RESEARCH ARTICLE

Common practices of Speech and language pathologists about partner oriented training to treat aphasia

Fazaila Ehsaan, Nazia Mumtaz

Abstract

Objective: To find the common practices among speech language pathologists regarding partner-oriented training for aphasic patients.

Method: The exploratory, qualitative study was conducted at Riphah International University, Lahore, Pakistan, from March 1 to May 31, 2021, and comprised speech language pathologists working with aphasic patients for at least 5 years in Lahore, Karachi and Islamabad. Data was collected using a structured interview guide that were conducted online. The recorded interviews were transcribed, and the data was subjected to thematic analysis.

Result: Of the 10 subjects, 6(60%) were females and 4(40%) were males. Overall, 6(60%) subjects had professional experience of >10 years. Thematic analysis showed that most of the speech language pathologists used traditional approaches for aphasia treatment, and counselling of patient's caregiver was done. However, there was no formal tool in Urdu language to provide basic communication strategies for the patient's caregivers or their communication partners. The participants recommended efforts to develop such a tool.

Conclusion: There was found a dire need of communication partner training (CPT) programme for aphasia patients and their partners with appropriate linguistic and cultural norms to facilitate them with the aim of improving their quality of life.

Keywords: Aphasia, Quality of life, Speech therapies, Acquired communication disorder, Partner communication. (JPMA 74: 1109; 2024) **DOI: https://doi.org/10.47391/JPMA.10173**

Introduction

Aphasia is a language disorder caused by damage to the areas of brain responsible for language processing and language production.[1] It is an acquired communication problem, which has a broad impact on and beyond language impairment, thus affecting one's participation in daily life. Communication partner training (CPT) has been considered an evidence-based intervention aimed at facilitating normally communicating individuals, like family members or healthcare workers and others personally or professionally related to the patient. This uses different strategies to provide support to aphasic people in communication. Unfortunately, the evidence regarding CPT is very limited in most countries, particularly non-English speaking and low and middle-income countries (LMICs).[2]

Primary physicians attending such patients are the first to notice deficits and difficulties in communication, which is a common occurrence as a result of neurological injuries. In neuroimaging reports, the areas of brain with damage or infarction can be seen. After finding the difficulty in communication, a speech language pathologist (SLP) was consulted.[3] Aphasia can cause profound communication problems among stroke survivors, and is a life-changing disability. It has been observed that individuals with aphasia show higher risks of depression than those who have survived stroke without aphasia. They also show poor outcomes in rehabilitation and higher mortality.[4,5] A study in Pakistan revealed that 54.3% stroke survivors experienced aphasia.[6]

Aphasia is not only restricted to a person's speech and language ability, but it also manifests in other areas, especially those affecting the quality of life (QOL) of a person. People with aphasia disconnect themselves from social gatherings and personal relationships because all such relationships are dependent upon one's ability to communicate with others. Thus, aphasia alters one's identity and changes patients' sense and perception of themselves. Depression has been the most frequently reported psychological symptoms of aphasia.[7] Therefore, the rehabilitation process for aphasia also needs psychological intervention that may address issues like emotions, personality and other affected personal attributes.[8] There are also psychosocial consequences of aphasia, and certain types of aphasia therapy services have been referred to as psychosocial. The term 'psychosocial' refers to the combination of psychological and social factors. While psychological factors are related to cognition

Riphah College of Rehabilitation and Allied Health Sciences, Riphah International University, Lahore, Pakistan.

Correspondence: Fazaila Ehsaan. e-mail: fazailaa.ehsaan@gmail.com

ORCID ID. 0000-0003-1380-1547

Submission complete: 14-06-2023 **Review began:** 04-08-2023

Acceptance: 02-03-2024 **Review end:** 07-02-2024

and emotional wellbeing, social factors are related to one's surroundings and society. Thus, psychosocial consequence of aphasia pertains to how aphasia is affecting the daily life of persons with aphasia and their significant family members.[9]

Communication partner training is a kind of intervention that involves training of someone not having aphasia. It is aimed at improving a person's communication, language, participation in life and ultimately overall wellbeing of an individual. Basically, communication partner is someone who is available to the person with aphasia (PWA) with whom such a person can have interactions, but this role is not limited to family members and friends.[10] Due to increasing interest in aphasia and related communication and cognitive deficits, SLPs been more actively involved in the rehabilitation of post-stroke communication disorders. The primary role of an SLP in the interdisciplinary team is to assess and provide treatment for speech language deficits, including memory and attention difficulties.[11]

