**Influence of the Life Participation Approach to Aphasia on Quality of Life and Communication Confidence**

**Sharayah Clark, B.S. & Abbie Olszewski, Ph.D., CCC-SLP**

University of Nevada, Reno

---

### Introduction

A common consequence of a cerebral vascular accident is aphasia (ASHA, 2015). Consequently, aphasia also has a devastating impact on quality of life factors such as social relationships, independence, and other aspects of an individual’s daily environment (Hill, Needle, & Harrison, 2012). There are two models for intervention: a medical model and a social model. The Life Participation Approach to Aphasia (LPA) was created based off of the social model. LPA has the potential to empower clients and affect perceived quality of life and communication confidence (Avent, Patterson, Lu, & Small, 2009). Although the medical model improves a patient’s symptoms it is likely that LPA will improve a patient’s quality of life. It is unclear if focusing on symptoms or participation first will improve the patient’s quality of life. The purpose of this study is to examine the effects of a medical model compared to a social model on quality of life.

### Methods

#### PICO Question

**P:** Patient (adults with aphasia)  
**I:** Intervention (medical treatment)  
**C:** Comparison (social treatment)  
**O:** Outcome (quality of life factors as measured by communication confidence)

How does the implementation of the (I) Life Participation Approach to Aphasia improve (O) quality of life factors as measured by communication confidence when compared to a (C) medical-model therapy approach for (P) clients with aphasia?

#### Clinical Scenario

I am a first year graduate student at the University of Nevada, Reno (UNR) in the Speech-Language Pathology program. I learned about both medical and social models to treat individuals with aphasia. I am interested in finding ways to embrace a medical model, when appropriate, in intervention for clients with aphasia. After observing and partaking in therapy sessions at the UNR clinic, the importance of factoring in quality of life factors in therapy became even more clear. Doing so will assist in creating a contextualized, personalized therapy plan for each client.

#### References


Vickers (2010). Experimental Random-Non-Random Controlled. To evaluate the impact of a weekly aphasia group on communication and social participation for adults with aphasia.  

---

### Results

**Authors & Research Design** | **Purpose** | **Participants** | **Dependent Variable** | **Results** |
--- | --- | --- | --- | --- |
Humphreys, Thomas, Phillips, & Lincoln (2015) | Randomized Controlled Trial | To evaluate the impact of receiving 20 socially-based therapy sessions as compared to receiving 20 traditional/medically-based therapy sessions in quality of life indicators for adults with aphasia. | N = 17  
Adults (male & female)  
Diagnosis of aphasia | Stroke Aphasia Depression Questionnaire Hospital version 21  
P < .003 (Socially-based therapy)  
P < .001 (Medically-based therapy) |
Marshall & Wallace (2009) | Experimental Random-Non-Random Controlled | To examine if patients receiving medically-based, individual treatment is as effective as receiving both individual treatment and a socially-based group treatment, for six weeks as measured by their functional communication skills. | N = 10  
Adults (male & female)  
Diagnosis of aphasia | Communication Activities of Daily Living  
Quality of Communication Life |
Van der Gaag, Smith, Davis, Moss, Corlindian, Laing, Mowle (2005) | Non-experimental/Correlational | To evaluate the impact of an aphasia therapy center specific to quality of life and communication skills on quality of life and communication effectiveness for the patient with aphasia and their relatives. | N = 82  
n = 60 (patients)  
n = 22 (relatives)  
Adults (male & female)  
Diagnosis of aphasia | EuroQol (EQ-5D)  
Stroke and Aphasia Quality of Life Measure  
Communication Effectiveness Index  
Carer’s Assessment of Difficulties Index |
Vickers (2010) | Experimental Random-Non-Random Controlled | To examine the effect of a weekly aphasia group on communication and social participation for adults with aphasia.  
| N = 40  
Adults (male & female)  
Diagnosis of aphasia  
discharged from outpatient speech & language therapy | Social Networks Inventory  
The Friendship Scale  
The Survey of Communication and Social Participation |

---

### Discussion

**External Evidence:** Implementing a socially-based treatment method is more beneficial than an individual medical-model treatment method for clients with aphasia. This is because a social-based program created a more natural environment and lead to a positive increase in perceived quality of life indicators for patients.

**Internal Evidence:** I have now had the opportunity to learn about both the medical and social models as well as research the influences of each on quality of life factors. My experience in both learning and researching have lead me to fully support the idea of a socially-based therapy model.

**Evidence Based Practice Decision:** After researching this topic, I plan to integrate the socially-based method if my future patients express interest in improving their quality of life through this approach. I will also take into my current work setting into consideration, to see if it will allow for either developing an aphasia friendly group therapy or utilizing an existing one, when planning to integrate this method into treatment for patients.

---

### PICO Question

**P:** Patient (adults with aphasia)  
**I:** Intervention (medical treatment)  
**C:** Comparison (social treatment)  
**O:** Outcome (quality of life factors as measured by communication confidence)

How does the implementation of the (I) Life Participation Approach to Aphasia improve (O) quality of life factors as measured by communication confidence when compared to a (C) medical-model therapy approach for (P) clients with aphasia?