



Course Module: Assessment in Life Participation Approach to Aphasia

<p>Relation to standards</p>	<p>ASHA Standard for CCC in SLP Standard IV-D: “Standard IV-D: The student must demonstrate current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.</p> <p>American Stroke Association (ASA): Scientific statement: Evidence for Stroke Family Caregiver and Dyad Interventions. Does not directly address LPAA, but states that Interventions that combine skill building (e.g., problem solving, stress management, goal setting) with psycho-educational strategies should be chosen over interventions that only use psycho-educational strategies and that dyadic intervention is preferable to caregiver interventions when survivor outcomes are most desired. http://stroke.ahajournals.org/content/45/9/2836.full.pdf+html</p> <p>Scientific Statement on Interdisciplinary Rehabilitation of the Stroke Patient: A variety of aphasia treatment approaches may facilitate improved resumption of daily communicative activities and interactions. Specifically mentions group treatment and communication partner training (p. 2425). http://stroke.ahajournals.org/content/41/10/2402.full.pdf</p> <p>Canadian Stroke Best Practices Recommendations: All team members should be trained in supported conversation to be able to interact with patients with communication limitations such as aphasia (Sections 5.1, 5.2, 5.4). Tools should be adapted for use in patients with communication differences or limitations due to aphasia (Sections 5/1, 5.2, 5.4). http://www.strokebestpractices.ca/</p>
-------------------------------------	--

	<p>JCAHO “A hospital must embed effective communication, cultural competence, and patient- and family-centered care practices into the core activities of its system of care delivery—not considering them stand-alone initiatives—to truly meet the needs of the patients, families, and communities served. The recommendations in the <i>Roadmap for Hospitals</i> do not encompass every aspect of these three areas, but they do represent key issues that hospitals should consider to meet the unique needs of each patient.” http://www.jointcommission.org/assets/1/6/roadmapforhospitalsfinalversion727.pdf</p> <p>Aphasia United Aphasia United Best Practice “People with suspected communication deficits should be assessed by a qualified professional (determined by country); Assessment should extend beyond the use of screening measures to determine the nature, severity and personal consequences of the suspected communication deficit.” http://www.aphasiaunited.org/best-practice-recommendations/</p>
<p>Learning objectives</p>	<p>Describe principles and processes for assessment when adopting the Life Participation Approach to Aphasia</p> <ul style="list-style-type: none"> • Differentiate between using the LPAA model from impairment-based models of assessment • Apply the LPAA model to assessment processes and procedures for people with aphasia
<p>Learning materials</p>	<p>PowerPoint presentation: “Assessment in Life Participation Approach to Aphasia “</p> <p>Chapey, R., Duchan, J., Elman, R., Garcia, L., Kagan, A., Lyon, J and Simmons-Mackie, N. (2008). Life-Participation Approach to Aphasia: A Statement of Values for the Future. In E. Chapey (Ed.), <i>Language Intervention Strategies in Aphasia and Related Neurogenic Communication Disorders, 5th Edition</i>. Philadelphia: Lippincott Williams & Wilkins.</p> <p>Reference list of LPAA-related assessment resources.</p>
<p>Assessment activities</p>	<p><i>Sample test questions:</i></p> <p><i>Sample case study</i></p> <ol style="list-style-type: none"> 1. Client is a 34 year old, right handed stay-at-home mother who sustained a temporal/parietal hemorrhage. Client is very social and demonstrated good pragmatic skills. Her verbal output consisted of stereotypical phrases and perseverations (e.g.

“Material, everything, I can’t hear, I don’t hear it, everything material.”) She responded well to biographical yes/no questions and could identify objects, pictures, body parts. However, she had difficulty following more than single step commands. Repetition was difficult but modeling did minimally improve repetition. She demonstrated awareness of her errors in repetition with facial expressions and orally producing “yes?” with appropriate question inflection. She had difficulty naming objects and was unable to answer questions. Sentence completion was relatively easy. Reading comprehension was limited to single sentences and individual word to picture matching. She was able to write her name, address, alphabet and numbers but no other spontaneous writing.

After impairment based therapy for 100 hours, spontaneous speech contained more propositional speech. She was able to follow two step directives and able to repeat short sentences. Naming had improved but was still limited. Her WAB AQ scored increased from 25.6 to 44.4. Oral reading and reading comprehension improved as well as spontaneous writing of single words to communicate her intent. Her LQ improved from 36.3 to 50.33.

The client will be discharged from the facility and returning home to her husband and 2 preschool daughters. Her mother has become the primary caregiver for the children.

Develop an LPAA assessment plan appropriate for this client as she transitions between inpatient rehabilitation and her home community. Discuss the process, approaches, and tools you would use to implement this assessment, and identify the evidence to support your decisions.

2. *Writing Activity*

State which LPAA assessment tools/strategies you could use to address this individual’s activity/participation as follows:

1. Reveal the individual’s communication strengths.
2. Identify the individual’s participation goals.
3. Assess the environment and context for communication support.
4. Discover her personal factors contributing to participation.
5. Learn about her emotional well-being.