


# An Exploration of Research and Resources Related to Aphasia: Creating a Resource Guide

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Lexie Anne Velez Diaz  
*University of Central Florida*

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**AN EXPLORATION OF RESEARCH AND RESOURCES RELATED TO APHASIA:**

**CREATING A RESOURCE GUIDE**

**BY**

**LEXIE ANNE VELEZ DIAZ**

A thesis submitted in partial fulfillment of the requirements  
for the Honors in the Major Program in Elementary Education  
in the College of Community Innovation and Education  
and in The Burnett Honors College  
at the University of Central Florida  
Orlando, Florida

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Thesis Chair: Dr. Norine Blanch

## Abstract

The purpose of educators is to aid their students as they develop as their own individuals. Only through education can individuals grow to become the best version of themselves, in and out of the classroom. It is crucial for educators to be aware of the many different learners in the world, so teachers are prepared for any exceptional student that enters their classroom. That is why it is so important to educate oneself on the many exceptionalities and circumstances students are facing. Encompassed within the 13 disabilities identified in the *Individuals with Disabilities Education Act* (IDEA, 1975), are sub categories of many additional exceptionalities. It is a lot of information, and it can be very overwhelming for anyone, not just teachers, to know each one. By bringing exposure to the many exceptionalities, teachers, parents, and students can potentially feel less overwhelmed.

By creating a resource guide for at least one exceptionality, help is being given to those who need it. For this research, the exceptionality of focus is Expressive Aphasia, also known as Broca's aphasia. Expressive Aphasia is not an exceptionality commonly spoken of outside of those involved in this study and those afflicted with this unique form of aphasia. Which This highlights the purpose of this thesis, to examine research/studies and form a resource guide for teachers and parents to learn about Expressive Aphasia. The resource guide will provide information about the history of Expressive Aphasia, offer definitions, suggest strategies, and introduce resources that can help educators, parents, and students better understand this type of aphasia. Everyone needs help, and what better way to help teachers and parents than to give them tools to effectively aid students in their educational journey.

## **Dedications**

For my mother, who constantly inspires me to keep trying and to never give up.

For Alexander, whose love, and support has helped me through many moments of hardship.

For my past teachers, and professors, my educational path was molded through my choices but  
greatly influenced by you.

And for teachers both current and future, who strive to continue educating themselves so that  
they will provide the best for their students.

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## CHAPTER ONE: INTRODUCTION

Children with exceptionalities are deserving of our full attention, so that like all children, they can reach their full potential and excel. In 1990, the Individuals with Disabilities Education Act (IDEA) was passed. This federal law supports special education and the services provided for children with exceptionalities. IDEA makes sure that the rights of children with exceptionalities, as well as their families, are protected under the law. IDEA has identified 13 categories of exceptionalities that inform: federal funding, teachers, the medical community, and parents. These 13 exceptionalities under the *Individuals with Disabilities Education Act* (IDEA) are outlined in Table 1 below:

Table 1. The 13 IDEA Exceptionalities

#	Name of Exceptionality	#	Name of Exceptionality
1	Specific Learning Disability (SLD)	8	Traumatic Brain Injury
2	Other Health Impairment (OHI)	9	Intellectual Disability
3	Autism Spectrum Disorder (ASD)	10	Orthopedic Impairment
4	Emotional Disturbance (ED)	11	Deaf-Blindness
5	Speech or Language Impairment	12	Hearing Impairment
6	Visual Impairment (including blindness)	13	Deafness
7	Multiple Disabilities		

This study examines current and past research regarding one of the exceptionalities categorized as a Speech or Language Impairment, Expressive Aphasia. The end outcome of this research is to create a resource guide of resources, including children's literature, to support



teachers, preservice teachers, parents, and children in the classroom. Resource guides, in my opinion, provide a proven standard of information that benefits the reader, aiding them with possible techniques that can potentially remove obstacles that impede learning and growth for students/children afflicted with Expressive Aphasia. Resource guides, by definition, are books of information (Webster, n.d.). Therefore, the proposed resource guide will be a book of information about Expressive Aphasia, written for teachers, preservice teachers, parents, and children. The goal is to inform a wider audience about Expressive Aphasia, and provide recommendations, resources, and techniques to improve opportunities for students with Expressive Aphasia to learn and develop both in and out of the classroom.

Expressive Aphasia, also known as Broca's aphasia, is a learning disability that is categorized in the speech and language impairment or traumatic brain injury in IDEA (1990). Many who have Expressive Aphasia have suffered a traumatic event that damages their brain, such as a car accident or stroke ([www.aphasia.org](http://www.aphasia.org)). Other individuals are born with Expressive Aphasia but have not experienced a traumatic brain injury. Those born with this exceptionality are categorized into the Speech or Language Impairment category by IDEA (1990). According to The National Aphasia Association, (1987), children born with Expressive Aphasia can understand most speech but may not be able to speak at a normal pace. Speech is usually limited to less than four words at a time. An individual with Expressive Aphasia has an impaired ability to access words and writing, they comprehend information and are aware of their exceptionality but write how they speak ([www.aphasia.org](http://www.aphasia.org)). This exceptionality will be the focus of this thesis because of my life experiences as a person with Expressive Aphasia. Telling my story as a person living with this learning exceptionality is important in providing a personal rationale.

## **Lexie's Story**

### **The Experiences of Elementary School**

It was my first time in a school in the U.S. that was not my original school in Puerto Rico. My third-grade teacher, Mrs. White, was kind and patient. I was learning English and was having a hard time adjusting to school life. When Ms. White taught, I stayed quiet. Math homework was rarely turned in, or I guessed my answers. Tutors were not effective. I would listen to them and practice math work with them, but as soon as I went home, I could not do it. I was made fun of for not knowing a simple problem by a classmate.

One day in class she shouted out, "I thought you were from Puerto Rico, not Mars!" I began to sob. I was overwhelmed as it was my first year in an American school. I missed my dad, I was still learning English, and I did not understand most of the material being taught. My mother was given the option of holding me back or letting me continue to the fourth grade. She asked me what I wanted; I did not want to be left behind. I advanced to the fourth grade and was in Ms. Apa's class.

Ms. Apa would be my wake-up call to what a teacher should not do, especially with students with exceptionalities like me. She was intimidating and was only pleased and energetic with students who were doing well. There was a meeting one day that included my mother, Ms. Apa, and other individuals I did not know. We discussed why I was not performing well in writing, math, and reading. I told them I did not understand math, it was confusing, and everything went too fast. For writing, Ms. Apa told my mother that I could not stick to the topic that I was writing about, trailing off to another topic while writing. In reading, I was given a book to read, but did not receive proper directions that I actually had to read and take a quiz, so I did not complete any quizzes. Through that meeting, I was given an Individual Education Plan

(IEP), which allowed me extra time, encouraged me to raise my hand when I did not understand something, and placed me in the ESOL program to support me as a second language learner. I was also referred to the school psychologist, who eventually diagnosed me with Expressive Aphasia. My mother had a very negative experience with the school psychologist, so we did not return to her. I was never told about this diagnosis.

I did gain confidence from that meeting though. I agreed to raise my hand to ask questions and was excited to do so. One day, when I finally got the courage to actually raise my hand to ask a question during a math lesson, Ms. Apa looked at me with an exhausted expression. "What exactly do you not understand?" she said. I looked at her and froze, she repeated the process. "Do you get it?" she asked. I nodded, not wanting to be humiliated any longer than necessary, and the lesson continued. I did not understand, but I never asked another question after that.

When I came back to school from a lengthy virus that year, Miss Apa welcomed me back. During a hot recess, I asked her to go to the nurse's office. She asked me why I even bothered coming to school and pointed to the door for me to leave. When I did not come to school on Three King's Day, she asked me why I was not in school. I answered that my family celebrates that day, and she pointed to another Latin girl in the classroom and said, "she was here in school". I did not know what to say or how to respond, humiliated again.

The final straw happened when I asked Ms. Apa if I could become a hall monitor, something I was excited about, and she actually let me do this job. Being a hall monitor required all students to maintain an average to above average grade; checking in with the hall monitor teacher to ensure this was happening. Ms. Snow, the hall monitor teacher, was very nice. Therefore, I started reading lots of books and passing all my book quizzes. When I would show

Ms. Snow that I was doing well, she was so proud of me that she told her class about me. But when I did not do well on one of my projects, Ms. Apa said that I had to tell Ms. Snow that I could not be a hall monitor anymore. I was humiliated to tell Ms. Snow of this failure, because I felt as though her entire class was looking at me, and that I had let Ms. Snow down. Ms. Apa took that special privilege away from me. Ms. Apa was my teacher for the remainder of that year and the next. Needless to say, those were very rough years, full of many humiliating moments.

### **The Experiences of Middle School**

Middle school came along, and more responsibility fell on me. I had many different teachers; some I liked and some I wished I could skip their classes. Sixth grade was hard, but it made me do my work. I still had my issues with math, but my reading improved greatly through constant reading practice. My writing improved as well, but I was not turning in my work in any of my classes. Looking back, I remember being overwhelmed and distracted by other things that I could be doing instead of homework. Because I never asked for information to be clarified in class, for fear of humiliation and lack of ability to express myself, I did not know how to do most of my work, so I simply did not do it at all. I know now that this is an area in which my aphasia (although I wasn't aware of the diagnosis), played a key role.

I wish my teachers knew exactly what my disability was and had talked to me one-on-one to see what they could do to help, but it was middle school and there were a lot of students. I thought it was just too overwhelming for teachers to notice at the middle school level. When my mother was notified of my failure to turn in work, she was livid with me. I was not allowed to watch TV or play video games anymore. Thankfully, I turned even more to books. I started to complete and turn in my homework. As a result, I started to read even better. Most of my

teachers were great, with the exception of my science teacher, and my co math teacher. My science teacher was very scary to me because she went through materials fast, and I felt she did not like dealing with me and my struggles. What I needed most, to cope with my Expressive Aphasia, was for materials to be repeated, but that took too long for teachers, and when I could tell that I was frustrating them, I became even more shy and quiet. I did not want to be disrespectful, so I feared individuals of authority.