A primary role of SLPs when working with people with aphasia is to choose the right intervention technique for a particular patient. This is important because treatment of patients with aphasia is a kind of intervention that is designed specifically for the individuals to focus on their specific goals and needs. The main purpose of aphasia rehabilitation is to do the restoration of language abilities, strengthen them, teach appropriate strategies for compensation of language, and train their families, caregivers or communication partners to communicate with the people having aphasia. It is very important to educate patients and their significant others about aphasia, its treatment and recovery process because rehabilitating the PWA includes improving the skills of a person in all contexts of communication.[8]

CPT has been considered an effective interventional technique that decreases the negative impact of post-stroke language and communication deficits. Its focus is on offering different strategies and resources to communication partners that they require for supporting functional communication. It also enhances the overall wellbeing of persons with aphasia.[12] Conversational training programmes have been increasingly reported for communication partners of aphasic people because they aim at improving communication, enhancing its effectiveness and ensuring successful recovery. It has been observed that clinical aphasiologists are more concerned towards social model of disability in their regular clinical practice. Many of them use the social context in their intervention for aphasic people.[13]

It is challenging for communication partners to communicate with persons having post-stroke language and communication disorders. Training the communication partner can improve their ability to provide support for communication and also enhance the participation level of aphasic persons. Sufficient evidence has been presented in literature in support of CPT. CPT enhances QOL of aphasic people and lessens the negative psychosocial consequences.[14]

The current study was planned to find the common practices among SLPs regarding partner-oriented training in the treatment of aphasia.

Subjects and Methods

The exploratory, qualitative study was conducted at the Riphah College of Rehabilitation and Allied Health Sciences, Riphah International University, Lahore, Pakistan, from March 1 to May 31, 2021, and comprised professionally qualified SLPs of either gender aged 25-60 years working with aphasiac patients for at least 5 years in Lahore, Karachi and Islamabad. Those working on administrative posts and faculty members teaching without clinical experience were excluded. The sample was raised using purposive sampling technique after obtaining approval from the institutional ethics review committee. Informed consent was obtained from all the participants.

Data was collected using in-depth semi-structured interviews conducted in the English language using an interview guide, which included easily understandable questions regarding the emotional health of aphasic persons, support they receive from the people in their surroundings, recent techniques of assessment and management of aphasic persons and types of therapeutic approaches available for aphasia treatment. Finalisation of the interview guide was done by field experts before applying it on the sample population.

Prior to the interviews, discussion for a calibration session was done for practice to use the interview guide. The discussion was regarding the transparency, principles of honesty, independence, scrupulousness and responsibility. The interviews were based on qualitative research methodologies and phenomenology, which is basically the analysis of a phenomenon through the individual's lived experiences.[15] All interviews were conducted online using Zoom. The participants were more inclined towards online interviews due to the coronavirus disease-2019 (COVID-19) pandemic that was prevailing during the data-collection phase. Each interview lasted approximately 40-60 minutes, and was audio-recorded with due consent.

The interviews were transcribed verbatim, and then subjected to thematic analyses. An inductive approach was

used for the analyses due to exploratory design of the study. Data verification and interpretation was done by an external member who was a field expert. This process involved listening to the audio recordings and matching it with the transcription to ensure that it gave a true reflection of the respondent's perspective. For the purpose of improving credibility, interviews were coded by one researcher and then checked by another.

Data analysis was done by using the steps identified by Braun and Clarke.[16] By discussing the content and formulation of themes with experts, a final decision about the themes and subthemes was made to lead to a rational arrangement of the data.

Results

Of the 10 subjects, 6(60%) were females and 4(40%) were males. Overall, 6(60%) subjects had professional experience of >10 years (Table 1).

There were 9 themes that were identified: Emotional state of PWA; factors associated with recovery; assessment techniques used in practice; current therapeutic approaches; knowledge of partner-based approaches for PWA; need to develop CPT programme; prerequisites of communication partner; content of CPT programme; and impact on QOL (Table 2).

Table-1: Charateristics of the participants (n=10).

