Conceptualizing goal writing in aphasia

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Aphasia Goals

• Who owns them?
  – PWA often excluded from decision making
  – Family members tend to speak for PWA
  – Difficulty for PWA to identify their goals

• Are they known?
  – Stroke survivors need to be reminded of their goals
  – PWA often unaware of being involved in goal setting
  – If explicitly discuss real-life outcomes/priorities, they know them

“Beginning with the end”

• Risk in first conducting impairment-level assessment, then starting intervention planning
• May lead to development of a treatment with unimportant outcomes.
• Meaningful intervention planning must instead “begin with the end.”

“What people with aphasia want”

1. Return to pre-stroke life. Be normal and enjoy life.
2. Recover ability to communicate about interesting things
3. Learn more about aphasia, stroke, and prognosis
4. SLP tx that meet their life participation needs
5. Control and independence
6. Dignity and respect
7. Engagement in social, leisure, and work activities
8. Contribution to society
9. Good physical function and health

A MODEL FOR COLLABORATIVE GOAL DEVELOPMENT
Application to outpatient rehabilitation
Where do we begin?

THE PERSON WITH APHASIA

SIGNIFICANT OTHERS

THE SPEECH-LANGUAGE PATHOLOGIST
Getting to Know You...

- Interview
- Formal assessment
  - Impairment
  - Activity limitation
  - Participation restriction
  - Patient reported outcome
- Informal assessment

Reality....
May only have time for impairment-based measure

FORMULATING THE GOALS

Challenges in Goal Setting

- Family members are often asked to speak on PWA’s behalf
- Family members did not predict activity choices and desires of PWA with full accuracy
- Mean point-to-point agreement between PWA and their family member was 74% for current activities and 71% for activity preferences of the PWA

Collaborative Goal Setting

- Build rapport with patient and family
- Reveal patient competence
- Set tone for patient-centered therapy
- Spend time and energy on meaningful treatment tasks
- Greater patient motivation and generalization
- Increased family involvement and communication
- Improvements in quality of life

Haley et al. (2010)  Parsons et al. (2012)
Are we collaborative in goal writing?

- Patients find themselves in a passive role
- Mismatch between patient and clinician goals
- Most patients not provided with any verbal or written information about goal setting
- Few clinicians used formal methods to identify goal preferences
- Only half of clinicians provided participants with any record of their treatment goals
- Most patients not involved in evaluating goal achievement
- Decisions were made in team meetings where the patient was not present

Worrall et al. (2011)

A Tale of Two Patients

CT
- 56 y/o male
- Right handed
- Physician
- Wife and two teenage daughters

MJ
- 29 y/o male
- Right handed
- Earned GED/First semester in college
- Lives with mother

CT
- Running half marathon
- Acute Ischemic Stroke
- L MCA, left anterior, middle right cerebral territory
- Administered tPA
- Right-sided hemiplegia, facial weakness, dysarthria and non-fluent aphasia
- Inpatient care ~ 2 months
- Outpatient rehabilitation

Western Aphasia Battery

<table>
<thead>
<tr>
<th>Task</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>Spontaneous Speech</td>
<td>8 / 20</td>
</tr>
<tr>
<td>Auditory Comprehension</td>
<td>4.1 / 10</td>
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<tr>
<td>Repetition</td>
<td>5.6 / 10</td>
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<td>Naming and Word Finding</td>
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<td>Classification</td>
<td>Broca's</td>
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Using LiV Cards

- Black and white drawings of life activities in 4 categories
  - Home and Community
  - Social
  - Creative and Relaxing
  - Physical
- Direct communication
- Re: valued life activities
- Facilitate goal-setting

Haley et al. (2010)

CT
- LIV Cards
  - Home & Community Activities
    - Home maintenance
    - Paying bills
  - Social Activities
    - Eating out
    - Using the phone
  - Physical Activities
    - Walking/running
    - Beach
  - Creative and Relaxing Activities
    - Using the computer
    - Watching TV
- Spouse Input
CT

- Patient successful in meeting his goals
- The learning demonstrated in clinic did not always carry over to other environments

Why Not?

