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Abstract

Purpose:

Aphasia negatively impacts functional communication, communicative participation, and psychosocial well-being in stroke survivors, requiring novel models of rehabilitation that are person centered and holistic. This study aimed to evaluate the feasibility and preliminary efficacy of three service delivery models: intensive comprehensive aphasia program (ICAP), modified intensive comprehensive aphasia program (mICAP), and usual care (UC).

Method:

This Phase I quasirandomized study investigated three models of service delivery for stroke survivors with post-acute aphasia: a 4-week, 84-hr ICAP; a 2-week, 24-hr mICAP; and an 8-week, 24-hr UC condition. A sample of 18 participants was recruited and quasirandomly assigned to one of the three conditions (ICAP: $n = 8$, mICAP: $n = 6$, UC: $n = 4$). Outcome measures assessed the constructs of language, functional communication, psychosocial well-being, and quality of life through individual, within-group, and between-group comparisons.

Results:

Overall, participants in the ICAP and mICAP groups demonstrated greater positive changes across multiple outcome measures compared to those in the UC condition. All 18 participants completed their respective programs with no attrition, with adherence rates highest in the ICAP group, followed by the mICAP and then UC.

Conclusions:

This Phase I pilot study provides initial feasibility and efficacy data directly comparing ICAP, mICAP, and UC service delivery models. Findings support the continued exploration of ICAP and mICAP models to address the diverse needs of individuals with aphasia.