



## **ADA Live! Episode 118: Learn about Aphasia**

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**Guests:** Carol Dow Richards - Founding Director of Aphasia Recovery Connection

**Host:** Barry Whaley, Project Director of the Southeast ADA Center

**Recording:** [adalive.org/episodes/episode-118](https://adalive.org/episodes/episode-118)

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**Carol Dow-Richards:** Hi, I'm Carol Dow-Richards, and you're listening to ADA Live.

**4 Wheel City:** Yo. All right. Let's roll. Let's go.

**Barry Whaley:**

Hi everybody. On behalf of the Southeast ADA Center, the Burton Blatt Institute at Syracuse University, and the ADA National Network, I want to welcome you to this episode of ADA Live. I'm Barry Whaley, I'm the project director here at the Southeast ADA Center. As a reminder, if you have questions about the Americans with Disabilities Act, you can use our online form anytime at [adalive.org](https://adalive.org), or you can call the Southeast ADA Center at 404-541-9001. And of course, those calls are always free and they're confidential.

Today we're going to learn more about aphasia, a disorder caused by damage to areas of the brain that affect language and the ability to communicate. According to the National Aphasia Association, there are over 2 million people in the United States who have aphasia due to strokes, and nearly 180,000 Americans each year will acquire aphasia. In

fact, aphasia is more common than Parkinson's diseases, cerebral palsy, or muscular dystrophy.

In addition to over 2 million people living with aphasia due to strokes in the US, there's an additional 1.5 million people with aphasia due to brain injury, brain tumors, according to the Aphasia in North America, a publication of Aphasia Access. If we add aphasias due to rare causes such as neurodegenerative diseases, such as frontotemporal dementia, or primary progressive aphasia, we can safely estimate there may be close to 4 million people living with various types of aphasia in the US.

So to talk about this topic, our guest today is Carol Dow-Richards, the founding director of Aphasia Recovery Connection, a nonprofit organization located in Leland, North Carolina. So Carol, I want to welcome you to ADA Live.

**Carol Dow-Richards:**

Thank you so much.

**Barry Whaley:**

So as we mentioned at the start, aphasia affects the ability to communicate. Can you tell us more about what aphasia is and what are its causes?

**Carol Dow-Richards:**

Well, the most common cause of aphasia is a stroke. We know that one in four people worldwide over the age of 25 will have a stroke, and approximately 30% of strokes result in aphasia. So what is it? Aphasia is a language disorder due to damage to the area of the brain that controls language. So it may be talking, reading, writing, processing language, or even numbers and math.

It's important to note that aphasia caused by a stroke does not impact a person's thinking or their intellect. So often I ask people, let's imagine this, if you don't speak Japanese, but suddenly you were transported to Japan, you would find yourself unable to speak the language. You couldn't read a sign, a menu, or even text on your phone if it was coming

through as Japanese. You'd go to sign your name and maybe you couldn't write, and spelling was even foreign to you. Yet your thinking is fine. You know what you want to say, your intellect is intact. You'd feel terrified and unsure how to navigate safely. You would need others to support your communication just like aphasia.

So aphasia can vary a lot. It depends on the size and the location of the damage to the brain. And the symptoms can be very mild and somebody may struggle just a little bit, but they really could manage, even in Japan, or it may be very severe, where they really require others to bridge the communication gaps as it may be complete inability to speak, read, write, or understand. And it may only affect one area of language like talking, but maybe you can still read and write. No two people are alike, so it makes it a very complex disorder for service providers. What works for one may not work for another.

And then to top it off, there are other causes of aphasia such as brain tumor or surgery, or a head injury. And those consequences may be very similar to those of a stroke. But we also have aphasias caused by rare neurological conditions such as Frontotemporal Dementia, or FTD, which is what we have learned now from Bruce Willis's family, that is what he now suffers from. This is in the dementia category. And then there's another condition called primary progressive aphasia, also very rare. And these two conditions are not the result of damage to the brain from a stroke or an injury, rather they are neurodegenerative issues. And in these cases, the patients slowly decline over time.

**Barry Whaley:**

That's fascinating. I had no idea there were so many facets, so many different ways that people could be affected by aphasia. Some that affect cognition, some that do not. That's very interesting. Thank you, Carol. How did this become an interest for you? Why aphasia?

