and Aphasia Program of Middle Tennessee.

In today's episode you will:

- Hear about persons with aphasia who are so dedicated to the aphasia group that they travel long distances on public transportation;
- Discover how the Aphasia Group of Middle Tennessee evolved from a focus on impairment-based treatment to becoming a learning lab for students and persons with aphasia;
- Learn about the Mile Marker Project.

Note: These show notes have been edited and condensed.

The Aphasia Group of Middle Tennessee has been in existence for several years within the Pi Beta Phi Rehabilitation Institute. How does your LPAA program fit within both the clinic and the university structure?

This has been such a positive experience for all of us for the past 14 years. The group members are proud, accomplished people living with aphasia and have so much to offer healthcare professionals - especially the master level speech language pathology students. Our group is called the Aphasia Group of Middle Tennessee because we have group members who, each week, ride public transportation from as far seventy miles away to participate in our group activities - and they've been doing this for years. It speaks directly to the connection and the community that they have established. The Aphasia Group is a clinical placement within the



graduate program here at Vanderbilt. Each semester, the number of students I have assigned for the group is based on the number of group members participating in the day or in any of the activities. I say "students assigned" loosely because it is a popular request for a clinical placement.

At the beginning of each semester, the students participate in an orientation training period to learn about LPAA, the different Aphasia Group Programs across the country, and they learn about our group and the group structure and purpose. Additionally, they learn about the group members' individual communication goals and a variety of evidence-based treatment approaches. The students also participate in comprehensive supportive conversation training for adults with aphasia. From here, I'm able to assign each student to a group member (or members) as a communication partner. We run on semesters - typically 10 to 12 weeks each. Our group day begins at 9:30 in the morning and it ends at 4:30 in the afternoon. The group members choose what activities they want to participate in each semester. They may choose to participate in individual sessions which we call "PIC" (Partners in Communication), a book club, a current events group, a tech group, or a planning group which is called "The Executive Group". At the end of the day we have what we call our "Big Group" and some group members participate only in this group.

Throughout the day, the students are assisting the group members with their discussions and they're creating the necessary communication supports or resources for the group member so that they are part of the discussion. The books, the topics of discussion, and the activities are all decided by the group members. I'm present to organize, to supervise, to teach, and to lead when needed and the students are here really to learn about aphasia, the different types of aphasia, how to be a communication partner, and how to facilitate real life participation. Our staff knows that Thursdays is group days and it's really become one of our favorite days. The staff here always comment to me, "Oh, it's group day. It's such a fun day. I love hearing the laughter!" They enjoy seeing their former and current patients participate in conversations and seeing their progress.

The other nice part of being in a clinic environment is that patients that are coming here to Pi Beta Phi Rehab Institute for therapy often inquire about the group and the group members. There are a lot of opportunities for our group members to actually support and encourage these patients while they're receiving therapy. When our group breaks between the semesters, it often gives me a great pleasure to hear the staff say, "What? No group today?" It has become so much of a part of culture here at Pi Beta Phi Rehabilitation Institute.

We are lucky because we have the opportunity to invite students in PT, OT, and Speech from other universities, and the medical students in Vanderbilt to come join and observe. I use the



word “observe” lightly because everyone who comes to visit the group has to participate in the group

That is such an exciting model that for the rest of us to consider and I'm struck by what you said that people will take public transportation from as far away as 70 miles to attend this group. You must feel very, very good about that. How did you think about organizing your aphasia group at its beginning? Did you have to secure funding support?

The initial group of individuals understood that there was a need for more than only a support group within our community. I'm very fortunate to say that at the table was Dr. Terry Wertz, Dr. Lee Ann Golper, Dr. Wanda Webb, Patsy Allen who was then the Director of Pi Beta Phi Rehabilitation Institute, two of our speech language pathologist here, and myself. We decided to enlist a group of speech language pathologist within the community to volunteer one week a semester to supervise two masters-level students who run a group discussion. So, I organized the schedule and attended several of these weekly sessions to make sure supplies and refreshments were available and to assist as needed. We met at two different locations here within Nashville because what we were trying to do was reach out to those communities in an attempt to educate them about aphasia. What I observed over the semester was how inconsistent the communication support was for the group members but also how inconsistent the guidance for the two students was. The only consistency was the attendance of the group members and the two masters students.

So, the following semester, I volunteered to be the lead speech-language pathologist and, as luck would have it, the Bill Wilkerson Center was moving into our new building. So, I asked Patsy Allen if we could use Beta Phi Rehabilitation Institute as the location for the group. She was delighted since only 20% of the group had been through our outpatient program. This became an opportunity for us to do something for the broader community, and from there, our group has grown into what it is today.