Variable	n (%)
Gender	
Male	4(40)
Female	6(60)
Set-Up	
Public	6(60)
Private	4(40)
Experience (years)	
5	2(20)
5-10	2(20)
>10	6(60)
Qualification	
PhD	1(10)
PhD Scholar	7(70)
MS	2(20)

Discussion

In the theme 'emotional state of PWA' SLPs reported that a PWA feels embarrassed, aggressive, socially deprived and isolated. It has been documented in literature that aphasia, when compared with other range of serious health conditions, exhibit a very substantial and negative effect on one's abilities to communicate, and relationships with their closed ones and community, leading to negative impact on one's QOL.[17]

Table-2: Themes and characteristics.

Themes	Characteristics
Emotional State of person with aphasia	Socially Deprived, Poor Psychological Well-Being, Aggression, Social Isolation and Embarrassed
Factors associated with recovery	Type of aphasia, Severity level of aphasia and effect on person with aphasia, financial stability, Caregivers' characteristics like being responsible and availability, Patient's characteristics, Clinical settings type.
Assessment Techniques used in practice	Formal assessment like MAST (Mississippi Aphasia Screening tool), General use of informal assessment in clinics.
Current Therapeutic Approaches	Formal therapeutic approaches like Melodic intonation therapy, Constraint induced aphasia therapy, Schuell's approach (auditory comprehension), Informal therapeutic approach, Different treatment approaches (mix), restorative approach, work on recognition, reception, auditory processing, memory functional communication, use of AAC devices.
Knowledge of Partner Based Approaches for Person with aphasia	Lessen the burden, Patient partner approach, Living with success approach, Community based rehabilitation, Importance of Group therapy approaches (Support groups, Aphasia groups, Social groups), Positive impact of communication partner.
Need to develop Communication partner training Programme	Immense need to develop Communication Partner training programme, Communication Partner training can accelerate the progress.
Pre requisites of Communication partner	Level of motivation, Literacy level, good counselling skills, Empathetic, Knowledge & awareness regarding impairment.
Content of Communication Partner Training Programme	Culturally and linguistically appropriate, Urdu language, Use of Pictographs, Life participation activities, Basic information of aphasia, Knowledge and information about speech therapy, Home based plans, Initial aphasia care, Oral motor exercises, Low-cost Augmentative Alternative Communication, Sign language, Posture management, Real life and natural situation, Combination of written and pictures, Bilingual language, Easily implemented and easily understandable.
Impact on Quality of Life	Improve quality of life, Strengthen the communication skills, Rehabilitation of whole family.

The current study highlighted the theme 'factors associated with recovery', and reported that a number of factors associated with the recovery of a PWA, like type and severity of aphasia, provision of adequate services and patient characteristics, like age, extent of damage, motivation level, and caregiver characteristics, like availability or presence of caregiver and their duration of time-spend with PWA. These findings were consistent with a study, which concluded that age of the participant, presence of caregiver and involving family members in group therapy of patients had a significant role.[18]

As regards the theme 'assessment techniques used in practice', the current respondents reported that usually informal assessment techniques were more preferred and used for diagnosing aphasia rather than formal assessment techniques. A systematic review also reported that out of 56 tests included, none was found to meet the diagnostic demands of SLPs, and a valid diagnostic tool was essentially required.[19]

In the present study, the theme 'current therapeutic

approaches' revealed that SLPs' management of PWA included some formal therapeutic techniques, like melodic intonation therapy (MIT), constraint induced aphasia therapy (CIAT), and Schuell's approach of auditory comprehension, and informal therapeutic approaches, like a combination of different therapeutic techniques. Also, the use of restorative approach, work on recognition, reception, auditory processing, memory functional communication and use of augmentative alternative communication (AAC) devices was reported. Similarly, a study noted that direct therapy for PWA can improve language processes for most patients, except those with severe aphasia where response may be poor, and highlighted that direct therapy and counselling should be instituted in all PWAs, while transcranial brains stimulation can also improve aphasia therapy results.[20] The directions in the current study included non-invasive brain stimulation, novel speech language therapy as well as pharmacological and alternative interventions.[21]

Another theme currently identified was 'knowledge of partner-based approaches' including community-based rehabilitation (CBR) and group therapy. This is in conformity with available literature which highlighted that the CBR programmes can bring positive rehabilitative results for those with disabilities, regardless of the type of impairment[22] and group therapy has beneficial effects for augmenting aphasia patients' communication and language skills.[23]

