



Show Notes - Episode 51

Fostering Social Participation in a Long-Term Care Setting: A Conversation with Tavistock Scholar Jamie Azios

Welcome to the Aphasia Access Conversations Podcast. I'm Jerry Hoepner, a faculty member in the department of Communication Sciences and Disorders at the University of Wisconsin – Eau Claire. I am privileged to introduce today's guest Jamie Azios.

GUEST BIO:

Dr. Jamie Azios is an Assistant Professor at Lamar University in Beaumont, Texas. She is also a 2019 recipient of Tavistock Trust for Aphasia Distinguished Scholar. Jamie has expertise in qualitative research methodologies. Her research focuses on co-construction of conversation in aphasia and therapeutic interactions between providers and individuals with aphasia. Her recent work on social interactions of individuals with aphasia in long term care contexts.

In today's episode you will:

- Learn about common barriers to social interactions for persons with aphasia living in long-term care settings.
 - Specifically, there is often a hyper-focus on care tasks which can get in the way of getting to know the person with aphasia during those interactions.

- Learn about the typical type of interactions that take place in long-term care settings.
- Reminder to focus on training partners – CNAs, nurses, other staff, visitors, family members, and everyday partners.
- Reminder to modify the physical environment to support persons with aphasia.
- Learn about ethnographic, qualitative research, where the researcher is embedded in the environment as they make their observations.
 - Hear stories and examples of those deep, close observations.
- Reminder about the need to educate caregivers, family, and friends about aphasia.
- Reminder about the need to advocate for persons with aphasia.
- Learn about using key words to help scaffold comprehension for persons with aphasia and as a written support to point to during conversation.
- Reminder to use gestures as a multimodal support that also helps comprehension but also serves as a model for supporting expression.
- Consider your proximity and position in relation to persons with aphasia – get on the same level!
- Learn ideas about how to reduce social isolation in long-term care settings and beyond.

Edited show transcript follows:

Todd: Hi, I'm Todd Von Deak, Executive Director of aphasia access, and I'm thrilled to welcome you to yet another edition of Aphasia Access Conversations, our

regular Podcast Series. In each episode, you'll hear from folks on the frontlines of aphasia care, they'll share their tips, their tricks, the recommendations, and their ideas of things you can put into play in your own communities. As soon as the episode is over, quite frankly, if you'd like to listen to the entire series, you can find it online on our new website at aphasiaaccess.org and if you have any ideas for future episodes, we would certainly love to hear them. You can share them with us over email by emailing info@aphasiaaccess.org before we get to this episode in this great interview, we do have two folks to thank for underwriting today's podcast. They include the Aphasia House at the University of Central Florida, and the Aphasia Center of West Texas. So, thank you to both of them. It's their financial support that's bringing this interview to you. Again, my name is Todd Von Deak, Executive Director of Aphasia Access thrilled to share this next edition of Aphasia Access Conversations. We hope you enjoy the podcast.

Jerry: Welcome to the aphasia access conversations podcast. I'm Jerry Hoepner, a faculty member in the Department of Communication Sciences and Disorders at the University of Wisconsin - Eau Claire. I'm privileged to introduce today's guest, Dr. Jamie Azios from Lamar University and a 2019 recipient of Tavistock Trust for Aphasia Distinguished Scholar. Jamie Azios is an Assistant professor at Lamar University in Beaumont, Texas. She has expertise in qualitative research methodologies. Following outstanding training by Dr. Jack Damico and others at the University of Louisiana at Lafayette. She has a particular interest in co-construction of conversation in aphasia and therapeutic interactions between providers and individuals with aphasia. She is the author of some important recent work on social interactions of individuals with aphasia in long-term care contexts. We're very fortunate today to have a conversation with Jamie Azios about the honor of being selected as a Tavistock Distinguished Scholar for Aphasia and her recent research and clinical work among individuals with aphasia. You're going to appreciate her insights into strategies to reduce social isolation in long term context and in her current aphasia groups.

