



NSW Speech Pathology Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE: The "Communication Partners" program (which involves training caregivers and volunteer communication partners in the community) did not result in a significant increase in standardised measures of language, communication or well-being; however, it appeared to result in significant increases on non-standardised measures of participation in communicative activities, which were mostly maintained 6 months post treatment.

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: Lyon, J.G., Cariski, D., Keisler, L., Rosenbek, J., Levine, R., Kumpula, C., Ryff, S., Coyne, S., & Blanc, M. (1997) Communication Partners: enhancing participation in life and communication for adults with aphasia in natural settings. *Aphasiology*, 11(7), 693-708.

Design/Method: Study conducted over 3 years involving 10 treatment triads (patient, caregivers & volunteer communication partner from the community), who were enrolled in sets of 3 (final enrollees were only a single triad). 2/3 incoming triads were assigned to the treatment group and 1/3 were assigned to a deferred treatment group.

- All triads were assessed before and after the treatment protocol, on the following measures;

1) Standardised measures- Three tools were used; Language - Boston Diagnostic Aphasia Examination, Communication-Communication Abilities in Daily Living and well being- Affect Balance Scale.

2) Non-standardised measures- Two investigator constructed questionnaires aimed to capture treatment constructs not assessed in standardised tools. 1) The Communication readiness and Use Index and 2) the Psychosocial Well-being Index. All triad members (including the person with aphasia) completed the questionnaires on the person with aphasia.

3) Informal measures- conducted 6 months after treatment had finished, subjective ratings were taken on expected outcomes by 2 SPs familiar with the adults and course of therapy and activities undertaken. Tallies of the numbers of activities initiated during treatment, sustained after treatment ceased and begun following treatment were also taken.

Participants: Inclusion criteria / characteristics for the 10 adults with aphasia: ability to exchange simple content via any means with a SP, 'normal' cognition/vision/hearing, ability to ambulate short distances, independent in ADLs, English as primary language, weekly contact with prime caregiver, nil history of psychosis. Mean age 68yrs, more than half had completed college, mean months post onset of 43.5, all had functional comprehension of everyday conversation and half were restricted in their ability to state their basic needs and wants.

Inclusion criteria / characteristics for the 10 volunteer communication partners: 'normal' cognition, hearing and vision with no psychiatric past. 9/10 volunteers were female, mean age of 45.

Experimental Group: Received "Communication Partners" treatment programme which aims to enhance communication and well-being in the settings where the patient and caregiver live and interact. Treatment involved 2 phases. Prior to phase 1, communication probes with a SP were conducted to guide targets pursued in phase 1.

Phase 1 (2 x 1-1.5 hour sessions per week for 6 weeks) involved; the SP introducing and demonstrating communication strategies to maximise the pair's capabilities, explaining the nature and reasons for the strategies and the volunteer communication partner and person with aphasia practising implementing the strategies whilst the SP provided feedback.

Phase 2 (14 weeks of 2 weekly sessions) consisted of introduced activities of the adult with aphasia's choice, either at home or in the community. It started with planning activities (included favourite activities, new ones or volunteering. The first session (1-2 hrs) involved reviewing the previous weeks' activity and defining the activity for the following week. The second session (2-4 hrs) included only the communication partner and adult with aphasia who carried out an activity or the preparation to carrying out an activity. Extensive probing and planning was often needed to select an appropriate activity. Selected activities and steps were reviewed and roles were discussed.

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Control Group: A deferred treatment group. 1/3 of incoming triads were randomised into this group, who were all 1 year post onset. 2 months after enrolment these triads were tested and if standardised test measures were unchanged then treatment was initiated.

Results: Standardised measures: No change in measures of language, communication or well being for both the treatment and control group.
Non-standardised measures: Significant difference from pre to post treatment for the Communication Use and Readiness Index and the Psychological Well-being Index for all triad members. A mild-moderate improvement for the awaiting treatment group was also seen. Informal measures: found that the clinicians' subjective ratings of whether outcomes had been met, not met or exceeded, roughly a third of the pairs fell into each of these categories. In terms of activities, 9/10 partnerships established activities later sustained after treatment and of the 9, 8 adults with aphasia added activities in months following treatment.

Comments – Strengths/weaknesses of paper:

Strengths:

- Inter-judge reliability conducted.
- Designed non-standardised questionnaires to measure communication and well-being.

Weaknesses:

- The description of design and treatment was not easy to follow.
- Control group showed a mild-moderate improvement in the constructed non-standardised measures also.
- Non-standardised outcome measures which showed improvement had been designed and/or administered by the researchers (possible bias).
- Age of the study (14 years old)

Level of Evidence (NH&MRC): IV

Appraised By: Adult Language EBP Group

Date: 2011