

Perspectives on Rehabilitation and Dementia



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Speech and Language Therapy

Work in Sonas Groups

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In my role as a speech and language therapist on a continuing care ward, it can often be difficult to promote the concept of communication. Patients are often significantly communicatively impaired, some may be mute, and too often these individuals in the later stages of dementia are regarded as a homogeneous group, branded collectively by their apparent inability to communicate. In this situation, the speech and language therapist's role is largely involved with environmental changes, the arrangements of seating to promote socialization, ensuring quiet areas, etc., whilst highlighting the importance of non-verbal and modified communication to nursing staff who are constantly challenged by the rigorous demands of providing care.

Sonas aPc (Threadgold 2002) groups are run regularly on the ward by myself, an occupational therapist assistant and/or ward activities organizer. Sonas is a multi-sensory approach that stimulates the senses and enables communication, thereby improving well-being. It is noticeable that patients talk to each other during the group, even if they mainly ignore each other on the ward. From a professional and personal perspective, I have found working with patients in the later stages of dementia as a facilitator of a Sonas group is an insightful, rewarding and humbling experience. Insightful, as one learns more about the individual participants, rewarding as small but significant gains are made, and humbling in that here are a group of people, so often cut off from opportunities to effect communication (perhaps due to other's attitudes more than the nature of their illness), responding positively when given the chance.

Of course it is impossible to argue how clinically effective this type of therapy is. Working with a client group regressing along a conclusively deteriorating pathway, one does not expect hugely positive steps. Perhaps the best way to illus-

trate it and to convey what this type of group environment can offer, is by sharing some personal observations of individual patients.

A is a man widely regarded as practically mute. Amiable by appearance, he wears a constant smile on his face, but has always presented as completely unresponsive to all attempts at communication. After a few weeks of attending a group he has been observed mouthing the words to many of the regular songs and will now spontaneously clap along to them too.

B is also for the most part non-verbal, except when exhibiting one of his behavioural outbursts, which are generally accompanied by a variety of loud and clear obscenities. As a member of the group however he appears calm and relaxed. When particular music begins he will waltz around the room, with a partner when offered. Who knows what memories this has evoked? What comes across strikingly though, is an elderly gentleman at peace in his world, a far cry from the often disruptive character whose reputation seems to precede him.

C is a more verbal participant than the previous two. This man has always welcomed a chat when I have encountered him in the ward despite typically never remembering my name or who I am. However, after attending the group for just two weeks he now recognizes and greets me as the 'lady from the peaceful room'.

This I hope conveys something of the essence of our group as a place where patients can relax and be given the opportunity and time to communicate through a variety of modalities. These examples are but a few of the individuals with whom I have been privileged to work. Through them I have learned that the individual personality, inherent in us all, remains even in the later stages of dementia and should be given the opportunity to be expressed and responded to.

Reference

Threadgold, M. (2002) 'Sonas aPc: A new lease of life for some.' *Sigynpost* 7, 1, 35-37.