Teaching aphasia group therapy using concepts described in the *Life Participation Approaches to Aphasia* (LPAA) and the World Health Organization (WHO-ICF) guidelines for people with disabilities is a current challenge facing communication sciences and disorder educational programs. In order to address acquisition of knowledge, competencies, and skills required in the ASHA scope of practice, especially in relationship to promoting the quality of life for individuals with communication disorders, training programs must incorporate creative and innovative methods to teach the increasing quantity of information about individuals with aphasia (IwA) in addition to aphasia diagnosis, assessment, treatment, and advocacy. Clinical and classroom curriculum must strive for a balance between direct instruction of theory, established practice patterns, evidence based therapies, as well as practically sound principles of treatment and clinical mastery of holistic treatment within genuine communication and life contexts. In the Aphasia Communication Enhancement Program (ACE), IwA generate topics of interest and choose activity-based groups such as Sports Club, Newsletter, Food and Dining, or Current Events. Graduate student clinicians address the body structure/body process or impairment level, activity level, and participation level informed by LPAA in the context of these activity-based groups. In other words, student clinicians are guided by their clinical supervisors to use professional instruments and collect client baseline data, set joint communication goals, establish methods and tasks, and record outcomes within the impairment, activity, and participation constructs. Students employ a therapy planning matrix incorporating this information to guide clinical decision making and to serve as a map to genuine communication within a holistic framework.

Used in this manner, the therapy planning matrix leads students to the ability to plan, implement, and measure treatment outcomes at all ICF levels. For instance, a client participating in a Sports Club group may be developing his ability to read/comprehend single words and point to word choices. In the group context, he uses this skill to initiate comments and give opinions regarding projected winners of ‘March Madness” basketball tournament. The group members then participate in planning an outing to attend a wheelchair basketball tournament in their area. In other words, within the conceptual framework of the LPAA and utilization of the WHO-ICF levels, student clinicians are able to transfer their classroom learning to clinical and community environments while guided by direct supervisory instruction, support, and questioning. Examples from different treatment groups will demonstrate the utility of this approach for student learning. Sample clinical outcomes for individuals with aphasia also will be reported using therapy goals and objectives guided by the LPAA and the WHO-ICF.

Finally, student clinician qualitative learning outcomes are collected after each student cohort completes a treatment term. Program graduates are also polled regarding the influence of the ACE clinical practicum upon their clinical practice attitudes. Thematic analyses of their narrative responses reveal consistently reported learning in the following areas: (1) developing activity and participation goals; (2) supporting and developing client communication skills in the context of activity based therapy groups; (3) supporting and developing client communication skills in the context of activity-based therapy groups; (4) communicating about patient outcome and recommendations in the context of an interdisciplinary team; and (5) assessing variables contributing to quality of life satisfaction.

Contact Information: Sandra Glista, 269-387-8064, Sandra.glista@wmich.edu; Robin Pollens, 269-387-7051, robin.pollens@wmich.edu; Colleen Badgero, colleen.n.badgero@wmich.edu; Stacey Weiss, Stacey.weiss@wmich.edu

References


Pat Arato Aphasia Centre and Lifetime Productions. (1996). *Conversation for aphasia adults: Enhancing communicative access* [Videotape]. (Available from the Aphasia Institute of Toronto, 73 Scarsdale Road, Toronto, Ontario, Canada M3B 2R2)


Some of this work was supported by the WMU Sabbatical Leave fund, the Faculty Research and Creative Activities Support Fund, the Kensel Giddings Aphasia Education Gift, and individual ACE program donors.
Some of this work was supported by the WMU Sabbatical Leave fund, the Faculty Research and Creative Activities Support Fund, the Kensel Giddings Aphasia Education Gift, and individual ACE program donors.