



Why are strokes different?

A stroke is sometimes called a brain attack. The problem is with the amount of blood in your brain. The cause of one type of stroke — **ischemic stroke** — is too little blood in the brain. The cause of the other main type of stroke — **hemorrhagic stroke** — is too much blood within the skull.

Ischemic stroke

About 80 percent of strokes are ischemic strokes. They occur when blood clots or other particles block arteries to your brain and cause severely reduced blood flow (ischemia). This deprives your brain cells of oxygen and nutrients, and cells may begin to die within minutes. The most common ischemic strokes are:

- **Thrombotic stroke.** This type of stroke occurs when a blood clot (thrombus) forms in one of the arteries that supply blood to your brain. A clot usually forms in areas damaged by atherosclerosis — a disease in which the arteries are clogged by an accumulation of cholesterol-containing fatty deposits (plaques). This process can occur within one of the two carotid (kuh-ROT-id) arteries of your neck that carry blood to your brain, as well as in other arteries. An ischemic stroke may also be caused by plaques that completely clog or markedly narrow an artery. This narrowing is called stenosis.
- **Embolic stroke.** An embolic stroke occurs when a blood clot or other particle forms in a blood vessel away from your brain — commonly in your heart — and is swept through your bloodstream to lodge in narrower brain arteries. This type of blood clot is called an embolus. It's often caused by irregular beating in the heart's two upper chambers (atrial fibrillation). This abnormal heart rhythm can lead to poor

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blood flow and the formation of a blood clot.

Hemorrhagic stroke

"Hemorrhage" is the medical word for bleeding. Hemorrhagic stroke occurs when a blood vessel in your brain leaks or ruptures. Hemorrhages can result from a number of conditions that affect your blood vessels, including uncontrolled high blood pressure (hypertension) and weak spots in your blood vessel walls (aneurysms). A less common cause of hemorrhage is the rupture of an arteriovenous malformation (AVM) — a malformed tangle of thin-walled blood vessels, present at birth. There are two types of hemorrhagic stroke:

- **Intracerebral hemorrhage.** In this type of stroke, a blood vessel in the brain bursts and spills into the surrounding brain tissue, damaging cells. Brain cells beyond the leak are deprived of blood and are also damaged. High blood pressure is the most common cause of this type of hemorrhagic stroke. High blood pressure

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Turning Shock and Shame — Into Serenity

by Todd Bern

My hemorrhagic stroke was on November 23, 2003, four years on-the-dot. I will always remember that date. People with strokes usually remember the date when they had their first stroke because it's when their lives changed irrevocably. Mine changed drastically.



I was 40, a young man, and I had just gotten "home". For 15 years I was in New York and San Francisco. In New York on 9/11, I was sure I had to go back to Seattle, where I had grown up, along with my friend. It was six months thereafter when we broke up. I was living in Bremerton alone. Thus, I moved back home for a while at my parent's house on Marrowstone Island.

They were gone that night and I wanted to go into the city, Seattle. It was night and I wanted excitement. I went to a friend's house and we did some drugs. A half an hour later I had a stroke. I didn't realize it at first, half awake and then half asleep. I remember the ambulance coming and the paramedics taking me to the hospital, but I could not move, couldn't speak. And then I was out for about four days.

There is a lot of shame dealing with drugs in this way—come to think of it, in *any* way. I didn't do a lot of it. I had a left basal ganglia hemorrhagic stroke because of it, and a severe one. I remember from my doctors and reading that hemorrhagic strokes are 14% of strokes, 80% have seizures, 50% die within the first few days.

Oh, my blood pressure was the reason I had a stroke. I wasn't taking my medication at that time and I knew it for years and years. It was 25 years of high blood pressure and I knew that keeping it down was paramount. Hypertension was the reason, but drugs was the *key*.

I have dealt with it now, but I didn't then. For two years I was depressed, blocked, even my anti-depressant medication didn't help. I don't do drugs or alcohol now – for four years – but that didn't take away my depression.

Am I unable to talk, to read and am wheelchair-bound because I did drugs? You don't know how profound that is to somebody, namely me. Disgrace to others, disgrace to your family, and most importantly, shame to yourself.

Presently I'm happy, even happier now that I am not doing drugs. Now I'm speaking with the Seattle Counseling Service on what happens when you do drugs (sometimes you will get a stroke). I still work on my body, work at it daily. I have mild aphasia and moderate to mild apraxia, have a limp and my arm, well, hand doesn't do too well.