The co-math teacher was intimidating because she had a very serious disposition and she would constantly hover over me. My aphasia was exacerbated by teachers drawing attention to me. I became very self-conscious and even less able to express myself. The main math teacher was nice, but I did not understand what she was teaching me. There were times when she would go through the math problems with me. It was during these times that I discovered I liked to work one-on-one with my main math teacher to help me do my work. When the main math teacher was busy, I would pretend to do my work because I did not want the co-teacher to help me. The co teacher would explain things to me, but the tone of her voice always made me feel like she was calling me stupid for not already knowing.

### **Hope in a New Middle School**

In seventh grade, I was rezoned to a newly built school in my area. I was sad to lose some of my friends, but I was excited because everything was new. I liked all of my teachers, but my math teacher, Mr. Smith, scared me. He would ask students to answer problems randomly, and that was my worst fear, and still is. The day finally came that he would call on me for all of the questions, but I did not answer any of them. My mind went blank; at that point I could not even tell you my name, let alone the right equation for the problem. I remember the day he asked to talk to me after class. Mr. Smith, he took me outside his door into the empty

blue hallway, and told me I was failing, and that I would be placed into a slower math class. I remember looking down at our shoes as soon as he said I was being moved from class, I began to cry silently. He handed me a pass for my next class and sent me off. I was already being bullied at that age, and I felt ashamed that I was being moved, but the math class that I was moved to would be a blessing.

It was a small class, the teacher was friendly, and the lessons were taught at a good pace for me, and the teacher would ask the class if they had questions, and then come to students individually to help. I did well and was passing. I remained in this type of math class for 8th grade as well. I was doing well, because I was doing bare minimum work. I was still in the ESOL program as well.

### **The Awkward Mess of High School**

High school was an awkward mess of an experience. Yet unfortunately, with my luck, I got an apathetic math teacher who would roll his eyes and sigh at students who asked questions. He left the school after half of a semester. I failed that half, but I did not know that I failed it until senior year. I was asked to repeat the first half of that math class before I could graduate. I was doing well in all of my other classes but doing well in my mind for me was turning in completed work. I was getting by with C's, and a few D's. Through high school, I always had a learning strategies class for students with learning exceptionalities. This class was meant to give students support in their trouble areas and help them with life skills. It was a great class; it helped me set goals and practice. Somehow though, I did not take the learning strategies class seriously because I did not even know I had a disability until senior year. I was never told that I had a disability, but I knew I had a harder time with school than regular individuals. I was never told about the specific disability I had, despite that my mother was informed when I was

diagnosed in elementary school. Senior year, I was pulled aside because I was in danger of not graduating. It was at that point, that I realized that my learning exceptionality, that I had never been informed of, was playing a role in the completion of the bare minimum amount of school work. I graduated by the skin of my teeth, and I owe it all to two teachers who helped me. Both teachers were in my learning strategies class. They helped me by working on my homework and checking on me throughout the year. What I needed the most, to cope with my Expressive Aphasia, was positive support, and help with subjects that made no sense to me. The teachers gave me this gift. After graduating, while I was in the process of applying to a college, I spoke to my mother asking what learning disability I had. My mother informed me that I have Expressive Aphasia. Not knowing what that entailed, I still felt a sense of clarity that finally I knew what was causing a portion of my struggles.

### **The Experiences of College**

I accomplished my associate's degree without telling the college about my disability. I failed math twice; I did not ask for help. I was passing my other classes well with B's and C's, but not math. After four semesters, I enrolled in a math class that had an aide who sat in class and held tutoring afterward. After my second failed test, I finally mustered the courage to go and attend the tutoring class. It was a great experience; the aide was patient; repeated steps, gave us practice problems, and went through them together at a calm pace. This tutoring session and the aide helped me pass. After tutoring, I also decided I should go to the math help that the school provided for my homework. I passed four math classes with these same strategies, going to those available resources helped me pass. On my last semester of getting my associates degree, I had a math class with no aide, and a professor who was no help. She left us to teach ourselves; I would have failed if it were not for a few friends. We would make study groups and contact each

other on things we did not know or understand. My peers are the reason I passed that semester; their support helped me to persevere.

Now I am in my last bachelor's degree year, I have a top grade point average (GPA), as evidenced by my association with The Burnett Honors College. I know what I want to do, and I just want to help as many individuals as possible who have had the same experiences, or individuals who want to help students who have this similar exceptionality. When I feel stressed, anxious, or scared, it becomes increasingly difficult to convey what I want to say, but I try hard to formulate what I want to say, so that I can be somewhat understood. The difference now is that I understand myself and my exceptionality. My biggest fear is being judged for my academic failures, and things I cannot do. I rarely ask questions, I freeze when asked questions, and it takes me longer to grasp information and retain it.

Therefore, this study will focus on the research surrounding Expressive Aphasia, the related strategies and resources that might help teachers in elementary classrooms to provide a supportive environment in which all learners can find success.



## CHAPTER TWO: LITERATURE REVIEW

This literature review includes a discussion of the 13 exceptionalities identified by IDEA, definitions and categories of aphasia, and related research studies including children with aphasia. Aphasia, unlike more commonly identified exceptionalities such as ADD and OCD, is not a well-known exceptionality. Exposure is needed in order to include the population of individuals with this exceptionality in the topic of aphasia. Through education, we can discover ways to help and understand individuals with aphasia.

### **Exceptionalities Under IDEA**

There are thirteen exceptionalities under the *Individuals with Disabilities Education Act* (IDEA, 1990). These include: 1) Specific Learning Disability (SLD): includes dyslexia, dysgraphia, dyscalculia, auditory processing disorder, nonverbal learning disability, and ADHD; 2) Other Health Impairments (OHI): a broad term for exceptionalities including ADHD; 3) Autism Spectrum Disorder (ASD): a developmental disability that affects a child's social and communication skills; 4) Emotional Disturbance (ED): children can have a plethora of mental disorders like anxiety disorder, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD) as well as depression; 5) Speech or Language Impairment (SLI): includes several communication problems such as aphasia, stuttering, impaired articulation and language or voice impairment; 6) Visual Impairment (VI, includes blindness): a condition in which the child may have either partial sight or blindness, but if eyewear can correct their vision, then it does not qualify; 7) Multiple Disabilities (MD): a child with multiple disabilities who has more than one condition; 8) Traumatic Brain Injury (TBI): a brain injury caused by an accident, physical force, or a stroke; 9) Intellectual Disability (ID): children have below-average intellectual ability, may also have poor communication, self-care and social skills., 10) Orthopedic Impairment (OI): any

impairment to a child's body, no matter the cause, is considered an orthopedic impairment; 11) Deaf-Blindness (DB): children have both hearing and visual impairments, programs for the deaf or blind cannot meet the needs of these children, and; 12) Hearing Impairment (HI): refers to a hearing loss, this is an auditory processing disorder; and 13) Deafness: a severe hearing impairment, children are not able to process language through their hearing (IDEA, 1990). For purposes of this research, the unique exceptionality of Aphasia will be highlighted.

### **The Unique Exceptionality of Aphasia**

Aphasia, which depending on the point of origin, can be housed under the category of Speech and Language Impairments or Traumatic Brain Injury. The following section highlights both categories, including information about the seven forms of aphasia, and more detailed information about the specific categories of expressive aphasia.

There are seven forms of aphasia identified on the National Aphasia Association website [[www.aphasia.org](http://www.aphasia.org)]. These include: global aphasia, mixed non-fluent aphasia, Broca's aphasia, Wernicke's aphasia, anomic aphasia, primary progressive aphasia, and other varieties. Global aphasia is the most severe form of aphasia, individuals who have this aphasia produce minimal recognizable words, understand a little or absolutely no spoken language, and cannot read or write. Individuals diagnosed with mixed non-fluent aphasia have disordered but effortful speech, an example could be that it resembles Broca's aphasia ([www.aphasia.org](http://www.aphasia.org)). Unlike like individuals with Broca's aphasia, those with mixed non-fluent aphasia can stay limited in their comprehension of speech and cannot read or write past an elementary level. In Wernicke's aphasia, the ability to comprehend the definition of spoken words is predominantly impaired, the ability to produce connected speech is not affected as much. With anomic aphasia, speech is fluent in its grammatical form, but the output of speech is filled with vague use of words,

expressions of frustration are also evident. Primary Progressive Aphasia (PPA) is a neurological syndrome, characterized by slow language impaired through time. PPA differs from other forms of aphasia that usually result from stroke or brain injury because PPA is caused by neurodegenerative diseases. For other varieties, there are multiple possible combinations of deficits that do not completely fit into the aphasia categories that were previously discussed.

### **Expressive Aphasia and its Manifestations in the Classroom**

French surgeon, Pierre Paul Broca (1824-1880), is known for his observations on aphasia, language dominance, and cerebral localization (LaPointe, 2013). Broca's studies were mainly based on one of his patients, Monsieur Leborgne. Leborgne suffered from epilepsy and lost his ability to speak. Leborgne understood and communicated through gestures but was only able to vocalize a single syllable "tan". After Leborgne's death, Broca performed an autopsy and found that there was a softening in the third left frontal convolution part of Leborgne's brain which caused his speech complication (Venita, 2001). Pierre Paul Broca is known for the description of what is known today as "Broca's aphasia", also known as Expressive Aphasia.

Expressive Aphasia (Broca's aphasia), is categorized as a learning disability which affects the individual's speech, comprehension, reading and writing ([www.aphasia.org](http://www.aphasia.org)). Many affected by expressive aphasia can have difficulty expressing their thoughts and understanding what is being said to them. The causes of expressive aphasia can include trauma to parts of the brain that affect language like the left hemisphere inferior frontal gyrus ([www.aphasia.org](http://www.aphasia.org)). In other cases, individuals are born with the disability. Another cause of brain trauma that leads to expressive aphasia is stroke. As stated on the National Aphasia Association, "intellectual and cognitive capabilities not related to speech and language may be fully preserved." ([www.aphasia.org](http://www.aphasia.org)).