Hi, Jamie, nice to see you this morning. Glad to be having a conversation with you about your experiences as a Tavistock Trust for Aphasia Distinguished Scholar. So, let's go ahead and settle into a conversation. Can you, on the front end here, share some of your thoughts on what it's like to be recognized as a Tavistock Trust for Aphasia Distinguished Scholar?

Jamie: Yeah, yeah. And thanks so much for having me here, Jerry. Yeah, I was really honored to be recognized with such great scholars like Sarah Wallace and Katie strong and Sharon Antonucci. I was a little shocked. But it's just so fantastic to be recognized by the Tavistock Trust, I follow the types of projects that they funded over the years and their values. And they have such importance in kind of sustaining this line of research with the life participation approach. So, I was just really honored that they chose me.

Jerry: Well, you are certainly deserving. And like you said, it's great that they have made this program available for the work in life participation approach to aphasia, and just excited to see that move forward in the future years as well. Yeah. Maybe before we jump into questions about research and about your clinical work at this point, can we start out with just a little sharing about influences and mentors in the life participation approach to aphasia.

Jamie: Yeah, that's a great, great question it. You know, there's really been too many to count, but I'll try to try to name a few. The first one being my mentor, Jack Damico. He kind of taught me very early on to try to look at some of the problems people with aphasia have a little bit differently. Instead of looking at some of the problems and weaknesses that people with aphasia had, he kind of taught me to look at what they were able to do in spite of very severe language impairment sometimes, and that really pushed me into this strength based perspective, both as a clinician and as a researcher. And so, looking at people with aphasia and their success and interactions, that was really kind of the starting point for me. And also, the work of Nina Simmons-Mackie. You know, we all are have been so privileged to, for her to share all of the insight that she has through her work over the years. And fortunately, the last few years, she's become a really great mentor to me. And she's kind of the type of person that when you reread her work or when you're around her, you always learn something new that you didn't know before. So that's been a really great experience. You know, we all have been influenced by the pioneering work of Audrey Holland. As a clinician really early on, I remember feeling uncertain about my role, working with clients with aphasia, and her work kind of taught me that it was okay to kind of shed my professional cloak and use humor and let my clients get to know me a little bit and really just begin a relationship with them through therapy. And that that was okay to do. And so that's been incredibly influential for me. I think clinically now, I

think about people like Roberta Elman and Aura Kagan and their work in the past decades about building these aphasia centers, we're trying to do a very small scale of the kinds of things that they do there, here in our clinic, and without the really hard work that they've put in and their ideas that they've shared with all of us in the aphasia community, we wouldn't be able to do any of the good work that we do here. So, and there's many, many more, but those are kind of some of the ones that come to mind right now.

Jerry: Well, absolutely. That's a pretty great list. And you obviously know you're privileged to work with some of those great mentors who have been such an influence on all of us in this field. So, I really appreciate those insights. Well, let's talk a bit about the work that you're doing now. And at least some of that involves those mentors as collaborators and so forth. I just want to highlight for our listeners a couple of your papers, and some really broad implications of those papers. But then maybe you can lean into them a little bit more into the bigger questions about the implications for our ability to address social isolation. So recently, you had a paper and AJ SLP, about communication and social isolation in the long-term care setting. And even more recently, in 2020, you wrote a paper in perspectives with Jack Damico about the clinical practice implications and guidelines for long term care context. You mentioned in those very eloquent papers, that long-term care facilities have a negative influence on the ability of individuals with aphasia, to connect with others and to really make meaningful relationships. So, kind of big picture regarding our attempts to reduce social isolation, what are some ways to address those challenges? And maybe what are your thoughts on some things that we need to be mindful of can contribute to engagement in those contexts.

