Curing Aphasia: Part 1. The Social Cure
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Social isolation and depression are common sequelae for both the person who develops aphasia in addition to their care partner. Building upon the social model of disability and the gerontological social-cure model, I will describe our research program that is building an evidence base for a social cure for aphasia across the continuum of care. I’ll first describe the Brisbane evidence-based Language Test as a means for identifying the presence of aphasia in the acute stage post stroke. Then the IFCI- SAI is a new suite of tools to ensure that access to health care in hospital is not compromised by the communication disability. Progress reports on two trials will be provided. The first trial is of the LIFT program in which an intensive comprehensive aphasia program is compared to usual care. The second is the ASK program which aims to optimise wellbeing and prevent depression after aphasia post stroke. Our research found that successfully living with aphasia requires occupation, people and a positive attitude. A research agenda that contributes to the social cure includes identifying return to work pathways, retention of support networks and implementation of the stepped care model for mood disorders post aphasia. As a model of service delivery, the social cure does not exclude person-centred therapy with a focus on regaining language or communication skills. It is also not an approach for when language recovery fails. It is an important service for the majority of people with aphasia after stroke who need to speak ‘Aphasian’ for the rest of their life.