**Carol Dow-Richards:**

Well, like most people in the United States, I had never heard of aphasia. And we know that aphasia is common, like you said in your intro, it's more common than Parkinson's,

but yet fewer than 15%, maybe 20% at best, even know what aphasia is. And I was one of those people, I didn't know what it was.

I'm going to start at the beginning of my story. So my husband and I went on vacation with my parents to Las Vegas to visit the national parks and Hoover Dam. We were there for three days with our sons aged 10 and 15. On the second day, my youngest son, David, aged 10, he seemed a little bit off, so the rest of the family headed off to the national parks without us. He started to talk to me, but I could not understand what he was saying. His speech had become garbled, he looked terrified. Within minutes, his right side went limp and his little smile had become crooked.

David, at age 10, had suffered a massive stroke that resulted in global aphasia, no talking, no reading, no writing, no understanding of language. And additionally, he was paralyzed on the right from head to toe. As those days turned into months in the hospital, we discovered that his stroke was caused by an incredibly rare symptom or syndrome of the brain called Moyamoya disease. So our little three-day adventure actually took us over three months to get back home, and our lives had changed forever.

That was way back in 1995, over 20 years ago. And over those years, David went to speech therapy, and of course we also had to navigate the school system, which was incredibly challenging, but he made gains every year. So later David and I started the nonprofit, the Aphasia Recovery Connection. And today, David speaks, reads, writes, and has even been a keynote speaker at conferences for physicians to talk about the power of hope because one doctor suggested that we put him in a nursing home. Without hope, why bother trying? I am so proud. Today David is an incredible young man. Sure, he still has some aphasia. Sure, he still has some paralysis, but he is a shining star of moving forward with a disability.

**Barry Whaley:**

So if I do the math correctly, David is in his mid-30s now?

**Carol Dow-Richards:**

Mid-30s, yep.

**Barry Whaley:**

Great. All right. Thank you. So you've mentioned that you and your son started this group, it's the Aphasia Recovery Connection. What are your objectives? What's the purpose, Carol?

**Carol Dow-Richards:**

Well, as David navigated life without language, we learned quickly that this aphasia impacts the quality of life and wellbeing. It struck our family to the core. He lost friends. The school moved David from the gifted program to special ed with children with developmental disabilities, yet his thinking was fine. Kids chattered that David had gone from being smart to stupid. Nothing could be further from the truth. He was still smart. Imagine the impact of that experience on his self-esteem, the embarrassment that people with aphasia today feel when they struggle to speak.

As a society, we expect people to talk, to read, to write. David needed connection and we knew that others on this journey did too, so we started a nonprofit with a mission of impact, the Aphasia Recovery Connection. And the purpose is really to end the isolation of aphasia. We do that through online programming such as our Facebook group and page with education and support. We do it with daily Zoom calls seven days a week for people with aphasia and their loved ones. We do it with events such as aphasia cruises and aphasia retreats. We do it with our writing, our advocacy. We are trying to raise awareness and advocate for the communication access for people with aphasia as we believe that communication access is a human right.

Currently, we've been working with our community to collect stories about communication access, or lack thereof, in hospital settings. In our polling and reading the stories, I can safely say there is a lot of work ahead of us, and the Aphasia Recovery Connection is committed to making an impact to improve the lives of those with aphasia.

**Barry Whaley:**

It's interesting. So Carol, you provide information, guidance, training, support, kind of a holistic approach to addressing aphasia.

**Carol Dow-Richards:**

Yes. It's not a medical model, it's really about their wellbeing, their self-esteem. And initially we started really focusing on aphasia and the person, but what we've learned is when community access is denied, that becomes a secondary disability.

**Barry Whaley:**

Sure.

**Carol Dow-Richards:**

So we have started to take on more education awareness, thus talking with the ADA really trying to learn more about what are people's rights, how can we advocate on behalf of them, and how can we create change in the systems that are at play? Not to play the blame game, but to say, "Let's create awareness." Because I really do believe hospitals and assisted living, I do believe people want to do the right thing, but they need information and awareness, which is why we're talking about this today.

**Barry Whaley:**

Yeah. Another thing I wanted to mention to you, or get your opinion on, so much like your son, David, that there's been some sort of medical emergency, some sort of medical situation, and then almost immediately someone would experience aphasia. And a lot of what we have been looking at at the Southeast ADA Center has been at equity in healthcare for people with disabilities, and I would imagine effective communication. So if you have aphasia or if you've experienced some sort of medical emergency, then that becomes even more important given how aphasia affects somebody, right?

