



**Intensive Communication group
for people with aphasia
(ICGA)**



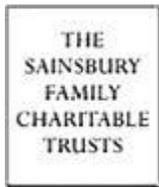
**Report
July 2014**

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1. Introduction

This is a report of the results of the 2014 Intensive Communication Group for People with Aphasia (ICGA) project. There are a series of appendices to support the report. If they are not attached please go to <http://www.qmu.ac.uk/icga>. You can download them there.

The Intensive Communication Group for People with Aphasia met at Queen Margaret University in May/June 2014.

It was more than alright – it was excellent. *Person with aphasia*

Fantastic opportunity to meet others in similar situation and to learn some new skills that will help communication on all levels with my person with aphasia. *Communication partner*

There is no opportunity, in the community, of providing this level of service. *Referring SLT*

The client contact was excellent I feel that I have never got to know adult clients as well on any other placement. *Final year postgraduate student*

I found working closely with one client over a short period of time has taught me not to judge a clients performance on 1 or 2 sessions. I've seen what a "bad day" – due to fatigue or stress can do to the clients "performance" during therapy, so moving forward I will not be so quick to judge. Working with the CPs has been everything I hoped it would be & I'm really keen to ensure I take time to talk to the CP in future (with the clients' consent of course!). *Second year undergraduate student.*

2. Funding

The project was based on the success of the pilot run in 2013. This was based on the results of a scoping exercise.

Headley Trust had funded the scoping exercise and pilot (£35000) and awarded QMU 3 years funding (£75,000) to develop the model further.

We received support in kind from Queen Margaret University (venue), React2 Ltd (React2 cloud software) and people offering their time as part of the therapy programme and project advisory group.

The project advisory group has membership from NHS Boards, third sector organisations including user led organisations and QMU. This included SLT adult leads from NHS Lothian and Forth Valley, Helen Gowland, who has aphasia as a result of a stroke and is also a member of Tayside Speakability Group and a representative from Chest, Heart and Stroke Scotland. It was set up in 2013 as part of the pilot study and will continue to advise throughout the 3 year programme.

3. Research approval

The project was a study with ethics approval and research and development approval from three Health Boards (Borders, Forth Valley and Lothian) surrounding QMU.

Research questions:

The **principle question/objective** was: “To assess the effectiveness of an intensive group model of Speech and Language Therapy based intervention to meet the agreed personal outcomes of up to 12 people with aphasia and their communication partners.”

Secondary objectives were:

1. To assess the sustained effectiveness of this model to meet the agreed personal outcomes of up to 12 people with aphasia and their communication partners the year following initial attendance.
2. Does involvement in this model of intervention contribute to the continued professional development of newly qualified speech and language therapists, acting as interns?
3. Does the model provide a suitable vehicle for acquiring some of the competencies required to become an autonomous practitioner?

4. Does involvement in this model of intervention provide students (SLT, music and art) on clinical placement, with an opportunity to meet personally derived learning goals?

This report gives details of how all of the above objectives were measured. Aims as below were written to make them easier for participants to understand.

4. Aims of the project

Aim 1: For people with aphasia

To improve the effectiveness of the participants' functional communication by offering a supported and varied environment for people to practise communication strategies.

Aim 2: For people with aphasia

To give participants confidence and experience in using therapy software and communication apps on a computer or tablet.

Aim 3: For communication partners (*This is an individual who communicates on a regular basis with the participant e.g. partner, family member, friend*)

To improve everyday communication with people with aphasia by increasing the knowledge and skills of communication partners.

Aim 4: Intern

To identify whether involvement in this therapy model contributes to the continued professional development of a newly qualified speech and language therapist acting as an intern.

Aim 5: Students

To identify whether involvement in this therapy model provides students on clinical placement an opportunity to meet personal learning goals.

Aim 6: For Speech and Language therapy (SLT) research team

To identify the components which contribute to a successful delivery of an intensive communication group for people with aphasia.

5. Participants

People with aphasia (PWAs)

Up to 12 spaces were available for people with aphasia as a result of stroke. There were criteria for participation which we supplied to both potential clients and referring professionals. ([Appendix 1](#)). The closed referral system was the same as in 2013.

9 people were referred by the speech and language therapy services in NHS Borders, and Lothian. Research and development approval was not available from Forth Valley Health Board in time to enable the Speech and Language Therapy team to refer participants this year. [The Forth Valley team has confirmed that is keen to resume referral in 2015 and 2016.]

Clients were aged 41 to 81 with varied physical abilities and level of communication impairments. In 2014 (unlike 2013) all referred clients were still receiving therapy.

PWAs attended an introductory ½ day and 7 days of the therapy programme.

Communication partners (CPs)

Communication partners were invited to attend the introductory day and 4 days of the programme for joint and parallel session. 9 communication partners came (1 friend, 1 mother, 2 sons, 1 sister-in-law, 4 partners/spouses).

We asked the clients, communication partners and referring speech and language therapists for some information pre-course. We did not do any formal assessment with the clients ourselves.

