



# NSW Speech Pathology Evidence Based Practice Interest Group

## Critically Appraised Paper (CAP)

### CLINICAL BOTTOM LINE:

Training communication partners as a group highlighting strategies for conversation and the person with aphasia's conversational abilities, can facilitate increased participation in conversation for the person with aphasia. However, this time-intensive approach may not be warranted for dyads who are already efficiently managing aphasia in conversation.

### 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:

Booth, S., & Swabey, D. (1999). Group training in communication skills for carers of adults with aphasia. *Int. J. Language & Communication Disorders*, 34(3), 291-309.

### Design/Method:

Repeated measures observational study. Pre and post intervention measures were collected.

#### Assessment:

A pilot version of the CAPPA (Conversational Analysis Profile for People with Aphasia):

- Part A: Current Conversational Abilities based on structured interview:
  - 24 questions assessing carers' perceptions of the person with aphasia's linguistic abilities, conversational management procedures of the repair, initiation and turn-taking and topic management
  - Carer had to indicate frequency of behaviours and their perception of 'problem severity' of this behaviour (i.e. how much of a problem this causes in conversation).
- Part C: Conversation Analysis:
  - Analysis of a spontaneous 10min conversation sample (randomly selected from at least 5mins into a 45min sample).
  - Audio or video recording of natural conversation in dyad's own home.
  - Collaborative repair analysis was conducted on the sample (qualitative and quantitative).

Results from the structured interview were compared against the conversational sample to determine accuracy of carers' perceptions of the person with aphasia and use of strategies.

### Participants:

4 dyads (person with aphasia + adult relative living at same address).

#### People with aphasia:

- >6 months post onset of a single left hemisphere CVA.
- required to be medically stable
- people with dementia or significant hearing loss were excluded from the study
- age range: 45 -72 yrs
- 2 males, 2 females
- 2 with non-fluent aphasia, 1 with fluent aphasia, 1 with mild word-finding difficulty

#### Communication Partners:

- varied relationships including brother, wife, husband, niece

May 2002

**Experimental Group:****Intervention:**

- 6 x 2hour communication skills groups held weekly for carers.
- Lectures, discussions, workshops
- Carers analysed short, written and video-recorded samples of conversation and commented on impairments, turn-taking and repair.
- Individualised information re: person with aphasia's linguistic and conversational skills were provided to carers.
- Area's of agreement with CAPPA assessment were reinforced. Area's of conflict with CAPPA – where it resulted in communication breakdown were addressed (i.e. were highlighted and suggestions were made to improve communication).
- Additional management strategies (e.g. phonemic cueing) were encouraged as appropriate.
- Written Personalized Advice Booklets for Aphasia (PABA) were provided to carers

**Control Group:** Nil control group. Pre and post intervention measures were collected for each participant.

**Results:**

- Significant increase in 'agreement scores' (between carers' reports of behaviours and observations from conversation analysis) post-group intervention (t-test  $p < 0.01$ ), suggesting carers perceptions of person with aphasia's communication has improved.
- Overall decrease in 'problem severity' ratings however not statistically significant (t-test  $p = 0.09$ )
- Significant decrease in number of turns spent on collaborative repair for two participants (JB  $p < 0.001$ , NH  $p < 0.01$ ). No change in the other two participants.
- Qualitative analysis revealed
  - 3 participants were able to utilise the strategies learnt to repair conversational breakdowns more effectively
  - 1 participant was unable to utilise strategies despite an increased awareness of persons' communication abilities based on CAPPA
- NB: 2 participants had efficient management of aphasia in conversation pre-intervention, therefore it is questionable whether these participants were suitable candidates for this treatment (e.g. could have equally benefited from a less-intensive, general support group).

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

- Article provides a clear outline of intervention (i.e. group therapy program across 6 weeks).
- Utilises both qualitative and quantitative measures.

**Weakness**

- Questionable whether the CAPPA is useful for identifying / measuring the desired outcome (i.e. does increased awareness of a person's communication skills automatically correlate with ability to utilise strategies / resolve conflict in conversation).
- Small study – only 4 participants.
- Pilot version of CAPPA was used therefore inter/intra-tester reliability was not fully established.
- Intervention is time intensive.

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

**Appraised By:** Adult Language EBP Group

**Date:** 2011