**Carol Dow-Richards:**

Indeed. And one of the big challenges that people with aphasia face is when there are inequities in a hospital system or assisted living, or any facility, when there are inequities, who are the least likely to file a complaint? The people who have no voice. Who are the least, or maybe I should say, who are the most likely and the most vulnerable? We know that elder abuse takes place. Who are the most vulnerable? The people that can't communicate, can't report violations, can't report if they've been abused, can't report if someone stole \$300 from under their mattress. It's a big problem. It's really, really a big problem, but one that I think can be addressed, needs to be addressed, and we have to create change.

**Barry Whaley:**

Thank you. So we mentioned at the beginning that there are these different types of aphasia. Can you maybe go into a little more detail about the differences in these different types?

**Carol Dow-Richards:**

Aphasia is a really complex disorder, and there are many types of aphasia as well as causes of aphasia. The most common are Broca's aphasia, where somebody may struggle to speak, or Wernicke's aphasia where they may actually talk a lot, but maybe we really don't understand what they're saying because it's not really connected, but they think they're communicating effectively. And when we combine a lot of aphasias together, we call that global aphasia where everything is affected.

So a lot depends on the area and the size of the damage in the brain that gives people different types of aphasia. And there's more than these two, but these are the most common is really Broca's aphasia and Wernicke's aphasia.

**Barry Whaley:**

Thank you. So I would imagine that someone who has experienced aphasia, and going back to this medical emergency-type situation, I mean, it could be one of many things

when you present yourself to a doctor. So how would a physician or a medical professional go about diagnosing aphasia?

**Carol Dow-Richards:**

Well, we know that stroke is the most common cause of aphasia, and it can cause a variety of diagnoses a stroke can. So a stroke could give someone aphasia, it could give someone apraxia or dysarthria or other areas of language disabilities, so really it takes a qualified speech and language therapist to make the proper diagnosis. And it's important that both the patient and the family understand that diagnosis and treatment plan based on a very accurate diagnosis. And then of course, if somebody didn't have a stroke but was struggling with language.

So let's go back to the situation that we know Bruce Willis has aphasia, but he has really a type of aphasia that has affected his thinking and his language because we know that it is a type of dementia. So in his case, he didn't go to the hospital and say, "I had a stroke and then now I have aphasia." His was more, his language started to fade away, and then I'm sure the family or anyone similar to this would realize there's some situations going on. So then I think people reach a diagnosis still with a qualified speech and language pathologist. There might be some neuropsych testing to really figure out what's going on in the brain that's causing these language symptoms that we know aren't caused from a stroke or a brain injury or brain tumor.

So it's a very complex disorder, which makes it very complex to serve because I once heard a speech therapist say, "If you've met one person with aphasia, remember you've met one." Where my son is paralyzed in his right arm. So if you've met somebody paralyzed in the right arm, things that work for them, that work for my son, probably work for other people. The problem with aphasia is my son's aphasia is very different than other people's. Everyone is so different, the brain is so complex. So you need a multitude of strategies and you really need involvement of that speech language pathologist to ensure that you're doing it right.

**Barry Whaley:**



So staying with that then, Carol, so looking at medical treatments for aphasia, you met one person with aphasia, you met one person with aphasia. Is there some common treatments for aphasia or is it also very individualized? I'm not sure.

**Carol Dow-Richards:**

Well, the go-to treatment for aphasia is really always speech therapy. We know that the brain can and does make changes when we challenge ourselves. We often share in our Zoom sessions that you need to use it to improve it, and if you don't use it, you could lose it. So you need to practice, practice, practice. But let's face it, if I had aphasia today and I know I have to use it to improve it, I need to practice. Well, you need a lot of motivation for that because the reality is all too often people with aphasia become isolated from their family and friends, they often have a sense of embarrassment, so they don't engage in life and living as well, and they can easily just stay home and become isolated. That's not conducive to improvement in language or wellbeing. It's hard.

And depression is also often a factor, but really the go-to person is your qualified speech and language therapist. And I would go further to say, find a therapist and make sure that she or he is a specialist in aphasia because a lot of speech therapists specialize in swallowing or they specialize in children or accent reduction. So you want to make sure, just like if I wanted to learn German, yes, I can find a teacher, but a teacher is not a teacher. I need a special teacher, I need a German teacher. And I feel really strongly that people with aphasia should have a speech and language pathologist who specializes in aphasia.