6. The therapy team

Speech and Language Therapy team

The Speech and Language Therapy team was again led by two therapists with extensive experience in working with adults with aphasia - Amanda Bennett and Tricia Mitchell. As in 2013, Jocelyne Watson (Senior Lecturer and Clinical Director, Speech and Hearing Sciences, QMU) was Principal Investigator of the research project.

There was one intern, Sarah Chedburn. She was selected through an application and interview process open to qualified SLTs who had not yet obtained employment in SLT within two years post qualification. She had been involved in the 2013 project as a final year student.

There were 8 students on placement. As in 2013, these were a mixture of students in their final year and those at the half way point in their programme. There were 4 second year undergraduates on their second placement, and 4 final year postgraduates on their fifth and final placement. They had a range of previous clinical experience, in some cases with this client group.

The creative therapies team

As part of the 2013 pilot we built a relationship with art and music therapy colleagues. In response to positive feedback, the creative therapies again formed part of the programme offered to the participants in 2014. These were led by Grainne Foster (experienced Music therapist) assisted by 1 music student, and Panos Kourtis (newly qualified Art therapist) assisted by 1 art student. More sessions were available for PWAs and sessions were also offered to the CPs.

This partnership also offered a meaningful opportunity for allied health professional students to work together.

(This clinical placement) was also unique in having art/music therapy included in the programme, and I enjoyed having a taster of each, plus seeing how we could work collaboratively with these other therapies, as this was a challenge at times.
Final year postgraduate student

Involvement of people with aphasia in planning and implementation

We further strengthened the involvement of people with aphasia in the actual planning and implementation of the programme.

Helen Gowland, who is involved in the self help organisation Speakability, continued to be an active member of the project Advisory Group alongside representatives of the NHS and third sector.

In addition we invited participants from the 2013 therapy programme to assist us with the:

- Induction day for students on placement with us (May). Two people with aphasia and their communication partners shared their personal experience of living with aphasia with both the students on placement and 15 additional SLT students (Post graduate diploma year 2 – 5, Undergraduate year 3 – 6, undergraduate year 4 – 4) invited to attend. The music therapy and art therapy students who were to be involved in the project also joined in the day. ([Appendix 2: Induction day programme](#)).
- Half day introductory session for 2014 participants. ([Appendix 3: Introductory day programme](#)) Evaluation showed that the involvement of one person with aphasia and his communication partner from the 2013 group both inspired people and helped allay any anxiety about what to expect.

7. Innovative programme

The programme built on the success of the 2013 pilot with adaptations based on the evaluation of the pilot. See [Appendix 4](#) for each day's programme.

The programme was made up of:

- ½ day introductory session for people with aphasia and their communication partners involving previous participants.
- 7 day therapy programme (10am-4.00pm) spread over 3 weeks.
- Optional day 8 to meet with 2013 participants to look at ways that the 2013 and 2014 participants might be able to keep in touch. This could be either in person or by means of some online community.
- Planned ½ day follow up day on October 6 to finalise evaluation of effectiveness.

Communication partners were invited to attend 4 days of the 7 day programme for parallel and joint sessions.

From the time the clients arrived at reception at 10 to leaving at 4, the programme was designed to offer, at all times, opportunities for communicating in a variety of situations and with a variety of people including security, canteen and shop staff. The aim of this approach is to promote independence and supported self management. All sessions were carefully planned, based on speech and language therapy principles, to encourage people to communicate in a variety of ways.

Detailed decisions about the content of sessions were influenced by participants' interests, personal goals and observed needs.

Everyday we offered:

- ✓ 1:1 and paired sessions on personal goals

These might have included:

- ✓ use of the computer assisted therapy programme react2 to work on understanding and verbal expression.
- ✓ working together to produce alternative means of communication such as communication books.
- ✓ role plays e.g. paired session based on going to the bank for clients to work on verbal expression, writing, monetary calculation.

- ✓ Small and larger group sessions with discussion and activities.
- ✓ Topics ranged from Exercise after Stroke to Special Occasions. Each group session had an overall aim with individual goals for each participant set by the therapy team to help them meet their own personal goals. For example a participant aiming to get back to work wrote the key points from discussion onto flipchart.

To give participants confidence and experience in using therapy software and communication apps on a computer or tablet (aim 2) we offered the following sessions:

- ✓ using React2 (computer assisted therapy programme) to enable them to use it at home (if appropriate) on their own and with communication partners to encourage use at home
- ✓ introduction to relevant communication and therapy apps for use on computer and tablet.

These sessions generated a lot of discussion and sharing of experience in the use of different apps, and the downloading of relevant software for use outside the programme. The communication partner of 1 client who had previously not been using a computer at home planned to set up the relevant software on a computer and iPad for her use. 2 clients who had previously not found react2 helpful experimented in using it differently and again planned to use at home.

To increase participants' confidence to communicate in everyday situations after the programme finished, opportunities were set up for people to talk to people they did not know, with the necessary support. For some this meant ordering a coffee in the University bar. Everyone also took part in the Communication Challenge. This involved going to four different places to meet people and find out information from them - e.g. the names of the reception staff and how long they had worked at QMU.

