Clinical Priorities

Roberta Elman (Aphasia Center of California):

- SLPs squeezed by productivity standards
- Swallowing disorders prioritized vs. language disorders
- Treatment duration increasingly restricted by gatekeepers
- Development of guidelines, clinical pathways, and best practice documents. Are they being used to determine intervention priorities?
- C.A.P.E. checklist developed as a roadmap (Elman, 2013, 2016). C.A.P.E. includes evidence-based intervention categories selected from studies that determined PWA and/or caregivers desired aphasia intervention targets.

C-Connecting People with Aphasia

A-Augmentative & Alternative Communication

P-Partner Training

E-Education & Community Resources

Tom & Karen’s Story—Impairment vs. Activity/Participation Focused Treatment

Teaching Priorities

Mary Boyle (Montclair State University):

- Effect of Tom & Karen’s Story on me: Do I prioritize treatment approaches when I teach my students?
  - My previous course outline for treatment; Impairment-based treatment by modalities, partner training/supported conversation
- Do introductory aphasia textbooks prioritize treatment approaches for aphasia?
  - Two examples
- What message does this send to students about what should come first?
- My revised course outline for treatment: Tom & Karen’s story, C.A.P.E., supported conversation/partner training, impairment-based treatment by modality
- Also offered training in SCA™ for key players: on-campus & off-campus supervisors
- Using clinical consultant role to remind students of C.A.P.E.

**Questions for Discussion**

- What are your experiences/ideas about using LPAA and C.A.P.E. as a roadmap for clinicians, especially early post-onset?
- What changes have you made/considered in your teaching about treatment?
- How can we influence our colleagues in the clinic and the classroom to prioritize in this way?
Selected References