**Barry Whaley:**

Now, is aphasia progressive? As you spoke about David, he has recovered a great deal, but what about the other side of that?

**Carol Dow-Richards:**

That's a great question, and with the Bruce Willis story, there's been a lot of confusion about aphasia, and I'm really glad that this topic is coming up. So aphasia from a stroke

or brain injury is worse on the day of diagnosis. And then it generally improves, albeit painfully slowly. For some people, the improvement may be in a matter of days, but for most it's slow improvement, but they will be left with chronic aphasia, which is a permanent disability, but their intellect is intact.

So let's go back to David's story. After a few years, he could speak in short halting sentences, and after a few more years, he could speak rather fluently, but no two recoveries are alike. So then we look at aphasia caused from things like dementia. Like we talked about earlier, the primary progressive aphasia or frontotemporal aphasia, those are indeed progressive. So people with that will be best on the day of their diagnosis, and then they generally decline slowly in their language and thinking skills. But no matter the type of aphasia, everyone with aphasia and their families find it incredibly isolating and frustrating.

**Barry Whaley:**

So as we've discussed, Carol, that aphasia is a language disability, but as you've said, it impacts so many other areas of somebody's life. People who feel isolated, people who feel lonely, people who don't feel understood, or people are considered cognitively less than. So can we talk a little bit more about how people's lives are impacted more so than just communication?

**Carol Dow-Richards:**

Barry, I want to just share something that was shared on a recent Zoom call. I asked people with aphasia, "What does aphasia affect for you?" You'd think it would be language. The number one answer was life, aphasia affects life. So aphasia has been shown to have the largest negative impact on quality of life. In fact, one study reported it as the largest negative impact on health-related quality of life out of 60 diseases and 15 health conditions in a large study. So imagine if you're struggling to listen and understand this podcast, or you cannot navigate your phone to find this podcast, or you cannot talk.

People with aphasia face social isolation and loneliness and are often marginalized in society. There's a negative impact on their personal identity, there's a loss of social

contacts, depression and helplessness often follow as there's less autonomy to life, and they may feel that they're not making their own choices as others seem to take over due to the language loss. So it really, really is life changing for so many people.

**Barry Whaley:**

That is a very good point, yeah. Thank you, Carol. ADA Live listening audience, if you have questions about aphasia or any other ADA Live topic, you can submit your questions online at [adalive.org](http://adalive.org) or you can call the Southeast ADA center at 404-541-9001. And we're going to pause for a moment for a word from our sponsor this month.

**Sponsor:**

The Aphasia Recovery Connection is a nonprofit organization that offers education, programming, advocacy, and awareness campaigns aimed at ending the isolation of aphasia. We are a growing community of families on the path to recovery, aiming to improve the quality of life of those we serve. To learn more about Aphasia Recovery Connection, please contact us and visit our website at [aphasiarecoveryconnection.org](http://aphasiarecoveryconnection.org).

**Barry Whaley:**

Welcome back to the show, everybody. Our guest today is Carol Dow-Richards, she's the founding director of Aphasia Recovery Connection. We've been talking about aphasia, a disorder caused by damage to areas of the brain that affect language and the ability to communicate. We all know how important the ability to communicate is to being able to share our thoughts and feelings with other people and to be understood is just an important part of being human. So having aphasia can make communication with others difficult. And before we go on, Carol, I'm wondering if there is some promising research being done in aphasia that you can share with us.

**Carol Dow-Richards:**

Well, Barry, I wish there was a magic bullet for aphasia, but research that is being done generally is being done about the types of therapy and trying to fine-tune what works best and what doesn't. But there is an important and impactful movement within the United

States, and actually worldwide now, which is a new model called the LPAA. So what is that? LPAA is the Life Participation Approach to Aphasia. And what it's teaching us is that people who get involved in what they are interested in and engage in life do better than those who are not focused on interest-driven therapy and activities.

That's one of the reasons why here at the Aphasia Recovery Connection, we do daily Zoom calls on our virtual connections program that offers free sessions for people with aphasia to practice their speech that are interest-driven on a variety of topics. For example, we have advocacy groups, travel groups, music. We have an LGBTQ group for people that are gay or trans. We even have a Spanish group, a young people group, and whatnot. People need to get involved with what they're interested in, not what the therapist is interested in, but what they're interested in.

So I think as far as research, I really think what I would offer people is do what you love, get involved in life as best you can with the things that are important to you and your family. That's a really good way to make improvement and stay engaged because your wellbeing is also affected if you don't connect with others.