Jamie: Yeah. So in my dissertation, I spent about six months just kind of hanging out in long-term care facilities. And I worked clinically in long-term care before my dissertation. So I had a lot of experiences there before my dissertation, but I kind of just wrote down everything that I saw and every moment that I was there, interviewed a lot of people and got to know a lot of people. And unfortunately, yeah, there was a very negative influence of the context of culture in long-term care that impacted people with aphasia. The ability to sustain interactions with other people really just even enter into interactions with other people and long-term care. And these were all traditional long-term care facilities. So none of them employed the more resident-centered care models are Montessori approaches and those kinds of things. These were traditionally owned and

operated long-term care facilities. And there was very much a focus on a hierarchy. And with lots of communication centered around the tasks that people were carrying out among their, their day to day activities. And so what we saw was, most of the talk was centralized around caring for people and the tasks that required physical care. And so there wasn't a lot of interaction at all that was social in nature that could help to develop relationships that could help to paint a picture of who a person was and their identity. And unfortunately for people with aphasia, because they required a lot more support to enter into and sustain those interactions. We just didn't see a lot of that support there. And a lot of that was not because the care workers did not want to engage people with aphasia or did not care really very deeply about people with aphasia and other residents, it was that they really had difficulty going between their jobs and their tasks that they had to do to be there and engaging in that level of social interaction. And that was very difficult and challenging for them based upon the structure of the long-term care facility. And so, unfortunately, we saw lots of very proforma interactions where it was just kind of, "hi, how are you?" kind of walking by someone with aphasia in a wheelchair without really engaging them, even if the person with aphasia attempted to make contact with other residents or people with care aides? They were kind of ignored when that happened. And so they were very much at a disadvantage for engaging with other people. And they talked about this in their interviews and how difficult that was That nobody really knew much about them besides their names. And so I think some of the things that we saw that were problematic was just that focus on tasks, and not getting to know someone with aphasia during the process of tasks. And so, what we'd like to see in the future is some more partner training types of programs, that helps maybe care workers like CNAs, but also maybe visitors, maybe family members and other types of people that are coming into facilities, maybe more higher level residents, training them to kind of learn how to better support people with aphasia so that they can engage in conversation and can begin to make some meaningful relationships. I think one of the things that we have to remember as clinicians is for people with aphasia, long-term care, this is their home, and so on. If they're not supported appropriately to where they can interact with other people and get their point across and show begin to communicate with people, then this will, this will be their life. For many people with aphasia. This is where they will live for the rest of their lives. And so our interventions really have to start focusing on the communicative environment, and supports for engaging people rather than working on impairment level kinds of interventions, which have a place, but may

not be most appropriate for people with aphasia and long-term care who really need to work on day to day life communication activities, and the way to do that is by modifying the communication environment and by training partners.

Jerry: That could be a description of the LPAA in just about any context. I like what you said about “this is their home, So if they're not being supported there, that's the life that they're going to live from this point on.” That makes a really strong case for the kind of care that needs to happen in long-term care contexts, but it really could be applied to any context. You discuss the idea that we need to do environmental modifications and partner training across multiple partners, and give these people the opportunity to communicate socially, and not just for their cares. I really think that's a strong case for what needs to happen. Finding ways to support the people around those individuals, in terms of training and altering environments is definitely where we have to go.

Can we back up to the beginning of our conversation, because I heard something that I thought was really important? And I see lessons of this within the research context as well. I know it's important to the work of Jack Damico, but it's the idea of being embedded within those long term care context for six months, that kind of ethnographic approach to making environmental observations and being a part of that environment. Can you talk a little bit about that? I know that you said you did. Some qualitative interviews as well. But you talk about your overall experience in that context.

Jamie: Yeah, that was a great experience learning from Jack and his skill in guiding the participant observation in that setting. It was interesting because while I, I really tried to be an observer, and kind of sit back and just watch what happened most of the time, what happened while I was there is I often got pulled into interactions. So I'd say a large majority of the time, I was trying to collect as many field notes as I can while also just being a normal member of the community there. And so that was really interesting and gave me kind of just a front row seat to what was happening. And one thing that I remember really, really clearly was I was sitting outside with one of the participants in my dissertation and we were just kind of talking and he smoked a lot. And so he liked to spend a lot of time outside with all the other people that also smoked. And different people would kind of either walk by us or roll by us and our wheelchair and interact with him and with me sometimes wondering who I was and why I was there, of course, and one woman walked by, and we were sitting in kind of like, a pool of water like it

