

The purpose of this presentation is to demonstrate an application of *Living with Aphasia: Framework for Outcome Measurement* (A-FROM) to the analysis of evidence for social approaches to the management of aphasia. There has been a concerted effort within aphasiology to promote evidenced based practice (EBP) as reflected in the Evidence Based Practice Guidelines being developed by the Academy of Neurologic Communication Disorders and Sciences (ANCDS) in collaboration with ASHA Special Interest Division 2 (SID2) and the Department of Veterans Affairs (DVA) (Golper et al., 2001). In line with this move towards evidence based practice, a meeting involving aphasia researchers was conducted in 2007 to discuss the evidence available for what has variously been called the social approach, consequences approach or functional approach to aphasia (as defined in Martin, Thompson & Worrall, 2007). Prior to the meeting, group members conducted a search of the literature to identify evidence associated with social approaches to aphasia. Attempts were made to organize the data consistent with the existing Aphasia EBP Guidelines (Beeson et al. in progress), but difficulty was encountered. Studies associated with a social approach could not be easily classified based on the categories of treatment currently targeted by the Aphasia EBP Guidelines (e.g. overall language performance, lexical retrieval, speech production, auditory comprehension, syntax, reading, writing, AAC, Frattali, et al. 2003). Furthermore, social approaches tend to be defined by a philosophical orientation that focuses on personally relevant real life outcomes such as returning to work, managing household finances or conversing with friends. Thus, organizing the literature according to ‘method of intervention’ does not address the issue of key importance in the social model, - namely the types of outcomes. Since the concept of a social approach to aphasia is more accurately defined as a “philosophy” or set of values than a list of tasks or approaches, the organization of the data is confounded by the difficulty in determining what research “fit” within a social approach. Finally, the values inherent in a social approach make domains of evidence such as expert opinion, experience and the perspectives of people with aphasia an important consideration in the process of assessing intervention choices. In fact, most EBP frameworks acknowledge that the experiences, values, and preferences of clinicians and patients can and should contribute to clinical decisions (Dollagan, 2004, P 4). Therefore, the group addressing social approaches wished to include in the summary of evidence both traditional, quantitative intervention research as well as expert opinions and qualitative articles demonstrating issues such as needs expressed by people with aphasia. For this reason the group adopted a framework that would help integrate aphasia intervention research within a single umbrella model. This system for organizing and evaluating evidence was based on *Living with Aphasia: Framework for Outcome Measurement* (A-FROM) (Kagan, et al. 2007).

Method

This presentation will describe the framework and methods used to organize the literature as one potential model for framing research agendas, critical literature reviews and assisting with clinical decision making.

Organization of Evidence

Articles representing the evidence base for social approaches were categorized by type of article including intervention research, explanatory research, assessment research, review or conceptual/theoretical article. Traditional evaluation criteria were adopted to assess evidence such as research validity, reliability and randomization (e.g. Robey, 2004). In addition, evaluation criteria for qualitative research were adopted to assess the quality and strength of these contributions. Of most significance was the use A-FROM as the guiding framework to

organize the literature review and clearly capture both the *method* of treatment and the *results* of treatment within the structure of the review.

A-FROM is a conceptual framework adapted from the World Health Organization International Classification of Functioning, Disability and Health (ICF) (World Health Organization, 2001). It provides a user-friendly graphic for thinking about outcomes in aphasia (see figure 1). A-FROM was not designed for social model intervention; rather, it addresses the lack of an integrated approach to outcome evaluation across diverse aphasia interventions.

Results

To date a total of 135 articles have been included in the summary of evidence for social approaches to aphasia including intervention research (30), explanatory research (47), assessment research (6), reviews (7) and conceptual or theoretical articles representing expert opinion (45). The articles have been classified according to 1) type (e.g. randomized controlled trial, qualitative research single subject experimental design, expert opinion), 2) quality and “strength” criteria, and 3) A-FROM domain(s) targeted. For example, figure 2 represents the number of articles by “type” within the 30 social approach intervention studies. Figure 3 depicts the types of studies within each of the A-FROM domains based on the outcomes reported (note that articles might be represented in more than one domain if they reported outcomes in more than one domain). Figure 3 addresses only the intervention research articles.

