



Aphasia: Optimising Therapy Through Collaboration

Reflections on an intensive therapy group for people with aphasia.

Held at Queen Margaret University

14th Aug – 1st Sept. 2017

Sheena Borthwick:
Service Lead Speech & language Therapist
NHS Lothian
sheena.borthwick@nhslothian.scot.nhs.uk

Background and acknowledgement

- QMU had 4 years funding from Headley Trust to provide annual intensive aphasia programme aiming to:
 - Be part of student education
 - Promote inter-professional collaboration with SLT, Music and Art Therapy involved
 - Work towards creating a sustainable model
- NHS Lothian only referred patients to the programme and provided input to the advisory group
- BUT In final year (2016) NHS provided clinical time to the group to inform any decisions on any future for the programme

Bennett A, Mitchell T. Intensive Communication Group for people with aphasia (ICAG) – report for Queen Margaret University (2016)

What had we learned already?

Well evaluated by participants BUT

- There was no more money and therefore we would need to use current resources
- NHS priorities different from HEI priorities
 - More attention to patient outcomes
 - Less attention to student and inter professional education
- Programme had to have a clearer focus and sit within the SLT aphasia care pathway

Grasping the opportunity: Why was it important?



- Evidence base
 - Therapy intensity
 - SLT effective within the chronic stage post stroke if delivered in sufficient **intensity** (5- 10 hours per week)
- Brietensein C et al. 2017*
Brady MC et al – Cochrane review 2016
- Group interventions
 - Strong argument that group intervention is a powerful tool, particularly in addressing psychosocial needs
- Lanyon L et al. – Aphasiology 32.(2018)*

We knew we needed a solution to our **evidence to practice gap**

The intensity (power) debate

**More isn't always better
Sometimes it is just more**

achieving sufficient intensity requires balance

- Duration / period / interval
- Therapy programme
- Consideration to the burden of treatment



Developing the programme: Help from the researchers

- Research based Intensive Comprehensive Aphasia Programmes (ICAPS) provide valuable insights.
- They test models, report outcomes and important principles

Rodriguez et al. (2013)
Aphasia LIFT: Exploratory investigation of an intensive comprehensive aphasia programme. *Aphasiology*

How much is enough?

Learning from:

- QMU group – tested various designs
- Aphasia LIFT
 - Trial 1 – 40 hours over 2 weeks
 - Trial 2- 100 hours over 4 weeks

Concluded that next trial would be: 50 hours over 3 weeks

Most consistent pattern of improvement =

- Functional communication
- Communication related QOL

Aphasia LIFT – Aphasia Language Impairment and Functional Therapy

Emerging principles

Intensive Aphasia Programmes must:

- Use patient centred goal setting
- Include active participation of family members
- Include a variety of formats: individual/ group/education and technology
- Have a positive approach identifying strengths
- Have definable start and end dates
- Completion of the **challenge task**

So what did we do?

Took note of all of the above

- Set new aims – focus on functional communication rather than impairment based approaches
- delivered 8 full days over 3 week period – (approx 40 hours)
- 8 participants with 7 “supporters”
 - Age range 46 years to 69 years
 - Varying levels of impairment
 - All > 6 months post stroke

The Collaboration

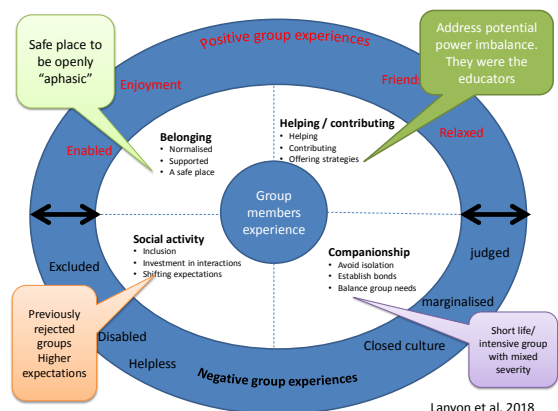
- Therapy team:
 - NHS Lothian - 2 experienced SLTs and made referrals
 - CHSS provided–
 - Education Facilitator – Gillian Currie
 - Communication team Manager – Sharon McGrory (both qualified SLTs)
 - Visiting volunteer speakers
 - QMU provided 3 student volunteers
- QMU provided:
 - Venue
 - IT / printing/ catering / janitor
 - Wider student involvement

