

## CONFERENCE ABSTRACT

### VERBOTONAL MODEL OF REHABILITATION OF THE PATIENTS WITH APHASIA IN THE CONTEXT OF ICF

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Katarina Pavicic Dokoza<sup>1</sup>

1: SUVAG Polyclinic for the Rehabilitation of Listening and Speech, Zagreb, Zagreb, Croatia

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The aim of the poster presentation is to demonstrate the implementation of speech therapy in families of patients with aphasia within the Verbotonal Model of the SUVAG Polyclinic. It is a model that includes three approaches in diagnostics and rehabilitation that complement each other. It is a disorder-oriented, functional and social approach.

According to author Mieke van de Sandt-Koenderman (2007), the process of aphasia rehabilitation is best understood within the ICF model (International Classification of Functioning, Disability and Health) formulated by the World Health Organization (WHO, 2001). This model synthesizes the medical and social approach to healthcare for people with chronic diseases, expressing the view that the social and environmental fields are as important as the medical domain in explaining a patient's functioning in daily life. Therefore, if we look at the Verbotonal Model from a scientific and expert point of view, it can be concluded that it largely corresponds to the concept of ICF, thus providing a multidimensional approach to various communication disorders. Because communication is crucial for each person's social participation, the ultimate goal of the Verbotonal Model is social, which, according to author Mieke E. van de Sandt-Koenderman (2011), is the goal and concept of ICF, and understands the optimization of communication between persons with aphasia and their environment.

The rehabilitation of a patient with aphasia by the Verbotonal Method is more than an application focused on disorder, functional therapy or participatory therapy.

Speech therapy in the patient's family, according to the Verbotonal Model, has been practiced for several years. Each year, about 60 patients are treated individually, while education, workshops and ongoing counseling are organized for their families as "hidden victims of aphasia". Patients are of different ages, at which language and speech difficulties arise as a result of a stroke, and because of their immobility, they are unable to engage in outpatient speech therapy. Depending on the clinical presentation of aphasia, the speech therapist's direct work with the patient is performed through the following exercises: exercises for establishing communication, exercises for understanding a particular situation, exercises for language comprehension and language expression, exercises for remembering words and naming, exercises for breathing, swallowing, voice, motor of speech apparatus, articulation, reading, writing, and computing exercises.

The goals of speech therapy in a patient with aphasia according to the Verbotonal Model can be seen in terms of the conceptual framework of ICF.

ICF      Aims

Damage - Recovery of lost function, recovery of speech and language skills.

Activities - Reducing communication and secondary difficulties with maximum use of current capabilities.

Participation - Developing self-confidence and social skills, increasing independence and independent decision-making, encouraging one's own choices and social inclusion through full and effective participation and inclusion in society.

Wellfare - Developing a sense of well-being, developing coping strategies, improving communication with family members and the immediate community and the wider community, improving quality of life.