



Course Module: 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. http://www.asha.org/uploadedFiles/2014-SLP-CCC-Application-Standards.pdf</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 for Adults with Aphasia (SCA) 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>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/</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/aroamapforhospitalsfinalversion727.pdf</p>
<p>Learning objectives</p>	<p>Students will be able to define key elements in an LPAA model and an impairment based model of treatment.</p> <p>Students will be able to describe how utilization of LPAA promotes client well-being and success.</p> <p>Students will be able to determine how LPAA can be applied to achieve treatment goals.</p>
<p>Learning materials</p>	<p>PowerPoint presentation: “Life Participation Approach to Aphasia “</p> <p>Reference list</p>
<p>Assessment activities</p>	<ol style="list-style-type: none"> 1. <i>Sample test question:</i> Traditional progress reports (Subjective-Objective-Analysis-Plan SOAP notes) may not capture the goals and progress of clients when implementing an LPAA group. Devise a template that will capture the changes anticipated by clients in this type of programming. Areas to consider monitoring may be from Living with Aphasia: Framework for Outcome Measurement (Kagan, A., Simmons, Mackie, N. Rowland, A., et al. 2008), such as their language, feelings, participation and environment. 2. <i>Sample case study:</i> Client is a 34 year old, right handed female 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 score 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. Family members have been trained in strategies. Upon return to her home, the client wants to become independent in the care of her preschool children. She wants to return to being a full-time stay-at-home mom engaged in her personal interests (e.g. shopping and dining with friends, exercising, and having a social media presence).

Develop two LPAA-based goals that might be appropriate for this client and approaches you would use to achieve them. Discuss the evidence that exists to support the goals that you choose.

3. *Writing Activity*

Change the following goals from impairment-based to activity/participation-based for your setting.

1. Client will orally read single written words with 80% accuracy.
2. Client will independently produce a corresponding sentence to a picture using the content verb with 80% accuracy.
3. Client will convey to an unfamiliar listener what picture she is describing using her target verb 80% of the time.

	<ul style="list-style-type: none">4. While engaging in the PACE activity, client will answer auditory comprehension questions about the stimuli with 80% accuracy.5. Client will answer factual multiple choice questions after silently reading a 75-100 word passage at the fourth grade reading level with 80% accuracy. <p>Discuss the applicability or changes you would make to the following goals which are focused on real-life experiences.</p> <ul style="list-style-type: none">1. Client will accurately navigate the features of her iPhone without support 80% of the time.2. Client will accurately input expenses into budgeting app 80% of the time.3. Client will verbally convey a children's storybook to her child given minimum support.4. Client will demonstrate confidence by independently initiating a conversation with at least two communicative partners 3x/week.5. Client will ask for assistance when needed in a social setting as reported by family member.