Dr Jocelyne Watson, Siobhan Mack and Fiona Campbell at QMU



Student involvement

- 3 student volunteers attended all days.
 - Pre group training
 - De-brief / reflection sessions
 - No formal evaluation or placement requirements
- 5 student volunteers attended 1 day
 - To interview the participants
- Whole class of PG Dip students for 1 hour
 - To facilitate individually designed communication challenges for the participants



Outline of our programme

Day 1	• Introduction – getting to know each other and aims of the group
Day 2	• What is aphasia – gaining greater understanding and recognising own strengths
Day 3	• What works for me – exploring total communication approaches, including technology
Day 4	• We are all in this together – sharing information with communication partners and others
Day 5	• Moving on – focusing on self management and adjusting to a new norm
Day 6	• Educating others – practice meeting new communication partners, informing others about the condition
Day 7	• A communication challenge – a personal challenge to a small group or stranger
Day 8	• Graduation day – a presentation / telling your story to a wider audience

Evaluation

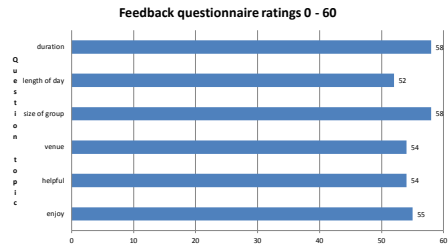
- No formal outcome measures
- 10 point rating questionnaire sent after group
- Real functional changes observed:
 - 1 participant booked a holiday after a discussion about avoiding holidays since stroke due to low self confidence
 - 1 participant agreed to assistance to return to swimming after previously rejecting offers
 - 2 participants planned volunteering roles – teaching others supported conversation techniques
- Breaking the connection well or discharge satisfaction
 - 4 participants reported they were ready for discharge from SLT having been resistant to discharge prior to the group

Therapy Approaches

- Solution focused conversation based approach
- Applied principles of “supported conversation”
- SPPARC – supporting Partners of People with Aphasia in Relationships and Conversations.
- Positive communicative counselling
- Personal stories / narrative to move towards acceptance and build resilience
- Role play
- Total communication

Questionnaire feedback

- 6 returned – 1 member did not complete due to ill health therefore only 1 not return
- Lowest rating 7 for length of day – all other ratings 8 – 10



Reflections: Why don't we do this?

SLT issues

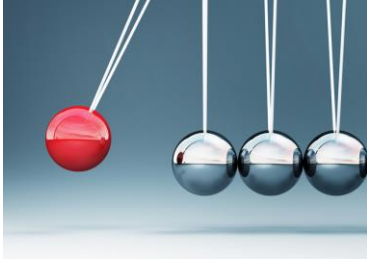
- We have limited time
- Tying to maintain equity in provision
- We default to normal practice
- Difficulty securing suitable accommodation to deliver groups intensively

Patient issues

- Pressures on their time
- Practical arrangements
- Motivation
- Burden of treatment
 - Fatigue
 - Cost
 - Stress

This is not for everyone.

Reflections: Why did it work?



The model created powerful momentum

- Student involvement
 - Experience being positioned as the person with expertise
- Their communication partners were involved
 - Joint understanding
- The completion of the challenge task
 - Hard but motivating and a sense of achievement
- Consistent +ve approach
 - Supporting adjustment and normalising
- The adult learning environment

Conclusions

- We need to find solutions to bridging the **evidence – practice gap**
- **Group** interventions can **meet needs** which are difficult to deliver in 1:1 sessions
- **Diversity** across the group is beneficial
- **Collaboration** essential to overcome resource issues – accommodation and staffing
- We were able to deliver an intensive aphasia programme closely aligned to the formally evidence based programmes reported in the literature

References

- Brady MC, Kelly H, Godwin J, Enderby P, Campbell P. Speech and language therapy for aphasia following stroke. *Cochrane Database Syst Rev* 2016; **6**:
- Brietensein C et al. Intensive speech and language therapy in patients with chronic aphasia after stroke: a randomised, open- label, blinded endpoint, controlled trial in a health-care setting. *Lancet* 2017; **389**:1528-38
- Lanyon L, Worrall L , Rose M. Exploring participant perspectives of community aphasia group participation: from "I know where I belong now" to "some people didn't really fit in". *Aphasiology* 2018; Vol 32. No 2 139-163
- Rodriguez A, Worrall L, Brown K, Grohn B, McKinnon E, Pearson C, Van Hees S, Roxbury T, Cornwell P, MacDonald A, Angwin A, Cardell E, Davidson B, Copland D. (2013). Aphasia LIFT: Exploratory investigation of an intensive comprehensive aphasia programme. *Aphasiology*, **27**, 11: 1339 - 1361