

Acquired Apraxia of Speech



What are person-centered functional goals?

- Goals identified by the client, in partnership with the clinician and family, that allow participation in meaningful activities and roles

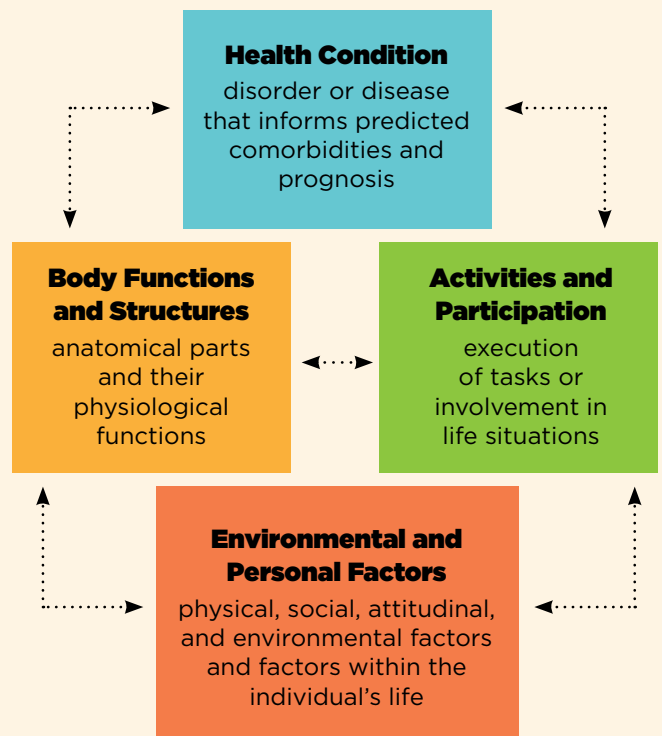
Why target person-centered functional goals?

- To maximize outcomes that lead to functional improvements that are important to the individual
- To optimize the individual's potential to participate in meaningful activities
- To facilitate a partnership that ensures the individual and family have a voice in the care received and outcomes achieved
- To demonstrate to the payers the value of skilled services

What is the ICF, and how does it help?

The International Classification of Functioning, Disability and Health (ICF)—developed by the World Health Organization (WHO)—is a framework to address functioning and disability related to a health condition within the context of the individual's activities and participation in everyday life.

ICF: International Classification of Functioning, Disability and Health



Person-Centered Focus on Function: Acquired Apraxia of Speech

Case study: Mr. B

Health Condition: Moderate to Severe Apraxia of Speech With Broca's aphasia

Assessment Data

Body Functions and Structures

Spoken Language Function (WAB-R)^a

- Aphasia quotient: 62.0

ABA-2^b

- Mod-severe AOS

McNeil Checklist^c

- Slow rate: present
- Prolonged segment/intersegment duration: present
- Distortions/distorted sound substitutions: present
- Errors consistent in type: present
- Prosodic abnormalities: present

Activities and Participation

(ALA-2^d, interview)

- Reduced participation in activities outside of the home (e.g., church social groups)
- Difficulty engaging in conversations with doctors relating to his medical and safety needs
- Increased withdrawal from social interaction
- Daughter (primary caregiver) reports difficulty understanding his attempts to communicate needs at home

Environmental and Personal Factors

(CCRSA^e, interview)

- Age: 63
- Comorbid chronic health conditions: history of left CVA 3 years ago, right hemiparesis, hypertension
- High level of motivation
- Relatively preserved reading comprehension
- Desire for greater independence in social interactions
- Reduced confidence in communication with familiar and unfamiliar speakers
- Supportive family & friends

Clinical Reasoning

What impairments most affect function in the current setting or at discharge, based on clinician assessment and the individual's self-report?

What activities are most important to the individual in the current setting or discharge setting?

What personal/environmental characteristics help or hinder participation in activities or situations in the current or discharge setting?

Goal Setting

Mr. B's Functional Goals

Long-Term Goal:

Mr. B will initiate communicative turns to participate in at least two community based activities of choice using customized scripts and gestures, as well as thematic vocabulary and picture lists with 90% success as measured by self and partner report.

Short-Term Goals:

- Mr. B will utilize 25 self-identified high-frequency words via verbal or nonverbal modalities with 90% consistency to improve communicative success when indicating home, community, medical and safety needs with familiar and unfamiliar speakers.
- Mr. B will utilize functional conversational scripts to effectively respond to questions from familiar and unfamiliar speakers relating to self and immediate needs with 90% accuracy with written cues.
- Mr. B will utilize augmentative methods (e.g., communication book and gestures) to expand on/supplement conversational scripts with no external cues in 90% of practice trials with familiar and unfamiliar speakers during treatment sessions.

^a WAB-R: Western Aphasia Battery—Revised (Kertesz, 2006)

^b ABA-2: Apraxia Battery for Adults—2nd edition (Dabul, 2000)

^c McNeil Checklist (McNeil, Robin, & Schmidt, 1997)

^d ALA-2: Assessment for Living with Aphasia—2nd edition (Kagan et al., 2007)

^e CCRSA: Communication Confidence Rating Scale for Aphasia (Babbitt, Heinemann, Semik, & Cherney, 2011)

For clinical and documentation questions, contact healthservices@asha.org.

The interpretation of ICF and examples above are consensus based and provided as a resource for members of the American Speech-Language-Hearing Association.