

**Title:** How the Use of Life-Participation Approach to Aphasia (LPAA) Improved Outcomes in Chronic Aphasia

**Authors:** Kathryn Atkinson, M.A., CCC-SLP/BC-ANCDs ([gowar1ka@cmich.edu](mailto:gowar1ka@cmich.edu)) & Megan Medler, B.A.A.

**Overview of learning outcomes:**

1. Define LPAA
2. Discuss the authors' conclusions
3. Identify possible implications for practice

**Defining and discussion of concepts:**

The authors will display when impairment-based goals were developed, therapy outcomes were poor. The use of LPAA provided the client control over his desired therapy activities even with chronic auditory comprehension problems. Qualitative statements expressed by the client were significantly more positive when using LPAA vs. impairment-based goals.

**Developing goals-exercise:**

The authors demonstrate how the use of an impairment-based vs. participation-based approach, revealed vastly different outcomes, using the LPAA. The "LPAA places the life concerns of those affected by aphasia at the center of all decision making" (Chapey et al; ASHA), and empowers the person with aphasia to consider real-life goals important to him/her.

**How to use concepts in day to day work:**

Use of LPAA focuses on client-centered goals. Clients become their own advocates for desired communication goals, in order to participate more satisfactorily in daily life events and communicative situations. In turn, quality of life (QOL) and communication confidence is enhanced.

**References:**

- Chapey, R., Duchan, J., Elman, R. J. , Garcia, L. J. , Kagan, A. , Lyon, J. G. & Simmons Mackie, N. (2000, February 15). Life Participation Approach to Aphasia: A Statement of Values for the Future. *The ASHA Leader*.
- Cherney, L.R., Babbitt, E.M., Semik, P. & Hienemann, A.W. (2011). Psychometric properties of the Communication Confidence Rating Scale for Aphasia (CCRSA): phase 1. *Topics in Stroke Rehabilitation, 18*, 352-360.
- Cruice, M., Hill, R., Worrall, L. & Hickson, L. (2010). Conceptualizing quality of life for older people with aphasia. *Aphasiology, 24*, 327-347.
- Cruice, M., Worrall, L., Hickson, L., & Murison, R. (2003). Finding a focus for quality of life with aphasia: social and emotional health, and psychological well-being. *Aphasiology, 17*, 333-353.
- Ertmer, D. (2003). *CAST: Contrast for Auditory & Speech Training*. (Linguistics, Austin, TX).
- Feehan, P.J., Samuelson, R.A. & Seymour, D.T. (1991). *Clues: Speech Reading for Adults*. (Pro-Ed, Dallas, TX).
- Morris, J., Franklin, S., Ellis, A.W., Turner, J.E., & Bailey, P.J. (1996). Remediating a speech perception deficit in an aphasic patient. *Aphasiology, 10*, 137-158.
- O'Halloran, R. & Larkins, B. (2008). The ICF Activities and Participation related to speech-language pathology. *International Journal of Speech-Language Pathology, 10*, 18-26.

**Summary:**

We hypothesized the use of the LPAA might be minimally successful for our client with receptive aphasia, since he had attempted to learn lip-reading in the past through structured commercial materials, with minimal success. However, when the idea of lip-reading became client-driven, motivation improved and generalization of skills to daily life occurred.

**Questions and Answers:**

In order to measure QOL and activity-based participation outside of the therapy room, a modified Communication Confidence Rating Scale for Aphasia (CCRSA; Cherney et al) is presented each session to complete upon return to the next therapy session, and measures 3 key areas: talking with people in the community; the clinician; and family/friends. Qualitative data revealed significant improvement in QOL and communication competence/confidence.

Robey, R. (1998). A meta-analysis of clinical outcomes in the treatment of aphasia. *Journal of Speech, Language, and Hearing Research, 41*, 172-187.

Tanner, D.C. & Sciacca, J. (2008). Logical alternatives to aphasia therapy when evidence-based research is lacking. *Journal of Medical Speech-Language Pathology, 16*, 119-122.

Tye-Murray, N. (1993). *Communication Training for Hearing Impaired Children and Teenagers*. (Pro-Ed, Dallas, TX).

Womack, J. (2012). The relationship between client-centered goal-setting and treatment outcomes. *ASHA Special Interest Group 2 Newsletter-Neurophysiology and Neurogenic Speech & Language Disorders, 22*, 28-35.

Worrall, L. (2006). Professionalism and functional outcomes. *Journal of Communication Disorders, 39*, 320-327.

Worrall, L., Sherratt, S., Rogers, P., Howe, T., Hersh, D., Ferguson, A., & Davidson, B. (2011). What people with aphasia want: Their goals according to the ICF. *Aphasiology, 25*, 309-322.