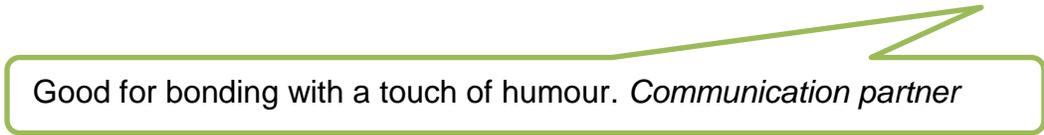
I am more confident now in speaking in the supermarket, chemist and at home with carers. *Person with aphasia*

Collaboration with creative therapies (art and music therapy)

All people with aphasia attended at least one art therapy session and one music therapy session. We gave them the opportunity to attend further sessions either in a small group of people with aphasia or in an individual session with the therapists and their communication partner.

Communication partners attended one collaborative art/music session and again could attend further sessions if they wished.

See [Appendix 5](#) for Art therapy report. See [Appendix 6](#) for Music therapy report.



Good for bonding with a touch of humour. *Communication partner*

8. Measuring impact

Everyone participating in the project had personal goals that they were working towards. The referring SLTs had also outlined, in most cases, the goals which they and the clients were working on prior to the course. These were taken into account in the discussion when the personal goals were jointly set by the person with aphasia and the student. To set more personal goals we used a modified “solution focussed brief therapy” (SFBT) approach. This is a practical framework for individuals, families and groups who can begin to work on their strengths by focusing on the solutions rather than the problems in their lives. (Ref: *Focus on solutions: a health professional's guide* by Kidge Burns; January 2005). ([Appendix 7: Goal setting template \(PWA\)](#))

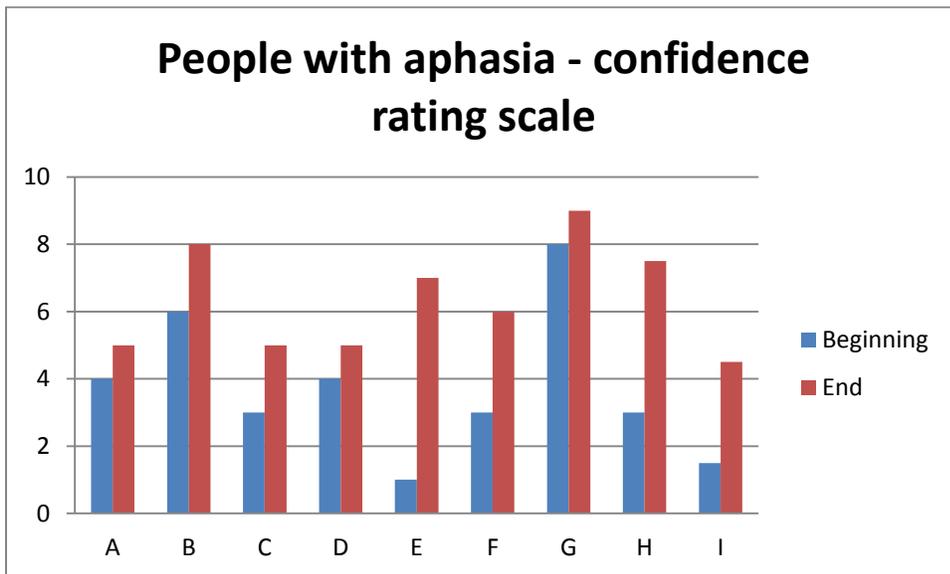
People with aphasia

Participants attended all the days and there were no drop outs.

We used a personal confidence rating scales 0-10 on Day 1 and Day 7 to measure overall impact of attending the programme. We will look again at the rating scale on the follow-up day 3 months post programme (October 6).

In addition we used questionnaires which were completed at the end of day 6 with support.

Results



All clients with aphasia reported an increase in confidence in communicating.

The reasons for the change in scores include:

- My writing has improved in clarity and speed
- Slowing down speech rate to allow greater thinking/word finding time
- Reading aloud short sentences fluently
- Using my new communication book
- Doing things I hadn't tried since my stroke e.g. texting
- I realised that there are certain things that I can write
- Communication partner writing down information to support understanding
- My reading stamina has improved
- Using strategies to support my writing
- My speaking, reading and writing have improved
- Talking to people I didn't know
- Can cope with demands of a conversation, despite feeling tired
- Speaking in front of people in the group
- Sing more words of songs she liked to sing (*joint session with music /SLT*)
- I am less frustrated
- I am happier

J (wife) is happier. I can communicate better with her. She is helping. *Person with aphasia*

Goals achieved or partly achieved include:

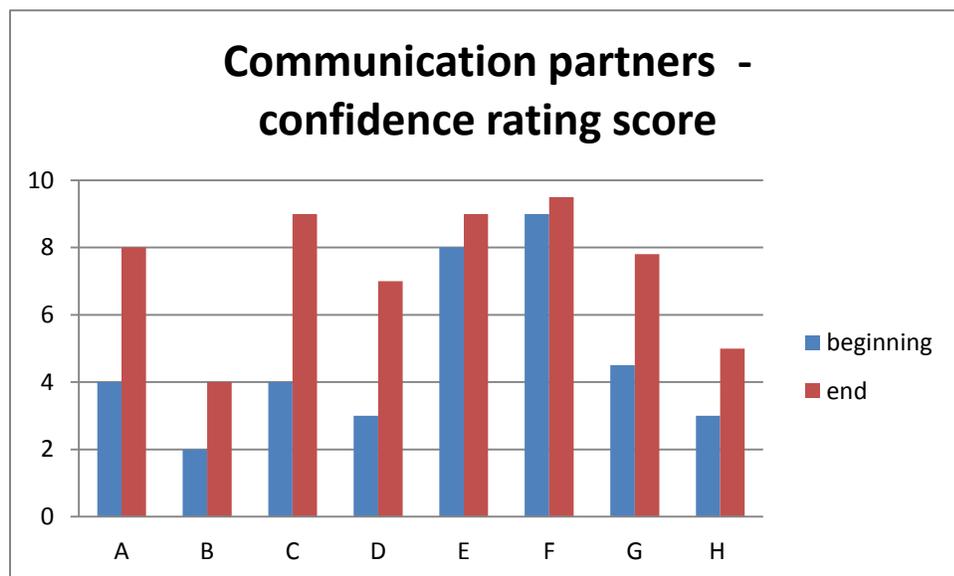
- To be more independent by making my own meals, going to the bank, and taking the train from home to Edinburgh. (*These goals were partly met by writing shopping lists and role playing*)
- To increase independence by taking a taxi to and from QMU on my own (*fully met*)
- To be able to write an email using the correct function words (*achieved*)
- To be able to accurately give a sequence of numbers over the phone (*greatest achievement – met by doing role-play in a bank situation*)
- To be able to write a letter to my cousin (*achieved – through work on computer*)

Communication partners

On the first day communication partners attended, we used a 0-10 rating scale to assess 'How confident are you now in communicating with a person with aphasia'.

We also agreed personal goals that they wanted to achieve by the end of the programme. See [Appendix 8](#) for Goal setting template (CP). At the end we asked them how confident they were now and whether their goals had been met.

Results



Everyone's confidence had increased. The reasons given for this change included:

- using more visual aids and communication tools between us.
- using more tools to help him get out the words or express meaning e.g. gestures, writing it down.
- using computer assisted therapy programme (react2) and seeing how we can use it at home.
- not finishing her sentences for her .
- speaking more slowly and clearly.
- accepting that progress may be slower than expected.
- Because he has become more confident he's slightly less frustrated in himself and others.

Because we have both learnt new skills things are not so fraught, therefore life is that bit easier" *Communication partner*

2 communication partners had fully met their personal goals, 4 partially, and 2 did not set specific goals.

Goals achieved included:

- To have a greater understanding of aphasia and how it impacts on my relative.
- To learn from others in a similar situation.
- To learn to be a better listener and not to jump in.
- To use communication aids to reduce frustration.
- To encourage him to mix with other people.
- To work out how to encourage her to do more tasks in the house not just watching television .

The majority of goals were partially met requiring more time and practise to achieve. For example:

- To communicate in ways to make him less frustrated.
- To motivate him to be more independent
- To have a better conversation on the telephone

Intern

Aim 3 of the project was to identify whether involvement in this therapy model

contributes to the continued professional development of a newly qualified speech and language therapist acting as an intern.

At the beginning of her internship Sarah identified activities she wanted to undertake which would go towards the requirements of a newly qualified SLT in order to meet their first set of RCSLT (Royal College of Speech and Language Therapy) competencies. These were achieved and the information will be carried forward to her first clinical job. Thus this aim was met.

It has been an invaluable experience for me. I have been able to increase my clinical knowledge and practical experience, and I think it looks very good on the CV. It is also very rewarding knowing that the work we have done has improved many people's lives. *Intern*

Students

Aim 4 of the project was to identify whether involvement in this therapy model provides students on clinical placement an opportunity to meet personal learning goals. All summer placements are experiential and students work towards achieving abilities identified as appropriate for their level in the programme. They receive verbal feedback from their clinical educator as appropriate and more formally at the half way stage and at the end of the placement. Students also have a written feedback report.

On this placement, every student also identified 4 learning outcomes they wished to achieve by the end of the placement. These were agreed with the Therapy Leads at the beginning and assessed at the end. 2 students met all 4 of their learning goals and 6 met 3 out of 4 learning goals. Where goals were not met, students often referred to the lack of time available to fulfil these once the programme started e.g. accessing and integrating research evidence from the literature into session plans and clinical practice; documenting effective strategies for initiating and maintaining informal conversations.

For students, the major difference between the experience offered in 2013 and that in 2014, was the greater proportion of placement time spent in face to face induction and therapy sessions with PWA and their CPs (7 days v 10 days).

As in the 2013 pilot, some students were initially concerned that the number of hours of face to face contact would be much fewer than on a more traditional NHS placement. However, by the end of the programme (and placement) they generally reported that in being with the clients (and sometimes communication partners) from 9.45 to 4.00,

including coffee and lunch, they had a unique opportunity to be with people with aphasia. This was not only in a therapeutic session but also in more informal settings.. This worked out well for many students.