had rained and there had been some water gathering and his wheelchair was sitting in that pool. And just mid conversation, she kind of looked at him and said, "Now why are you sitting in that pool of water right here? And don't you know that you really should move out to a dry area?" And then before he really had a chance to respond, she looked at me and was kind of like, "Oh, I'm just I'm so glad you're here helping him with his community." And kind of talked about him in his presence as if, you know, he wasn't able to understand what was happening in the interaction. And that was very hard for me to sit through and know exactly how to respond, because I knew how difficult that was for him to hear that. But he handled it so gracefully and just, you know, said, you know, I'm going to pick a different place next time or something along that lines and, you know, those kinds of interactions that was stuck out to me, but those were so common with people with aphasia and other residents and also staff members. It was like, because of this loss of language, there was this belief that there was also this loss of intellect or that they couldn't make decisions for themselves. And I think part of the reason for that is because in a long-term care facility, especially in some of these that were more traditionally run, there were lots of people who had very, very severe cognitive impairments in stage dementia, who that was the typical population at these places. And so when someone had a loss of language, and difficulty communicating, it was almost more likely that they had a cognitive impairment rather than have some type of language impairment that didn't affect their intellect. And so I think that really highlighted for me the culture of long-term care who's usually in those spaces, and why maybe people with aphasia get that kind of identity just from being in that place, which is why it's so important to have these conversations with people with aphasia with other residents with long term care staff about what aphasia is at its core, and that it's not a loss of intellect and that these people can make their own decisions when they're supported in the right types of ways. And so we as SLPs, we have a really big role to play and helping to educate other residents, staff members, family members, sometimes that people with aphasia are a much different population than other people in nursing homes with various levels of cognitive impairment. They do have a voice, they do have a role in decision making about their care. And if they're supported in the right types of ways, they can communicate those ideas to other people, and they can live a very active life. And so I guess part of our role as SLPs in long-term care has a lot to do with advocacy, and has a lot to do with education and helping to redefine aphasia in that context, which is a much different kind of challenge than when we compare our roles in let's say, acute care, our inpatient rehab or

those kinds of places where, even though aphasia is still misunderstood, there are more care providers there that have an understanding of what stroke looks like in the acute phases and what aphasia looks like in the acute phases.

Jerry: That's just such a terrific point. You talked about one of those big factors of disengagement being the hyper focus on carrying out everyday cares. And I think that's definitely a big factor for nurses and CNAs. It got me thinking when you said that, it might be a big factor, sometimes for speech language pathologists, because I think we get a little bit myopic thinking, oh, we're going in there, we're supporting communication really effectively, but we're not thinking about whether it has to do with family members and so forth. You might be missing the forest for the trees sometimes, I think. I love your words about advocacy and really letting people know where that individual is at. I think it's just one of the strengths of that ethnographic kind of approach is that you sit in there and you see it and you say, "My gosh." because as a speech language pathologist who's logging in unit after unit of time, it's tough to sit back and get that bird's eye view and evaluate if what you're doing is on track, we really need to focus on just that, right? Just is this a blind spot for us? And we need to focus on advocacy for those individuals along with training, and make it clear that individuals with aphasia are different from other residents who need their own set of supports in that context. But distinguishing that is really important. So thank you for that. Yeah. So you talked a little bit about some broader approaches in terms of partner training, and in terms of advocacy, and want to drill down a little bit to the specific things you found that are helpful in helping those partners to become more effective in their interactions.