We didn't have to secure funding, it was based on contributions. Our group is sustained through contributions and we're fortunate enough to have received support from both individuals and professional groups that affords us sufficient funding for our supplies and activities. This covers book lab materials, pens, papers pads, refreshments, and other things. We're lucky and we do not turn anyone away who wants to participate.

Do you gather any program data for quality improvement purposes? And if so, how do you use those data?



The growth of our program and the different activities offered is primarily driven by group member feedback, whether it's through specific discussions or aphasia-friendly surveys that we have created about specific activities or enjoyment levels. The group members are involved in all the decisions about the different group topics and activities. The ideas are thrown out there and they're the ones that help generate some of those suggestions. My job is to create the program or the opportunity for them from there. We keep records of participation and attendance. Our group members can choose to participate in speech and language evaluations and this information is presented to them in what we call a "communication profile" which tracks improvements in their performance overtime. We use rating scales, such as the Pragmatics in Communication in Aphasia Group, but that's primarily to assist the students in identifying overall participation in the discussions. The students can then modify their supports as a communication partner.

It seems like you've developed quite a collection of students, faculty members, speech-language pathologists, and people in the community who are interested in your group. How do you connect people with aphasia from your group to events, support, and to other people in Nashville?

Each week, during our current events group, one of our discussions is about local and statewide events. We also have group members who identify events within the community and share those ideas with others. Nashville is growing daily. We have discussions about restaurants, performances, things to do, how the landscape is actually changing here, and what is new. Due to the friendships that have evolved amongst the group members and their families, many of them actually socialize together and they come each week sharing what they have done and encouraging others to go or to do similar things. They truly care for each other and are a community. They are always encouraging, complimenting, and recognizing each other. They go to funerals, graduations, anniversaries, celebrations, and weddings for people within the group. This is true for group members, and also for the staff and students who participate.

A couple of us may organize meeting at a community support group that they may be interested in. Several of them have participated or gathered up as a small group to attend fundraisers for stroke awareness within the community. We as a group have planned outings or functions. This past spring, we invited a young musician to come to the group to learn about us and about aphasia and share his story and song. Of course, the group members loved that and we do have several group members that are familiar to the music industry.

We did a project several years ago called *Milemarkers* with the help of a young artist named Bonnie Fortune. Her father had been a patient here at Pi Beta Phi. In conjunction with the Nashville Cultural Arts Project "Art Makes Place" series, Bonnie created a silent film that



highlighted our group members, their spouses, and our students. Each person was asked to identify an object that represented a milemarker in their recovery process and share their story. The students, through supported conversation, helped our individuals with their story. Then, we had a photo session with our objects and Bonnie transitioned the stories onto the photographs. Lastly, we had an open house to view the film and the medical center actually placed pieces of it on the TV monitors throughout the hospital. The Frist Center for the Visual Arts displayed the film and so did the public library. So, it's very exciting. One of our group members actually assisted in showcasing the film at our professional state conference. This was a unique event that had a mission to increase awareness of aphasia.

The uniqueness of being in a clinic environment is that our group members have access to our clinician staff for information. They are able to ask questions and have an easier transition if they think they may need to return to therapy. They can utilize the services here such as speech-language therapy, physical therapy occupational therapy, and our driving rehabilitation program. It really is about getting better through the continuum of care and being connected.

You've obviously created a wonderful program with the assistance of your colleagues and the students. What are some of the lessons that you've learned from creating and leading your aphasia group that you think would be valuable for speech-language pathologists who want to begin an LPAA aphasia group?

It isn't easy during the beginning stages. There are challenges and there will always be challenges, but the daily and the weekly camaraderies and the demonstrated progress from the group members far outweigh those challenges. So, just don't give up. What I find fascinating is that during the beginning stages of our group, our group members were very impairment focused, always wanting you or the student to provide therapy for improvement. And as time has gone on, this has really changed. They do come each week to work on improving their communication, but their focus is more on being a mentor to the students. They get such pleasure out of teaching the students about living with aphasia, how aphasia affects them, and how they hope a student should treat a person with aphasia in the future. It's just wonderful.

The students also learn many valuable life lessons from our group members including the lesson that laughter is therapeutic for everybody. One of our group members' biggest joys is to have a student tell us at the beginning of the semester that they want to work with the pediatric population. Then, on the last stay of the semester, the student shares that they have changed their mind and they want to work with adults and adults with aphasia. Isn't that wonderful? In conclusion, if I may, I would really like to compliment the Vanderbilt Bill Wilkerson Center whom we're associated with for the support offered and to acknowledge the local Pi Beta Phi alumni group which helps support the center.



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