

# Introduction

Working with clients who are experiencing memory loss, no matter the degree, is extremely challenging and can be frustrating for both you and your client. *WALC 10: Memory* has been written to add some structure to that challenge and to reduce possible factors which may interfere with your client's attempts to reestablish her skills.

There are two main factors underlying all the exercises in *WALC 10*.

1. **To initially make all of the processes involved with memory highly intentional.**  
The most common erroneous belief a client frequently expresses is that she has never used memory strategies. It is imperative to help her understand that although she is unaware of it, all memory skills are tied to some kind of strategy. It's just that the strategies functioned more on an automatic (habit) basis prior to the injury or illness. As your client improves with intentional use of strategies, the emergence of spontaneous, automatic use frequently occurs. The ultimate goal is for the client's memory skills to return to a functional, automatic level once again.
2. **To focus on retraining processes as opposed to content.**  
As you learn about your client's predominant system for learning and coding information (see pages 9-10), and then instruct her on this information (remember, it's a goal to make everything highly intentional), you will constantly focus on the processes she is using, identifying which portions of the process work and which don't, and aiding her to develop strategies for compensation and remediation.

Working with emphasis on the process requires active and constant therapeutic intervention initially but as your client's awareness and abilities increase, she will take on more of the training responsibilities herself. As skills increase, your client will frequently begin telling you of times she has found success using her memory skills outside the therapeutic situation.

I devised the exercises in *WALC 10* for use primarily with individuals who have suffered from a head injury, a non-dominant hemispheric stroke (usually a right CVA), and other neurological deficits resulting from various causes (e.g., Lyme's Disease, anoxia, Moya Moya Disease). In addition, the exercises have also had a positive effect with clients with aphasia and with students who have been referred for therapeutic intervention for learning disabilities and ADD. Success becomes apparent as the client's functional interaction with life situations increases (e.g., social interaction, employment, schooling).

Each section in this book has an introductory page with information about the tasks, including an explanation about the process to be used for the tasks. Task instructions are addressed to the therapist primarily because this book has been designed as a teaching manual for identifying, using, and learning visual, auditory, and kinesthetic (VAK) representational systems for improving memory skills. In addition, a client requires assistance from another party for making his use of strategies intentional and for receiving feedback on effectiveness.

In addition to being a therapeutic intervention tool, *WALC 10* is also a professional growth resource. As you focus on the visual and auditory learning styles of clients to retrain their memory skills, your repertoire of skills used in all areas of language and cognitive-communication therapy will be enhanced. The skills and processes used in this book can be transferred to the retraining of reading, writing, verbal expression, and auditory comprehension, as well as cognitive-communication skills required for organization, problem solving, reasoning, and integration of all communication abilities.

Although *WALC 10* only touches upon the intricacies involved in memory, I hope it becomes a catalyst for growth for each person who uses it.

Kathy