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 

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.
References


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.