In the theme 'need to develop CPT programme', the current SLPs emphasised the immense need to develop such a programme that may accelerate the PWA progress. A narrative review highlighted that there are different approaches for aphasia therapy, with some focussing on reducing the language deficit by implying structured therapy sessions, and concentrating on components of language, like phonology, syntax, semantics and lexicon. While some other focussed on communication ability and did not put much emphasis on underlying language impairments. Generally, the functional therapeutic approaches focus on improving the communication by eliminating barriers in communication and by training the caregiver to enhance communication.[20]

As regards the theme 'pre-requisites of communication partner', the current SLPs highlighted the characteristics of a communication partners to be motivated with certain level of literacy and counselling skills along with empathy and must be well aware about the impairment of the person they are to work with. Shrubsole et al. mentioned availability of communication partner, time spent with PWA, familiarity with patient, lack of physical CPT resources, lack of motivation, showing signs of burden, not having enough procedural knowledge and familiarity with any CPT programme.[24]

The theme 'content of CPT programme' highlighted SLPs' opinion that culturally and linguistically appropriate local language, use of pictographs, activities of life participation, knowledge base of SLPs, home plans, early case of aphasia, interventions including oro-motor exercises, affordable augmentative alternative methods of communication, signing, posture and real-life and natural situation management were important. This was in compliance with an earlier study in which CPT was implemented on health personnel, and it reported that communicative strategies which were supported were useful and accepted by most participants and resulted in useful changes in health personnel communication with PWAs.[25]

As regards the theme 'impact on QOL', current study SLPs highlighted that treating a person with aphasia through partner-oriented training programme can improve QOL and strengthen the communication skills, as CPT is considered the rehabilitation of the whole family. These findings are similar to those of an earlier study.[26]

Qualitative studies are valuable for in-depth exploration of complex phenomena, but they do come with certain limitations. During the study, it was observed that the findings were heavily dependent on the specific context in which the research was being conducted. Factors such as the cultural background of the participants, the healthcare system in place, and the available resources could have influenced the findings. Also, a qualitative study design often involves a relatively small number of participants, which can limit the generalisability of the findings.

Conclusion

The need of CPT for aphasic patients and their significant others with appropriate linguistic and cultural norms was clearly established, as it would fulfil the specific needs of people living with aphasia, and improve QOL.

Acknowledgement: We are grateful to the Dean and Principal of the Riphah College of Rehabilitation Sciences for facilitating the study.

Disclaimer: None.

Conflict of Interest: None.

Source of Funding: None.

References

1. van Rijssen MN, Veldkamp M, Bryon E, Remijn L, Visser-Meily JMA, Gerrits E, et al. How do healthcare professionals experience communication with people with aphasia and what content should communication partner training entail? Disabil Rehabil. 2022; 44:3671-8. doi: 10.1080/09638288.2021.1878561

