

# Language Therapy and Functional Improvement in Aphasia \*

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The major aim of the study was to check the efficacy of language therapy for aphasics based on the Linguistic Profile Therapy (Karanth, 1986) and to identify the reflection of such therapy in a patients daily communication profile (Sarno, 1965).

There have been shifts in the approach to therapy since the two world wars. The approaches have shifted from general stimulation to programmed instructions and of late to treatment geared towards the specific problems of the subtypes of aphasia. The latter approaches are both non-linguistic and linguistic.

Despite the existence of language therapy for aphasia over several decades, its efficacy continues to be questioned. Much of this ambiguity is due to the lack of controlled studies, which in turn are due to the difficulties in matching and grouping aphasic subjects and studying them in a controlled manner over a long period of time.

Some of the many factors to be considered in controlling are cause and type of aphasia, extent of brain damage, pre-morbid language abilities, level of literacy, number of languages known.

In order to overcome some of these problems, efficacy of language therapy in

aphasia is increasingly relying on single case paradigms.

In the present study, a subject of Broca's aphasia was taken. Three tools were utilized to have a baseline of his capabilities. The tools used were—Western Aphasic Battery—WAB (Kertesz and Poole, 1974) ; Test of Psycholinguistic Abilities in Kannada—TPAK ; Functional Communication Profile—FCP.

Therapy was given based on LPT (TPAK) for thirty-six sessions with the duration ranging from 30 to 45 minutes/session. Language focussed on the area of greatest deficit within which a hierarchy of items beginning with the least difficult was formed and taken up for therapy one by one.

Revaluation was carried out after 36 sessions and the results were noted in all the three tests. An increase in score in TPAK was reflected in functional improvement of the patient (FCP) with a simultaneous change in WAB scores.

The above improvement was attributed to the linguistic based therapy with a corresponding change in the patient's daily communication. However, this needs to be further documented in aphasics of different clinical subtypes and severity.

To conclude, linguistic profile therapy is a useful therapeutic method for the

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Rehabilitation of aphasics. It takes into account both the modality bound deficits and those of linguistic units and complexity. It offers the language therapist a concrete base, therapeutic direction and measurable precision in terms of therapeutic progress or the lack of it.

Though LPT focusses language therapy on modality deficits and those of linguistic levels of phonology, syntax and semantics, it brings about a change in the patient's daily communication behaviour. The daily communication behaviour includes—attempt to speak, understanding movies, T.V.'s. ; reading newspapers ; handling money, calculation ability,... .etc.

### **Suggestions for Further Research**

The usefulness of specific therapeutic methods such as LPT needs to be documented carefully. Wherever possible group studies that take into consideration other factors such as age, sex, languages known, onset of therapy, duration of therapy need to be carried out. When this is not possible, as is often the case, the single case method with different subtype of aphasia and severity can be documented.

Varied single subject case designs may be used. Designs like ABAB withdrawal and reversal designs, multiple baseline design can be used to study the efficacy of aphasia therapy.