the INFORMED SLP

Let your patient "Take Charge!" A person-centered stroke intervention

Writer's note: Thinking back to some of the patients I have worked with, I will never forget "George." George was a nice, albeit sometimes grumpy, gentleman who had aphasia following a stroke. His wife, "Jean," would have been the perfect therapy candidate. She was so motivated. George loved his wife and wanted to make her happy. I got the sense that he would have rather been doing anything else than be in the outpatient clinic with me. Therapy was about as successful as you might think. I wanted to help George, Jean wanted to help George, and George did not really think therapy was helping him.

This article by Fu et al. and its free supplemental materials are well worth checking out. The intervention the researchers propose is called "Take Charge." It is based on the self-determination theory that **if you put the patient in charge and at the center of the intervention, you are going to get better outcomes.** Authors advocate a shift away from clinician-directed, task-oriented treatment. In the study, researchers found that two sessions of "Take Charge," six weeks apart was more effective than only one session. They measured participation, independence, and quality of life at 12 months follow up.

> *"Take Charge - a low-cost, person-centered, self-directed rehabilitation intervention after stroke - improved health-related quality of life and independence."*
>
> *— Fu et al., 2020*

Completing the Take Charge workbook is the intervention. Take Charge uses simple language and pictures to help patients explore:

- Who they are
- Who is in their support system
- What goals they wish to pursue
- Some steps they will take to achieve their goals

The workbook is divided into sections by goal topic, including:

- Physical
- Communication
- Emotional
- Informational
- Financial
- Stroke prevention

The information gathered should be shared among rehabilitation colleagues and may serve as a guidebook in how to design an effective treatment program for this specific patient. The authors stress that **the person assisting the completion of the booklet must be a good listener.** It also seems like it would be easy to incorporate the family/caregivers into the planning if the patient wants that, which is a plus. This approach would likely be most applicable to outpatient and home health clinicians, but the Take Charge method is flexible enough that researchers suggest it's likely generalizable to other diagnoses, as well.

I wish I had this article when I was working with George. In retrospect, I did not allow him to define his own goals for stroke recovery. This type of approach may have facilitated a better outcome.

Fu, V., Weatherall, M., McPherson, K., Taylor, W., McRae, A., Thomson, T., Gommans, J., Green, G., Harwood, M., Ranta, A., Hanger, C., Riley, J., & McNaughton, H. (2020). Taking Charge after stroke: a randomized controlled trial of person-centered, self-directed rehabilitation intervention. *International Journal of Stroke.* https://doi.org/10.1177/1747493020915144.

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