## **The First Study of Children with Expressive Aphasia**

The following dissertation entitled, “*A Comparison of Sensory Aphasic, Expressive Aphasic, and Deaf Children on the Illinois Test of Language Ability*” by Olson (1960), is the first study on aphasia. In this study, the author studied four students with expressive aphasia. The first student is David, who was eight years old. David’s hearing and vision were in normal limits. At the age of seven, David understood language at an intellectual level that corresponded with his mental age, but he was expressing himself verbally like a two-year-old child. Based on this, and the delay in his language, he was diagnosed with expressive aphasia. From David’s Illinois Test of Language Ability (ITLA) scores, Olson (1960) states that “mental retardation” could be the major cause of David's language deficiency (Olson, 1960, p.81). Olson went on to defend his statement by giving this reasoning, “since there does not seem to be any consistent pattern of weaknesses and since motor encoding is among his highest scores; in light of the IQ and the general profile depression mental retardation seems to be a more justifiable diagnosis than Expressive Aphasia” (Olson, 1960, p. 81).

The second child, Jane, was a seven-year-old with “near normal intelligence” (Olson, 1960, p. 81). Jane, at six years old, was able to understand language at the level of a normal six-year-old, but her expressive language was at the level of a three-year-old. Jane’s ITLA profile was interpreted as being deficient in vocal and motor encoding. Due to this deficiency, Jane corresponds closest with the diagnosis of expressive aphasia. She also received a high score achieved on the Auditory Vocal Sequential Test (AVST), which assesses the individual’s auditory senses and how the recipient responds verbally. Since Jane scored high on the AVST, she comprehended information and can respond accordingly.

The third study participant was Wesley. He was nine years old with “average intelligence.” During his examination, he was able to express himself at the level of a two-year-old and was able to understand language with his corresponding mental age. Unlike David and Jane, Wesley’s ITLA profile showed that he did not have mental retardation, nor a significant encoding insufficiency. Which means that Wesley could write words using either sounds or symbols and know the relationship simultaneously. “In fact, his pattern of auditory decoding and auditory vocal association shortcomings imply sensory aphasia, but his encoding insufficiencies implicate Expressive Aphasia.” (Olson, 1960. page)

The final child was eight-year-old Ruth, whose intelligence test showed she was mentally retarded. The term mentally retarded is not used today, but at that time, it was a term used to signify low intelligence, typically under 75 IQ. Obama signed a bill which replaced the term mentally retarded for intellectually disabled in 2010 known as Rosa’s law ([www.azed.gov](http://www.azed.gov), 2013). Ruth’s language exam showed that her receptive language ability was “developmentally two years above her expressive language ability” (Olson, 1960, p. 86). Ruth was not able to commence tongue movements when asked, but did the tongue movements later for other motor procedures. She was prone to be easily distracted and unable to understand language situations. The results of the tests administered to Ruth led to her diagnosis of expressive aphasia (Olson, 1960, p. 86). From Olson’s study, we learned that the essential symptoms or conditions of expressive aphasia is the ability to comprehend information but the inability to communicate effectively.

## **Language Study with a Focus on Landau–Kleffner Syndrome**

Landau-Kleffner syndrome (LKS) is a language disorder which also involves behavioral disturbances that can also be described as resembling individuals who are on the autistic spectrum. LKS is a rare language disorder of acquired childhood aphasia that has epilepsy either with or without seizures (Hoshi, 2016). In Hoshi's *Architecture of Human Language from the Perspective of a Case of Childhood Aphasia — Landau–Kleffner Syndrome*, language is studied through learning the linguistic mechanisms associated in LKS. Through Hoshi's studies he concluded that "language restoration becomes possible theoretically as long as linguistic input has been processed properly before the end of the critical period" (Hoshi, 2016, p.47). Which means that restoring children's language is possible when they are receiving the necessary therapy/medication before a certain point in their development. This study is focused on children with LKS, that is why medication is spoken of due to the afflicted individual's epileptic seizures.

## **An Absence of Literature Written for Children with Expressive Aphasia**

Children's literature is a powerful tool to educate and open doors for many individuals, not just children. Literature introduces and educates their audience about specific topics and what they could do in the possibility of encountering a situation of the kind depicted. Reading books with characters who have exceptionalities can educate teachers, parents, and children. That is why children's books are so important in representing children with exceptionalities. They are used as vicarious experiences for preservice teachers and in service for teachers, as well as relatives or friends, who want to learn about specific exceptionalities in order to find ways to better educate their students who are afflicted. By teachers using these for class discussions and clarifications to misconceptions, they are improving their teaching to be all inclusive and helping students learn to their best abilities. For parents, these books give them a glimpse into their

child's life, inform them on how their child will be affected by their exceptionality, show the positives of what their child can do, and gives a window into what their child needs so that can receive help for them succeed and grow. These books need to be current, focus on accurate depictions of children with exceptionalities or more than one disability, and educate the reader on the topic, appropriate written language and appealing visuals that accurately illustrate the story. Noting the representation of the child's cultural background can also add necessary depth to the character and story.

Existing children's literature introduces readers to many exceptionalities, for the aforementioned purpose of teaching, educating, or reading for enjoyment. The books become tools for learning and growing in positive ways. Children's books which are picture books will be reviewed that cover the exceptionalities stated are *King for A Day*, *Emmanuel's Dream*, *My friend has Autism*, *Look Up*, *The Art of Miss Chew*, *Moses Goes to School*, *Thank You Mr. Falker*, and *The Alphabet War*.

## Children's Books and Character's Exceptionalities

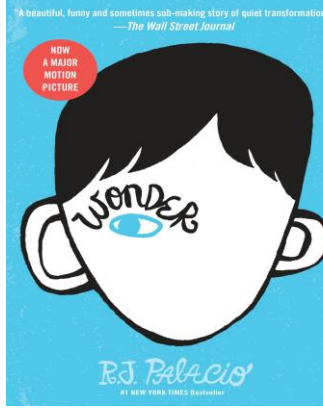
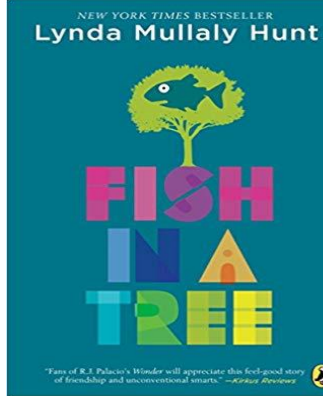
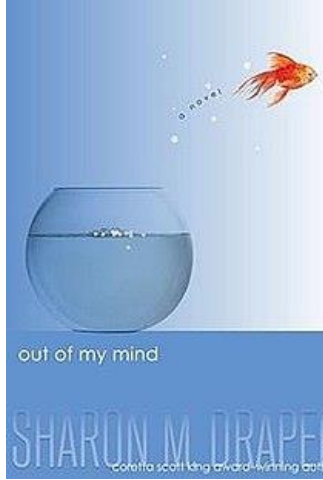
The following annotations give the reader a glimpse into six children's picture books and young adult novels, used as didactic tools for parents and teachers of students with exceptionalities, as well as for the sheer enjoyment of reading.

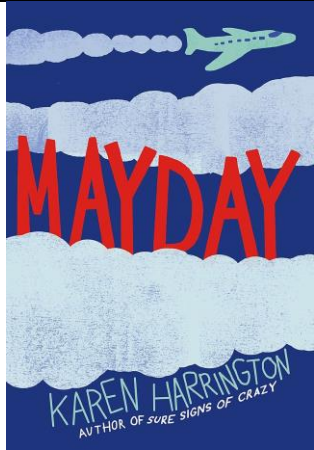
Table 2. Exceptionalities in Children's Literature

	Book Cover	Citation
1		<p><i>Tillworth, M. (2016). King for a day! New York, NY: Random House.</i></p> <p><i>Image Source: <a href="https://www.amazon.com/King-Day-Rukhsana-Khan/dp/1600606598">https://www.amazon.com/King-Day-Rukhsana-Khan/dp/1600606598</a></i></p>
2		<p><i>Thompson, L. A. (2015). Emmanuel's dream: The true story of Emmanuel Ofosu Yeboah. Canada: Schwartz &amp; Wade.</i></p> <p><i>Image Source: <a href="https://www.amazon.com/Emmanuel-Dream-Story-Emmanuel-Yeboah/dp/044981744X">https://www.amazon.com/Emmanuel-Dream-Story-Emmanuel-Yeboah/dp/044981744X</a></i></p>



3		<p>Doering, A. F., &amp; Sorra, K. (2010). <i>My friend has autism</i>. Minneapolis, MN: Picture Window Books.</p> <p>Image Source: <a href="https://www.amazon.com/Friend-Has-Autism-Friends-Disabilities/dp/1404861092">https://www.amazon.com/Friend-Has-Autism-Friends-Disabilities/dp/1404861092</a></p>
4		<p>JIN-HO, J. (2006). <i>Look up!</i> New York, NY: Holiday House.</p> <p>Image Source: <a href="https://fab.lexile.com/book/details/9780823440139/">https://fab.lexile.com/book/details/9780823440139/</a></p>
5		<p>Polacco, P. (2012). <i>The art of Miss Chew</i>. New York, NY: G.P. Putnams Sons.</p> <p>Image Source: <a href="https://www.amazon.com/Art-Miss-Chew-Patricia-Polacco/dp/0399257039">https://www.amazon.com/Art-Miss-Chew-Patricia-Polacco/dp/0399257039</a></p>
6		<p>Millman, I. (2000). <i>Moses goes to school</i>. New York, NY: Farrar, Straus, and Giroux</p> <p>Image Source: <a href="https://www.amazon.com/Moses-Goes-School-Isaac-Millman/dp/0374350698">https://www.amazon.com/Moses-Goes-School-Isaac-Millman/dp/0374350698</a></p>

