

25 Years of ATP: Jan Avent

The Founding of ATP (1996)

In the mid 1990s, I became interested in developing an intensive aphasia group treatment program (8 hours weekly) to train our graduate students how to implement a variety of group treatments and to provide me learning and research opportunities.

ATP was founded on the principles of adult learning strategies (Davis, 1993). The early core aphasia groups included: Reading & Writing, Community, Discourse, Cooperative, and Maintenance & Support (Shelley's weekly long-established group). The groups expanded over time mainly due to ATP participant feedback and included: Transition and Reciprocal Scaffolding. A table summarizing the learning strategies and aphasia groups is in Table 1.

Learning Strategy	Aphasia Group	Group Size	Treatment Goal
Training & Coaching	Reading & Writing Group	15 – 18	Improve and maintain reading and writing performance
	Transition Group	5 – 9	Maintain language skills and learn self-practice skills
Lecturing & Explaining	Community Group	15 – 18	Increase knowledge about specific topics
Inquiry & Discovery	Discourse Group	3 – 6	Improve communication skills
Groups & Teams	Cooperative Group	2 – 3	Improve language (e.g. naming), communication skills and self-cueing abilities
Experience & Reflection	Community Group	15 – 18	Increase involvement in community

	Maintenance and Support Group	20 +	Exchange information, improve coping strategies, and maintain communicative effectiveness
	Transition Group	6 –10	Increase amount of leisure activities
	Reciprocal Scaffolding Treatment	1 + group of novices	To increase life participation

Table 1. Learning strategies used in the Aphasia Treatment Program.

In 1996, I ran the program on a shoestring budget (no computers, no furniture, and no dedicated space) to demonstrate the effectiveness of the treatments and its benefit to students. During this first year of operation, I enlisted the aid of many people on campus to help me find classrooms and music practice rooms for the group therapy sessions. Once I had space, I focused on obtaining outcome data to demonstrate treatment effectiveness. By the end of the first year, I was armed with temporary space, impressive treatment outcome measures, and photographs to show adults with aphasia sitting in classroom chairs and using piano benches for desks (!) and the overall poor training environment for students. In 1997, I was awarded a \$10,000 grant to obtain two computers, a printer, furniture, and marker boards to further develop ATP.

Nearing the end of my tenure as the director at our 10 year anniversary, some of our milestones included:

- ATP Participants
 - 12,000 hours of treatment
 - 525 hours of testing
- Graduate & Undergraduate Students Training
 - 120 graduate clinicians
 - 40 volunteers
- Excellence in Aphasia Group Treatment Award
 - 3 students
- Research
 - 8 publications
- Conference Presentations
 - 16 presentations

The ATP Effect

I could fill a book with all of the things I learned *from* ATP but the one thing that rises to the top is the power of its collaborative intellectual capital—the participants, families, student clinicians & volunteers, supervisors & director (human capital), the bonds between the participants, clinicians, volunteers, colleagues, & the campus community (relationship capital), and the benefits of group treatment (structural capital). It was a wonderful aha moment when I realized I was surrounded by a roomful of experts who would ensure the longevity, relevance, and significance of ATP.

Reference

Davis, J.R. (1993). *Better Teaching, More Learning*. Phoenix, AZ: The Oryx Press.