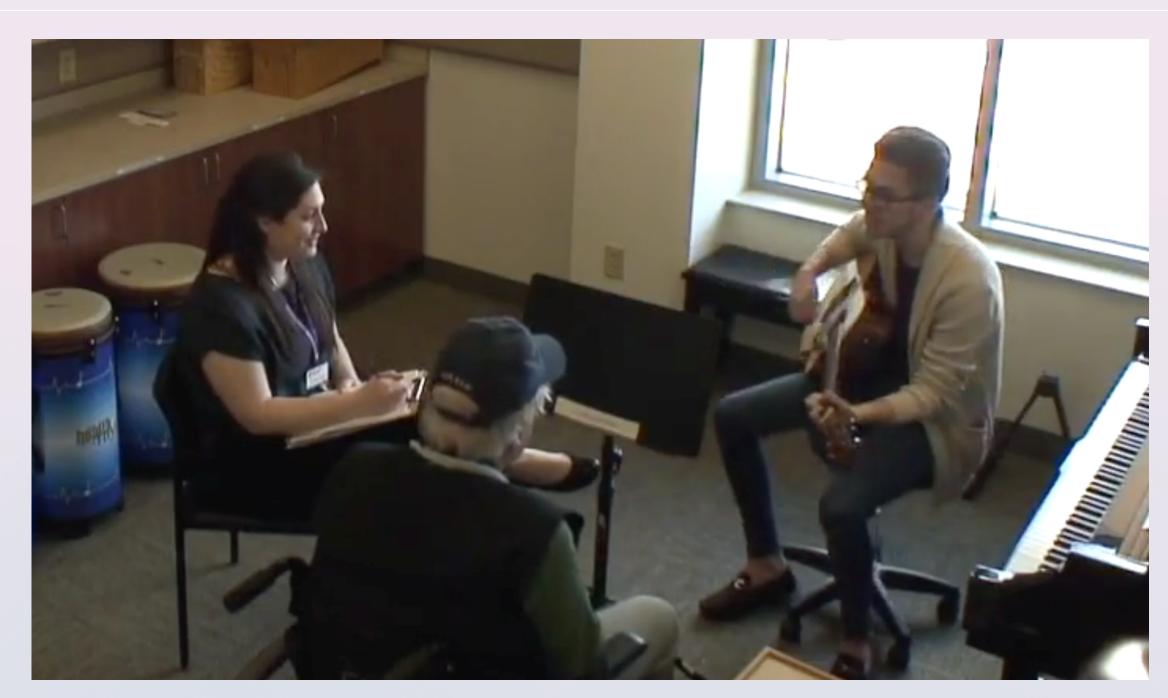


Speech and Music Therapy Co-Treatment Approach to Aprosodia in Right Hemisphere Brain Damage (RHD)

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Purposes

- 1) To examine the effects of an innovative combined music and speech therapy treatment approach in a college-based clinic to improve expressive linguistic and affective aprosodia in a participant with right hemisphere brain damage (RHD);
- 2) To qualitatively describe students' learning outcomes from co-delivering this treatment.



Literature Review

- Aprosodia is present in ~80% of patients in acute hospitals ¹ and ~20% of those in inpatient rehabilitation facilities. ²
- Aprosodia can involve comprehension and/or expression of prosodic features including rate, rhythm, and melody, used to convey meaning and emotion. ^{3, 4}
- Affective prosody = communication of emotional content via prosodic features. ^{3, 5}
- Linguistic prosody = communication of meaning via prosodic features (e.g., stressing a key word in a sentence). ^{3, 5}
- Music therapy (MT) and speech-language pathology (SLP) are natural collaborators in the pursuit of enhanced communication, sharing a common focus on voice, breath support, rhythm, articulation and prosody. 6
- Neuroimaging studies suggest the presence of powerful cortical interactions when speech and music are engaged simultaneously.
- Interprofessional education (IPE) provides problem-based learning opportunities for students to learn from and with each other. ^{8, 9}
- Students develop improved clinical and interpersonal competencies from IPE (e.g., better understanding of client needs, improved understanding of roles of others, improved communication, teamwork and negotiation skills, increased self-confidence). 8,9

Methods

- Single-subject, clinical research study of novel aprosodia treatment delivered by students in a college-based clinic.
- Participant:
- 70-year-old male with RHD due to a stroke.
- Mild-moderate executive function deficits.
- Memory and language skills were functional.
- Expressive linguistic and affective aprosodia characterized by frequent rising intonation at ends of declarative sentences that was not characteristic of his premorbid vocal pattern.