7		<p>Palacio, R.J. (2012) <i>Wonder</i>. New York City, NY: Alfred A. Knopf.</p> <p>Image Source: <a href="https://www.amazon.com/Wonder-R-J-Palacio/dp/0375869026">https://www.amazon.com/Wonder-R-J-Palacio/dp/0375869026</a></p>
8		<p>Mullaly Hunt, Lynda. (2015) <i>Fish in a tree</i>. New York City, NY: Penguin Random House.</p> <p>Image Source: <a href="https://www.amazon.com/Fish-Tree-Lynda-Mullaly-Hunt/dp/0142426423">https://www.amazon.com/Fish-Tree-Lynda-Mullaly-Hunt/dp/0142426423</a></p>
9		<p>Draper, S. M. (2010). <i>Out of my mind</i>. New York, NY: Simon &amp; Schuster.</p> <p>Image Source: <a href="https://en.wikipedia.org/wiki/Out_of_My_Mind_(Draper_novel)">https://en.wikipedia.org/wiki/Out_of_My_Mind_(Draper_novel)</a></p>

10		<p>Harrington, K. (2016). <i>Mayday</i>. New York, NY: Little, Brown Books for Young Readers.</p> <p>Image Source: <a href="https://www.amazon.com/Mayday-Karen-Harrington/dp/0316298018">https://www.amazon.com/Mayday-Karen-Harrington/dp/0316298018</a></p>
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### Children's Picture Books

1. Tillworth, M. (2016). *King for a day!* New York, NY: Random House.

*King for a Day* is about a boy named Malik who lives with his family in Pakistan; he is shown in a wheelchair. He is preparing for a kite flying festival, his sister and brother help him. The siblings are at the rooftop of their home before the festival begins. Their attention is caught by the next-door neighbor bully who often picks on them. His sister defends her family from the negative comments made and actions. The festival begins, Malik flies his kite slicing the other kites out of the air, even his bully's kite. After the festival is done, they retrieve a kite that fell during the festival of their choosing. Malik from the rooftop sees his bully forcefully take a kite from a little girl and leave. Malik then drops the kite he picked for the little girl who was left crying. The little girl looks up, Malik hides, and she walks away very happy.

Malik who is depicted as having a mobility disability was in a wheel chair. This story focuses mainly on Malik's experience during a festival in Lahor, Pakistan. The book never stated how he got his disability whether from trauma or birth. Malik's siblings were

supportive and helped him with anything he needed, parents were not spoken of or depicted. A bully's negative interaction gave a slight insight of his daily life that he and his siblings faced.

2. Thompson, L. A. (2015). *Emmanuel's dream: The true story of Emmanuel Oforu Yeboah*. Canada: Schwartz & Wade.

*Emmanuel's Dream* is the true story of Emmanuel Oforu Yeboah. It tells of the day he was born; he was born with an orthopedic impairment. His father abandoned the family; his mother stayed to care for him and his siblings. In his early school days, he was carried to school by his mother. When he grew too heavy for her he hopped to school and back, two miles each way on one leg. Children in his school would refuse to play with him until he bought a new soccer ball with his hard-earned money, he would only share his ball if he could play too. His grandmother gave him crutches she found so he could move around easier. His friends enjoyed riding bikes, he wanted to ride as well. He practiced riding a rented bike with friends, he would fall but eventually he was riding a bike. His mother was a constant support in his life, she told him if he wanted something he would have to work hard for it. He worked hard to support his family at thirteen, when his mother got sick. No one would hire him when he got to Accra, individuals told him to beg like the disabled individuals and he refused. He finally acquired a job at a food stand, owner gave him a place to live too. Emmanuel shined shoes and sold drinks at his job. After his mother died, he decided to fulfill his dream, to bicycle around Ghana. He gained permission from the king, and he reached out to an American organization for help when he could not get local support. By doing so he attained the necessary materials for his journey, he talked to everyone on his journey non-disabled and disabled.

Emmanuel wanted everyone to see him and hear his message, he finished his journey in ten days almost 400 miles.

This book tells Emmanuel's story of working hard, and always maintaining his pride. The story depicts Emmanuel being born with one strong leg and a weak leg. In the illustrations, Emmanuel is seen with a normal leg and a significantly short leg, this leaves the audience to assume he has a mobility disability.

3. Doering, A. F., & Sorra, K. (2010). *My friend has autism*. Minneapolis, MN: Picture Window Books.

*My friend has autism* is a story told by the friend of someone who has autism. He tells of his experiences with his friend Zack. He talks about Zack's likes, dislikes, and mannerisms. The book does a great job of educating the reader on autism by stating facts along the way and a glossary at the end.

4. Jin-Ho, J. (2006). *Look up!* New York, NY: Holiday House.

*Look up!* is a short story of a wheelchair-bound girl who goes to the top of a building and looks down. She calls out to individuals telling them to look up, but no one listens. Until a boy looks up, he lays down for her to see him. Soon others see the boy and do the same for the girl. The girl smiles at the individuals.

5. Polacco, P. (2012). *The art of Miss Chew*. New York, NY: G.P. Putnam's Sons.

*The Art of Miss Chew* is about a girl who needs extra time taking tests, the teacher Mr. Donovan takes notice and gives her what she needs to excel in the tests. He then notices her art and sends her to an art teacher who helps her "seeeee". This art teacher helps her

by defending her against an awful substitute and sending her to a reading specialist.

Towards the end, Patricia is happy and has all she needs to express her creativity and prosper in school.

6. Millman, I. (2000). *Moses goes to school*. New York, NY: Farrar, Straus, and Giroux.

*Moses Goes to School* is the story of a deaf boy's first day at a school for the deaf and hard of hearing. This book describes their lessons, schedule, environment, and routine. It also includes Moses' interactions while using sign language. The illustrations include illustrations of some sign language words the reader could practice.

### **Young Adult Novels**

7. Palacio, R.J. (2012) *Wonder*. New York City, NY: Alfred A. Knopf.

*Wonder* is the story of a boy named Auggie entering public school with his exceptionalities, Treacher Collins Syndrome (TCS). This novel tells different sides of the story from the perspective of Auggie's (main character) family and friends. In this book he is only ten years old and deals with the difficulties of being accepted by his peers because his exceptionalities are shown on his face.

8. Mullaly Hunt, Lynda. (2015) *Fish in a tree*. New York City, NY: Penguin Random House.

Ally has traveled a lot due to being in a military family. She has been to many schools and has been able to fool the teachers into not noticing her secret. Ally cannot read because she has dyslexia, she creates classroom interruptions and distracts her teachers, so they do not find out. That is until she meets her new teacher. Mr. Daniels is not fooled by her interruptions and gives her the help she truly needs. This book is a great example

of how students with exceptionalities are often scared to ask for help when they need it the most.

9. Draper, S. M. (2010). *Out of my mind*. New York, NY: Simon & Schuster.

Melody is an eleven-year-old with cerebral palsy, she cannot speak, walk, or write. She is extremely intelligent with a photographic memory but has been written off as incapable of learning by both professionals and educators. This all changes when she is given a computer to communicate with. This book shows that by giving students what they need to achieve and prosper, they will surpass previously thought notions. This is a story of how important acceptance is, and the impact of people who see great potential in children.

10. Harrington, K. (2016). *Mayday*. New York, NY: Little, Brown Books for Young Readers.

Mayday follows the story of Wayne, an intelligent seventh grader who made it a point in life to absorb and retain facts. But his life completely changes after he and his mother survive a plane crash following the funeral service of his uncle. Wayne suffered many injuries as well as the temporary loss of his voice. This story details the struggles Wayne must face as well as family issues present. Using speech for so long to bridge awkward silences, he realizes what is most important to talk about in those moments of silence.

What is missing from this list of books, is any children's literature that highlights a character, main or otherwise, that has any type of aphasia. No children's literature book, to my knowledge, has been written to include a child with expressive aphasia, despite that over 2 million individuals that are diagnosed with this exceptionality ([www.aphasia.org](http://www.aphasia.org)). It is the dearth of resources specifically tailored to supporting students with expressive aphasia, that the

idea for *The Parent-Teacher Resource Guide to Students with Expressive Aphasia* was born, and the following methodology determined.



## **CHAPTER THREE: METHEDODOLOGY**

### **Introduction**

This thesis was created for the sole purpose of exposing information to educators and parents on an exceptionality that not many individuals know about. Expressive Aphasia is not a common exceptionality that individuals know about. Therefore, the more educators and parents know about this the more they are able to offer support to students and loved ones. For the purpose of providing a better education to students diagnosed with Expressive Aphasia, and to provide help for teachers, preservice teachers, parents, and even students, I am proposing the completion of a resource guide. This resource guide has sections organized by the following topics addressing: definitions and essential knowledge, misconceptions, suggested accommodations, techniques, and activities, resources for parents, and related children's literature.

The importance of work like this is that by bring attention to an issue, you are informing, educating, and helping the public. By creating exposure, many will seek further information, it is crucial to have updated research, and information that is easy to understand. It is unnecessary for individuals to have a master's degree to understand the language in the text of their sources. Having a resource guide that can answer questions, provide easy to understand information, and resources, is an invaluable asset to all. Students already face so many obstacles throughout their lives whether personal, or familial, they require the aid of those who can give them the best. Why not effectively supply help to the individuals who will aid their students, children, or patients?

### **Lexie's Short Story**

My name is Lexie A. Velez Diaz, a Latin woman with Expressive Aphasia also known as Broca's aphasia. I did not suffer from a traumatic brain injury, I just developed the exceptionality

at an early age and was not diagnosed until I came into the states. Throughout my years in public school, I encountered many difficulties in learning English, and learning the curriculum.

Interactions with negative teachers hindered my ability to speak out for help when materials were difficult to learn. But later on, when I entered college, I realized I was capable of much more than I thought I could do. That is the result of effective teachers who genuinely care for their student's learning.

### **Concepts Included in Resource Guide**

Children's literature is an invaluable tool to teach and educate readers. By incorporating literature into this resource guide, children as well as young adult will be able to connect and familiarize themselves with the topics discussed. Published expressive aphasia books both picture and novel were not discovered. The need for children's books covering a diverse set of exceptionalities is greatly needed. That is why both children's books and novels that focused on exceptionalities were included in this resource guide.

### **Process of Gathering Information**

Before writing this thesis, a research librarian was contacted and met with to explore many sites to discover research studies and methods to gather information on expressive aphasia. Through this process, information gathered were from valid, authentic, and genuine resources which solidifies the resource guide in providing helpful information to educators as well as parents. Resources include websites such as ProQuest, Ebsco Host, and Springer Link. Physical texts were retrieved from the University of Central Florida library.