After the first couple of days, it was clear that I would be getting more independent work, I would be managing my one client and also getting a lot of clinical hours. I am happy very pleased with this placement in the end. *Final year postgraduate student.*

The client contact was excellent I feel that I have never got to know -adult clients as well on any other placement. *Final year postgraduate student.*

I felt that contact time with clients was akin to more traditional therapy placements so wasn't fazed by the 7 contact days (these were therapy/observational sessions from 10am – 4pm which isn't normally practised in clinic). I had high expectations of the CP days & the placement lived up to this. *Second year undergraduate student.*

I had concerns about the placement suitability for a final placement. However after consulting my clinical educator and after being given more responsibility and more input into group session planning etc., I feel ready for entering the job market. *Final year postgraduate student*

I feel that, while this placement has been very different to any other clinical placement I will have in the future, it has been hugely beneficial and better than I had expected it to be. *Second year undergraduate student*

I loved working with the clients and thoroughly enjoyed the therapy days, I just feel that 7 clinical days as opposed to 17 in another placement isn't really suitable for a final placement. *Final year postgraduate student.*

The 2014 model had fewer days for planning and reflection than was the case in 2013 (7 days v 10 days). This also reduced the opportunity for supervisory feedback.

Some students reported that they felt that the level of supervision was insufficient.

My expectations were met in terms of the wide variety of experiences we were given and the content of the programme. However I don't feel they were met in regards to clinical supervision and sufficient information regarding my performance that would lead to critical thinking and reflection about my clinical skills. *Final year postgraduate student*

I feel it would be useful if students received more frequent feedback on individual sessions which a clinician observed. *Second year undergraduate student.*

Others reported more positively

I thoroughly enjoyed getting to know the clinicians and developing a near equal relationship with them - discuss client issues and programme structure etc. *Final year postgraduate student*

I liked that we got given a lot of independence to run out own groups and 1:1 sessions. I feel that has given me more confidence for future. *Final year post graduate student.*

In terms of the value of the project as a clinical placement, the 2014 student cohort as with the 2013 represented two levels of the programme – students in their final year and those half way through the programme. This year feedback from both levels raised issues to be considered for future placements. But generally, the feedback was very positive with regard to this type of placement for both undergraduate and post graduate students.

The undergraduate students had not covered aphasia in lectures at the time of the group, but some had had a previous placement working with adults (including those with aphasia) so their knowledge and experience varied on a personal basis.

I think a clear definition of the precise roles of the students if they were to act as mentors or not. This was unclear in the beginning and I felt I was being bossy trying to get things done. If one PG was given an UG to mentor and they had to run session plans over with them it would even out the workload for the clinicians and also give the PG an opportunity to do this more. *Final year postgraduate student*

At the beginning of the programme each undergrad was paired with a postgrad but it was not made clear what the roles were exactly. I think it would have been beneficial for myself and perhaps other undergrads to have one of the postgrads as a mentor to go to if we have any questions or are stuck for ideas. This might also be beneficial to prepare them for having a student with them in the future. The postgrads have said that they didn't want to be bossy but as an undergrad with no experience I felt at times that I would have benefitted more from instructions and guidance from the postgrads. *Second year undergraduate student.*

The only disadvantage I can think of is the reduced amount of contact time with the clinicians which comes with having 8 students rather than just 1. However, we would not have been able to achieve all of the activities that we did and the placement would not have been as successful as it has been. *Second year undergraduate student*

Not having my aphasia based university lectures (prior to the placement)left me at quite a significant disadvantage. *Second year undergraduate student*

While I feel that this placement has been challenging and at times stressful, I feel that it has given me the opportunity to develop many new skills and has enabled me to push myself and prove to myself and others what I am capable of. I have enjoyed the challenges and am grateful for having the opportunity to take part in such a new and unique clinical placement. *Second year undergraduate student*

Due to being 8 of us we were able to form friendships and as a result it allowed a forum whereby advice and ideas could flow, regarding individual cases. This is especially relevant as the Post grads as they were an invaluable resource to have as an undergrad. I was able to ask quick questions regarding techniques or advice and direction would be given if they were able to. *Second year undergraduate student*

I found it hugely beneficial to have other students with me on this placement, particularly the post graduates. I feel that I was given a lot of support by some of the postgrads and I learned a lot from their approach to tasks and their interactions with PWAs and CPs. *Undergraduate student*

Mentoring other students and helping them with their sessions and reflecting at the end of the day - more of this! *Final year postgraduate student*

Reporting at the end of the programme

Verbal feedback to speech and language therapists

Each client reviewed their personal goals with the student who had been working with them during the programme. With the client's consent this information was shared with their communication partner and they discussed goals for the future.

Unlike the 2013 cohort, all clients were going to be seen by NHS speech and language therapists post programme. We therefore invited referring speech and language therapists to attend on Day 7. In some cases the client was going to be seen by another speech and language therapist rather than the referring one. They were also invited to attend.

Speech and language therapists of 7 clients were able to come on Day 7. Each client sat down with their speech and language therapist, communication partner, and student and discussed what had been achieved and possible future goals.

