**Clinical Bottom Line:**
Group training for dyads, based on the SPPARC program (involving social support from a clinical psychologist and specific conversation partner training provided by speech pathologists) can improve conversational repair.

A communication partner’s attitudes to communication and their pre-existing conversation behaviours (including turn-taking, topic maintenance and repair strategies) influences speech pathologists' perceptions regarding candidacy for communication partner training. However, it is unclear whether pre-existing attitudes and behaviours influence treatment outcomes.

**Clinical Question [patient/problem, intervention, (comparison), outcome]:**
- Which communication partner training methods are effective in facilitating communication activities and participation for people with aphasia?
- Which patients and/or communication partner characteristics lead to better outcomes in communication partner training?

**Citation:**

**Design/Method:**
The study was conducted in 2 parts: In part 1, clinicians’ perceptions of partner candidacy were identified through a focus group. A subsequent questionnaire was developed and distributed to experienced speech pathologists. Analysis of results of the questionnaire led to the development of a procedure for characterising or profiling a partner’s candidacy for training.

In Part 2, the profile was used to measure pre and post intervention conversation behaviour and attitudes of a conversation partner (PM) who participated in group support and conversation training with his wife (JG) who had aphasia. The outcome of the couple’s participation in the intervention was then evaluated in light of the partner’s candidacy profile.

Therapy was provided based on the Supporting Partners of People with Aphasia in Relationships and Conversation (SPPARC) programme (Lock et al., 2001) and was provided in a group setting with 3 other couples. Intervention involved a 4 weeks support programme (facilitated by a clinical psychologist) and a 6 week conversation partner training programme (facilitated by 2 Speech Pathologists). PM and JG attended the group twice a week for 2 hours each session. Groups involved the provision of written material and video recordings of conversation to explain concepts (e.g. repair). Information was also personalised for each couple and personal video extracts were played to increase awareness and promote discussion. Strategies for change were suggested and agreed with the couple. Home practise was also encouraged.

**Participants:**
*Focus group:* 12 Speech Pathologists, with a minimum of 4 years clinical experience.
*Questionnaires:* 75 questionnaires sent to members of 3 groups of Speech Pathologist. Each group was reported to meeting regularly to discuss aphasia, and were based in Newcastle upon Tyne, York and Manchester UK. 31/75 questionnaires were returned (41% response rate).
*Case Study:* PM, carer and JG, person with aphasia. PM was 55 years old, male, self employed financial advisor, currently working during the study, main communication partner of JG. JG was 53 years old, female, a former nursery teacher. JG had a left fronto-parietal and lacunar infarct 4 months prior to the study commencing. JG had received Speech therapy previously, however was not receiving formal therapy at the time of the study. She presented with ‘functional’ auditory comprehension. She was able to follow conversation when supported. JG’s expressive language was primarily non-fluent and she was able to produce many single words and some sentences in conversation.
Experimental Group: Single case study design consisting of PM, carer and JG, person with aphasia (see above for additional information in Participants section). The profile for characterising a partner’s candidacy for conversation partner training (developed in Part 1 of the study) was used to scrutinise pre and post intervention conversation behaviour following group support and conversation training.

Control Group: No Control group in this study.

Results:
Part 1: Following the focus group and completion of questionnaires, a profiling procedure to identify conversation partner candidacy was developed. In order to be identified as a high candidacy partner, a partner is required to exhibit the following frequently or occasionally:
- **Attitudes to communication:** Motivated to change, views conversation as a collaborative act, values the social function of communication, recognises communication has the potential to change, accepts person with aphasia’s communication situation and status, accepts multi-modal communication over speech.
- **Non-verbal:** Good listening skills, appropriate eye contact, appropriate tone and volume
- **Turn taking:** Turn acceptance
- **Topic management:** Topic acknowledgement, topic maintenance, topic exploration, topic relevance
- **Repair:** Avoids repairing trouble sources in person with aphasia’s speech, encourages person with aphasia to use multi-modal communication.

Low candidacy partners exhibit the above never or rarely.

Part 2: PM was identified as a high candidate for conversation partner training based on information gained in a semi-structured interview, statements of intent and a conversational sample. Information gained via these methods was then evaluated based on the candidacy profile.

It was identified PM frequently exhibited a total of 12 conversational behaviours/attitudes satisfying or surpassing the recommended frequency for high candidacy. 3 behaviours were only observed rarely/not at all. These included non-verbal behaviour, turn taking and repair. 10 trouble sources were identified in the pre-intervention conversation behaviour, giving rise to 49% of major conversational turns involving repair. The average length of a repair sentence was 19 turns (range 7 to 57 turns). Post intervention conversation behaviour was evaluated by a second video recorded interaction. It identified a change in repair, with only genuine trouble sources being repaired post training (ie. used to achieve clarification rather than correct production). The percentage of turns spent in collaborative repair was 37% in comparison to 49% pre-intervention and faster resolution of repair was achieved. JG was also a more active participant in the conversation.

Comments:
Limited explanation of Conversation Partner training provided in Case Study example.
Low candidacy partners (as identified in this article) may be considered by some to be high priority for therapy/training due to more significant difficulty participating in conversation with people with aphasia. The article does not investigate outcomes of people deemed high candidates versus those considered to be of low candidacy.

Level of Evidence (NH&MRC): Level IV

Appraised by: Adult Language EBP Group
Date: 2011