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### The Big Sky Aphasia Program: Patient and Student Training Outcomes

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## The Big Sky Aphasia Program: Patient and Student Training Outcomes

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### **BACKGROUND & SIGNIFICANCE**

Intensive comprehensive aphasia programs (ICAPs) are a relatively new service delivery model for stroke rehabilitation (Rose, Cherney, & Worrall, 2013). ICAPs typically provide a minimum of three hours of therapy per day for two weeks. Daily therapy typically includes individual sessions, group sessions, computer-based therapy delivery, and community outings (Babbitt, Worrall, & Cherney, 2013). Patients enrolled in an ICAP may receive as many as 120 hours of focused language therapy over the span of one month, whereas a person in a standard therapy model receives approximately 8 to 12 hours of therapy in the same time frame. While research of the ICAP model is in its infancy, initial efficacy studies indicate positive patient outcomes across a variety of impairment-based and psychosocial domains (Rodriguez et al., 2013; Rose et al., 2013; Wenke et al., 2014). The Big Sky Aphasia Program at the University of Montana meets the criteria for an ICAP and has been intentionally designed with clearly defined intensity parameters, a concern for client, caregiver, and clinician perspectives, and a focus on comprehensive therapy that addresses multiple modalities using strategies and recreational opportunities individualized to the patient. Outcomes associated with numerous impairment, functional, and psychosocial measures have been reported in the ICAP efficacy literature (Rose et al., 2013; Rodriguez et al. 2013). However, limited psychometric information is available regarding the sensitivity of these measures to capture changes in performance following treatment (Milman, Kamal-Khaledi, Trela, Schnaible, 2012).

### **AIMS**

The purpose of this pilot study is to contribute to the ICAP evidence base by examining outcome measures from the perspective of researchers, clinicians, and clients.

### **METHODS**

Six patients and six graduate student clinicians participated in the fall 2014 ICAP. Following consent and enrollment procedures, a case history was collected and the pre-treatment assessment battery was administered. Patients then participated in the four-week ICAP. A post-treatment assessment battery was administered following completion of the ICAP. Patients were asked to reflect upon the assessment process with a guided assessment survey (5-point scale). Patients were also given the opportunity to openly comment upon what they liked and did not like about each measure. Lastly, patients ranked the assessment measures in order of preference and relevance to their recovery and openly commented upon the assessment process. Following completion of the ICAP, graduate student clinicians were asked to complete a survey about the assessment measures that they administered. This survey was identical to the assessment survey that the patients completed. The fall 2014 ICAP was held three days per week, three hours a day, for four weeks. Individualized treatment for the participants included individual, computer-based, large group, and small group sessions.

### **INITIAL RESULTS**

Data was collected during two BSAP programs (fall 2014 and summer 2015). Six patients and six graduate student clinicians consented to participate in the research protocol fall 2014 program. Increased test performance (patients) was observed at the group level for three assessment measures (i.e., Western Aphasia Battery (WAB), Boston Naming Test (BNT), and Scales of Language Rehabilitation (SLR)). Paired sample t-tests showed significant increases on the WAB ( $t=3.4$ ,  $p<.05$ ) and on the SLR word subtest ( $t=4.0$ ;  $p<.05$ ). At an individual level, four of the six (66%) patients demonstrated a significant increase on the WAB ( $>1$  SEM unit); three of five (60%) patients demonstrated a significant increase on the BNT ( $> 1$  SEM unit); and one of the four (25%) showed a significant increase of the Assessment of Living with Aphasia (ALA). Clinician outcome data is currently being analyzed for the fall 2014 program. Ten participants were enrolled and eight completed the entire research protocol for the summer 2015 program. Four to six participants are expected to enroll in the fall 2015 BSAP program and eight to ten are expected to enroll in the summer 2016 program. We will continue to collect data for an additional three years.