

The Brain Compatible Aphasia Treatment Program

The **Brain Compatible Aphasia Treatment Program (BCAT)** is a treatment program for aphasia and related disorders created by Bill Connors and his staff at aphasiatoolbox.com.

BCAT is an evidence-based program that blends aphasia research and current best clinical evidence with neuroscience, learning theory, technology and clinical expertise while emphasizing the values, needs and goals of the Person Recovering from Aphasia (PRA).

Over 30 years in development, **BCAT** offers a comprehensive program with treatment modules, protocols, activities, and exercises. SLP Clinicians, caregivers, practice coaches and, of course, PRA can use BCAT to maximize aphasia recovery.

> For the SLP Clinician

BCAT can provide the SLP all that he/she needs to integrate with his/her clinical knowledge and experience in order to provide aphasia treatment services grounded in evidence-based practice (ASHA 2011).

Utilizing formative assessment techniques, the **BCAT** clinician assesses the client's performance on an ongoing basis in order to continually respond to progress and grow the scope of the program accordingly - aggressive treatment that minimizes frustration. Contact us at bill@aphasiatoolbox.com for a listing of BCAT Certified speech-language pathologists.

> For the person with aphasia, caregivers and practice coaches

Online computer programs that make everyday, intensive practice doable support the practice efforts of PWA. Simple to understand instructions and treatment protocols allow for inclusion of caregivers as practice coaches expanding the rehabilitation possibilities for aphasia recovery. No more busy work with tired drills. Contact us at bill@aphasiatoolbox.com for a listing of BCAT Certified speech pathologists and aphasia practice coaches.

BCAT is a complete program, covering modules/treatments/exercises to help the person with aphasia *where ever* he/she is on the pathway of recovery.

It consists of:

- 15 different treatment modules;
- each module utilizes 75 treatment/practice protocols;
- each protocol supports hundreds of innovative, smart and fresh exercises.

This is all offered on a dedicated website with accompanying software.

For Bill Connors, Master Clinician, SLP and owner of Aphasiatoolbox.com, the exploitation of neuroplasticity is his guiding tenet in aphasia recovery.

The following "rules" are the hallmark of the Brain Compatible Aphasia Treatment program at Aphasiatoolbox.com.

1. Recognize and appreciate the existence and potential of neuroplasticity, (Saur, 2012).
2. Make the necessary mental and professional perceptual shift to truly exploit neuroplasticity, (Raymer, 2008).
3. Believe in and act on the endless possibilities of recovery. Turn your client from a Person With Aphasia to a Person Recovering from Aphasia.
4. Commit to using activities that are truly therapeutic for exploiting neuroplasticity, (Gonzales-Rothi, 2008).
5. Help clients aggressively overcome learned: non-use, helplessness, and inattention, (Klein, 2008; Pulvermüller, 2008).
6. Use many, many neural flows. We avoid using known as repetitions in traditional format. (Kleim, 2008).
7. Keep the basics simple and the environment complex, (Raymer, 2008).
8. Ensure that the client aggressively assumes responsibility for his/her recovery plan. Our clients become the pilots of their own recovery program.
9. Neurons that fire together, wire together. Use it or lose it.
10. A rising tide lifts all boats. Address multiple cognitive skills.
11. Prime the client for treatment and recovery. (Kahneman, 2011). Ensure metapraxis. Tell the client only what to do; avoid telling them what not to do. Reconnect (or teach) keyboarding skills and screen literacy.
12. Identify and utilize activities that result in, "...relevant neural activations..." and subsequent "...neural strengthening..." (Pulvermüller, 2008)
13. Ensure hours of daily independent and coached practice by a client who understand aphasia and what needs to be done is critical. The client who "...knows what the target is can practice independently." (Rvachew, 2012)