Clinicians:

- CB a senior in the MT program completing his first practicum with adults and his first co-treatment session with SLP.
 - Excited to co-treat with and learn more about SLP and to teach someone else about MT.
- SC a first year SLP graduate student completing her first practicum with adults and her first co-treatment session with MT.
- Eager to learn more about how speech therapy and music therapy could complement one another to reach a common goal.
- Informal assessment assessed receptive and expressive affective and linguistic prosody pre-and post-treatment (see below).

Therapy Approach

- Combined music and speech therapy delivered in 11 50-minute sessions.
- Included cognitive-linguistic and imitative elements, as per single available treatment study (to our knowledge). 10

Components:

- Vocal warm-up.
- Unison or client-only singing of familiar songs with piano, guitar, or percussion accompaniment.
- Analysis of prosodic features needed to convey emotion (happy, sad, angry) in semantically neutral sentences followed by spoken and sung productions of those sentences.
- Drumming exercises targeting rhythmic control and pulse.
- Oral reading exercises targeting production and self-monitoring of rate and prosody of structured speech.
- Naturalistic conversation to promote generalization.

	Linguistic		Affective (neutral sentences)	
Receptive	Ask, "What am I trying to be sure that you understand?" Score 1		Ask, "How do you think I am feeling when I read each of	
	or 0. Write qualitative information below		these sentences?"	
	SC	CORE		SCORE
	1. Martha likes cats.		1. I am going for a walk. (S)	
	2. Martha likes cats.		2. I am going for a walk. (A)	
	3. Joe is going to California on Thursday		3. I am going for a walk. (H)	
	4. Joe is going to California on Thursday.		4. The picnic starts at noon. (A)	
	5. Who is coming for lunch today?		5. The picnic starts at noon. (S)	
	6. Who is coming for lunch today ?		6. The picnic starts at noon. (H)	
Expressive	Say, "Read the sentence aloud. Then, read t	the sentence again,	Say, "Read the following sentence using a _	(sad,
	answering the question I ask, using your voi	ice to help you tell	happy, angry) voice".	
	me what I want to know".			SCORE
	sc	CORE	1. The day after tomorrow is Friday. (H)	
	1. I went to the game yesterday .		2. The day after tomorrow is Friday. (S)	
	(Q: When did you go to the game?)		3. The day after tomorrow is Friday. (A)	
			4. The woman is walking her dog. (H)	
	2. I went to the game yesterday.		5. The woman is walking her dog. (S)	
	(Q: Who went to the game?)		6. The woman is walking her dog. (A)	
			7. He is drawing a picture. (H)	
	3. She set the table for dinner .		8. He is drawing a picture. (S)	
	(Q: What meal did she set the table for?)		9. He is drawing a picture. (A)	
			10. They are sitting on the park bench. (H)	
	4. She set the table for dinner.		11. They are sitting on the park bench. (S)	
	(Q: Who set the table for dinner?)		12. They are sitting on the park bench. (A)	
			13. It is hot outside. (H)	
	5. My mom called this morning.		14. It is hot outside. (S)	
			15. It is hot outside. (A)	
	(Q: Who called this morning?)			

Client Outcomes

	Baseline	Post-Treatment
Affective Prosody	66%	100%
Linguistic Prosody	87.7%	100%
Speech Rhythm	75%	85%

- Significant improvement in affective and linguistic prosody; results did not generalize to spontaneous conversation.
- Client's response to treatment and interaction with students was highly positive.
- Client's caregiver reported that the session was a highlight of the client's week, and that he had few other events in his life that brought such enjoyment.
- Client continued in a speech/music group co-treat session the following semester, focused on use of choral singing to enhance language and speech. Continued high level of attendance and engagement.

Student Outcomes

- Learned to co-plan, co-implement and co-write about session, treatment and results.
- Increased understanding of shared and unique vocabulary and concepts.
- Increased understanding of other discipline, thus increased awareness and willingness to pursue future collaboration.
- Increased confidence due to having overcome challenges.
- Increased experience with and opportunity for future scholarly endeavors.
- CB: "I gained the knowledge and vocabulary to comfortably navigate conversations pertaining to speech therapy practice, and have a much better understanding of the SLP profession".
- SC: "I developed a greater understanding and appreciation of music therapy, while expanding my own clinical skills. I believe [client] made the progress he did as a result of our interprofessional collaboration".

Discussion, Limitations, Future Directions

- Larger studies of this treatment approach for aprosodia in RHD needed.
- Continue to develop assessment tool and treatment approach.
- Develop strategies to address generalization of treatment gains.
- Continue to develop IPE and interprofessional practice in our clinics and report on outcomes.

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