Jamie: Sure, yeah. So a lot of the work that's been done on supported conversation by aura Kagan has, I think a lot of potential in this space. And there are some papers where SCA trainings have been done in long-term care. And they have had positive results of that. So I think utilizing things like keywording, when communicating with people with aphasia is a really good start for any SLP that might be listening that are unfamiliar with keywording. That's kind of when you jot down a single word or maybe two words that kind of represent the main idea of what it is that you're talking about. Not only can that help people with aphasia follow along with your conversation, but it also helps for people that are more restricted verbally because when we use conversation, our words kind of evaporate up into the air. But when we have a written record, people with more

severe limitations can point to those words and refer to those words later on. They don't just evaporate, they're there on a paper. And so that's one very easy thing that we can all use. It's easy to train people to do that and it's a great technique. There's some great videos on the Aphasia Access webpage that kind of show examples of people doing this with clients. And so definitely check out the Aphasia Access website. And they also have a nice video, and this is another good idea of supplementing our speech with gestures. When we use gestures with people with aphasia, it encourages them to use gestures. And so it kind of creates a space that says in this interaction, this is an appropriate and successful way to communicate. And so, we see one when some people gesture like SLPs we see marrying of gestures from people with aphasia, so that's another good idea. Simple, Simple things like what I see a lot of sometimes is when care providers or SLPs kind of talk to people in wheelchairs. There's this kind of standing up, talking down to people and not being at eye level. That's something as a clinician, I was also super aware of whenever I worked in long-term care, or whenever I worked in rehab facilities where a lot of people in wheelchairs just kind of crouch down on that level and kind of have a conversation at eye level, that seems to be really helpful to me. And that kind of can help you avoid this, the role shifts, and I'm the care provider and you're the client, I'm speaking to you at an elevated stance. So those are just simple, easy things that we can do. It also shows the person with aphasia that I'm here to take time with you. I want to communicate with you and I'm here to work out whatever problems might have, I'm going to be here to repair issues and get on the same page. It doesn't show them and I'm just in a hurry trying to kind of communicate with you as I pass by. One great piece of advice that Jack always gave me in all of his students was don't ever stop and try to talk to a person with aphasia. If you don't have the time to sit down and talk with a person with aphasia, you don't want to feel like an interaction is really rushed. And that's hard in long term care, because, quite frankly, you're really busy. And you have a lot to do. And I totally understand that. But we've got to make sure that if we stop and, and talk that we give the time that's going to be necessary to communicate with a person with aphasia. So those are just kind of some ideas that come to mind.

Jerry: Excellent, excellent. Thank you for mentioning those Aphasia Access videos, we'll be sure to include those in our show notes. So maybe just opening up the scope just a little bit broader again, what are your thoughts about a more comprehensive approach to reducing social isolation beyond the bounds of long-term care, just in really broad terms?

Jamie: Yeah, that's a big question, isn't it? I'll try to see where I can go with that. But I've always been interested in this idea about communicative accessibility and that people with aphasia, in whatever space they're in, sometimes they're at a disadvantage. And that creates difficulty with sustaining or entering into any kind of social interaction. And so I think social isolation is a product of that difficulty with accessing meaningful interactions and developing meaningful personal relationships. I mean, as Barbara Shadden has said so long ago, identity, and Katie Strong also, that identity is negotiated through these face to face interactions with people. And so it's so critical for people to be able to communicate who they are to others, and have access to those kinds of interactions and relationships so that they don't become socially isolated. So I think we've got to have more work that is focused on the communicative and language environment. If we think about that kind of aspect of the ICF for the A-FROM, there's a lot of work that's focused on the impairment of aphasia, and certainly that's an important area. But really, we need a lot more studies and a lot more interventions that focus on reducing barriers that are happening in the real world. And that's why the LPAA is so important for us as a philosophy and as a model to kind of follow. The problem is research in that area is not straightforward, and it's not easy to do. It's often best accomplished through methods like qualitative research methodologies, which not everybody is trained in and it's very time consuming. And you can only use a few people to really do an in-depth study. And so I know that it's very challenging, but it's something that we've got to figure out a way to look at those barriers and also, as I talked about earlier, kind of the strengths that people are already using to enter into interactions with other people. I think partner training is a huge part of that. I don't think there's a simple solution to partner training. I think partner training is going to vary greatly based upon the relationship that people are in, whether it's spouse, or whether it's a friend, whether it's a waitress, whether it's whoever is interacting with a person with aphasia, the mechanisms of change that are going to happen, and the types of techniques that you'll use to create change, you're going to be different based on those relationships. And so we've done a lot in partner training, but we have a lot further to go. I think, you know, Nina and Linda Worrall's work and talks about awareness and others have really made me realize that how much aphasia is an awareness problem, that a lot of the public problems that we see is because the general public, they really don't understand what aphasia is. And when I talk with people with aphasia about this, you know, they have had some negative experiences, but they've also had some positive experiences with people in the community when they disclose aphasia,