It was fabulous to see the clients so enthusiastic and positive about the group.
Referring SLT

(Coming on Day 7 was) very helpful - seeing the set-up, and speaking to the student. It was a very good opportunity. *Referring SLT*

At the end of the programme we gave everyone a handout of information supplied during the course. See [Appendix 9](#) for a copy.

Each client has also been sent a report outlining what they and their communication partner had done and achieved with a general report from the art and music therapists. We sent a copy of each to their speech and language therapist, and we informed their GPs that they had attended the programme.

One of the 2 referring SLTs who were unable to come to the feedback day, commented on the benefit of receiving the written report.

.....I'm away to start working directly with D today so this feedback is fantastic.
Referring SLT

9. Finance

The project has been delivered within budget. The exact amount will be calculated after the end of the follow up day in October 2014.

10. Summary results of the evaluation

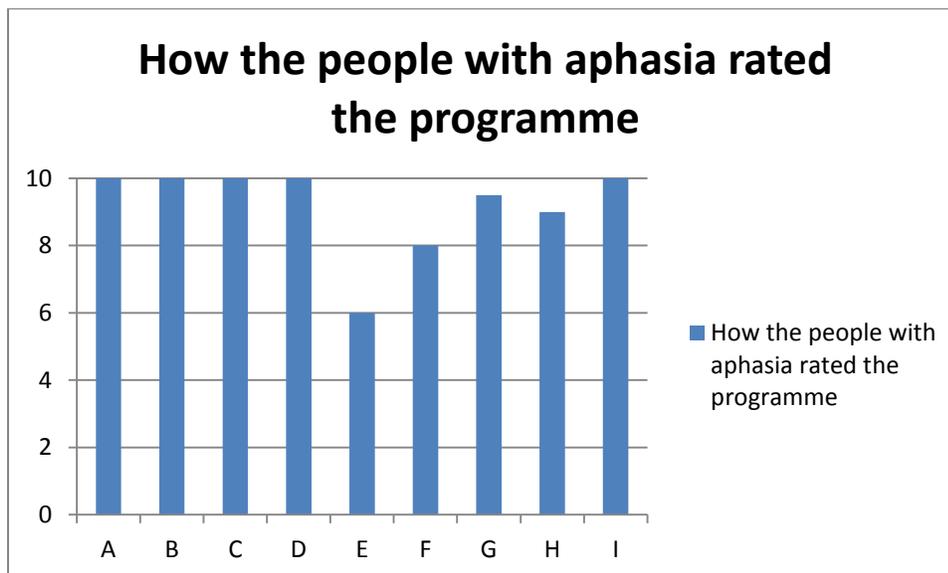
We invited all groups who had been involved in the programme to evaluate it with us.

- We met the overall aims of the project.
- All participants were asked to rate the group on a scale of 0 (negative) to 10 (positive).
- Overall the feedback was positive.

Key to all charts:

- the letters along the bottom relate to the people;
- the numbers on the left show the score each gave (10=most positive):

Evaluation of the programme by the people with aphasia



We asked the people with aphasia a number of questions about the running of the group.

Full results are in [Appendix 10](#). Here is a summary of the results.

Everyone said they enjoyed the programme, would come to another and would recommend it to other.

Made friends (PWA)

Excellent – wonderful. (PWA)

It would be great for more people who need help. (PWA)

3 days a week is a lot and tiring. But I love to learn. (PWA)

There were reservations about the possible idea of a residential group.

Like going home in the evening. (PWA)

But I would need a lot of help. Would not like to stay on my own. (PWA)

2 weeks max. (PWA)

Only 1 person could not identify new ways that they had learnt to communicate.

iPad, writing down and gesture (PWA)

New phrases in communication book (PWA)

numbers – and learnt a lot from other PWAs (PWA)

It helped to get back into using writing, emailing and using my phone. It's a start and I'm going to carry on. (PWA)

Some wanted more time to practise.

Learning all the time. (PWA)

Not enough – more time to practise. (PWA)

Everyone found the ½ day introductory session useful. Some would have preferred more information about the content of the course before coming and to receive it earlier.

(Gave you a) good idea of what was happening (PWA)

Liked hearing about art and music. (PWA)

Lots – meeting other people with aphasia (PWA)

For most people 7 therapy days lasting from 10am to 4 pm spread over three weeks was the right format. Some wanted more but none less.

A lot more!
(PWA)

More – perhaps another week but maybe too much (PWA)

Day in between good because tiring – also for students and SLTs. (PWA)

Rest day was useful. (PWA)

Everyone found QMU easy to get and easy to find their way around the building and the staff helpful. 2 did comment on the building work taking place during the course and 1 person found noise levels in the canteen and when we all gathered in one room at the beginning and the end of the day high.

1 person would have preferred it in the city of Edinburgh.

There were 9 people with aphasia in the group. All said this was the right number.

9 better than 12
(PWA)

I have spoken to everyone. But it's been hard as there is a lot but I have met them all. (PWA)

All of those whose communication partner attended the full programme said they found it useful for them to be there, and to have the time to work together in some sessions. 1 person said he had wanted to come by himself.