**Barry Whaley:**

Great, thank you. Yeah, good points. So let's turn our attention, Carol, if we can, to the Americans with Disabilities Act and the rights that people with aphasia or other communication deficits may have. I would imagine that looking at the prongs of disability determination, aphasia is a disability that impacts one or more major life activities, but it could also be that somebody has a record of having aphasia in their past and may also have protection under the law as well. So let's talk about healthcare settings, Carol. People with aphasia may have difficulty discussing their healthcare needs with doctors and hospitals, it could be hard for them to explain how they're feeling or what they need.

Under the ADA, people with disabilities have the right to give and receive information in the way that is most effective for them. Clear and effective communication is especially important when patients are meeting with healthcare providers. And I'm wondering what are some of the solutions or accommodations healthcare providers can offer to people

with aphasia in order to communicate more effectively with their doctors and be understood?

**Carol Dow-Richards:**

I would say first and foremost, keep it patient-centered. All too often, healthcare providers are talking to family members and not even making eye contact with the person with aphasia, and people with aphasia frequently report that they are left to feel invisible in healthcare settings. Imagine how that must feel. So hospitals should have arrangements in place to ensure communication access for people with aphasia, and develop protocols and training to ensure staff how they can support communication for those with aphasia.

One of my favorite tools is a free app from Lingraphica, it's called SmallTalk Intensive Care. It's as simple as downloading it on your cell phone, and it offers visual support for patients and physicians, but it's beyond that in the hospital, not just in the ER. They also need to be able to order a meal. I've heard of patients who have not been fed because they did not order a meal.

And imagine if you had a stroke, you would want to know what happened to your brain, but usually staff comes in and they rattle off complex information quickly. With aphasia, they need to speak slower, write it down, emphasize keywords, and use simple sentences. And they need to confirm yes and no answers with the visual support of thumbs up and thumbs down because sometimes people with aphasia will confuse left and right, yes and no. It's really important that doctors know that because mistakes and patient safety can be at risk if hospitals are not prepared.

I want to share and go back to Davis's story. So I recall being terrified when they wanted to wheel my then 10-year-old son into an MRI, so a brain scan machine. I begged to go with it. I had no idea, nor did he, what was about to happen. Can you imagine his terror? Staff should have been able to grab a whiteboard, draw a picture of the machine, explain that this machine was going to circle around his head. They could have gestured that it would be very loud, they could have drawn a clock or used their fingers to give him an idea of how long it would take. Instead, they wheel him away and I stood there and I cried.

And that's why today David and I are advocates, and there's a lot of work to be done as people with aphasia, like David, David's story was 20-some years ago. That's still happening today.

It's probably happening in a hospital right now. Someone with aphasia is about to be wheeled in into a machine and they have no idea what's about to happen. Can you imagine the terror when that loud machine starts pounding all around your head and you're wondering, "How long does this last?" And you have no idea. So the ADA requires we understand physical access, but we also need to have hospitals understand that communication supports and strategies for people with disabilities are needed as well. So while ADA compliance means that a person with aphasia in a wheelchair, like David was, so David's in a wheelchair and we go to the hospital, there's a ramp, hooray. That's progress.

Now he is in. Now what? Where are the communication ramps? Where are the communication supports? Those are also part of the ADA. And in my mind, they're just part of common sense and being good people. Thank God for the ADA because I think more and more people with aphasia and their families need to require compliance and start to let hospital administrators know when things are not going well. We have to start to advocate on behalf of people who have very little voice.

**Barry Whaley:**

That's a good point. So in addition to effective communication, the ADA and other disability rights laws say that healthcare providers have to provide reasonable modification to the policies, practices, and procedures to avoid disability discrimination. What are some of the reasonable modifications, policy and practice, do you think should be put in place for people who have experienced aphasia?

**Carol Dow-Richards:**

Well, by now, we know how complex this is and how no two people are alike. So this is where it gets really, really challenging for modifications because it's not a one-size-fits-all. But what we do know is that people with aphasia should have equal access to healthcare,

and we know that they need support to communicate and understand medical information and to make their own decisions. So under the ADA, one suggestion would be that a support person is really a reasonable accommodation. So that support person may be a family member who is knowledgeable about the individual communication needs, it may be the hospital speech therapist could be called. Like they could have called the speech therapist when David needed to go into the MRI machine.

