Speech Pathologists’ Clinical Decisions in the Provision of Services to People with Aphasia

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Background
Within Australia, clinical services to people with aphasia do not consistently meet the best practice principles outlined within the research literature. However, little is known about the clinical decision-making underpinning rehabilitation, how aphasia therapists apply these research findings to individual patients and what factors influence their practice in real world contexts.

This project investigated:
- The differences in the level of service delivery (sessions/week) speech pathologists (SPs) planned to provide before commencing therapy, thought they would provide within an 'ideal world' without service limitations and then actually provided to people with aphasia (PWA).
- SPs’ perceptions of factors that influenced their clinical decisions in relation to the planning and implementation of aphasia services.

Method
Participants
- 16 SPs from metropolitan health services in Western Australia.
- The SPs worked in the following settings:
  - Acute hospitals (n=8)
  - Rehabilitation in the home (n=4)
  - Outpatient rehabilitation (n=2)
- All SPs were actively managing PWA as part of their caseload.
- The mean number of years working as an SP was 10.9 yrs (0.7 - 32 yrs) & the mean number of years working with their current caseload was 4.4 yrs (0.7-18yrs).
- PWA made up 51% (5-80%) of the SPs’ caseload.

Procedure
- Using a single PWA from their caseload, SPs recorded on their service delivery decisions.
- A workbook, developed for this study, was used by the SPs to record the following information:
  - Background information about the PWA.
  - The SPs’ plans for the management of the PWA, including how many sessions/week they planned to provide and how many sessions/week they would provide in an ideal world.
  - The sessions/week provided.
  - The SPs’ rationales for their decision making in relation to the planned, provided and ideal level of services.
- A follow up interview was completed with all SPs to expand on and explore information presented in the workbooks (data to be presented in a companion paper).
- Overall 20 patient workbooks were audited and 20 interviews were completed.

Data Analysis
Data was analysed using a mixed methodology:
- Quantitative analysis of sessional data.
- Qualitative analysis of workbook reflections.

Results

Descriptive Analysis

Figure 1. Comparison of planned and ideal level of services for each PWA.

Figure 2. Comparison of planned and provided level of services for each PWA.

Qualitative Analysis

SPs’ decision making was influenced by:
- Factors external to the PWA and the clinician (institutional factors).
- The clinician’s knowledge and their clinical reasoning (clinician factors).
- Factors specific to the PWA.
- Caseload and institutional factors influenced decisions when SPs planned and provided clinical services.
- SPs’ clinical reasoning was influenced by research when planning services and considering the ideal level of services.
- Research areas considered were: neuroplasticity, treatment intensity, skill acquisition and the time needed to achieve appropriate goals.
- Factors specific to the PWA played a role across all levels of SP decision making, that is, when planning services, considering the ideal level of services and in implementing services.
- Factors specific to the PWA & SPs’ caseload acted to both increase and decrease the amount of services provided for different participants. For example level of motivation increased the level of services when the individual or family were perceived to be highly motivated and decreased services when the PWA was perceived to be unmotivated.
- Some of these issues, such as the influence of the PWA on service delivery, were the same across all clinical settings and others, such as the institutional model of care, varied. For example in the acute setting daily intervention was ideal for some PWA whereas in outpatient rehabilitation weekly sessions was considered appropriate and ideal.

Conclusion
- For the majority of people with aphasia speech pathologists were unable to provide the level of services they deemed to be ideal or they had planned to provide.
- Speech pathologists’ clinical decisions, regarding service delivery, were influenced by a range of factors including elements determined by the institution in which they worked, their knowledge and clinical reasoning and factors specific to the person with aphasia.
- The speech pathologists’ reflections emphasise the complexity of clinical decisions in the management of people with aphasia.
- Explicit awareness of these factors may support the prioritisation of aphasia focused intervention at specific points of time in the rehabilitation process.

References