Clinical Question [patient/problem, intervention, (comparison), outcome]:
Part 1: "Which communication partner training methods are effective in facilitating communication activities and participation for people with aphasia?"

Part 2: “Which patients and / or communication partner characteristics lead to better outcomes in communication partner training?”

Citation:

Design/Method:
⇒ Formal education and training programme provided in 2 groups with 5 dyads per group. Run by SLP and SLP students. One hour per week for 12 weeks including didactic and experiential training methods.
⇒ Pre-training assessment was conducted in session 1 and included:
  o Transactional communication samples between each dyad, i.e. aphasic individual had two short scenarios to convey to caregiver using total communication. These were rated live as either successful (i.e. the entire message was conveyed) or unsuccessful (i.e. the communication was ceased before the entire message was conveyed) by the SLP and SLP students.
  o Interactional communication samples between dyad groups involved group discussion about favourite vacations for 15 minutes. These were recorded and analysed for caregiver behaviours relating to acknowledging and revealing competence. Consensus of 2 out of 3 assessors required for the behaviour to be tallied.
⇒ Post-training assessment included 2 new transactional and one new interactional communication samples which were collected and analysed as in the pre-training assessment. A questionnaire was completed by caregivers and their aphasic partners addressing communication changes and the benefits of the group.

Participants:
⇒ 10 caregivers and their aphasic partners
⇒ People with aphasia were 4 to 130 months post stroke (average 35.2 months) and ages ranged from 50 to 79 years old
⇒ Types of aphasia: Nonfluent / apraxia (5 people), fluent (4 people), primary progressive aphasia (1 person)
⇒ All English speaking
⇒ Moderate to severe impairment in functional communication.
⇒ All people with aphasia concurrently enrolled in conversational group therapy with 3/10 also receiving additional speech therapy.

Control Group: No control group.
Experimental Group:
⇒ Didactic training sessions (conducted in sessions 2-4) - Included intensive education on stroke, neuroanatomy, aphasia, communication types to be addressed, compensatory strategies, supportive techniques for acknowledging and revealing competence and techniques for facilitating conversation. Information personalised for each dyad.
⇒ Experiential learning sessions (conducted in sessions 5-11) - The group was lead through the experiential learning cycle which promotes a process of learning through critical self reflection on experiences. The cycle was repeated each time a new communication scenario was introduced. Techniques were facilitated in large (4-5 dyad) and small (2-3 dyad) groups. Conversation topics were chosen alternately between group members and clinicians. The group was lead through each stage of the cycle, which included:
  o Concrete experience stage: included sharing stories about living with aphasia and role play.
  o Reflective observation stage: involved reviewing observations from the pre-training transactional and interactional exercises to identify facilitating or hindering behaviours. Group participants reflected on their own and other participants' behaviours.
  o Abstract conceptualisation stage: used communication situations from daily lives to jointly analyse strategies used, identify why certain transactions and interactions were unsuccessful, and provide suggestions to each other about strategies that may have facilitated change.
  o Active experimentation stage: included dyads re-enacting situations and practicing suggestions. New transactional activities were then introduced and feedback about appropriate and obstructive behaviours was given by SLP and students.

Results:
⇒ Transactional communication: 3/10 caregivers successfully identified their partner’s message pre-training and this increased to 7/10 post-training.
⇒ Interactional communication:
  Behaviours acknowledging competence: Showed a slight increase in these behaviours post training. These included:
    o Sensitivity to aphasia individual’s frustration
    o Respectful treatment
    o Natural speech patterns
    o Humour
    o Encouragement
    o Acknowledgement of effort
  Behaviours contrary to acknowledging competence: Were observed less frequently or eliminated after training. These included:
    o Talked louder to aphasic individual
    o Openly talked about aphasic individual to other partners
    o Disrupted natural flow of conversation
    o Questioned partners rather than aphasic individual
    o Reduced eye contact with aphasic individual
    o Overuse of techniques
⇒ Behaviours revealing competence: Caregivers initially displayed behaviours that were counterproductive to successful communication, including ignoring inconsistent yes/no responses, abruptly dropping topics, rapidly firing questions, rapidly changing topics and insisting on verbal responses. A few facilitating behaviours were used including referring to the aphasic individual’s communication book and rephrasing questions. Post-training a wider variety of facilitative behaviours were observed in all caregivers.
⇒ Questionnaire results: All caregivers found the experience beneficial, including increased knowledge and confidence about facilitating strategies. All aphasic individuals liked the group experience and found support from others and most found an improvement in their own and their caregiver’s communication. Note one participant only 4 months post stroke did not feel her communication improved (possible due to stage of acceptance).

Comments – Strengths/weaknesses of paper
Strengths:
- Detailed and descriptive breakdown of the content of assessment and therapy sessions which may be easily transferred into practice and allows for replication.
- Some inter-rater reliability used.
- Breakdown of positive and negative behaviours shown by dyads was given which is useful for everyday practice
Weaknesses:
- Subjective with mostly qualitative data. Some numerical data included but statistical significance not determined.
- Lacks information about subjects (e.g. gender, type of stroke)
- Lacks definition of transactional and interactional communication
- Does not specify whether results were beneficial for all dyads, only provides results for the experimental group as a whole

Level of Evidence (NH&MRC): IV
Appraised By: Adult Language EBP Group | Date: 2011