2. Marie PA. Communication Partner Training for the Primary Caregivers of People with Aphasia in India: A multi-phase exploratory study. School of Linguistic Speech & Comm Sci. 2022; 23:34-6.
3. Badar F, Naz S, Mumtaz N, Babur MN, Saqulain G. Aphasia-Diagnostic Challenges and Trends: Speech-Language Pathologist's Perspective. Pak J Med Sci. 2021; 37:1461-6. doi: 10.12669/pjms.37.5.2314.
4. Cruice M, Worrall L, Hickson L. Quantifying aphasic people's social lives in the context of non-aphasic peers. Aphasiology. 2006; 20:1210-25. doi.org/10.1080/02687030600790136
5. Brown K, Davidson B, Worrall LE, Howe T. "Making a good time": The role of friendship in living successfully with aphasia. Int J Speech Lang Pathol. 2013; 15:165-75. doi: 10.3109/17549507.2012.692814.
6. Kamal AK, Itrat A, Murtaza M, Khan M, Rasheed A, Ali A, et al. The burden of stroke and transient ischemic attack in Pakistan: a community-based prevalence study. BMC Neurol. 2009; 9:58. doi: 10.1186/1471-2377-9-58.
7. Sarno MT. Aphasia therapies: Historical perspectives and moral imperatives. Challenging aphasia therapies: USA: Psychology Press, 2004; pp-33-45. DOI:10.4324/9780203462706
8. Wooley M. Role of speech-language pathologists in aphasia therapy and rehabilitation as reported by practicing speech-language pathologists. Mississippi: The University of Mississippi, 2014.
9. Blom Johansson M. Aphasia and communication in everyday life: Experiences of persons with aphasia, significant others, and speech-language pathologists. sweden: Acta Universitatis Upsaliensis, 2012.
10. Cherney LR, Simmons-Mackie N, Raymer A, Armstrong E, Holland A. Systematic review of communication partner training in aphasia: methodological quality. Int J Speech Lang Pathol. 2013; 15:535-45. doi: 10.3109/17549507.2013.763289.
11. Sander AM, Raymer A, Wertheimer J, Paul D. Perceived roles and collaboration between neuropsychologists and speech-language pathologists in rehabilitation. Clin Neuropsychol. 2009; 23:1196-212. doi: 10.1080/13854040902845706.
12. Simmons-Mackie N, Raymer A, Cherney LR. Communication Partner Training in Aphasia: An Updated Systematic Review. Arch Phys Med Rehabil. 2016; 97:2202-21 e8. doi: 10.1016/j.apmr.2016.03.023.
13. Turner S, Whitworth A. Conversational partner training programmes in aphasia: A review of key themes and participants' roles. Aphasiology. 2006; 20:483-510. doi.org/10.1080/02687030600589991
14. Chang HF, Power E, O'Halloran R, Foster A. Stroke communication partner training: a national survey of 122 clinicians on current practice patterns and perceived implementation barriers and facilitators. Int J Lang Commun Disord. 2018; 53:1094-109. doi: 10.1111/1460-6984.12421.
15. Renjith V, Yesodharan R, Noronha JA, Ladd E, George A. Qualitative Methods in Health Care Research. Int J Prev Med. 2021; 12:20. doi: 10.4103/ijpvm.IJPVM_321_19.
16. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative research in psychology. 2006; 3:77-101. doi.org/10.1191/1478088706qp063oa
17. Code C. Aphasia. The handbook of language and speech disorders. London: Blackwell Publishing Ltd, 2021; pp-286-309.
18. Ribeiro Lima R, Rose ML, Lima HN, Guarinello AC, Santos RS, Massi GA. Socio-demographic factors associated with quality of life after a multicomponent aphasia group therapy in people with sub-acute and chronic post-stroke aphasia. Aphasiology. 2021; 35:642-57.
19. Rohde A, Worrall L, Godecke E, O'Halloran R, Farrell A, Massey M. Diagnosis of aphasia in stroke populations: A systematic review of language tests. PLoS One. 2018;13: e0194143. doi: 10.1371/journal.pone.0194143.
20. Fridriksson J, Hillis AE. Current Approaches to the Treatment of Post-Stroke Aphasia. J Stroke. 2021; 23:183-201. doi: 10.5853/jos.2020.05015
21. Berube S, Hillis AE. Advances and Innovations in Aphasia Treatment Trials. Stroke. 2019; 50:2977-84. doi: 10.1161/STROKEAHA.119.025290.
22. Trani JF, Vasquez-Escallon J, Bakhshi P. The impact of a community based rehabilitation program in Afghanistan: a longitudinal analysis using propensity score matching and difference in difference analysis. Confl Health. 2021; 15:63. doi: 10.1186/s13031-021-00397-y.
23. Fama ME, Baron CR, Hatfield B, Turkeltaub PE. Group therapy as a social context for aphasia recovery: a pilot, observational study in an acute rehabilitation hospital. Top Stroke Rehabil. 2016; 23:276-83. doi: 10.1080/10749357.2016.1155277.
24. Shrubsole K, Power E, Halle MC. Communication partner training with familiar partners of people with aphasia: A systematic review and synthesis of barriers and facilitators to implementation. Int J Lang Commun Disord. 2023; 58:601-28. doi: 10.1111/1460-6984.12805.
25. Shrubsole K, Lin TJ, Burton C, Scott J, Finch E. Delivering an iterative Communication Partner Training programme to multidisciplinary healthcare professionals: A pilot implementation study and process evaluation. Int J Lang Commun Disord. 2021; 56:620-36. doi: 10.1111/1460-6984.12618.
26. Magnus BH, Dias RF, Beber BC. Effects of a short educational program about aphasia (SEPA) on the burden and quality of life of family caregivers of people with aphasia. Codas. 2019; 31:e20180218. doi: 10.1590/2317-1782/20192018218.

Author Contribution:
FE: Concept, analysis, drafting.
NM: Interpretation, revision, final approval.