



NSW Speech Pathology Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE: Training conversation partners in a group setting can improve communication interactions for people with aphasia (as shown via conversation analysis and 'CAPPA' interviews).

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: Booth, S. & Perkins, L. (1999) The use of conversation analysis to guide individualized advice to carers and evaluate change in aphasia: a case study. *Aphasiology*. Vol.13. No. 4/5, 283-303.

Design/Method: Single-Case Study.

Goals: To examine the use of conversational analysis to guide individualized advice to the key conversational partner of the person with aphasia and to provide a mechanism to evaluate the effect of the interaction.

Method:

- i) Assessment of the language skills of the person with aphasia.
- ii) Analysis of the conversation and interaction between the person with aphasia and their key conversational partner, including:
 - a structured interview re the key conversational partner's perceptions of the person's aphasia, using the Conversation Analysis Profile for People with Aphasia (CAPPA),
 - conversation analysis (CA) of a 10 minute sample of conversation between the person with aphasia and his key conversational partner;
 - a summary profile that combined the information from the interview and results of the CA.
- iii) Group Intervention. The key conversational partner attended weekly communication skills training group, with 3 other carers, once a week for 2 hours over 6 consecutive weeks. Training included education on the:
 - normal processes of speech and language
 - aphasic person's specific linguistic impairments in auditory processing and expression
 - use of effective strategies to facilitate auditory comprehension
 - psychosocial consequences of aphasia
 - use of collaborative repair strategiesGroup Intervention focused on discussion of the effective use and consequences of different communication strategies on the interaction. The key conversational partner decided on changes to his own communication strategies post-group intervention.
- iv) Post-group intervention interview with the key conversational partner and a CA of a sample of conversation between the person with aphasia and his key conversational partner.

Experimental Group: (as per Design/Method)

Participants: 1) Person with Aphasia: 59yo male. (L) MCA aneurysm in May 1994. Sustained a moderate (R) hemiparesis and severe fluent aphasia. He received 6 months of intensive SP intervention. Fluent dysphasia featured phonemic and semantic paraphasias, neologisms and word finding difficulties. Self-monitoring skills and success in repairing errors were variable. Returned to live with his brother after 31 yrs and referred to SP in May 1995.
2) Key Conversational Partner: The brother and carer of the person with aphasia.

Control Group: No control group was included.

Results:

From post-intervention CA:

- Number of repair sequences in post-intervention conversation sample was significantly reduced - 29% of major turns were involved in repair sequences post-intervention in contrast to 78% in pre-intervention conversation
- The conversational partner did not attempt to correct aphasic errors (in contrast to pre-intervention)
- In conversation the participants appeared to orientate to the principle of least collaborative effort with each participant building on the other's previous turn to move the repair towards completion and topic development
- More evidence of topic initiation and use of repair strategy that permitted fast resolution of the repair and continuation of the topic by the person with aphasia.

From post-intervention interview with conversational partner:

- Improved agreement in the key partner's perception of aphasia and what was observed in the conversational sample.
- Conversational partner reported improved success rate with use of strategies and confidence in supporting person with aphasia in conversations.

Comments – Strengths/weaknesses of paper

Strengths:

- Non-prescriptive approach to intervention i.e. the communication partners could decide for themselves as to what communication strategies they wished to implement.
- The concepts and strategies discussed in group intervention could apply across a range of communication situations.
- This single-case study in itself achieved its goals i.e. to use conversational analysis to guide individualized advice and evaluate changes to the interaction, however, there were limitations to application of this method as outlined below.

Weaknesses:

- Single-case study design. No comments on the outcomes of the other carer/patient partnerships.
- Requires further study across a variety of diagnosis.
- Nil comment on the perspective of the person with aphasia
- Nil comment on the intervention's effectiveness in relation to how far post-CVA.
- Nil comment on personalities/dynamics of the relationship between the person with aphasia and their communication partner.
- Is a single conversational sample at pre-post intervention enough to draw conclusions about the effectiveness of the intervention?
- Nil comment on whether the communication partner would continue using the communication strategies for the long-term. It would be useful if the study offered a follow-up review.
- Evaluation processes seem to be time consuming and could be impractical for most clinicians. i.e. CAPPA interview + conversational analysis. Would eye-balling of conversational samples be enough?
- It would be preferable if the questions of the CAPPA interview was outlined and included in the article.

Level of Evidence (NH&MRC): Level IV

Appraised By: Adult Language EBP Group

Date: 2011