CLINICAL BOTTOM LINE:
Communication partner training for people with aphasia can facilitate more successful communication exchanges, and can increase participation and confidence for people with aphasia.

From the literature to date, communication partner training appears to be effective with individual dyads as well as with groups of dyads and with volunteer communication partners. Direct education regarding specific strategies to facilitate communication has been shown to be more effective than general (indirect) education about aphasia and exposure to people with aphasia.

However, what remains unclear is:
- whether one service delivery model is more effective than another (i.e. group vs. individual)
- the necessary frequency and duration of intervention
- the essential and/or most effective therapeutic content
- whether treatment gains are maintained over time
- whether this type of intervention is more beneficial than other types of aphasia intervention.

There are currently no clear guidelines regarding which patient and/or communication partner characteristics lead to better outcomes. There are some suggestions in the literature that patients < 6 months post stroke may not feel that communication partner training is beneficial. Personality traits and attitudes, cultural background and educational level may also influence treatment outcomes. Another study also suggested that detailed conversation analysis approaches may not be warranted for dyads who are already effectively managing aphasia in conversation.

There is limited information regarding effectiveness of communication partner training for varied clinical populations, including acute patients < 6 months post stroke, patients with primary progressive aphasia and patients from culturally and linguistically diverse backgrounds.

Overall, further research is needed to guide clinical decisions regarding patient candidacy for communication partner training and to determine the most efficacious training methods.

**Background and Objectives:**
- The group considered feedback from a recent SSWAHS area speech pathology clinical network project which involved developing resources for communication partner training and evaluating use of these resources.
- The group identified that promising evidence for communication partner training for people with aphasia is emerging in the literature. Despite this, few speech pathologists seem to be regularly implementing this intervention due to ongoing questions around the most effective training.

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

2) Which patient and / or communication partner characteristics lead to better outcomes in communication partner training?

**Search Terms/Systems:**
Group members individually searched for articles using a variety of search terms and using whatever search systems were available to them.
Results:
- All studies CAPed reported positive outcomes for the person with aphasia (PWA) on at least one of the following dimensions – impairment, activity, and/or participation.
- Variability in study designs, training methods, participant characteristics and outcome measures made it difficult to compare studies and directly answer our clinical questions.
- The qualitative nature of many of the studies meant a difference in data analysis style which leads to difficulties drawing inferences and applying this research to broader populations.
- Methodological weaknesses (e.g. lack of follow-up data, concurrent treatment in other communication groups / individual therapy, lack of sensitivity of outcome measures) also made it difficult to confidently draw conclusions about best practice.
- Training methods:
  - There was variability across the studies in terms of service delivery model; including who was present for the training, and frequency and duration of therapy.
    - Participants present ranged from individual SP with one dyad (PWA + communication partner), to groups of dyads, to group of communication partners only.
    - Examples of frequency and duration of therapy:
      - 14 x 1hr weekly therapy sessions with individual dyad
      - 12 x 1hr weekly group sessions with 5 dyads
      - 4 week support program, 6 week conversation partner training program, 2hrs each session, facilitated by x2 SP’s and clinical psychologist.
  - There was no clear correlation between treatment efficacy and the service delivery model or frequency and duration of therapy.
  - There was also variability in intervention content:
    - Some studies involved individualised feedback regarding communication breakdowns and facilitative strategies (from conversational analyses, video recordings of conversations, during actual interactions or role plays).
    - Some studies had a more educational focus (indirect).
  - One controlled trial (Kagan, Black, Duchan, Simmons-Mackie & Square, 2001) showed that a specific training program regarding supported conversation strategies was more effective than general education about aphasia (for volunteers of no relation to the PWA).
  - Few studies measured long-term outcomes post intervention.
- Participants:
  - There was no clear link between treatment efficacy and the type and severity of aphasia, time post onset and relationship with communication partner.
    - Communication partners ranged from relatives / carers to unfamiliar volunteers.
    - The majority of PWA were post stroke (only one with primary progressive aphasia) and had English as their primary language.
    - Type and severity of aphasia was varied (fluent, non-fluent, mild to severe).
    - Time post onset ranged from 4 months – 10 years, though most PWA were > 6 months post stroke (chronic aphasia).
    - Note one study (Purdy & Hindenlang, 2005) showed limited benefit from a patient only 4 months post stroke (believed to be related to their stage of acceptance).
    - Note from Booth & Swabey (1999) that detailed conversation analysis may not be warranted for dyads who are already managing aphasia effectively in conversation.

Selection Criteria:
- Initial searches identified 37 articles
- 14 of these were CAPed.
- The remaining articles were excluded because they did not report treatment outcomes or did not address either of the clinical questions.
- Although searches yielded some relevant studies involving patients with traumatic brain injuries, these were excluded from the final CAT due to time and resource constraints.
References:


McVicker, Parr, Pound, Duchan (2009) The communication partner scheme a project to develop longterm, low cost access to conversation for people living with Aphasia. Aphasiology, 2009, 23 (1), 52–71


Clinical Group: Adult Language EBP group
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