

Abstract

Reference: Collom Z, Corwin M. Case studies: a model for setting communication goals within the life participation approach to aphasia. Poster presented at: 2019 Endowed Lecture Series Texas Tech University Health Sciences Center; October, 2019; Lubbock, TX.

Context: Traditional aphasia therapy focuses on repairing speech-language deficits. The Life Participation Approach to Aphasia (LPAA) focuses on how persons with aphasia (PWA) and their caregivers can access communication and engage in meaningful activities of choice (Chapey et al., 2000). Practicing speech-language pathologists in various settings frequently avoid participation goals for fear of not being reimbursed. Fortunately, Haley et al. (2019) provided the FOURC (Choose, Create, Collaborate, Complete) model to assist in writing reimbursable, patient-centered goals.

Objective: Case studies will demonstrate implementation of the FOURC approach to writing communication goals within the LPAA framework. The authors aim to dispel the myth that participation-focused goals in speech-language therapy are not reimbursable.

Design: Two individual case studies (Barbara and Paul), based upon previous actual clients, were selected. These cases highlight the process of implementing the FOURC methodology when setting communication treatment goals.

Setting: Barbara was treated in home health. Paul received services in an outpatient clinic.

Specimens, Patients, or Other Participants: Barbara is a 61-year-old woman with mild aphasia who sought services one year following her last outpatient speech-language therapy session. Paul is a 72-year-old retired farmer with chronic aphasia who pursued speech-language therapy in a local outpatient clinic.

Interventions: Rather than generating goals based upon deficits, the authors collaborated with each individual to identify exactly how he or she would like to communicate in important life activities using the FOURC model.

Main Outcome Measures: In the FOURC model, the clinician and client choose goals for communication, create solutions, collaborate on a plan, and then complete the treatment plan.

Results: For each case, 3 to 5 goals focusing on communication access were generated and subsequently reimbursed. For Barbara, goals targeted using compensatory strategies to use FaceTime for family conversations and an adapted menu. Paul and his wife emphasized the need to be able to participate in worship services.

Conclusions: The LPAA can help PWA access communication in a functional, positive way. The cases of Barbara and Paul demonstrate how to write patient-centered, reimbursable goals using the FOURC model. The goals also emphasize the activities or opportunities in which PWA and caregivers wish to participate rather than focus on language impairments.