In addition to information regarding types of research, we wanted to categorize articles by type(s) of intervention and type(s) of outcomes measured. For example, Elman & Bernstein-Ellis (1999) reported on a social approach *intervention* described as “group conversation therapy”; the intervention (working directly on conversation) was classified within the Participation domain. *Outcomes* were captured using the SPICA and WAB AQ (Language and related processes domain), the CADL to capture functional activities (Participation domain) and qualitative interviews addressing psychosocial issues (Personal domain). Thus, the A-FROM model helped to clearly depict “what treatments” produced “what results.” Figure 4 depicts the total number of *interventions* reported by domain and number of *outcomes* reported by A-FROM domain for the social approach intervention articles.

In addition the group identified the need to address the “source” of data. That is, reviews of evidence for intervention should identify how the data were derived such as clinical measurement (e.g. valid, reliable tests), outsider reports (e.g. clinician ratings, observations), insider report (people with aphasia) or proxy report (family, friends). In this way the data can be evaluated based on representation of the needs and values of all stakeholders.

Conclusion

While this project is ongoing, lessons learned during the development of criteria and organization of the data are valuable for wider applications and for organizing research to address gaps in evidence. By adopting the A-FROM model and using a wider “net” to capture varying perspectives, literature summaries, research agendas and practice guidelines will be more in line with World Health Organization definitions of health and disability and more in line with trends towards person-centered management and consumer driven practice.

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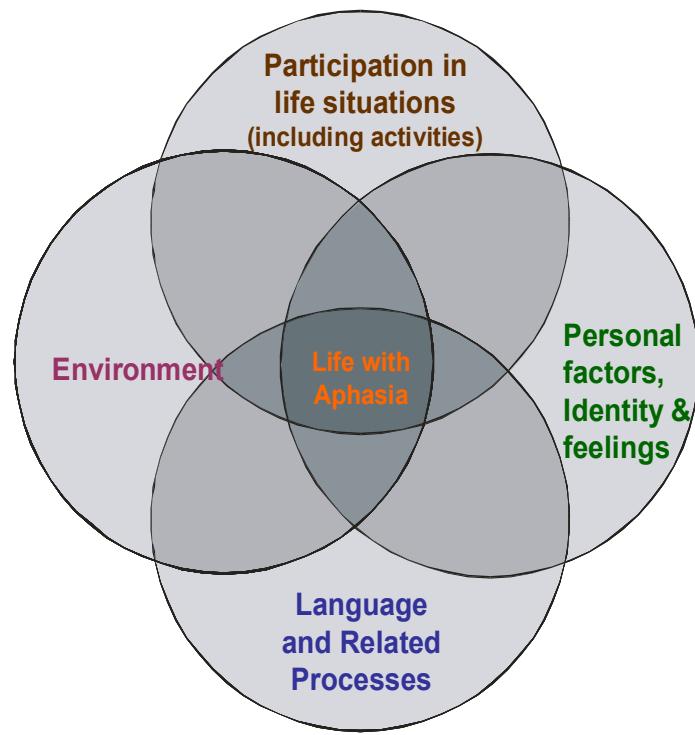


Figure 1. *Living with aphasia: Framework for Outcome Measurement* © Aphasia Institute. (adapted from Kagan et al, 2007)

