Warm sun from the sunny summer sky, the calm quiet sensation in a hot afternoon while the chirping sound of the crickets echoes through the empty streets.

A typical Maltese summer day, which many of us have been longing for. Without knowing, you enter that much needed holiday relaxed mode. It’s like your brain stops its frenetic usual race and you do not fight it.

It feels good and it’s a much needed boost. Taking care of oneself is crucial, especially for those taking care of their families, their little ones, their vulnerable loved ones.

You need to care and love yourself if you want to care and love others. Now is the time to invest in that “you-time”.

*Let’s be Vivid* takes a closer look at acquired neurological disorders which do not only affect the individual but also his/her close family.

Such progressive disorders are life changing and urges one to appreciate every moment in life.

In this period of calmness, where life itself seems to take a break, we at *Let’s be Vivid*, would like to wish you all a refreshing summer.

Enjoy but please keep in mind to keep yourselves safe, always follow safety measures and act responsibly for the love and respect of each other.
The incidence of dementia is rapidly increasing. According to a fact sheet published by WHO, there are around 50 million people worldwide diagnosed with dementia. How much do you know about the four syndromes that account for most cases? Test yourself with this short quiz.
The Acquired Neurocognitive Disorders Specialised Division within the Speech Language Centre, works to increase awareness of the effects of such disorders and also on what is the role of the Speech Language Pathologists with individuals affected and their families. ROBERTA SAID, Speech Language Pathologist and Leader of this specialized division, shared the team views and current work.

**Acquired Neurocognitive Disorders (ANCD) Specialised Division**

Dementia is a progressive condition affecting a number of cognitive functions, namely memory, deterioration in executive functions and personality changes, all of which affect the individual’s social activities. Prevalence statistics from the Eurocode Project on dementia alone calculate that 2.3% of the Maltese population, approximately 10,000 individuals, will be affected by 2030, with current cases exceeding 7,000 (Scerri and Scerri, 2012). Most persons with dementia will manifest communication disorders, which will require speech and language therapy support. This highlights the importance of knowing what our role as SLPs is with this client group and their caregivers, thus allowing optimal service provision and promoting holistic care.

**Our Aim and Role**

The aim of our specialised division group is to enable SLPs who are keen to further their knowledge and expertise in this area, to look into and provide the most recent research on how to support this client group and their caregivers. Our role with this client group is primarily to provide person-centred care (Kitwood, 1997) whilst also supporting their caregivers. The following areas are ways of how SLPs can provide an optimal service to these individuals and those caring for them. SLPs can provide care in relation to communication and swallowing difficulties through assessment, adaptations/compensatory strategies, maintenance therapy and support, whilst adopting a consultative role and advocating for autonomy (ANCD policy, 2020).
Cognitive Communication Groups

SLPs working with older persons, particularly in geriatric settings, are facing a significant increase in referrals for dysphagia management. This has made the management of caseloads more challenging. Intervention on communication was somewhat compromised as the management of dysphagia had to be prioritised. This led to the need to develop strategies to better reach older persons with acquired communication impairments. Group intervention was one strategy that could help maximise time management, while targeting social skills and communication. Hence, this became a project targeted by the ANCD SD group.

The aims of setting up a group intervention programme were to assist clients with ANCD and provide an intervention tool for SLPs working with persons in institutions catering for older persons. Group sessions aim at stimulating cognitive functioning and communication amongst clients and others. The pilot study helped in identifying activities and shape the content of the group sessions, whilst at the same time highlighting the need for flexibility.

Members of the ANCD SD group were engaged in research about group intervention, to ensure that the programme devised was evidence based. Assessments were identified and adapted for use with Maltese speaking clients and a checklist for progress reporting of participants, was developed. The programme included 10 group sessions, each following a similar format but targeting different themes and related activities. Activities involved the development and use of props, printed material and electronic devices to present music and videos. Permissions were obtained and the pilot group was run in a male ward at St. Vincent de Paul (SVP).

Success of the programme was reflected in clients’ participation in an enjoyable and social context. Individual adaptations were necessary, in order to enhance goal achievement by maintaining the level of functioning and thus facilitate improvement.

The pilot project also identified the need to develop standardised assessments, to be flexible to participants’ needs and interests, and to identify a room that is accessible, quiet, auditory and visually friendly and spacious enough to accommodate participants using wheelchairs and the SLPs carrying out the sessions.

Although the groups made a significant impact, it was evident that follow up activities and maintenance groups are needed to continue promoting social interaction and delay progression of an ANCD.

Community support services

Due to the local rise in numbers of people living with dementia, there has been an increase in services available for people with dementia and their caregivers. Organisations like the Malta Dementia Society and the Department of Active Ageing, work to provide information and give support to persons with dementia. Community services have also been set up, including the carer at home scheme, Dementia Intervention Team, a 24-hour helpline, the Dementia Activity Centre, Commcare Assessment team, meals on wheels and various domiciliary services.

It is evident, like in any other area of interest, ANCD encompasses a vast majority of clients each having different abilities. As an SD our aim is to continue providing support to those assisting this client group and possibly aim to develop standardized assessment tools to be able to provide more specialized intervention programmes to persons with ANCD.

ANCD SD team

References

Acquired Neurocognitive Disorders SD (2020) ‘ANCD Policy’. Speech and Language Centre, Luqa
Aphasia, an acquired communication disorder secondary to a stroke or a brain injury affects the communication abilities of an individual, changing his/her life completely. STEFAN SIBERREAS, Speech Language Pathologist and Aphasia Specialised Division leader, within the Speech Language Centre, gives his account on the effects of aphasia and how one can adapt to its presence with the help of a Speech Language Pathologist.

