### Aphasia Access LPAA Course Module

*Intervention in LPAA*

<table>
<thead>
<tr>
<th>Relation to standards</th>
<th>ASHA Standard for CCC in SLP:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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. <a href="https://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/">https://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/</a></td>
</tr>
</tbody>
</table>

### 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](http://stroke.ahajournals.org/content/45/9/2836.full.pdf+html)

*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](http://stroke.ahajournals.org/content/41/10/2402.full.pdf)

### 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/](http://www.strokebestpractices.ca/)

### Aphasia United Best Practice Recommendations for Aphasia:

Recommendations globally compiled for healthcare and other services involving people with aphasia. These include recommendations regarding assessment, treatment, establishing a means of communication, training partners and others to communication with the person who has aphasia, and providing information in aphasia-friendly formats. The recommendations can be downloaded in a variety of languages. [http://www.aphasiaunited.org/best-practice-recommendations](http://www.aphasiaunited.org/best-practice-recommendations)

### CARF:

Some accreditation standards for medical rehabilitation facilities, aging services, and continuing care retirement communities would be applicable. Based on the resource links provided for medical rehabilitation facilities, this would likely tie in with standards related to accessibility (communication access), using evidence-based
practice, health literacy, and person-centered care. [http://www.carf.org/Resources/](http://www.carf.org/Resources/)

**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 *Roadmap for Hospitals* 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/aroadmapforhospitalsfinalversion727.pdf](http://www.jointcommission.org/assets/1/6/aroadmapforhospitalsfinalversion727.pdf)

| Learning objectives | After completing the learning module, participants will be able to:
|---------------------|--------------------------------------------------|
|                     | • Identify aspects of intervention as they fit within the A-FROM model
|                     | • Identify areas in which LPAA principles can be applied to aphasia intervention
|                     | • Access resources to incorporate LPAA into their clinical practice
|                     | • Develop client-centered intervention plans grounded in LPAA

| Learning materials | PowerPoint presentation: “Intervention in LPAA”
|--------------------|--------------------------------------------------|
|                    | (Available at [https://www.aphasiaaccess.org/academic-modules](https://www.aphasiaaccess.org/academic-modules))

| Assessment activities | Below are some items you may use to assess participant learning after completing this module. You may use them as-is or adapt them to better suit your setting.
|-----------------------|--------------------------------------------------|
|                       | You are an SLP in a busy acute care hospital. You received a referral for a 27 year-old man who sustained a focal left temporal lobe injury from a fall. In working with him, you target communication support with him and communication partner training with his parents and girlfriend. Write a sample goal for each. How might you structure a therapy session that incorporates both goals?
|                       | You are a second year graduate student in an off-site placement at a skilled nursing home. You have been learning about LPAA in school and decide to implement what you’ve been learning into your work with your clients, but your supervisor is reluctant because she hasn’t heard of it before. Identify three specific ways you might incorporate LPAA into the therapy you provide. Draft an email to your supervisor explaining your rationale for approaching therapy in that way.
|                       | In what ways could you incorporate LPAA into working with clients in the following settings?
|                       | • Subacute rehabilitation with 70 y/o woman with global aphasia. She lives with her daughter’s family and is planning to return there upon completion of inpatient rehabilitation services.
|                       | • University clinic with 82 year old woman who has moderate non-fluent aphasia. She is retired, active in her community, and has family who lives

across the country.

- Outpatient hospital-based clinic with a 42 y/o client who has mild anomic aphasia. He is a research scientist who is anxious to return to his lab.

You have a new client on your caseload. He is a 50 year-old man 8 months post left CVA, resulting in mild non-fluent aphasia with auditory comprehension largely intact. Prior to his stroke, he was working in the financial services industry. Currently, he is on disability as he recovers. He hopes to return to work within the year. He lives at home with his wife and two teenage children and was an avid gardener and reader (news, fiction, and non-fiction). Which ways could you incorporate LPAA principles in your work with this client? Once you’ve identified the areas, write a sample goal for each.