and they disclose their stroke. And so I kind of think part of what we need to do is, I'll borrow this from nine for sure. And Linda, they both say, you know, we need to maybe stop saying that, and producing numbers that people don't know what aphasia is, because we know that people don't know what aphasia is. We know there's an awareness problem now, how do we go about fixing it? And so I think directing our efforts towards public awareness is huge. Right now, I think if people are more aware of aphasia, than they do automatically make some concessions or People with aphasia during their daily interactions with them, or at least that's what people with aphasia have told me when they do disclose. So, I think that's an area that we may look into more.

Jerry: Nice, terrific. So in summary, focusing on the environment, focusing on communication partners and training across those different contexts and communication partners, and then emphasizing the awareness and advocacy piece, in terms of those big steps towards addressing social isolation. Yes, agreed completely. Alright. Well, it's been a terrific conversation. And I know that along with all of this, you're still involved in some aphasia groups. Can you talk a little bit about what those are currently, or where those are at currently, and the kinds of groups that you facilitate your thoughts on that?

Jamie: Yeah. So like, I learned so much from my day to day clinical work here at our university clinic and with just interacting with people with aphasia and developing relationships with them, so that's a really important part of what I do on a day to day basis. And so here we have family. We have 11 people with aphasia right now participating in our clinic. We run a variety of groups. We have lots of conversation groups. We have a book club, we have a technology group. We have a Netflix group, we have a music group, and just recently, we started an aphasia advocacy group. This is our first semester that we started the aphasia advocacy group and the other groups are probably real familiar to people who are listening. But our aphasia advocacy group is what I'm most excited about right now and involves people with aphasia making decisions about what kind of advocacy work they want to do within the community. So they do things like they design wallet cards, and they distribute those to new members of the group. They do things like plan talks that they're going to give to different groups. For instance, before the pandemic, they were planning a talk for the nursing students that they were going to give. And we were going to kind of rehearse that in the aphasia advocacy group. Recently, we started a partnership with an inpatient rehab facility where we visit people who are newly diagnosed with aphasia. I think

this is a really important thing that we're doing right now that that I think will have an impact later on. But essentially what we do is a person who is more in the later stages of recovery that has lived with aphasia for several years, goes to visit a person who's newly diagnosed with aphasia in rehab and their family members to kind of share their journey and aphasia share some information that they can take home with them about aphasia. What is it? How is it may impact you in your life and also what are the community resources Is that are available here. That's something that we started about a year ago. And we've seen people come to our support groups as a result of those meetings that we've had early on. So hopefully that will help to combat some of these social isolation, getting people plugged into meeting other people with aphasia very early on. And I'll just add real quick, I think that's something for acute care therapists and inpatient rehab therapists to kind of think about I know, because I worked in those facilities, too, that we talk about aphasia, and we use that word, but I think because it's so early on, there's some coping that has to happen that makes people it difficult to carry that diagnosis with you and understand what it really is. And so it's not uncommon for us to see someone in our clinic six months down the road, and they say they've heard the word aphasia for the first time. Now whether that's true or not, I don't know but I have a feeling that even if they did hear it early on, it's very hard to kind of keep the idea of aphasia with you and believe that this is something that you're going to live with because you're really just trying to get over having a stroke at that point. And so I think meeting a person with aphasia, and talking about their journey early on as a stays with them a lot longer arm hoping that it does. So that's something that the aphasia advocacy group is really been working on lately.

