

Aphasia intervention in Japan: International innovation and inspiration

Of Japan's more than 125 million people, approximately 500,000 are estimated to be living with aphasia (Muni, 2007). However, due to language and cultural barriers, clinical aphasiologists in English speaking countries have had few opportunities to learn about the services being provided to people with aphasia in Japan. The present paper will review the development of aphasia services in Japan that has occurred over the last 30 years. Many innovative aphasia programs have been developed that may inspire replication in other countries.

Aphasia rehabilitation in Japan is a relatively recent phenomenon, with the first clinic for aphasia rehabilitation opening in 1965. This was followed by the creation of the first college for training of speech-language pathologists in 1971 (Sasanuma, 1993). Following passage of the Speech-Language-Hearing Therapists Act in 1997, training programs for speech-language pathologists increased to more than 60. As the result of this expansion, there are currently approximately 12,000 licensed speech-language pathologists practicing in Japan.

Aphasia Peer Circles

Aphasia assessment and intervention appeared to follow a traditional medical model approach in these beginning years. Alongside the traditional rehabilitative services for people with aphasia, a spontaneous volunteer program of "aphasia peer circles" began to develop. These aphasia peer circles began informally, when people with aphasia and their family members sought out one another, and set up meetings at their homes or in other locations in their communities. In 1981, a Tokyo Aphasia Peer Circle was formed, and, in 1984, the president of this Tokyo aphasia peer circle, Mr. Tamura, a stroke survivor living with aphasia, founded the Japanese Aphasia Peer Circle Association (JAPC). Goals of the JAPC included holding a national conference of aphasia peer circle members and encouraging the creation of additional peer circles (Endo, 1996). The Aphasia Peer Circle program has been extremely fruitful—there are currently about 230 active aphasia peer circles that meet monthly or bimonthly throughout Japan, with an estimated membership of approximately 8,000 individuals.

The JAPC holds a National Conference each year. In 2009, the 27th national is scheduled to be held in Fukui, Japan. In addition to the National Conference, regional conferences of aphasia peer circles are held yearly, in order to unite groups in various Japanese regions or prefectures. Similar to the Speaking Out! Conference hosted by the National Aphasia Association in the United States, these Japanese conferences are attended by people with aphasia, family members, friends, and various healthcare professionals. The conference program is extremely varied with lectures provided by healthcare experts, people with aphasia, and others, whose lives have been impacted by aphasia. In addition, the conference program is interspersed with lively performances by local entertainers, and time is set aside for participatory activities such as singing and exercises by conference attendees.

Aphasia Live

In 1983, a Public Health Act for the Elderly was enacted in Japan. This national legislation limited inpatient rehabilitation to 3 months for people with conditions such as stroke (Endo, 1996). After the 3-month time period, public health nurses became responsible for setting up rehabilitation plans for people with chronic health conditions who returned home. In 1985, Mr. Endo, a speech-language pathologist, spoke with public health nurses in Saitama prefecture to determine if funding was available to pay for community based speech-language pathology services for people with aphasia under the Public Health Act for the Elderly. Following that meeting, a public health nurse in Tokorozawa, Japan approved funding for aphasia conversation classes facilitated by a speech-language pathologist and assisted by community volunteers. These groups were named "Aphasia Live." After other public health nurses observed this group, similar "Aphasia Live" groups were created across the country, and by 2000, there were approximately 100 such groups meeting nationwide (Endo, 1996).

Aphasia Sheltered Workshops

Similar to the history of programs established in the United States, Japanese parents of offspring with developmental disabilities established sheltered workshops. In 1983, in a suburb of Tokyo, a sheltered workshop was established for people in their twenties and thirties who were living with aphasia. Of the estimated 6,000 workshops for cognitively and physically disabled people in Japan, there are currently 6 active workshops for younger people living with acquired aphasia. These workshops receive funding from the local government as well as from individual contributors. Participants receive a nominal wage for each day that they attend the workshop. Different products are created at each workshop--they range from speech therapy materials to products such as calendars, crafts, toys, and games.

Training Programs for Supported Conversation

Following a 1999 visit to the Aphasia Institute in Toronto, Ms Tamura, a speech-language pathologist, and her colleagues, developed training programs for communication partners of people with aphasia. In 2003, she founded a non-profit organization in order to sustain the program through membership fees and donations (Tamura, 2004). Training programs are currently provided four times a year in Tokyo, and are also being created in other major cities (Y. Tamura, personal communication, January 12, 2009).

International Friendship Day

In 1992, inspired by the book "Living after a Stroke" (Law & Paterson, 1980), 60 people including individuals with aphasia, their family members, and several speech-language pathologists, traveled from Japan to London to share an international friendship day filled with activities, talking, and singing. Since that time, and since assisted by a professional tour company, people from Japan have traveled to 10 other international friendship days: New York, Stockholm, Sydney, Seoul, Toronto, Brussels, Honolulu, the San Francisco Bay Area, and Cusco, Peru. For many participants, these trips provide an opportunity to resume international travel in an environment that supports their communication and physical challenges.

Aphasia Day Centers

In 2000, The Act of Long Term Care Insurance for the Elderly was enacted in Japan. The legislation provided funding for people with chronic disabilities who were forty years of age or older to attend day programs. These programs could be administered by either not-for-profit or for-profit organizations. Inspired by reading about aphasia group treatment programs (Elman, 1999, 2007), Mr. Endo was able to fulfill the numerous requirements of the Act, and received governmental funding to start “Habataki” (“flying high”), an aphasia day center serving 10 people with aphasia each weekday. The program occupies a three-room apartment in a Tokyo suburb. Habataki has four paid staff members: a social worker, a care worker, and 2 speech-language pathologists, in addition to speech-pathology student interns and other volunteers. Since the creation of Habataki, five additional aphasia day centers have been created in Japan, with funding provided under this Act.

Conclusions

In Japan, aphasia intervention has received inspiration from programs developed in other parts of the world. In addition, several unique aphasia programs have been created in Japan that warrant attention from the clinical aphasiology community. Japanese programs have received funding through the application of governmental regulations, even though these governmental acts were not originally developed to provide services for people with aphasia (Endo, 1996; Tamura, 2004). Governmental funding for programs such as “Aphasia Live,” aphasia day centers, and sheltered workshops demonstrate the impact on service delivery and communicative access for people with aphasia when systems-level change is made (Simmons-Mackie, Kagan, Christie, Huijbregts, McEwen, & Willems, 2007). Given the potential for future healthcare reform and service delivery changes, especially given the new administration in Washington D.C, clinical aphasiologists may receive timely inspiration from the successes in Japan.

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