In a future article, Todd will tell about his weeks in the hospital and how much improvement he continues to make. -ed.<<

(Continued from page 1)

can cause small arteries inside your brain to become brittle and susceptible to cracking and rupture.

- **Subarachnoid hemorrhage.** In this type of stroke, bleeding starts in a large artery on or near the membrane surrounding the brain and spills into the space between the surface of your brain and your skull. A subarachnoid hemorrhage is often signaled by a sudden, severe "thunderclap" headache. This type of stroke is commonly caused by the rupture of an aneurysm, which can develop with age or result from a genetic predisposition. After a subarachnoid hemorrhage, vessels may go into vasospasm, a condition in which arteries near the hemorrhage constrict erratically, causing brain cell damage by further restricting or blocking blood flow to portions of the brain. — *Extracted from:*



Clinics for Individuals Living with Aphasia

summer 2008

APHASIA CLINICS AND GROUPS

WHAT ARE INTENSIVE APHASIA CLINICS?

The University of Washington Speech & Hearing Clinic is expanding services over the summer to offer intensive treatment clinics to individuals living with aphasia. Our summer clinics are designed to help individuals with aphasia develop and strengthen their communication skills for participation in life. The program will consist of 4 intensive one-to-one individual and 2 group treatment sessions each week for 3 ½ weeks. The goals are to:

- Develop multi-modality communication skills
- Strengthen supportive communication strategies for individuals with aphasia and their communication partners
- Build successful communication opportunities in a small group setting
- Provide a supportive learning environment for individuals with aphasia, their communication partners, and our graduate clinicians.

WHO IS THIS PROGRAM FOR?

Individuals with aphasia who:

- Have been living with aphasia for more than 3 months up to many years.
- Are currently being seen or no longer receiving treatment services by a speech language pathologist in the community.
- Have reliable transportation and consistent endurance to attend 4 days per week for 3 ½ weeks for up to 2 ½ hours each day.
- Have involved and dedicated communication partners.

COST

The total program cost is \$300. This includes up to 4 hours of assessment during Spring and over 20 hours of group and individual treatment during the Summer.

TREATMENT TIMELINE

Participants will attend two 2-hour assessment sessions during the spring to determine appropriate summer placement. Then during the summer attend 50- minute individual sessions 4 days a week and 60-minute group sessions 2 days a week Monday-Thursday for 3 ½ weeks during a specified term:

Term A: June 30th – July 22nd **OR**

Term B: July 28th – August 19th

APPLICATION PROCESS

I'M INTERESTED! WHERE CAN I GET AN APPLICATION?

If you, your client, or someone close to you is a good match, please complete and submit an application to the University of Washington Speech & Hearing Clinic. If the individual is eligible, they will be contacted to schedule a comprehensive assessment prior to summer treatment. Find applications at: <http://depts.washington.edu/sphsc/aphasiaclinics/>

WHEN SHOULD I SEND IN AN APPLICATION?

Mail your completed application as soon as possible. Space is limited and treatment opportunities will be given on a first-come, first-serve basis.

APPLICATION DEADLINE: February 15th 2008

WHO CAN I CONTACT WITH MORE QUESTIONS?

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Discovering Adult Aphasia

by Jaime Cage



I'm a second year graduate student in speech-language pathology here at UW. At the beginning of my second year I was assigned the lead clinician role for the Tuesday morning aphasia group.

To be quite honest, I was a bit apprehensive about the assignment at first. It was my first group assignment and the knowledge I had about aphasia mostly had come from textbooks. What did I know about leading a group of people or assisting in leading discussions?

To prepare for my new assignment, I met with my clinical supervisor, Nancy Alarcon. We planned our first session and discussed goals and ways to facilitate group discussions. This helped me to visualize how the quarter would be set up. Looking at the weeks ahead, I was able to create a game plan.

Even with all the preparation, I was still a bit nervous walking into our first session. I met the members of the group as they made their way into the clinic room. I started matching their faces with the names I had seen from the group list. I had seen some of them in the halls before as I had been around the clinic for a year now. As we all sat at the table, refreshments (a wonderful group ritual!) were being served. We started off with introductions and caught up with everyone's events since they had last seen each other. Most members of the group had been coming to group for many years and you could tell that they had gotten to know each other well. It was great to see the camaraderie between the members. By the end of the session, I felt quite comfortable in the group environment.