Liked having J (wife) here. (PWA)

No – want to be independent. (PWA)

More than just useful – helps them understand things they wouldn't do otherwise. (PWA)

Gave him a different view from before he came. More patient! (PWA)

(Working on) react2 session – he could see how it could be done differently for you. (PWA)

It was excellent (working together) – we were able to get into things together that we hadn't touched on before. It was a benefit to both. (PWA)

Some sessions were structured so that communication partners worked with a different person with aphasia to enable them to put newly learned strategies for being a good communicator into practice. 8 said it was useful – one said “OK but not really useful”

We asked people about the structure of the programme i.e. large and small groups, 1:1 or paired sessions.

All found the small group sessions and 1:1 or paired sessions useful.

Excellent (PWA)

Amazing – student unbelievable! Day 1 goals set and adapted sessions to meet them. (PWA)

7 found the large group sessions useful but we will need to adapt them to make them useful for everyone.

Met other people and saw others' challenges (PWA)

Too many people – speech not practised. (PWA)

If it was all large groups would be a problem. (PWA)

Good fun – I enjoyed myself (noisy at times) (PWA)

Session timings varied according to the type of session e.g. 1:1 or group, but everyone said they were the right length.

Just right for me to think (PWA)

We asked people about specific sessions that they had participated in.

- **Using computer assisted therapy programme, React2**

There had been some technical difficulties with the internet but 6 were enthusiastic about using it.

I liked that – trying at home and keep trying (PWA)

- **From pen and paper to iPad**

This was a session to look at communication aids and therapy apps. 6 found it useful.

- **Music therapy and Art therapy**

5 said they enjoyed the session and four find it useful. Some participants were enthusiastic and 3 chose to do an extra small group session and 1 person an individual session with therapist and communication partner.

I loved it very much. (PWA)

Others saw other sessions as more of a priority for them.

I enjoyed the art and music but I was happy to have one session and get onto other stuff. (PWA)

between art/music and computer would choose computer. (PWA)

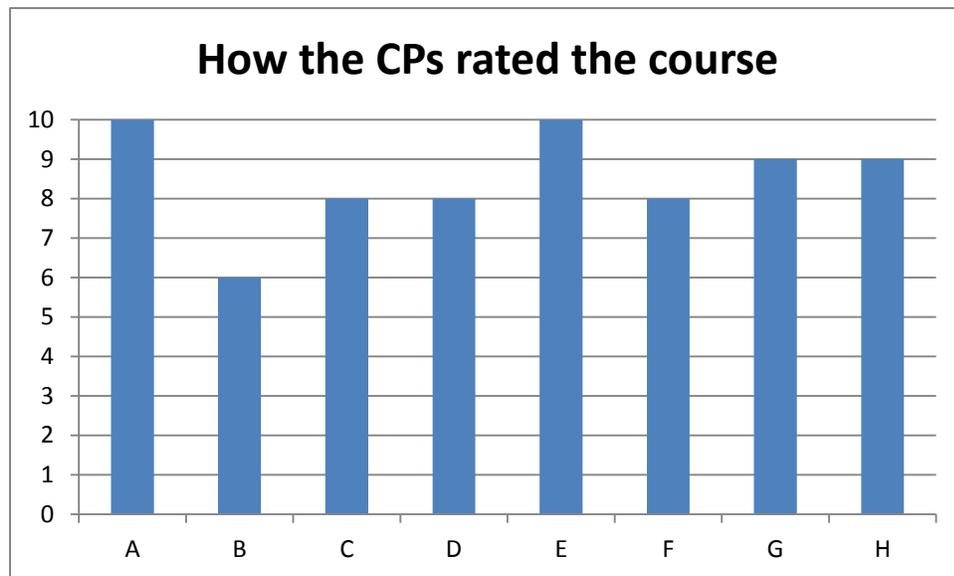
There was similar feedback for the art sessions with 4 saying they had enjoyed the session and 3 choosing to do another small group session and 1 participating in 2 sessions with therapist and communication partner.

Calming and peaceful. (PWA)

Alright – rather worked on speech. (PWA)

Communication partners

The communication partners also rated the programme highly:



8 communication partners completed an evaluation form. One person only came on the last day, and it would not have been appropriate to ask her to complete one.

The communication partners were asked a similar range of questions as the people with aphasia. Full details are in [Appendix 11](#).

All said they had enjoyed the group, would come to another, and tell others to come to a similar one. 3 said they would come to a residential group.

Enjoyed it very much *Communication partner*

Everyone agreed that the number of people with aphasia in the group (9) was correct.

Everyone seemed to get adequate attention. *Communication partner*

Group was well balanced.
Communication partner

Everyone said they had enough information before the group, and those who had been able to attend found the Introductory Day useful.

Yes – very well explained by SLT who put name forward. *Communication partner.*

Very informative; overview of course and schedule. *Communication partner*

(Introductory Day) questions all answered. *Communication partner*

(Introductory Day) gave a chance to ice break. *Communication partner*

The majority thought 7 days therapy from 10am to 4 pm each day and spread over three weeks was the right format for people with aphasia.

I think all with aphasia would have liked more. *Communication partner*

Days were well structures and he enjoyed every day. *Communication partner*

Some days were tiring for D but managed. *Communication partner*

Was good to have day off in between. *Communication partner*

(PWA) found the days fun and rewarding. *Communication partner*

Generally they thought 4 days was enough for communication partners. One would have liked longer and one thought the CPs programme could have been given more thought and been busier.

