

PERSON-CENTERED FOCUS ON FUNCTION: Augmentative and Alternative Communication for Adult with Amyotrophic Lateral Sclerosis (ALS)



What are person-centered functional goals?

- Goals identified by the client, in partnership with the clinician and family, that allow participation in meaningful activities and roles

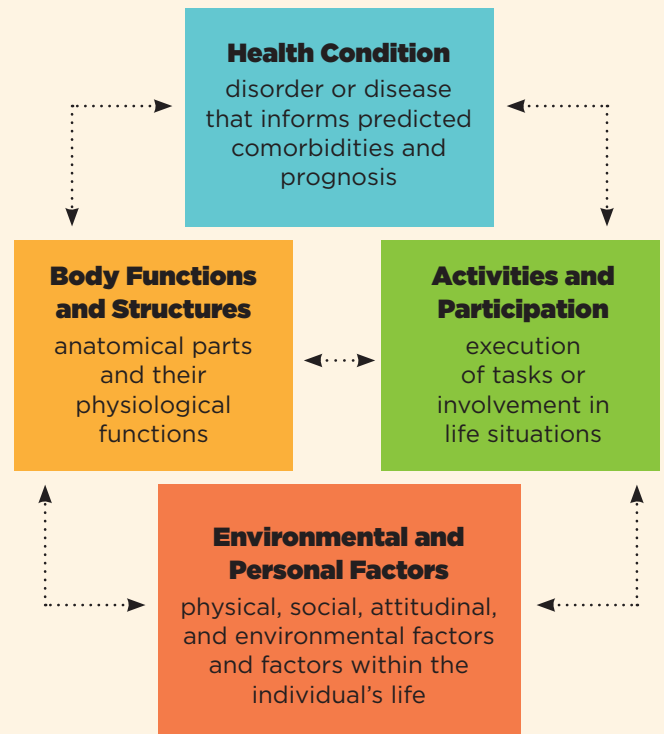
Why target person-centered functional goals?

- To maximize outcomes that lead to functional improvements that are important to the individual
- To optimize the individual's potential to participate in meaningful activities
- To facilitate a partnership that ensures the individual and family have a voice in the care received and outcomes achieved
- To demonstrate to the payers the value of skilled services

What is the ICF, and how does it help?

The International Classification of Functioning, Disability and Health (ICF)—developed by the World Health Organization (WHO)—is a framework to address functioning and disability related to a health condition within the context of the individual's activities and participation in everyday life.

ICF: International Classification of Functioning, Disability and Health



Case study: Robert

Health Condition: Amyotrophic Lateral Sclerosis (ALS)

Assessment Data

Body Function and Structure

ALS

- Hypernasality, dysarthria and dysphagia
- Progressing weakness to upper and lower extremities
- Uses a walker for short distances, wheelchair for long distances

Cognition

- Memory adequate for new learning
- Executive functioning adequate for planning and organization

Speech and Language

- Speech intelligibility poor (FDA-2)^a
- Average language skills (ASHA FACS)^b
- Reading/spelling intact

Activity and Participation

- Remains connected to family and friends and continues to attend social, work, and family functions
- Participates in family and household decision making (ASHA QCL)^c
- Uses speech attempts, facial expression, and some hand gestures for face-to-face communication
- Uses email, texting, and social media to communicate online with assistance from family
- Spends much of the day looking at social media, reading online, and typing emails
- Demonstrates increased frustration and signs of depression as speech declines (ASHA QCL)^c

Environmental and Personal Factors

- Robert is 58 years old
- He worked as Chief Financial Officer for a large insurance company and retired 2 months ago due to progression of ALS symptoms
- He is married with 3 grown children and 5 grandchildren
- He enjoys golf, baseball, and spending time with family
- Robert expresses a strong desire to maintain the ability to communicate face to face and online
- His wife, children, and friends are very supportive

Clinical Reasoning

What impairments most affect function, based on clinician assessment & the individual's self-report?

What activities are most important to the individual in the current or discharge setting?

What environmental/personal factors are facilitators or barriers to participation in the current or discharge setting?

Goal Setting

Robert's Functional Goals

Long-Term Goal:

Robert will use speech attempts as well as multimodal communication (aided and unaided) to participate in activities with family and friends and to communicate about medical care with familiar and unfamiliar listeners.

Short-Term Goals:

- Robert will use rate enhancement features (word and phrase prediction, pre-stored messages) in 90% of opportunities to communicate during spontaneous conversation.
- Robert will use his speech-generating device (SGD) to access external devices (e.g., phone, computer) for social communication (e.g., texting, emailing) in 4 out of 5 attempts (80% of the time).
- Robert will use his SGD to successfully express personal desires at least 90% of the time during conversations with family and medical staff.

^a Frenchay Dysarthria Assessment: Second Edition (FDA-2); Enderby, P. M., & Palmer, R. (2008).

^b Functional Assessment of Communication Skills for Adults (ASHA FACS); Frattali, C. M., Thompson, C. K., Holland, A. L., Wohl, C.B., & Ferketic, M. M. (1995).

^c Quality of Communication Life Scale (ASHA QCL) Paul, D. R., Frattali, C. M., Holland, A. L., Caperton, C. J., & Slater, S. C., (2004).

For clinical and documentation questions, contact healthservices@asha.org.

The interpretation of ICF and examples above are consensus based and provided as a resource for members of the American Speech-Language-Hearing Association.