A Phase 1 proof of concept study of the Austin ICAP (Intensive Comprehensive Aphasia Program) for chronic post-stroke aphasia

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Background

One-third of all survivors of stroke live the remainder of their lives with aphasia. Without appropriate tailored intervention the high rates of psychosocial distress, reduced social participation and quality of life in aphasia lead to reliance on outpatient services, and greatly increase carer burden.

ICAPs have emerged as a service delivery option for aphasia, targeting all ICF domains. ICAP components are often evidence-based; however few studies explore the efficacy of this service-delivery model.

Aims

A modified ICAP was piloted to investigate its impact on aphasia severity, functional communication, mood, and quality of life for people with chronic aphasia, and perceived level of burden and general health of their significant others.

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Methodology

Phase 1 pilot, observational pre-post design
People with aphasia: n = 10; Relatives: n = 11
Staff = SP, music therapist, volunteers, SP students

Pre-Assessment
Baseline outcome measure and goal-setting

12-Week Intensive Group
2 days per week
(4.5 hours per day)
Multimodal group activities/Relatives' Support Group

Post-Assessment
Outcome measures, incl. goals review and interviews

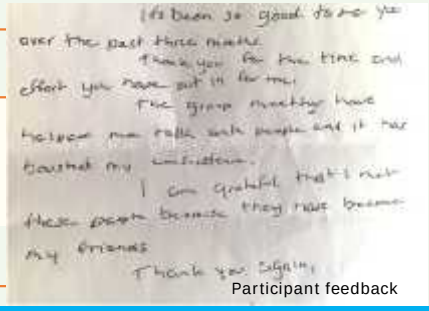
Communication | Technology | Music | Aphasia Advocacy | Art | Relatives' Support

Results

* = No change
↑ = Statistically significant improvement

Relatives	Carer Burden	* BCOS
	General Health	* GHQ

Bakas Caregiving Outcomes Scale (BCOS), General Health Questionnaire (GHQ)



Participant feedback

* = No change ↑= Statistically significant improvement

People with aphasia	Quality of Life	* SAQOL
		↑ ALA (Sum of Ratings Score)
		* ALA (Wall Question)
	Aphasic Impairment	↑ WAB -R (AQ)
		* WAB-R (LQ)
		* ALA (Aphasia Domain)
	Activity & Participation	↑ ALA (Participation Domain)
		87% of GAS goals achieved
	Environmental Factors	↑ ALA (Environment Domain)
	Personal Factors	* ALA (Personal Domain)
		* SADQ-10

Stroke and Aphasia Quality of Life Scale (SAQOL), Assessment of Living with Aphasia (ALA), Western Aphasia Battery – Revised (WAB-R), Goal Attainment Scaling (GAS), Stroke Aphasic Depression Questionnaire-10 (SADQ-10)

Conclusions

This modified ICAP resulted in positive changes in aphasia severity and perceived impact of aphasia.

Further analysis of qualitative data and comparison with other aphasia group models are required.

This study has supported further evolution of the Austin Aphasia Integration Program (AAIP), an ongoing intensive comprehensive program at Royal Talbot Rehabilitation Centre, Austin Health.