IMPLEMENTATION OF GOAL FRAMEWORK

“...the client will name, repeat, imitate, produce, say, generate, complete, request, answer, respond, follow, demonstrate, discriminate, match, select, complete, read, write, spell...”

“...the client/conversation partner/other will use, demonstrate, bring, include, provide, adjust, identify, prepare, approach...”

“...the client will use, initiate, demonstrate, implement, develop, practice, diagram, recall, label, identify, generate...”

“...the client will demonstrate, participate, list, attend, identify, ask, answer, direct, inform, explain, communicate, choose, monitor, modify, request...”

Speech & Language

Environment

Person

Intentional Strategy

Supported conversation applied

Communication Strategies

CT wants to improve...

- communication with family
- communication in social situations
- communication with his daughter at college

Discussion Revealed...

Let’s look at some goals
Keep in Mind

- There are any number of goals that could be written based on the information provided by the patient and family
- New goals will build upon the framework created via previous goals
- While all of the domains may be targeted in a goal, there is usually a primary focus of 1 or 2 domains

In order to improve communication with family and friends, patient will reply to text messages/e-mails with at least one appropriate written message (yes, no, ok) by selecting from a field of 3 messages with moderate cues across 3 sessions.

Short term goal: In order to improve communication with family and friends, patient will
- **select** one appropriate written message (yes, no, ok) from field of 3 with 80% accuracy and **minimal cues**.
- **copy** the three targeted messages with 80% accuracy and **minimal cues**.
- **reply** to text/email messages from clinician or spouse by **selecting** one appropriate written message from field of 3 and **copying** the message into the selected program with 80% accuracy and **minimal cues**.

**Treatment Plan**
- CT able to attend therapy 1x/week
- Goals were targeted over 6 week period

**Treatment Approach**

**Compensation**
- Copy phrase from printed model

**Remediation**
- Copying words
- Typing words to dictation
- Typing words independently

In order to promote increased independence, patient will initiate at least 3 messages in functional social situations (e.g. dinner with family/friends, conversations, ordering from a menu) by imitating pre-programmed/stored messages on voice output device with min cues across 3 consecutive sessions.
**Treatment Approach**

Remediation
- Script training
- Repetition
- Speech entrainment
- Facilitation technique

Compensation
- Alternative/Augmentative Communication

**SELF-APPRAISAL OF GOAL ACHIEVEMENT**

**Sharing progress**

- Present goals to patient and family in a way that they can understand
- Show patient and family the patient’s progress

In order to promote increased independence, patient will initiate at least 3 messages in functional social situations (e.g., dinner with family/friends, conversations, ordering from a menu) by initiating pre-programmed/stored messages on voice output device with minimal cues across 3 consecutive sessions.

1. Initiate at least 3 messages in functional social situations

**Levels of Support**

- Most Support
- Some Support
- Less Support
- Independent

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<th>2</th>
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<th>4</th>
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**Number of Messages Initiated**

- 0 messages on July 15th
- 2 messages on July 21st
- 2 messages on July 24th
- 3 messages Today

**Patient MJ**
**Western Aphasia Battery**

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**Classification**
- Broca’s

**Discussion Revealed...**

- Understanding what others say
- Read and understand the Bible
- Write messages to friends and family

**Treatment Plan**

- MJ able to attend 2x/week
- Goal targeted over 4 weeks.
Treatment Approach

Remediation
- Script training – production of key phrases

Compensation
- Point to key phrases
- Text to speech

Treatment Approach

Remediation
- Multiple oral re-reading
- Selection of targeted texts
- Homework practice

Next Steps

- Development of a structured approach to facilitate elicitation of functional goals
- Facilitating questions such as “Where do you want to communicate more?” and examples that serve as prompts
- Materials that facilitate patient and family’s prioritization of goals
- Facilitation materials available in various modes: spoken, written and illustrated
- Tools for implementation and communicating progress

Conclusions

- Patient-centered care is the present and the future
- To implement patient-centered care, our clients and significant others must be engaged in goal setting
- We have presented a model that is a first step to support patient-centered care in the management of aphasia
This is a work in progress...
We welcome your involvement

Collaborative aphasia goal project: www.med.unc.edu/ahs/sphs/card

Comments? Questions?

References