### **Content Analysis of Existing Handbooks**

- Porter, Jill. *Understanding and responding to the experience of disability*. Routledge, 2015.

In *Understanding and responding to the experience of disability*, Porter uses her handbook to educate her readers on how to effectively see the needs of those with disabilities in schools. Porter organizes information in seven chapters labeled “Why the need for disability data?”, “Understanding disability”, “Collecting disability data”, “What data tell us about the support parents value”, “What data tell us about children’s experiences”, “Using disability data”, and “From understanding to responding”. Porter’s information is clear and provides many tables for support. The format makes it easy to follow which is perfect for parents as well as educators to navigate.

- Pierangelo, Roger. *The special educator’s survival guide second edition*. Wiley, 2004.

In Dr. Pierangelo’s *The special educator’s survival guide second edition*, he includes up to date methods/strategies when teaching students with exceptionalities. His information contains assessments, classroom procedures, techniques for lesson plans, and much more. This handbook is 32 chapters, which is lengthy for the time pressed educator, but information is easy to find and understand. The format in this handbook is clear with enlarged font to ease the eye strain. This handbook is an excellent example of an up to date resource guide that aids the reader in processing the information given.

## CHAPTER FOUR: RESULTS

### The Parent-Teacher Resource Guide to Students with Expressive Aphasia

**Introduction Video from NAA:** <https://www.youtube.com/watch?v=zjkgSCIXo3k>

#### A Note from the Author...

Thank you for taking time to educate yourself about the Speech and Language Impairment known as Expressive Aphasia. My name is Miss Velez Diaz, and as an individual with Expressive Aphasia, it is my privilege to bring light to this exceptionality, so teachers and parents can be more informed and prepared to support students with aphasia in the classroom and in their home environment.

What inspired and kept me working on this resource guide was hope instilled in me by my mother and professors. Through my educational journey I have struggled often and encountered many teachers before college who knew of my IEP but made no significant changes to aid me. I had no confidence in my ability to learn, therefore, I would not try, or I would settle for the bare minimum to pass. Being taught by effective educators made me realize I am capable of more than what I settle for. That is why I hope students like myself will prosper by being aided by teachers and parents who can offer them what they need the most.

The resource guide begins by discussing the different forms of aphasia before focusing more specifically on Broca's aphasia or Expressive Aphasia. The essential knowledge in this resource guide covers the characteristics of children who have the exceptionality as well as the mannerisms they may have present in their environments. These signs will be key for teachers to better understand their students with Expressive Aphasia and provide aids to better serve them in the classroom. It is important to first understand the exceptionality before attempting to take action to help, guide, or support. By educating oneself, teachers/parents are taking steps to give

their student or child help that is relevant to ensure all individuals with expressive aphasia progress successfully into their future.

## **History**

French surgeon Pierre Paul Broca (1824-1880) is known for his observations on aphasia, language dominance, and cerebral localization (LaPointe, 2013). Broca's studies were mainly based on one patient, Monsieur Leborgne. Leborgne suffered from epilepsy and lost his ability to speak. Leborgne understood and communicated through gestures but was only able to vocalize a single syllable "tan". After his death, Broca performed an autopsy on Leborgne, the findings from which led Broca to believe that the softening in the third left frontal convolution part of Leborgne's brain caused his speech complication (Venita, 2001). Broca wrote post autopsy "most of the other frontal convulsions were entirely destroyed. The result of this destruction of the cerebral substance was a large cavity, capable of holding a chicken egg, and filled with serous fluid" (LaPointe, 2013, pg.215). Pierre Paul Broca is known for the description of what is known today as "Broca Aphasia" (Expressive Aphasia).

## **Eight Types of Aphasia**

According to the National Aphasia Association ([www.aphasia.org](http://www.aphasia.org)), aphasia is the impairment of language that affects the production and/or comprehension of speech as well as the ability to read or write. Aphasia is most often a result from traumatic injury to the brain like stroke. Other brain injuries that result in aphasia diagnoses come from head trauma like brain tumors or infections. Below are the brief descriptions of each variety of aphasia listed by the National Aphasia Association, with a focus on Broca's aphasia (expressive aphasia).

- **Global Aphasia**

Global aphasia is described as the most severe form of aphasia. Individuals diagnosed with Global Aphasia produce a scarce amount of words, can comprehend little spoken language or none at all, and cannot read or write. Global aphasia is often seen after a stroke but there is a chance of improvement depending on the extent of the damage to the brain ([www.aphasia.org](http://www.aphasia.org)).

- **Mixed Non-Fluent Aphasia (MNFA)**

This aphasia is characterized by scattered speech. MNFA resembles a severe version of Broca's aphasia (see below definition). Unlike, Broca's aphasia, an individual's comprehension of speech is limited, and they cannot read or write past an elementary level ([www.aphasia.org](http://www.aphasia.org)).

- **Wernicke's Aphasia ("fluent aphasia")**

In Wernicke's aphasia, the ability to comprehend the meaning of spoken words is mainly affected but the production of connected speech (the continuous order of sounds forming in spoken words or conversations) is not as affected. Wernicke's aphasia is also referred to as "fluent aphasia" ([www.aphasia.org](http://www.aphasia.org)) as a result of its production of speech. In the speech of a person with this aphasia sentences are not organized, and irrelevant words may be inserted. Reading and writing are most often severely impaired.

- **Anomic Aphasia**

Anomic aphasia is the diagnosis of the afflicted person when they are constantly unable to produce words for the things, they want to talk about like specific nouns and verbs. Their speech (which is fluent in grammatical form) suffers because their output is filled with a

vague use of a surplus of words with their expressions of frustration. They understand speech well, and most often read sufficiently.

- **Primary Progressive Aphasia (PPA)**

This aphasia is a neurological syndrome, the capability of language becomes slow and steadily impaired through time. PPA is the result from deterioration of brain tissue important for speech and language. It is caused by neurodegenerative (deterioration of the nervous system) diseases, like Alzheimer's Disease or Frontotemporal Lobar Degeneration. The first symptoms of this are issues with speech and language but other problems linked with the underlying disease, like memory loss, often occurs as time progresses.

- **Other Varieties**

There are many other possible combinations of variables that play into aphasia that do not fit into these categories. Some of the variables of aphasia syndrome can manifest by itself. This is usually the case for reading disorders or disorders that affect reading and writing that follow a stroke. There are other impairments that aphasia carries is loss of calculation but in some cases individuals maintain perfect calculation despite of the loss of language.

- **Expressive Aphasia (Broca's aphasia)**

**Video From NAA:** <https://www.youtube.com/watch?v=MAvIT6L9rm8&t=13s>

Expressive Aphasia, also known as Broca's aphasia, is a learning disability that is categorized in the speech and language impairment or traumatic brain injury in IDEA (1990). Many who have expressive aphasia have suffered a traumatic event that resulted in the damage of their brain, such as a car accident or stroke. Other individuals are born with expressive aphasia and have not experienced a traumatic brain injury. Those born with this exceptionality are

categorized into Speech or Language Impairment. Children born with expressive aphasia can understand most speech but may not be able to speak at a normal pace. Speech is usually limited to less than four words at a time. An individual with expressive aphasia has an impaired ability to access words and writing. Broca's aphasia is often referred to as a "non-fluent aphasia" due to their halting and arduous speech.

## **Misconceptions**

There are many misconceptions presently facing individuals who have been diagnosed with aphasia. For example, a common struggle that students with expressive aphasia have is that they have difficulty asking for clarification. Once teachers move on to new content, activities or tasks, students with expressive aphasia become discouraged and do not bother asking again in the future. Knowing the struggles facing these learners will help in finding ways to better accommodate them. According to *Constant Therapy* ([www.constanttherapy.com](http://www.constanttherapy.com)), an award-winning cognitive, speech and language app created by the Learning Corporation ([www.constanttherapy.com](http://www.constanttherapy.com)), the most reoccurring misconceptions/assumptions are listed below. As described in their website, the Learning Corp is a Digital Health Corporation company who specializes in creating clinically-proven mobile therapy to improve the recovery time and the lives of individuals who have suffered a traumatic brain injury (TBI), stroke, as well as those who have been diagnosed with aphasia and other learning disorders. Following misconceptions were gathered from *Constant Therapy* ([www.constanttherapy.com](http://www.constanttherapy.com)).

### **1. Misconception One: Aphasia Affects Intelligence**

Aphasia is an acquired communication disorder, it hinders the person's ability to produce/process language but does not affect intelligence. Naturally when the ability to communicate is impaired, it becomes increasingly difficult for the student to respond with



questions or problems they may be having. Therefore, student quality of education may suffer, and it becomes crucial for the educator to verify if a student is trying to ask questions to clarify information. Learning about student personality is important as it may be increasingly difficult for students with expressive aphasia to speak if they are shy or reserved as well.

## **2. Misconception Two: Aphasia is Rare**

About 2 million individuals in the United States currently have aphasia, it is predicted that in 2020 the yearly cases will double to 180,000, according to the National Aphasia Association. Aphasia is rarely spoken of and is unknown to many individuals who have this exceptionality, or know a loved one who does, but it is not rare ([www.constanttherapy.com](http://www.constanttherapy.com)).

## **3. Misconception Three: All Aphasias are the Same**

There are seven types of aphasia, all with their own varying levels of severity and characteristics of the exceptionality. In some cases, a person may have difficulty in understanding, but could have an easier time speaking. Others can have great difficulty expressing themselves, but understand language, while some may be able to read, and others may not. There is not one presentation of aphasia, but a plethora of variables that play into the individuals affected.

## **4. Misconception Four: Aphasia Affects Hearing**

Aphasia is located in the left hemisphere (side) of the brain responsible for language. Aphasia does not directly affect the ear's anatomy or cause hearing impairments, since aphasia resides solely in the part of the brain affecting language. A person with aphasia might have separate hearing difficulties, but aphasia does not affect how well a person can hear sound. When communicating with someone with aphasia it is helpful to speak in a low

sound environment as competing sounds can be very distracting for the person when they are trying to focus.