The weekly sessions that followed were filled with great discussions on many topics and insightful information about what it is like to live with aphasia. It was very inspiring to see the level of dedication that all the mem-

bers hold, not only on their road to therapy, but also to their participation and attendance to group. The mutual support that everyone had for each other was endearing and heartwarming. The group dynamic is cohesive in that they know each other's strengths and weaknesses. They speak up about issues they are passionate about and help each other out when communication breakdowns occur.

I found that my role as a group leader was to bridge communication gaps when it was necessary. I was to facilitate the discussion and help to continue the discussion's momentum. This could sometimes pose a challenge to me, since many of the discussions were so interesting. I found I had to remind myself about the duties of my role and not just listen. To say the least, I have learned a lot! I not only learned more about what it meant to live with aphasia, I learned that I don't need to be nervous about my involvement as a group leader. Because of my experience, I can be more confident in the future with other similar experiences. I feel grateful that I am able to take this enriching experience with me into my profession. <<

Brain Bleeding

Hemorrhagic stroke occurs when a blood vessel bursts inside the brain. The brain is very sensitive to bleeding and damage can occur very rapidly, either because of the presence of the blood itself, or because the fluid increases pressure on the brain and harms it by pressing it against the skull.

Bleeding irritates the brain tissue, causing swelling which will compress and displace normal brain tissue. Most often, hemorrhagic stroke is associated with high blood pressure, which stresses the artery walls until they break.

Another cause of hemorrhagic stroke is an aneurysm. This is a weak spot in an artery wall, which balloons out because of the pressure of the blood circulating inside the artery. Aneurysms may run in families.

Illicit drugs, such as cocaine, can also cause hemorrhagic stroke. <<

— from the **National Library of Medicine** and the **National Institutes of Health** website

Discovering Speech Therapy

by Alyssa Moseley



I first discovered the profession of Speech Language Pathology through my little brothers. They both needed therapy for lisps. I took one of them to an appointment, and began to ask questions.

Their Speech Language Pathologist (SLP) was so excited to teach me

about her job, and actually let me help a little with my brother's therapy session. I enjoyed the one-on-one time, and loved that I could help someone improve this integral skill. From then on, I knew that that the focus of my college career would be to learn about communication and gain the ability to teach others how to improve their skills in this area.

I finished my undergraduate degree in Speech and Hearing Sciences, and am now a first year graduate student. My first client assignment was a group of adults who were diagnosed with Aphasia.

To be honest, I was a little disappointed. I had my heart set on working with a child, because I wanted to work in the schools and was excited to start my training.

Even though I really wanted to work with children, I did have an interest in adult language disorders, like apraxia of speech, and aphasia. I had learned in previous courses about the signs and presentations of these disorders, but most of my prior experience did not prepare me for meeting real people struggling everyday with these real disorders.

The majority of the group members did not really fit any textbook definitions I had learned, but instead created their own. I listened to many of them tell their stories and expose the effects of their disorder.

Their stories and symptoms were so varied, but many of them experienced frustration, depression, and anger at some point. However, I also heard them share their successes, and motivations. The group sessions

seemed to be a huge part of the success of each individual.

It was a place where they could openly discuss their feelings with others that could understand and motivate them, while working on their communications skills. They supported in each other in ways that could only be done by those who had similar experiences.

Their stories of their victories and encouragement opened my eyes to new career possibilities I had never considered. I saw first hand how much they had gained and how grateful they were to be able to communicate with one another. It gave me a deep sense of delight and fulfillment. A desire to help and motivate others like them had been ignited. Maybe *this* was the path for me? In fact, a few weeks ago, I called my dad, eager to share my excitement about this new occupational opportunity.

I am so grateful to each person in the group for their vital part in deepening my knowledge of these language disorders and their effects, which could not be taught in any classroom. I no longer associate my textbooks definitions with these disorders, but instead I visualize my newfound friends and teachers in the group.

