



NSW Speech Pathology Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE:

Conversation based training for individual dyads (5 x 1.5 hrs sessions) could be beneficial in improving the effectiveness of communication within the dyad. However, it may not improve overall wellbeing for people with aphasia and their communication partners (as measured by the VASES and HADS).

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: Cunningham, R and Ward, C. (2003) Evaluation of a training programme to facilitate conversation between people with aphasia and their partners. *Aphasiology*, 17(8), 687-707.

Design/Method: 4 dyads each individually completed an initial Ax phase (A1) then intervention (B) and then second Ax phase (A2). A1 phase involved 3 sessions to establish baseline, which involved video recording conversation between the pair for 15 mins. Conversation was based on 6 personal topics randomly allocated to each assessment then analysed for frequency counts of nonverbal behaviours and conversational interactions based around repair organisation. A1 also included completion of the Visual Assessment of Self-Esteem Scale (VASES) and the Hospital Anxiety and Depression Scale (HADS). Final assessment (A2) was carried out 2-3 weeks after completing the intervention program and was a repeat of A1.

Participants:

- Inclusion criteria: aphasia due to brain injury at least 4 months before study, severe expressive difficulty, moderate/severe receptive difficulty but able to follow simple conversation when supported, no cognitive problems & friend or relative willing to participate.
- People with Aphasia: included 3 female & 1 male, ranging in age from 47 to 75 years and 4-18 months post stroke.
- Conversation partners: included husband, wife and partner

Experimental Group: Intervention involved 5 weekly sessions of 1.5 hours in the couples' homes. Session 1 & 2 involved education about aphasia & conversation and a discussion of current abilities. In session 3, feedback was given on video recordings including successful & unsuccessful patterns of conversation with prompting of ideas on how to improve. Sessions 4 & 5 involved role playing with 2 people (1 with aphasia) conveying a message to a third party. The third party was expected to use facilitative strategies to help the sender convey the information. Session 5 also included continued practice of conversation skills and a review of the programme.

Control Group: Nil

May 2002

Results: In measures of conversation, proportion of successful repairs improved for 3 of 4 dyads, the number of trouble sources initiated by the people with aphasia decreased for 3 of 4 dyads and the number of initiated repairs increased for 3 of the 4 dyads. In dyad 1 there was an increase in repair strategies used but no change in number of turns to resolves trouble source. In dyad 2 proportion of abandoned repair sequences decreased but there was also no change in number of turns to resolves trouble source. In dyad 3, no change to number of turns to resolve a trouble source or the use of repair strategies. In dyad 4, no change to number of turns to resolve a trouble source but number of repair strategies used by the person with aphasia increased.

For nonverbal outcome measures data, ANOVA was used. For individual means of pre and post intervention assessment, no significant effects were found, but there was a trend that 3 of the 4 dyads showed an increase in mean frequencies of the use of gesture in the 3 post intervention assessments.

For VASES, no significant difference between the pre and post intervention phases or between the aphasics and their carers.

For HADS, no significant comparisons were found.

Comments – Strengths/weaknesses of paper

Strengths:

- Inter-rater reliability was completed with an independent assessor completing analysis.
- Intraclass correlation was completed for inter-rater reliability for scoring of nonverbal behaviours & conversation analyses.
- Intervention was tailored to each couple depending on their needs.

Weaknesses:

- Statistical analyses did not yield statistically significant results making outcomes somewhat inconclusive.
- Perhaps 'wellbeing' outcome measures (VASES & HADS) were not sensitive to changes associated with the intervention.
- Small sample size.
- Some aspects of the intervention were not clearly described (e.g. who was the 'third party' in sessions 4 & 5).
- Some intraclass correlation measures were incomplete due to 'time constraints'.
- 9/14 intraclass correlation measures for conversation analysis were in 'poor agreement' and 'very poor agreement' bands.

Level of Evidence (NH&MRC): IV

Appraised By: Adult Language EBP Group

Date: 2011