**5. Misconception Five: Aphasia always goes along with physical disabilities.**

This misconception depends on the cause and location of the neurologic damage. Individuals that have had a traumatic brain injury, like a stroke, can develop aphasia and have considerable physical difficulties as well as damage to their brain. Nevertheless, individuals with aphasia do not always have physical disabilities. Aphasia is solely responsible with speech and language, it does not cause mobility/physical impairments ([www.constanttherapy.com](http://www.constanttherapy.com)).

**6. Misconception Six: Aphasia Always Results from Stroke**

Not everyone who has had a stroke will have aphasia. Although stroke is the most common cause of Aphasia, there are multiple causes to this exceptionality. Traumatic Brain Injury (TBI) as well as multiple neurological diseases can cause aphasia, it may even spawn unexpectedly without the cause of disease or trauma.

**7. Misconception Seven: Individuals with aphasia all feel one way about their Aphasia and all want the same assistance from you as a communication partner.**

A diagnosis of aphasia is a life changing event, everyone deals with it differently. Those afflicted may be angry, and/or become depressed. Nevertheless, if a person wants to support this exceptionality, they should never assume to know or understand what the person with the exceptionality feels about their aphasia/situation. Every person is unique in how they process their outcomes. It is important not to make assumptions, and to be prepared to accommodate the aid given.

**8. Misconception Eight: Aphasia can only improve for one year following the event causing it.**

This has been proven to be false. Although, with the right therapy recovery is not constricted by the one-year marker. Individuals will continue to improve throughout their lives with therapy and support. That is why it is imperative that educators, caretakers, family members, and other professionals learn how to effectively aid their students, patients, or loved ones.

**Suggested Accommodations, Techniques, and Activities**

Finding solutions to the struggles and road blocks that face children with expressive aphasia is the main goal of this resource guide. Through the studies performed by Denise R. Fontoura and her associates in *Rehabilitation of language in Expressive Aphasia*, techniques were applied with patients (Fontoura, 2012) and results were recorded on the efficiency of those techniques. By utilizing the information provided, activities, as well as accommodations, were created to better suit the child. Accommodations that are general in an Individualized Education Program (IEP) tend not to be tailored as closely. The techniques used for lexical processing include naming therapy, phonological therapy, and computerized treatment with audio-visual to create stimulus, naming treatment, and intensive language training. Techniques used that focused on syntax were specific linguistic treatment, multisensory and visual-verbal technique, oral reading for language in aphasia (ORLA), and reduced syntax therapy (Fontoura. 2012, p. 227-232).

The resource guide will also take a look at *Speech and Language Therapy* (Kersner and Wright, 2001), who focus on the assessment and management of children with speech and language problems, with consideration of students who are bilingual.

## Assessments

One of the most important rules teachers follow is that educators must know their students to effectively teach them. Going blindly into helping a student whom the teacher has very little knowledge of can result in more harm being done than good. That's why it is so crucial to notice the signs of struggle and frustration, this will help students acquire the help they need to succeed. Assessments for aphasia are unique. The *Porch Index of Communicative Ability* (Mattes, 1991) measures an individual's response, rating their accuracy, completeness, responsiveness, promptness, and efficiency (Mattes, 1991). Another tool in assessing students is the *Aphasia Language Performance Scales* (Mattes, 1991), which also have a Spanish adaptation, *Examines Para Diagnosticar Impedimentos de Afasia* (Mattes, 1991). This assessment involves tasks that assess listening, speaking, reading and writing.

When assessing bilingual students, aphasia can be seen in both their native language and in their second language. To know the level to which aphasia has affected their language it is suggested that the speech pathologist, "a specialist who evaluates and treats patients with speech, language, cognitive-communication and swallowing disorders in individuals of all ages, from infants to the elderly" ([www.medicinenet.com](http://www.medicinenet.com)), must gather data on the student's ability to listen, read, write, and speak in both languages. The behavioral aspect of aphasia in students all depends on what materials were introduced/presented and how those materials were used. Since there are many variables to take into consideration, tests need to be administered in each language if the student is bilingual.

According to Mattes and Omark (1991), in the *Language Learning Assessment* analysis of the student's verbal output, nonverbal behavior, and social behavior. The interaction between

teacher and student also needs to be examined. With that information three questions from this assessment will be answered:

1. How much structure and individual attention is required for the child to acquire new language skills? The following strategies are necessary for children to improve in their language skills. Be attentive with how the child reacts to certain materials and adjust accordingly.
  - Prompts: visual, written or spoken encouragement to engage the student into relevant curriculum.
  - Modeling: instructor/educator demonstrating lesson content while students learn through observing.
  - Repetition: reiterating materials to clear misunderstandings and solidify information.
2. To what extent does the child exhibit inappropriate responses or off-task behaviors during the instructional activities?
  - Students will often have a hard time paying attention to their teachers, they will often lose focus and may have behaviors inappropriate in a class time setting. It is important to use this time to use effective techniques that have worked well on the student to gain their attention back. Remember to not humiliate the student, it is not advised to signal out a student in front of their classmates.
3. To what extent does the child require instructional strategies different from those used effectively with other children from a similar cultural and linguistic background?
  - Depending on the child's severity in their language exceptionality, information on the child's language skills needs to be acquired to determine the strategies they

need. Often times children who need oral instruction, their needs can be accomplished in the classroom with additional help from a speech-language pathologist.

### **Strategies/Techniques/Accommodations**

(Relevant to Elementary and Secondary Schools)

The student with Expressive Aphasia will struggle to communicate, but that does not mean that they do not remember words. Keep in mind that Expressive Aphasia does not mean that students cannot retain information, but it means that they require time to say what they want to say. As a teacher, when it is time to stop to ask the class if they understand the materials being taught so far, the Expressive Aphasia student may be struggling to get the words out. They also may be too ashamed or shy to speak. This hurts the student's ability to clarify information, which in turn, hurts their grades. Rita Pierson stated that "kids don't learn from individuals they don't like" ([www.tedtalks.com](http://www.tedtalks.com)), which holds true for all children whether they have an exceptionality or not. Keep in mind the suggested techniques below to accommodate future students.



#### **Get to know the student(s)!**

- Once the educator has discovered their student's personality, they can determine what techniques will work best. Exploring certain methods of teaching, such as demonstrating, you will find which works best for the student(s). Each student is unique and will not be the same as the last, they need to learn and adapt with them.



### **Keep a Journal**

- If the student does not wish to speak in class, regardless of the reason, supply them with a journal to organize and record their questions by course content. In the gap of time provided, the educator can make time to read the student's questions and answer them accordingly. They might even ask more while you are with them. There is a down side to this as well, they might fall behind because their questions are being answered late. Manage time wisely so that the student will not fall behind as well as yourself.



### **Create a Safe Environment**

- Create an environment they will feel welcome and safe. No child wants to come into a classroom where they might be ridiculed or be made to feel like a burden. Children are great at noticing emotions, so if approached negatively with a question such as, do you understand?, students with Expressive Aphasia will most likely nod or say yes just so the educator will leave them alone. Students with Expressive Aphasia will most likely react the same way with their classmates for fear of being called different or appearing less knowledgeable or capable.



### **Use Time Effectively**

- Make/find the time for one on one work, students will have the teacher's undivided attention at this time and should not feel pressure from peers to hurry or fear judgement.

Students with Expressive Aphasia need time to communicate, by giving the student time to write and speak, teachers are giving students a chance to clarify and understand information. Individuals with aphasia know that they have this disability, they are aware of their speech, be patient with them because they are at times frustrated and upset but they are trying and that's a quality most important for learners.



### **Reading Buddies**

- By lessening the stress of reading aloud in class to their peers, the Expressive Aphasia student should feel comfortable reading with a partner. Their partner can offer them help when they ask or struggle, but it is important for the reading buddy to understand their Expressive Aphasia buddy, they must be patient, kind and not finish their sentences. This is where creating a safe environment comes into play, your classroom needs to know about exceptionalities. This will help your students while they interact with others, developing their empathy and kindness will be hard but is key to having students work effectively together.

### **Resources for Parents (organizations, support groups, and websites)**

#### **Awareness & Advocacy**

One of the ways to spread knowledge on an issue is to expose it to the world. With people hearing a term or subject, they will want to know more, especially if it pertains to their lives. Through educating oneself and being taught of the subject of Expressive Aphasia, students as well as grown adults will benefit. Not only professionals, educators, and parents can help students, but their peers will know, and this will help them feel less isolated and want to take



part in their education and other parts of their life. This will impact the lives of students with Expressive Aphasia because teachers and parents will be better equipped to aid them. As educators, parents, and professionals, we have a duty to our students to provide them with the best help, so they will succeed. Not because this is our job, but because we felt in our hearts that this is what we are meant to do.

## **Websites**

A common feeling, once parents receive the diagnosis of Expressive Aphasia for their child, is worry. However, children can achieve a great deal in spite of their exceptionality. Through educating families and students about the exceptionality, everyone is preparing to aid in the student's goals. It is important for students to know that they are not alone. A few resources available to parents include:

- ✓ [www.understood.org](http://www.understood.org)
- ✓ [www.aphasia.org](http://www.aphasia.org)
- ✓ [www.exceptionallives.org](http://www.exceptionallives.org)
- ✓ [www.constanttherapy.com](http://www.constanttherapy.com)
- ✓ [www.asha.org](http://www.asha.org)

These two websites provide aid for parents as well as teachers. For this section in the resource guide, websites, organizations, and support groups for teachers and families will be provided, along with links, addresses, and annotations.

## Organizations & Support Groups



Image Source: <https://www.understood.org/en>

### 1. Understood “for learning and attention issues”

➤ <https://www.understood.org/en>

Understood is an organization founded on the goal to give parents access to as many resources as possible. Through their research and input from 2,200 parents, they have created a website filled with tools that will help parents maneuver their everyday challenges. Their mission is to help parents whose children, ages 3–20, are struggling with learning and have attention issues ([www.understood.org](http://www.understood.org)). Understood’s goal is to empower people to understand their children’s issues and relate to their experiences. With this knowledge, parents can make effective choices that propel their children from simply coping to truly thriving ([www.understood.org](http://www.understood.org)).