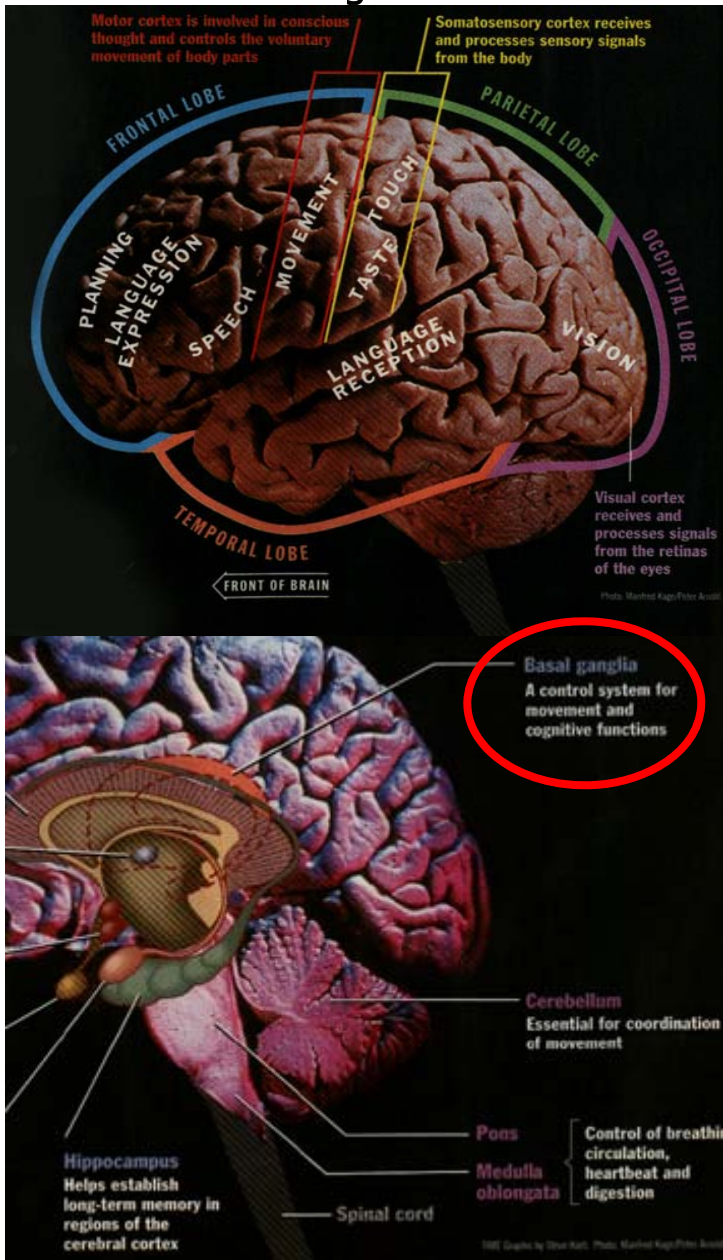
Though this may be just one eye-opening experience of many I will have in this program, I am truly grateful for it. I would not have traded this experience for any. The recently gained knowledge will serve me well as I continue this program. <<

What is Apraxia?

Apraxia (called "dyspraxia" if mild) is a neurological disorder characterized by loss of the ability to execute or carry out skilled movements and gestures, despite having the desire and the physical ability to perform them. There are several kinds of apraxia, which may occur alone or together, and also may occur with aphasia. The apraxia of **speech** is the impairment of the rhythm and timing of speech and it usually shows highly inconsistent speech errors. <<

— from the **National Institute of Neurological Disorders and Stroke** website

Brain Organization



The basal ganglia primary function is to organize muscle-driven movements of the body, or "motor movement." Identical basal ganglia occur in both brain hemispheres.

—from the [Indiana.edu](http://www.indiana.edu) website

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Publisher's Corner:

by Nancy Alarcon, Clinic Director

How do you deal with change? How do you manage stress in your life? Important questions with "not-so-easy answers." In this holiday season, as you prepare to wrap up 2007 and wonder about the year ahead, how have you handled changes as a result of an injury to your brain, or that of your loved one? Have you met and been encouraged by other stroke survivors and their family members? Or..... have you dropped out, tuned out, and shut down?

Over the years, stroke survivors and their family members have taught us about the "individuality" of living with a stroke – in that we each deal with change in our own way. I am very thankful for Todd's willingness to share how he has gotten back on his feet and forged ahead in the face of "shock and shame." His story is such a powerful message for this time of the year; a message of personal growth and strength of spirit.

In this issue, we thank Jaime Cage and Alyssa Moseley for sharing their "first experience" viewpoints as graduate students; each of them openly talking about their first encounters and evolving views of individuals living with aphasia.

These personal stories are the perfect gift to each of us this holiday season. "Gift" this issue to someone to spread the word about aphasia with a message of Hope in the New Year!

Happy Holidays and best wishes.

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