Language Disorders in Adults Grand Rounds: Life Participation Approaches to Aphasia

Roberta J. Elman, Ph.D., CCC-SLP, BC-NCD

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Selected References


Correspondence to:

Roberta J. Elman, Ph.D., CCC-SLP, BC-NCD
Aphasia Center of California, 3996 Lyman Road, Oakland, CA USA 94602

Phone: 510-336-0112

e-mail: RJEelman@aol.com

website: www.aphasiacenter.org
LIFE PARTICIPATION APPROACH TO APHASIA: AN OVERVIEW

Nina Simmons-Mackie

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Introduction

*Life Participation Approach to Aphasia* (LPAA, 2000) is a consumer-driven service delivery philosophy that focuses on maximizing re-engagement in life for all those affected by aphasia. LPAA can serve as an "umbrella" or guiding philosophy that unites a variety of approaches around the globe. The philosophy of LPAA provides a framework for assessment and intervention, research and advocacy efforts in the field of aphasia.

World Health Organization "Components of Health" (ICIDH-2)

The Body Level

- Integrity of body structures (e.g. brain)
- Integrity of body functions (e.g. language processing)
- Problem at this level is an impairment (e.g. anomia, alexia).

Individual Level

- Ability to perform tasks or activities in a uniform environment (e.g. functional tasks, activities of daily living)
- Assessed in comparison to an accepted population standard
- Problem at this level is an activity limitation (e.g. difficulty talking on the phone, difficulty reading the newspaper).

The Societal Level

- The nature and extent of a person’s involvement in life situations - what an individual actually does within his/her relevant social context (e.g. practice law, attend Rotary Club).
- This level captures the "personal experience" of aphasia
- Problem at this level is a participation restriction (e.g. no longer reads for pleasure, has quit attending Rotary).

These three levels of health conditions should not be interpreted as a "linear" model. Although the levels interact and interrelate, they should not be viewed as "sequential" levels of intervention.

Core Components of LPAA

- The explicit goal is enhancement of life participation.
- All those affected by aphasia are entitled to service.
- Both personal and environmental factors are targets of assessment and intervention.
Success is measured via documented life enhancement changes.
Emphasis is placed on availability of services as needed at all stages of life with aphasia.

**The explicit goal is enhancement of life participation**

- A Life Participation Approach focuses directly on life participation. There is no expectation that decreased impairment or increased functional skill will automatically enhance participation & well-being at the societal level.
- Although therapy might include activities at the "body" and "individual" levels, these must explicitly bridge to defined life participation goals.

**Recipients of services: All those affected by aphasia are entitled to service**

- Basic assumption that life with aphasia affects and is affected by those "around" the person with aphasia.
- The "entourage" can create an enabling or disabling environment and helps determine the quality of life for all those affected.
- A few examples of services for those "other than" the person with aphasia:
  - Training others how to support and facilitate communication (e.g. Kagan & Gailey, 1993; Lyon et al 1997)
  - Counseling regarding communication, life participation, and how to live life to the fullest with aphasia (e.g. Holland, 1999; Ireland & Wooten, 1996)
  - Support groups & advocacy programs (e.g. Byng et al, 2000)
  - Couples therapy – work on communication and relationship together (e.g. Boles, 1998)
  - Group training in supported communication (e.g. training work colleagues, training health care practitioners)

**Both personal and environmental factors are targets of intervention**

- Personal (internal) factors pertain to physical, psychological and emotional changes that accompany aphasia (e.g. mental, bodily, linguistic, motor, behavioral and/or sensory impairments). For example, language impairment associated with processing deficits or hemiplegia might be personal obstacles.

- Environmental (external) factors refer to physical and social structures of the outside world that facilitate or obstruct involvement in daily life.

  - Physical factors (e.g. architecture, geography, climate, temporal factors, visual or auditory conditions)
  - Social factors (e.g. beliefs/attitudes of society, political systems government, corporate rules or systems, economic factors, education/knowledge of aphasia, partners to support communication).
  - Factors range from disabling (barriers to participation) to enabling (facilitate participation).
  - Intervention in LPAA aims to reduce barriers and build facilitators/supports to participation.

**Documentation: Measures of success include documented life changes**

- LPAA calls for the use of outcome measures that assess quality of life and degree of life participation.
- Increased participation in activities or roles of choice
- Enhanced social connections
- Improved feelings/attitudes (e.g. well being, purpose in life).
- Possible outcome measures
- Quality of Life & well-being measures (see Hirsh & Holland, 2000)
- Satisfaction measures (e.g. Lyon, 1998; Lyon et al, 1997)
- Participation measures (e.g. Communicative Profiling System, Simmons-Mackie & Damico, in press)

VI. Availability of services as needed at all stages of aphasia.

- Recognition of the chronicity of aphasia.
- Service availability based on "life needs" versus medical needs.
- Limitations of health care system!!!
  - Alternative service delivery systems
  - Shift in philosophy of funding
  - Advocacy, advocacy, advocacy


Selected References