Understood is more directed towards parents, and the professionals that will aid students. They have classified assistance in five categories, “Learning & Attention Issues, School & Learning, Friends & Feelings, You & Your Family, and Community & Events”. Each of these categories have information separated depending on what specifically is being looked for. Understood has built a community of parents and professionals aiding each other for the common goal of helping students.



Image Source: <https://www.aphasia.org/>

## 2. The National Aphasia Association (NAA)

➤ <https://www.aphasia.org/>

The National Aphasia Association is a non-profit organization founded in 1987. It is the first national organization dedicated to advocating for individuals with aphasia and their families. Their stated goal is that they aim to provide easy access to research, education, rehabilitation, and therapy services to those with aphasia and their caregivers while promoting advocacy. The NAA supplies resources, while promoting a community of the individuals with aphasia and caregivers. This website is directed to those afflicted with aphasia as well as caregivers, and professionals. On the website there are tabs geared towards the individual navigating the website. These tabs are labeled as, “I Have Aphasia”, “I Am A Caregiver”, and “I Am A Professional”. The resources provided include information on aphasia, caregiver rights, aphasia rights, and helpful tools such as therapy guides, apps, and books. ([www.aphasia.org](http://www.aphasia.org))



Image Source: <https://exceptionallives.org/>

## 3. Exceptional Lives “Empowering Families, Accelerating Success”

➤ <https://exceptionallives.org/>

Exceptional Lives was founded to provide free information for families and caregivers with individuals with disabilities. It is a non-profit origination that offers guides, research directory, and personal support. They also provide a guide on how to apply for Supplementary Support Income (SSI) benefits. The main goal of this organization is to educate individuals on the benefits that are available and how to apply. This is crucial for families who are low-income, any income gained can improve the care they will be able to provide for their exceptional children.



Image Source: <https://www.constanttherapy.com/>

4. *Constant Therapy* by The Learning Corp (TLC)

➤ <https://www.constanttherapy.com>

Constant Therapy was created by The Learning Corp, it is a speech and language app that helps those who have suffered a stroke, have aphasia, or other brain injuries. The website describes the usefulness for the clinician and the patient, which are separated in their respected tabs. For the clinician tab, it speaks of how the app can help clinicians plan and implement their therapy, collect their performance data, and document their patient stats. For the patient tab, patients on the app can work on it in their clinician's office or in their own home, they can perform exercises leisure. This app has activities that work on smart devices like tablets and mobile devices for patients. While this is a website for an app, it does explain the credibility behind the app and the apps function and is geared more for patients and clinicians rather than parents.



Image Source: <https://www.asha.org/>

5. American Speech-Language-Hearing Association (ASHA)

➤ <https://www.asha.org/>

“American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students”

([www.asha.org](http://www.asha.org)). The ASHA website is focused on the professionals aiding their patients, it contains eight tabs for professionals to find specific information. Tabs such as career, certificates, publications, events, advocacy, continuing education, practice management, and research are easily accessible. While this website does cater towards the professionals in the field, parents and educators can benefit from the useful information. Academic journals located in the publications tab provide valuable information to educate. Event tab provides up to date information on the events that professionals as well as those interested can attend. It is important to see the side of all those who are dedicated to helping those affected, that way you will gain perspective on what goes on.

### **Exceptionalities Depicted in Children’s Literature**

Children’s literature is a powerful tool to educate and open doors for many individuals, not just children. Literature introduces and educates their audience about specific topics and what they could do in the possibility of encountering a situation of the kind depicted. Reading books

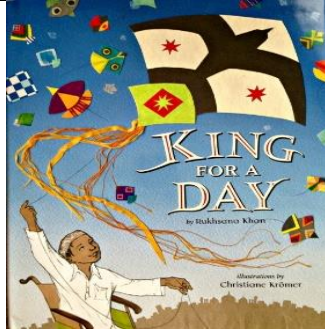
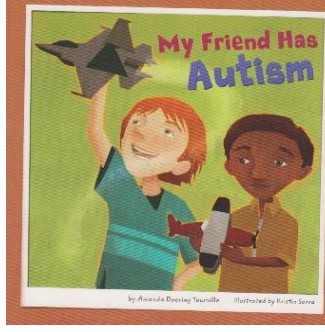
with characters who have exceptionalities can educate teachers, parents, and children. That is why children's books are so important in representing children with exceptionalities. They are used as vicarious experiences for preservice teachers and in service for teachers, as well as relatives or friends, who want to learn about specific exceptionalities in order to find ways to better educate their students who are afflicted. By teachers using these for class discussions and clarifications to misconceptions, they are improving their teaching to be all inclusive and helping students learn to their best abilities. For parents, these books give them a glimpse into their child's life, inform them on how their child will be affected by their exceptionality, show the positives of what their child can do, and gives a window into what their child needs so that can receive help for them succeed and grow. These books need to be current, focus on accurate depictions of children with exceptionalities or more than one disability, and educate the reader on the topic, appropriate written language and appealing visuals that accurately illustrate the story. Noting the representation of the child's cultural background can also add necessary depth to the character and story.

While there may not be specific children's stories written for children with Expressive Aphasia, reading about other characters who have exceptionalities too can open up conversations and provide opportunities to teach, educate, and find acceptance in difference. The books become tools for learning and growing in positive ways. Included in this resource guide for your enjoyment, are the following children's picture books (see Table 2 below for title and source):

## Children's Picture Books

The following annotations give the reader a glimpse into six children's picture books, used as didactic tools for parents and teachers of students with exceptionalities, as well as for the sheer enjoyment of reading.

Table 2. Exceptionalities in Children's Literature

	Book Cover	Citation
1		Tillworth, M. (2016). <i>King for a day!</i> New York, NY: Random House.  Image Source: <a href="https://www.amazon.com/King-Day-Rukhsana-Khan/dp/1600606598">https://www.amazon.com/King-Day-Rukhsana-Khan/dp/1600606598</a>
2		Thompson, L. A. (2015). <i>Emmanuel's dream: The true story of Emmanuel Ofosu Yeboah</i> . Canada: Schwartz & Wade.  Image Source: <a href="https://www.amazon.com/Emmanuels-Dream-Story-Emmanuel-Yeboah/dp/044981744X">https://www.amazon.com/Emmanuels-Dream-Story-Emmanuel-Yeboah/dp/044981744X</a>
3		Doering, A. F., & Sorra, K. (2010). <i>My friend has autism</i> . Minneapolis, MN: Picture Window Books.  Image Source: <a href="https://www.amazon.com/Friend-Has-Autism-Friends-Disabilities/dp/1404861092">https://www.amazon.com/Friend-Has-Autism-Friends-Disabilities/dp/1404861092</a>

4		<p>JIN-HO, J. (2006). <i>Look up!</i> New York, NY: Holiday House.</p> <p>Image Source: <a href="https://fab.lexile.com/book/details/9780823440139/">https://fab.lexile.com/book/details/9780823440139/</a></p>
5		<p>Polacco, P. (2012). <i>The art of Miss Chew</i>. New York, NY: G.P. Putnam's Sons.</p> <p>Image Source: <a href="https://www.amazon.com/Art-Miss-Chew-Patricia-Polacco/dp/0399257039">https://www.amazon.com/Art-Miss-Chew-Patricia-Polacco/dp/0399257039</a></p>
6		<p>Millman, I. (2000). <i>Moses goes to school</i>. New York, NY: Farrar, Straus, and Giroux</p> <p>Image Source: <a href="https://www.amazon.com/Moses-Goes-School-Isaac-Millman/dp/0374350698">https://www.amazon.com/Moses-Goes-School-Isaac-Millman/dp/0374350698</a></p>
7		<p>Palacio, R.J. (2012) <i>Wonder</i>. New York City, NY: Alfred A. Knopf.</p> <p>Image Source: <a href="https://www.amazon.com/Wonder-R-J-Palacio/dp/0375869026">https://www.amazon.com/Wonder-R-J-Palacio/dp/0375869026</a></p>



<p>8</p>		<p>Mullaly Hunt, Lynda. (2015) <i>Fish in a tree</i>. New York City, NY: Penguin Random House.</p> <p>Image Source: <a href="https://www.amazon.com/Fish-Tree-Lynda-Mullaly-Hunt/dp/0142426423">https://www.amazon.com/Fish-Tree-Lynda-Mullaly-Hunt/dp/0142426423</a></p>
<p>9</p>		<p>Draper, S. M. (2010). <i>Out of my mind</i>. New York, NY: Simon &amp; Schuster.</p> <p>Image Source: <a href="https://en.wikipedia.org/wiki/Out_of_My_Mind_(Draper_novel)">https://en.wikipedia.org/wiki/Out_of_My_Mind_(Draper_novel)</a></p>
<p>10</p>		<p>Harrington, K. (2016). <i>Mayday</i>. New York, NY: Little, Brown Books for Young Readers.</p> <p>Image Source: <a href="https://www.amazon.com/Mayday-Karen-Harrington/dp/0316298018">https://www.amazon.com/Mayday-Karen-Harrington/dp/0316298018</a></p>

## Annotations

### Children's Picture Books

1. Tillworth, M. (2016). *King for a day!* New York, NY: Random House.

*King for a Day* is about a boy named Malik who lives with his family in Pakistan; he is shown in a wheelchair. He is preparing for a kite flying festival, his sister and brother help him. The siblings are at the rooftop of their home before the festival begins. Their attention is caught by the next-door neighbor bully who often picks on them. His sister defends her family from the negative comments made and actions. The festival begins, Malik flies his kite slicing the other kites out of the air, even his bully's kite. After the festival is done, they retrieve a kite that fell during the festival of their choosing. Malik from the rooftop sees his bully forcefully take a kite from a little girl and leave. Malik then drops the kite he picked for the little girl who was left crying. The little girl looks up, Malik hides, and she walks away very happy. Malik who is depicted as having a mobility disability was in a wheel chair. This story focuses mainly on Malik's experience during a festival in Lahor, Pakistan. The book never stated how he got his disability whether from trauma or birth. Malik's siblings were supportive and helped him with anything he needed, parents were not spoken of or depicted. A bully's negative interaction gave a slight insight of his daily life that he and his siblings faced.

