InteRACT

★ Intensive
★ Residential
★ Aphasia
★ Communication
★ Therapy
School of Human Communication Disorders
Halifax, Nova Scotia

3 year Masters program –
Speech-Language Pathology or Audiology
Why we started InteRACT...
1997 past faculty member Dr. Steve Belanger, proposed a new venture for SHCD
✓ Research supports intensive treatment.

✓ Limited government resources restrict the amount and range of care provided by the public sector.

✓ InteRACT would provide an exceptional experience for our graduate students in both practicum and research possibilities.

✓ Potential for interdisciplinary coordination with other health care professionals.
InteRACT is based on the philosophy that individuals with aphasia should be afforded opportunities to maximize their communication potential...
...with the goal of enhanced life participation
Development “parameters”

- FUNDING
- TIMING
- STAFFING
FUNDING

- University start-up and support
- Goal: Cost recovery
- Program fees: clinical services, food, accommodations
- The concept of private services in Canada
- Marketing...
TIMING

- Student availability
- Accommodation availability
- Treatment space
- Participant/partner needs
STAFFING

• Initially no full time staff year round
• Hire clinicians each year
• Experienced staff with supervision experience
  ▶ FT Program Director *
  ▶ FT Program Coordinator *
  ▶ 2-FT Speech-Language Pathologists (Nova Scotia, Ontario, Alberta, Tennessee, Wisconsin, Georgia, New Zealand, Iceland)
  ▶ FT Recreation Therapist
  ▶ PT Physiotherapist
  ▶ 6-8 SLP Graduate students
  ▶ PT Occupational Therapist
Program Overview

- 4.5 week residential program for adults with aphasia
- Partner attendance is required
- Over 100 hours of speech and language therapy (5 hr/d)
- Community integration activities
- Individual and group recreation therapy
- Group physical therapy
- Individual Occupational therapy
- Program fees: $17,000 CDN
Individual Therapy – 3 hours daily

**Speech:**
- MIT, SFA, apraxia drills, etc

**Reading & Writing:**
- POR, ACRT, newspaper, children’s books, recipes

**Functional:**
- Phone calls, PACE/multi-modality communication, shopping, cooking, communication books, menus
Computer – 1 hour daily

- Focus on email and Internet use
- Introduction to software e.g. WordQ
- Use of web based ESL materials
Group – 1 hour daily

- Daily topics e.g.: communication, assertiveness, accessing information
- Constraint therapy
- Weekly newspaper & book club
- Presentation preparation
Community Integration - weekly

- Group outings with individualized communication assignments
Individual Leisure/Recreation – weekly

Leisure education/exploration sessions:

- Focus on personal leisure interests
- Identify leisure goals for return home
- Individual activity trials
Group Leisure/Recreation – several evenings weekly
Partner Sessions

- Regularly scheduled group sessions
  - Living with aphasia
  - Aphasia simulations
  - Coping
  - Supported Communication
  - Quality of life
  - Leisure & recreation

- Partner switch
- Partner day off
Group Physical Therapy – twice weekly
Graduate Students: the “glue”

- One third of the class obtain hours in aphasia through InteRACT
- Members of an interprofessional team
- Assigned client (week 1 and 4)
- Participate in developing goals, preparing individualized treatment materials
- Participate in weekly team case conference
- Participate in physio and recreation sessions
- Have the unique opportunity to observe the impact of aphasia on everyday life and to take treatment outside the clinical setting
- Clients benefit from the tailored treatment and the one on one individual attention throughout the day
After the program ends

- Detailed treatment report
- Monthly homework assignments
- Follow up phone contact
- 6 and 12 month CETI, QCLS, SACS
Outcome Measures

- **Western Aphasia Battery - Revised** (WAB-R; Kertesz, 2006)
- **Cognitive-Linguistic Quick Test** (CLQT; Helm-Estabrooks, 2001)
- **Communication Activities of Daily Living-2** (CADL-2; Holland, Frattali, & Fromm, 1999)
- **Reading Comprehension Battery for Aphasia-2** (RCBA-2; LaPointe & Homer, 1998)
- **Communicative Effectiveness Index** (CETI; Lomas, Pickard, Bester et al., 1989)
- **Self-Assessment of Communication Skills** (SACS; Lear & Sperry, 1997)
- **ASHA Quality of Communication Life Scale** (QCLS; Paul et al, 2003)
- **CIUs** (Nicholas & Brookshire, 1993)“Cookie theft” (BDAE; Goodglass & Kaplan, 1983)
Demographics

- 69 participants - total 52 individuals

- **Gender:**
  - 19 female
  - 33 male

- **Age range:** 23-78 years old

- **Residence:**
  - 34 from Canada
  - 16 from USA
  - 1 from Europe
  - 1 from Asia
## Outcome summary

<table>
<thead>
<tr>
<th></th>
<th>PRE Mean (s.d)</th>
<th>POST Mean (s.d)</th>
<th>% participants with clinically significant changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAB-R</td>
<td>61.2 (22.1)</td>
<td>67.7 (21.3)</td>
<td>63%</td>
</tr>
<tr>
<td>CADL-2</td>
<td>55.5 (31.5)</td>
<td>72.7 (28.4)</td>
<td>84%</td>
</tr>
<tr>
<td>CETI</td>
<td>51.9 (16.8)</td>
<td>64.1 (16.0)</td>
<td>53%</td>
</tr>
</tbody>
</table>

- Improved functional communication also observed in interactions
- Most individuals with aphasia and partners reported positive changes in functional communication abilities
Evolution...

- Changes in Outcome Measures
- Extension of program length
- Addition of Physiotherapy Sessions
- Addition of Occupational Therapy Services
- Involvement of previous participants
- Interprofessional Research: fMRI/ERP study
Conclusion

Why the program has succeeded:
- University support
- Committed staff
- Experienced staff
- Student involvement
- Interprofessional focus
- Residential living
- Partner involvement
- Individualized/tailored treatment
- Word of mouth advertising
- Fun!