**Clinical Question [patient/problem, intervention, (comparison), outcome]:**

1. Which communication partner training methods are effective in facilitating communication activities and participation for people with aphasia?

2. Which patients and/or communication partner characteristics lead to better outcomes in communication partner training?

**Citation:**

**Design/Method:**
- Training of volunteers as a group over three sessions of three hours (9 hours total). Each session focused on knowledge and understanding of aphasia, associated impairments, importance of conversation, psychosocial implications and role of conversation partners. Attempted to increase the skills in revealing and acknowledging the competence of person with aphasia by using supported conversation. Included viewing videos, discussion, role play. (Content of training based on Kagan’s model re supported conversation).
- Volunteer communication partners were randomly assigned to people with aphasia.
- Partnerships were filmed 4 times in conversation and were provided with the same resources each time, laid out identically. (2 conversations pre-training, 3rd immediately after the course and 4th 9-10 weeks later).
- Identical instructions were given to all participants every time they were filmed.
- Participants were asked not to refer back to previous session so raters would not know the order of the videos.
- Only the middle 10 minutes of the conversation was presented for rating.
- Conversations were rated using 9-point rating scales – (M) SCA & (M) PCA (derived/adapted from Kagan, 1999).
- Raters of these videos were blinded to whether conversations were pre or post training.
- Same rater evaluated the same partnership.
- Order of videos was randomised.
- Two pre and post questionnaires were also used to evaluate changes in volunteer’s understanding of aphasia and appropriate facilitative communicative strategies (as agreed upon by 15 independent SLP’s).

**Participants:**
- 6 volunteers recruited from an aphasia group – all had attended the group regularly for at least a year, but had not received specific training re supported conversation/similar techniques.
- 6 aphasic participants were recruited from the same group – all had been discharged from SLP, all were at least 1 year post CVA with stable language function, all could comprehend simple requests and questions, all had moderate or severe expressive language difficulties.
- Raters of videos were SLP’s not involved in study. All had at least 2 years experience working with people with aphasia.
**Experimental Group:** Group of 6 volunteer communication partners who received 9 hours of group training (as above).

**Control Group:** (quasi control group) Pre & post questionnaire re appropriate communication strategies was administered twice to a group of untrained volunteers.

**Results:**
- Mean ratings of videos 1 & 2 were the same suggesting a stable pre-training performance and no practice effect.
- Significant improvement in (M) SCA & (M) PCA ratings after training. All dyads improved by at least 4 rating points.
- No significant difference in ratings between videos 3 & 4, suggesting improvements were maintained over at least 9 weeks, though slight declining trend noted.
- No obvious relationship between length of experience (in aphasia group) and response to training.
- Parallel increase in volunteer skill and aphasic people’s level of participation (i.e. (M) SCA & (M) PCA.
- Significant improvement in trained volunteers’ knowledge of characteristics of aphasia.
- Improvement in trained volunteers’ knowledge of strategies to use in conversation with people with aphasia, but not for untrained volunteers.

**Comments – Strengths/weaknesses of paper:**

**Strengths**
- Blinding of video raters.
- Treatment processes were clearly outlined.
- Random assignment of volunteers to participants.

**Weaknesses**
- Control and experimental volunteer groups were not matched or randomly assigned.
- Reliability of questionnaires is uncertain (especially given only ‘fair’ agreement between the two administrations of one of the questionnaires for the experimental group).

**Level of Evidence (NH&MRC):** IV

**Appraised By:** Adult Language EBP Group

**Date:** 2011