I didn't have those strategies back then. I was still numb myself and just learning. But a speech therapist could have been called, and they could have said, "We need to make sure that this patient understands what's about to happen, or we need to make sure the patient understands what is a stroke, what happened to his brain, does he understand that?" He has a right to understand that. So we need people trained in communication strategies. So just like in a lot of hospitals they seem to understand that if a person is deaf, they need an interpreter. So with aphasia, a person with aphasia may need the assistance of their speech therapist or a family member who's well-trained in supportive communication for that patient.

**Barry Whaley:**

We've talked about healthcare, but what about an employment setting? Someone who has experienced aphasia, they've returned to work. What are some reasonable accommodations that employers could consider for somebody to perform the essential functions of their job?

**Carol Dow-Richards:**

So people with aphasia may find themselves able to return to work or volunteer work, and it's important that employers are trained in the communication strategies of that individual to support their success. So it may be giving them more time, giving them a reader, giving them some visual support to aid in their understanding of their daily tasks for productivity. So while no two are alike, it would most likely be that a speech therapist would be the person to help with this intervention if the person was able to return to work. The research on aphasia and return to work shares with us that 75% of people with aphasia do not

return to work. And almost all of those who do return to work, return part-time or at lower level jobs than they had prior to their diagnosis of aphasia.

**Barry Whaley:**

It's interesting. It's a staggering number. Carol, we've talked about healthcare settings, we've talked about on the job. What are some of the types of discrimination that people with aphasia may face when they are out in the community, maybe at a restaurant or store?

**Carol Dow-Richards:**

So Barry, we know that communication really is a human right, and people with aphasia, they do struggle at a restaurant as they may be unable to read or they struggle at a bank as numbers and math may be affected. Everyday transactions like at the auto mechanic, at the grocery store, the gas station, almost everything depends on two-way communication. And additionally, people with aphasia often have paralysis, so using a wheelchair, and often they're paralyzed in one hand or one arm. So people with aphasia often find themselves excluded, not included.

So we mentioned before, we understand modifications to a wheelchair to a building, but communities really need to understand the need to accommodate communication issues to make their communities welcoming. So staff and government and even healthcare areas, they're rarely trained in facilitating communication for people with aphasia. So community barriers are really significant and frequent, and we need to change that.

**Barry Whaley:**

Carol, I want to give you the last word. Are there any other final thoughts you have or resources you want to share with people listening about aphasia and where they can get help?

**Carol Dow-Richards:**



Well, I appreciate the ability to have the voice and that the ADA, that this podcast is sharing this. I think things like this need to be shared. I think people do need to call the ADA offices when things aren't going well. We have to start to beat the drum on behalf of people with aphasia. So I would ask our listeners, if it was you, how can you as our listener, help create a more inclusive world for people with aphasia? Is there something you can do, or is there a step that you can take to advocate on behalf of those who struggle to advocate for themselves?

Over the years, there've been many disability movements, but the needle is moving so slowly with a movement for people with aphasia because this is the one group that struggles to be advocates or activists for themselves. They need our help. So I'm going to ask our listeners, let's build some ramps. We understand that we build ramps for physical disabilities, but let's start a movement to understand we have to build ramps for communication access by raising awareness and ensuring that strategies are in place for people with aphasia to feel welcome and safe in their homes, in their communities, and in healthcare settings.

Another thing that our listeners could do, and this is really easy and it's a great resource and it will give you a chance to meet my son, David. So David and I recorded a webinar for the American Speech-Language-Hearing Association, ASHA, and the title of it is Communication Breakdowns in Medical Settings. In that, you'll hear David share some of his own story, why it's so important hospitals really start to set up some protocols and communication training. It's a short 30-minute video, and if you don't listen to all of the intro and outro, it's probably only 15 or 20 minutes. So you can easily use part or all of it for in-service training at your own hospital. Or if you're a person with aphasia or a family member, you could watch the video and it will also teach you strategies that you can use at home or ways that you can be a better advocate on behalf of your loved one and ensure communication access.

**Barry Whaley:**

Thank you, Carol. Thank you for sharing this information today on a disability that many of us know very little about, so I think it was very important. So thanks again for being here.

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#### **4 Wheel City:**

They watching. They don't want us be part of the city, man. They put all these steps, man. All these curbs we can't get over. All these inaccessible stores. 4 Wheel City. They don't want us here. We'll survive and we're going to make our own place. Our own world. The 4 Wheel City-

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