**Aphasia, more than a language disorder**

Aphasia is an acquired communication disorder which impairs the person’s ability to process language. Although intelligence is not effected, the production and comprehension of speech as well as the ability to read and write may all be impaired. An aphasia diagnosis can be perceived as one of the most devastating things that can happen to someone who survives a stroke or a brain injury. The fact that the language loss happens in an instant may have an even more adverse impact on the person with aphasia. People with aphasia often feel confused and frustrated because they cannot speak and understand things the way they did before the incident happened. Imagine looking at the menu of a restaurant and not being able to recognize the words. Or think about trying to say the phrase “put the chicken in the oven” and it comes out as “put the elephant in the microwave” or “wee du oven pelling”.

Aphasia may have a profound effect on daily activities and participation in society. This may in turn lead to depression, social isolation and emotional distress. Language and lifestyle changes following the onset of aphasia extend beyond the individual. Aphasia affects the whole family and not just the individual. The health condition of the person with aphasia may lead to changes to the functioning an disability of all the family members. Addressing the communication challenges with the caregivers can begin to alleviate many of the difficulties that caregivers may experience. It is for this reason that the Speech-Language Pathologist should ensure that family members are included in the intervention programme. Inclusion of family members as part of the rehabilitation team is believed to contribute to successful living with aphasia.

Although caregivers may experience an increase in stress as a result of the aphasia diagnosis, family members would typically be willing to take care and even aid in the therapeutic process of the person with aphasia. Having said that, therapists should be very cautious on the demands they put on family members as this may further increase caregiver stress. One must also keep in mind that input from other professionals such as psychologists and psychiatrist may be beneficial for both the persons with aphasia as well as their caregivers. As the caregivers’ wellbeing declines, so does their ability to take care of the person with aphasia. It is for this reason that care to the wellbeing of the persons with aphasia and that of their caregivers is given the deserved attention.
Did you know...

there is an extensive list of profiles of well-known people around the world who had or still have aphasia. The list goes way back to the 1800s where literature states how the famous writer Ralph Waldo Emerson experienced circumlocution and word finding difficulties. Some of them are still activist to raise awareness about the effects of aphasia. One of them is the American actress Sharon Stone who suffered of aphasia secondary to an aneurism. **Have a look at this list here.**

---

**Let’s meet... NORMA CAMILLERI**

Norma Camilleri, is the president of the Association of Speech Language Pathologists. She is married and has a daughter, Chiara, 12 years. We asked her a few questions to get to know her better....

*When did you graduate as an SLP and how long have you been involved in ASLP?*

Graduated in 1997. Immediately joined ASLP as member and been part of the committee since 2005

*What is/were your roles in ASLP?*

Secretary 2005-2007, vice-president 2007-2014, president since 2014

*What is ASLP for you or what drew you to ASLP?*

A. As a professional, I felt the need to be a part of a professional body hence why I became a member of ASLP as soon as I graduated. I have been involved in voluntary work since my teenage years and once I qualified I wanted to be of service to my profession which is why I got directly involved in ASLP. For me the Association is not simply a professional body that brings together all SLPs working in different sectors (public, private and university). We are a small country and although the number of SLPs is constantly growing, we are still small in number compared to other professions. Therefore it is very important to unite together to constantly safeguard our profession and its standards. I am lucky to have directly witnessed the importance of belonging to a professional body, and the disadvantages of not being a member of one, through my experience within CPLOL (the European umbrella organisation for SLT associations) as Maltese delegate, treasurer and now as president. I always believed that ASLP is and belongs to the members and not the committee. I also believe it is providing a lot for our profession and strives to continue doing more. It is an honour and pleasure to say that ASLP has constant and very good collaboration with government departments providing SLT services, the Communication Therapy Department within the University of Malta and close contact with SLPs working solely in the private sector. Throughout the years I have seen ASLP grow and I would like to thank the hard work of my predecessors. With the increase in the number of members I strongly believe it can continue to further increase its impact.

*What is your area of special interest in SLP?*

Voice maybe? :-) It has been my special interest since I was a child

*What do you like most about being a SLP?*

I have always been fascinated by the impact our work has on the quality of life of people. I also constantly bear in mind that the way clients/carers perceive me while delivering therapy, will shape their perception about our profession. Therefore I feel an ethical duty and responsibility not just towards clients, but also towards fellow colleagues and the profession.

*What are your non-SLP skills?*

Singing and playing the piano.

*What are your hobbies?*

A. Swimming, trekking, travelling, reading, enjoying life to the full!
The Malta Association of Public Health Medicine (MAPHM), a member of the Malta Health Network, together with the Medical Association of Malta, lately issued an important communication about the current situation with COVID-19. The upholding of safe practices is continuously encouraged. ASLP highly recommends that one follows these guidelines. 

**RESOURCES FOR SLPs, PARENTS and KIDS**

This short video portrays handy ideas on how one can make life a little easier when there is aphasia. This particular video focuses on how one can use music to practice speech at home.

Things are a little bit different when there is the presence of aphasia. Here is a **category game** which can be very helpful for your speech therapy practice at home.

**INSPIRATIONAL QUOTE**

“It’s not about how much you do, but how much love you put into what you do that counts”

Madre Theresa.