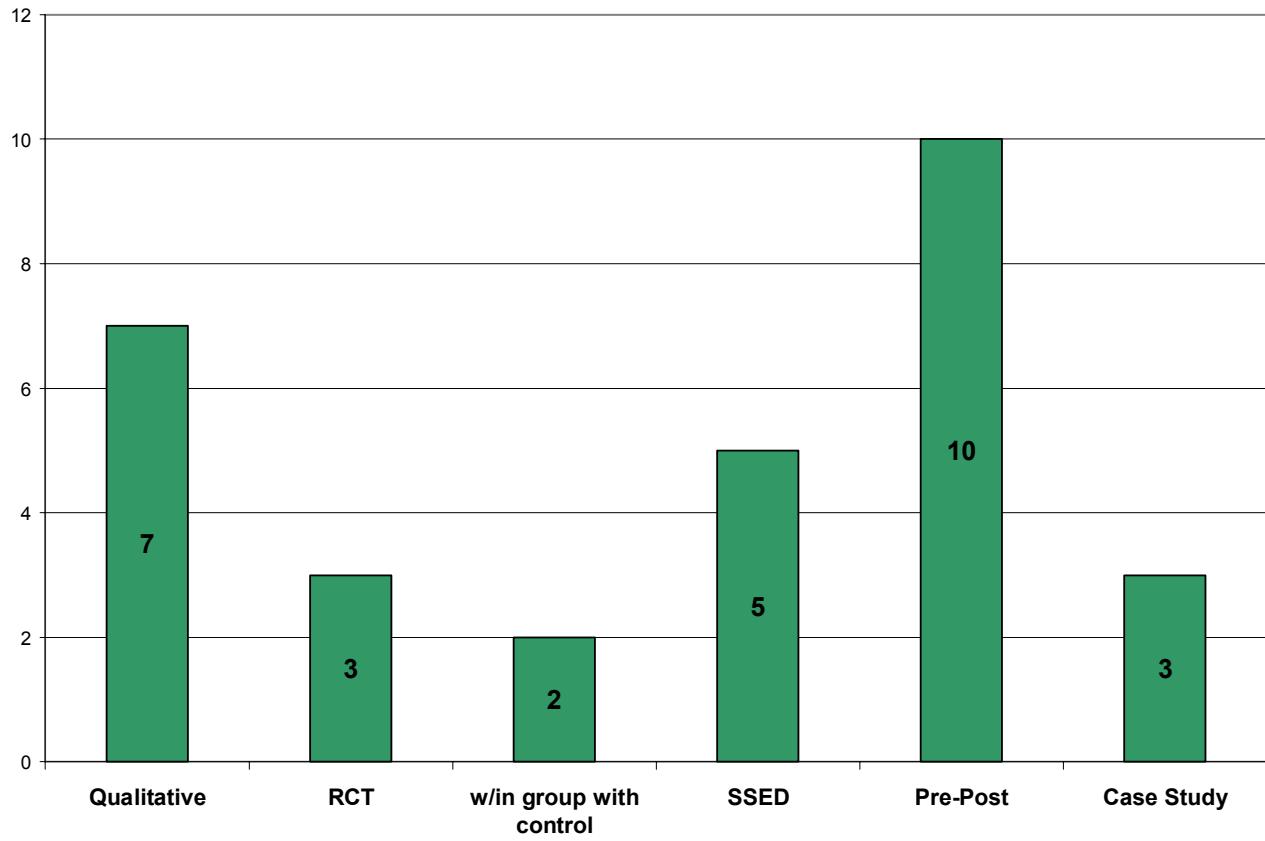


Figure 2. The number of studies representing each type of research among the social approach intervention studies reviewed.