Jerry: Yes, terrific. Yeah, it kind of reminds me of a quick story, my colleague, Tom say there, he had a new gentleman that he was seeing in the hospital and as a new outpatient that came to our group, and about 10 minutes into the aphasia group, right, the Chippewa Valley Aphasia Group, the guy turns to me and says, "What's this aphasia thing everyone's talking about?" So I mean, and I knew, right that he had shared but you just, it's hard in that context, to have people really make it stick. So whatever we can do to help with that. It's good.

Jamie: Yeah, yeah, I think so I think I used to think, you know, we're just not using the word enough and things of that nature. And then as I've gone through different jobs and different roles, I've realized that, you know, there's just too much for people to hold on to or rely on. And even if we give pamphlets and

those kinds of things, I mean, it's just not the focus of care at that point. That really does come later. So. So yeah, I guess it's really good for us to keep using that word as much as possible throughout that journey.

Jerry: Agreed. Well, great information. And I think you've already started leaning into where you're heading next in terms of the future. So you talked about your ideas and work in the area of communicative accessibility. Where are you thinking of going next beyond all of this?

Jamie: Yeah. So I kind of shared earlier that we're thinking more and more. And I've been influenced by other people's work that maybe instead of waiting until social isolation becomes a problem later on years after a stroke, that maybe we should start thinking about how to prevent social isolation from the get go. And I think Linda Worrall and her students have put together some great work that we can use as a model and talked about prevention of social isolation and depression and things of that nature in the early stages. So one of the things that we're thinking about doing with guidance from those mentors and Linda, Nina, and others that have guided us in this work is how can we start to intervene with partners during that early phase, what kinds of things need to happen, what kinds of things are partners feeling early on that may, if we intervene at that time may lead to more opportunities in accessibility and less social isolation and things of that nature, you know, a lot of work that I've done before is kind of been reactionary, I guess, like, how do we help once this problem has happened? And now they really inspired me to think about how do we help the problem so that it's not a problem before it happens? How do we make sure that social isolation doesn't occur? And I think our groups are so good for creating this community of network of new partners, that with people with aphasia and other spouses, I mean, we have a great group that have become family to one another and family to me. But also they mourn these relationships that they had before aphasia was introduced into their lives, especially with other couples and friends. That's the social network that we see deteriorate the fastest. And so what we're all thinking about doing and there's several of us on this project, just kind of brainstorming and You know, how do we reach those people early on, and we hope that other people will be interested in and looking for solutions to those kinds of things as well. So that's kind of where I hope that we're all headed. And it's exciting, you know? Very exciting.

Jerry: Great, very exciting, kind of brings me back to Holland and Fridriksson article in 2001, about what we should be doing in an acute care context and that real focus on spending time with partners from an education standpoint, and I think she would have said, from a training standpoint, and I think we can't overemphasize what you just said, just connecting with them and finding out where they are at that point, as they're not sure at that point in many cases. So that's outstanding, and we look forward to hearing and reading more about all of that, though. It's been so fun having a conversation with you this morning. Really appreciate your insights. Anything that you want to share. before we say goodbye to our listeners for the day, anything we missed?

Jamie: Well, I just thank you to Aphasia Access for all the wonderful work that's being done by this organization. I know I introduced it to my students early on whenever they're here and use the resources. And it's been a great community to meet other SLPs and other researchers that are interested in the same types of things. And we have a lot of work to do. But it feels good to be in such a support environment. So thanks to you and everyone else on the Aphasia Access Board for all the work that they put into the organization.

Jerry: Absolutely. My pleasure. And, again, thank you for this great conversation and we look forward to hearing from you again in the future.

Jerry: On behalf of aphasia access, we thank you for listening to this episode of the Aphasia Access Conversations podcast. For more information about Aphasia Access, and to access our growing library of materials, go to www.aphasiaaccess.org. If you have an idea for a future podcast series or topic, email us at info@aphasiaaccess.org. Thanks for your ongoing support for Aphasia Access.

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