2. Thompson, L. A. (2015). *Emmanuel's dream: The true story of Emmanuel Ofosu Yeboah*. Canada: Schwartz & Wade.

*Emmanuel's Dream* is the true story of Emmanuel Ofosu Yeboah. It tells of the day he was born; he was born with an orthopedic impairment. He father abandoned the family; his mother stayed to care for him and his siblings. In his early school days, he was carried

to school by his mother. When he grew too heavy for his mother he hopped to school and back, two miles each way on one leg. Children in his school would refuse to play with him until he bought a new soccer ball with his hard-earned money, he would only share his ball if he could play too. His grandmother gave him crutches she found so he could move around easier. His friends enjoyed riding bikes, he wanted to ride as well. He practiced riding a rented bike with friends, he would fall but eventually he was riding a bike. His mother was a constant support in his life, she told him if he wanted something, he would have to work hard for it. He worked hard to support his family at thirteen, when his mother got sick. No one would hire him when he got to Accra, individuals told him to beg like the disabled individuals and he refused. He finally acquired a job at a food stand, owner gave him a place to live too. Emmanuel shined shoes and sold drinks at his job. After his mother died, he decided to fulfill his dream, to bicycle around Ghana. He gained permission from the king, and he reached out to an American organization for help when he could not get local support. By doing so he attained the necessary materials for his journey, he talked to everyone on his journey non-disabled and disabled. Emmanuel wanted everyone to see him and hear his message, he finished his journey in ten days almost 400 miles.

This book tells Emmanuel's story of working hard, and always maintaining his pride. The story depicts Emmanuel being born with one strong leg and a weak leg. In the illustrations, Emmanuel is seen with a normal leg and a significantly short leg, this leaves the audience to assume he has a mobility disability.

3. Doering, A. F., & Sorra, K. (2010). *My friend has autism*. Minneapolis, MN: Picture Window Books.

My friend has autism is a story told by the friend of someone who has autism. He tells of his experiences with his friend Zack. He talks about Zack's likes, dislikes, and mannerisms. The book does a great job of educating the reader on autism by stating facts along the way and a glossary at the end.

4. Jin-Ho, J. (2006). *Look up!* New York, NY: Holiday House.

*Look up!* is a short story of a wheelchair-bound girl who goes to the top of a building and looks down. She calls out to individuals telling them to look up, but no one listens. Until a boy looks up, he lays down for her to see him. Soon others see the boy and do the same for the girl. The girl smiles at the individuals.

5. Polacco, P. (2012). *The art of Miss Chew*. New York, NY: G.P. Putnam's Sons.

*The Art of Miss Chew* is about a girl who needs extra time taking tests, the teacher Mr. Donovan takes notice and gives her what she needs to excel in the tests. He then notices her art and sends her to an art teacher who helps her "seeeee". This art teacher helps her by defending her against an awful substitute and sending her to a reading specialist. Towards the end, Patricia is happy and has all she needs to express her creativity and prosper in school.

6. Millman, I. (2000). *Moses goes to school*. New York, NY: Farrar, Straus, and Giroux.

*Moses Goes to School* is the story of a deaf boy's first day at a school for the deaf and hard of hearing. This book describes their lessons, schedule, environment, and routine. It also includes Moses' interactions while using sign language. The illustrations include illustrations of some sign language words the reader could practice.

## Young Adult Novels

7. Palacio, R.J. (2012) *Wonder*. New York City, NY: Alfred A. Knopf.

*Wonder* is the story of a boy named Auggie entering public school with his exceptional disability, Treacher Collins Syndrome (TCS). This novel tells different sides of the story from the perspective of Auggie's (main character) family and friends. In this book he is only ten years old and deals with the difficulties of being accepted by his peers because his exceptional disability is shown on his face.

8. Mullaly Hunt, Lynda. (2015) *Fish in a tree*. New York City, NY: Penguin Random House.

Ally has traveled a lot due to being in a military family. She has been to many schools and has been able to fool the teachers into not noticing her secret. Ally cannot read because she has dyslexia, she creates classroom interruptions and distracts her teachers, so they do not find out. That is until she meets her new teacher. Mr. Daniels is not fooled by her interruptions and gives her the help she truly needs. This book is a great example of how students with exceptionalities are often scared to ask for help when they need it the most.

9. Draper, S. M. (2010). *Out of my mind*. New York, NY: Simon & Schuster.

Melody is an eleven-year-old with cerebral palsy, she cannot speak, walk, or write. She is extremely intelligent with a photographic memory but has been written off as incapable of learning by both professionals and educators. This all changes when she is given a computer to communicate with. This book shows that by giving students what they need to achieve and prosper, they will surpass previously thought notions. This is a story of

how important acceptance is, and the impact of people who see great potential in children.

10. Harrington, K. (2016). *Mayday*. New York, NY: Little, Brown Books for Young Readers.

*Mayday* follows the story of Wayne, an intelligent seventh grader who made it a point in life to absorb and retain facts. But his life completely changes after he and his mother survive a plane crash following the funeral service of his uncle. Wayne suffered many injuries as well as the temporary loss of his voice. This story details the struggles Wayne must face as well as family issues present. Using speech for so long to bridge awkward silences, he realizes what is most important to talk about in those moments of silence.

Children's literature is a tool in which children can see themselves and relate to the characters. Representation needs to include all of the diverse people in the world, not just the most talked about. Young readers need these works of literature to learn, expand their minds to the issues facing a plethora of people, and to see that they are not alone in their journey. There is a gap in literature in which not all exceptionalities are being represented, specifically the Expressive Aphasia exceptionality. By not having literature readers or teachers can turn too, they are left without a priceless tool for educating and learning.

## CHAPTER FIVE: DISCUSSION AND CONCLUSIONS

### Discussion

Whether you are a teacher, parent, or a clinical professional, creating more inclusive classroom environments for children/students to thrive and succeed in is important. It is necessary that stakeholders gain a broader knowledge about the difficulties students face even if we cannot see their exceptionality. Hidden exceptionalities still reside within students, making it more challenging for professionals to assist. When teachers or parents see their child's IEP that lists a specific learning disability (SLD), teachers/parents have to be informed and understanding of what that means and how it manifests itself in the classroom. It is not expected for all teachers to know each and every exceptionality that currently exists, but it is expected that they know their student. This is the driving force of this thesis, to shine a light on an exceptionality that is not often known to those outside of the medical field.

Through my educational journey, a favorite quote made by teacher Rita Pierson has always remained, "kids don't learn from individuals they don't like" ([www.tedtalks.com](http://www.tedtalks.com)). Children are incredibly perceptive and will pick up the smallest signals. If a teacher shows frustration or negative emotions towards a student, that student will most likely shut down and not learn effectively from a teacher who thinks that student requires too much of their time and attention. Through personal

experiences, I can say first-hand how damaging it is to have a teacher who does not understand your needs, a teacher who does not know you. To teach students, teachers should desire to educate and make a difference in the lives of their students. Parents who are confused, scared, and worried will reach out to teachers for resources. Teachers need resources, such as the resource guide included in this thesis that will help them support their exceptional students and provide guidance to parents.

### **Implications for Future Research**

While searching for published children's literature with a focus on Expressive Aphasia, unfortunately none were found. This leaves the genre of exceptionalities in children's literature with a gap. Creating a children's book on Expressive Aphasia can decrease the gap and make the affected individuals less alone in their journey both in life and school. By having literature that includes multiple and specific exceptionalities, young readers can look at these works that relates to them, seek comfort, and information.

Published work such as research, surveys, and studies with a focus on children's Expressive Aphasia need to be more accessible to the public. While there is research on adults who gain Expressive Aphasia through TBI, information/studies on how children with Expressive Aphasia deal with schooling need to be made available or conducted. Factors such as the student's home and personal life, may greatly affect them in their studies on top of their exceptionality. By researchers conducting studies



corelating on all the factors that can aid or hinder children with Expressive Aphasia, both parents and professionals can better aid those children. Teachers need this information to mold their curriculum to best suit their student(s). Without it they are left in the dark and are left digging for information that is not easy to find. Time is precious for a teacher, they use their spare time creating lessons and accommodations for their students. By giving a teacher a student with an exceptionality they have little to know information on, they have to find time in their limited day to research this disability. This is why it is so crucial for a resource guide that educates and makes finding information easier. Through cutting the time teachers need to research, they can effectively use their time while aiding their students with exceptionalities.

Once teachers have read the resource guide, a survey needs to be conducted on the effectiveness on it. Questions that should be included int the survey are as follows:

- Did the resource guide provide easy to understand information?
- Were you as a teacher able to use the information to create appropriate accommodations?
- How did your students react to the accommodations?
- Did the suggestions prove to be helpful? How?
- What improvements have you seen in your student(s)?
- What has been the most difficult thing for you while teaching your Expressive Aphasia student?

- What could professionals in the field of exceptionalities do to help teachers and parents?
- Can you see yourself using this resource guide in years to come?

By teachers or parents answering the questions in the survey, the resource guide's effectiveness will be assessed. If the resource guide has not met the standards of the teachers or parents, then the resource guide will be updated to better suit its readers. Education will always evolve, and its learners as well. That is why resource guides must be updated to suit the needs of its time, so that it can better serve its purpose of helping those who wish to help others.

### **Revisiting Lexie's Story**

Looking back, if educators had resource books that helped them gain the knowledge they needed to help students such as myself, I hope that that would have made the difference for them to effectively teach their exceptional student. My success so far can be mainly attributed to educators who took the time to notice that I was having a difficult time and offered help in a caring way. For me, it was how you approached me that would determine how I would respond to you and your teaching.

My time as a teacher candidate has, without a doubt, opened my eyes to the difference between an average teacher and an effective teacher. Effective teachers care for their student's wellbeing as well as the students' education. An effective teacher works tirelessly to uphold standards of education, realizing that learning does

not stop once their teaching career begins. I have gained a great empathy for teachers. Teachers have an enormous responsibility to educate young minds. As a community, supporting educators is vital, and will help to mold future leaders.

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