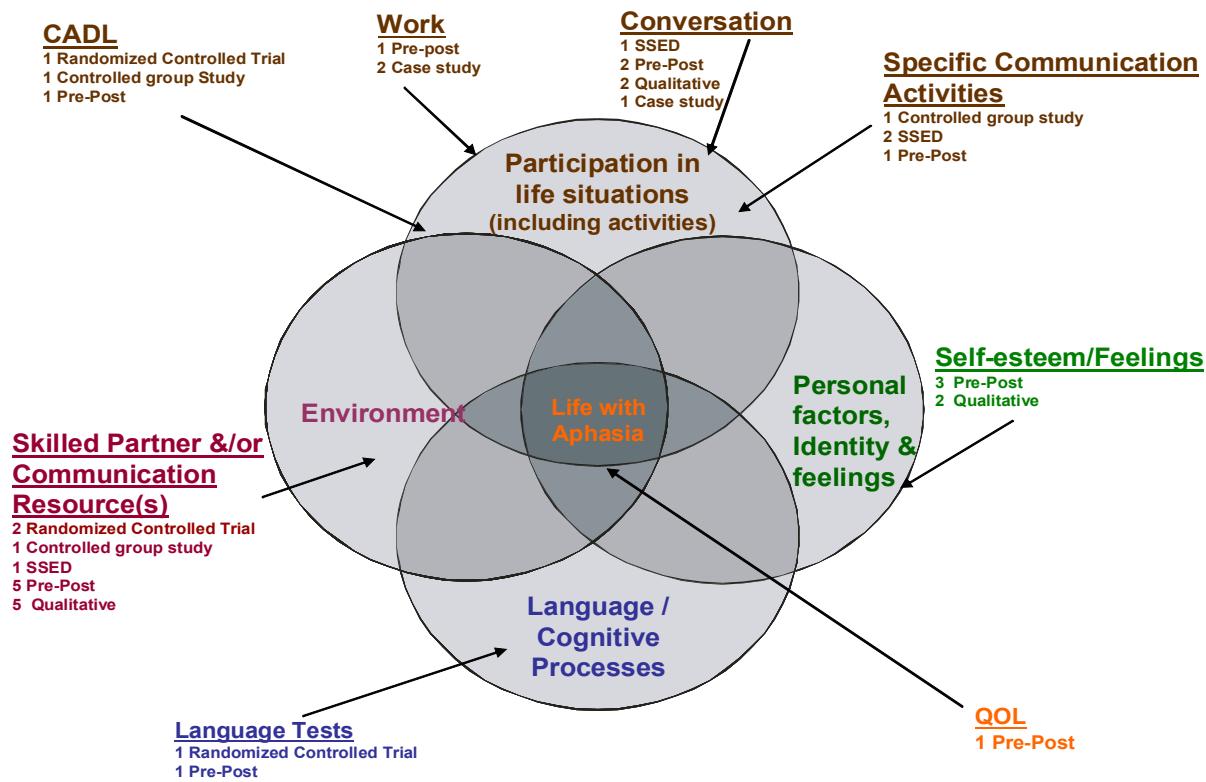


Figure 3. Types of research studies within each of the A-FROM domains based on the outcomes reported in the social approach intervention studies reviewed.

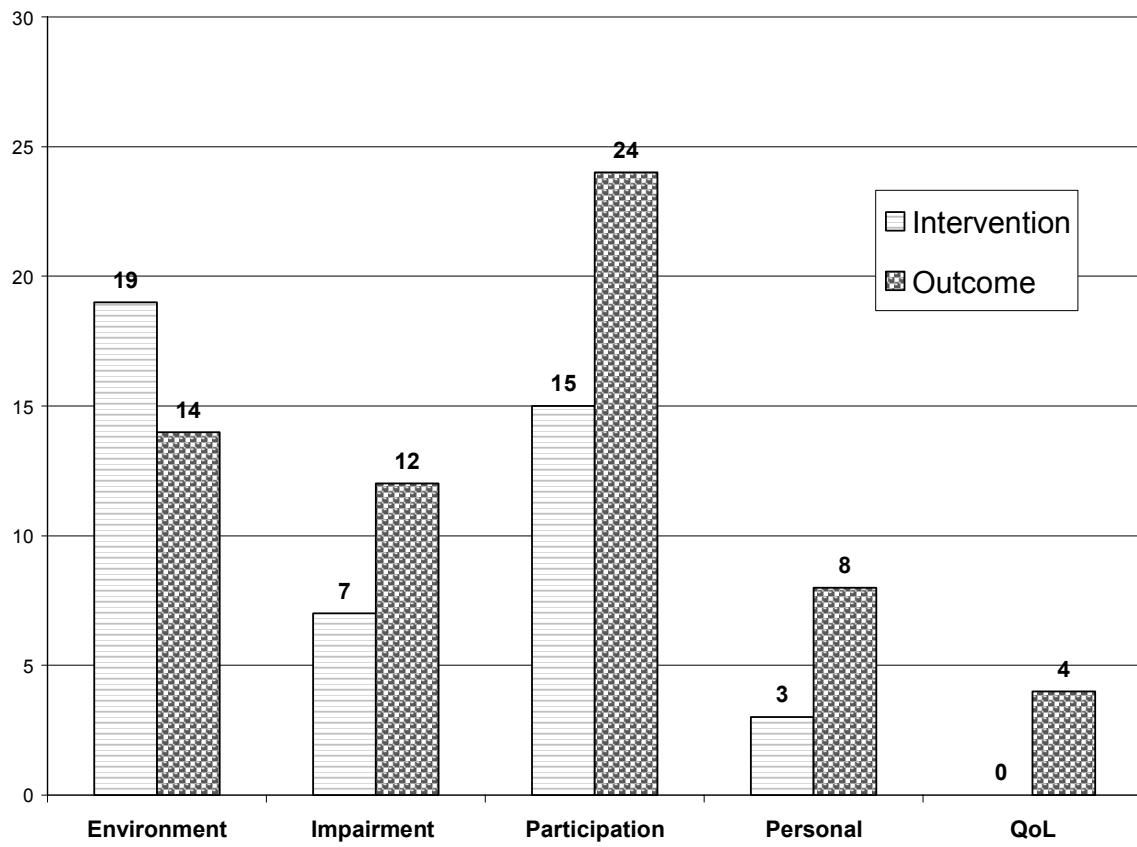


Figure 4. Domains of *interventions* and domains of *outcomes* reported for the social approach intervention articles reviewed.