All felt QMU was easy to get to and was a suitable place with accessible facilities and helpful QMU staff. One felt the suitability did depend on where people lived.

Easy to get to – good parking. *Communication partner*

Bright and informal. *Communication partner*

QMU staff were all very polite, helpful and friendly. *Communication partner*

Everyone found taking part in sessions with other CPs was of great value.

Very useful, knowing we are not alone, everyone faces same issues.
Communication partner

Broadens the understanding required. *Communication partner*

Everyone agreed the sessions working with their friend/relative with aphasia was useful.

Always communicating but made easier. *Communication partner*

But people found the sessions working alongside someone with aphasia that they did not know particularly useful.

Very very helpful having to find different ways to communicate. *Communication partner*

This was excellent – opens your mind and takes you away from your comfort zone.
Communication partner.

Extremely beneficial. *Communication partner*

All agreed that they had learnt new strategies to assist communication.

react2 and heard of other computer programmes. *Communication partner*

Surprised by the variety of communication each of which can serve a purpose. *Communication partner*

An innovative collaborative session of art and music was offered to the communication partners on the first day they attended the course. It was not the intention to hold this session so early in

the programme, but due to timetabling issues, there was no alternative.

One person had to miss the session on the day. Of the remaining 6, one said it was useful but all the others said no. But in a verbal feedback session immediately afterwards, they felt it had given them the opportunity to bond as a group.

One communication partner took up the opportunity of having a joint art session with their husband and the therapists.

....really useful so will definitely use it in the future. *Communication partner*

Some communication partners were not familiar with the computer programme, React2, and as each person with aphasia had been given a log-in for the duration of the programme (and beyond), they were able to observe a session being led by one of the students. All found it very useful except for the person whose relative did not have access to a computer at home.

Opens up various paths to be explored together. *Communication partner.*

We then asked communication partners to rate specific sessions that had been offered. In general it was agreed that all had been useful.

- **Understanding aphasia**

As a result of a successful session developed in 2013 by 2 students, a session on simplifying aphasia was run for communication partners by 2 students and the intern from the 2014 group.

Very interesting and informative.
Communication partner

Explained in simple terms.
Communication partner

- **What makes a good communicator**

This session for communication partners on their own was led by one of the Therapy leads.

This especially gave new ideas how to communicate. *Communication partner*

Very helpful – brings faults and weaknesses to light. *Communication partner*

- **From pen to iPad**

2 students led a session which was attended by both communication partners and people with aphasia. It focussed on low and high technology – viz. communication aids and electronic tablets such as iPads. Only one person did not find this useful due to lack of computer knowledge.

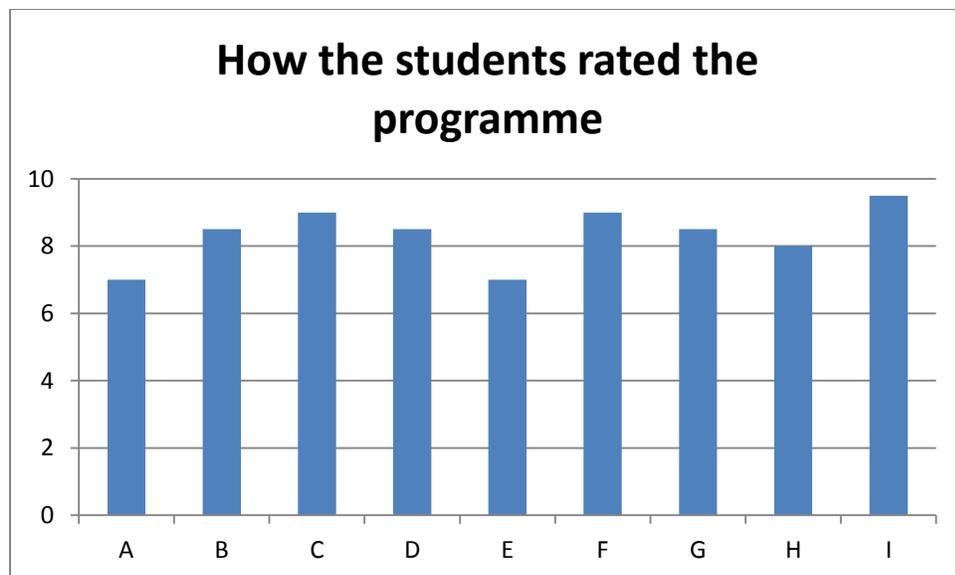
Very helpful. *Communication partner*

D already uses iPad but found it interesting. *Communication partner*

Students

Students were asked to rate the programme and to answer specific questions about aspects of the programme. See [Appendix 12](#) for full details.

In general they rated the overall programme highly.



They were asked if they had received enough information about the clients before the group started.

6 said they had, 1 didn't and one wasn't sure.

I think we had as much info as we could expect. We were able to build an idea of what to expect from the clients and the CPs. *Student*

The introductory day was considered to be very useful both for the clients and the students

put a lot of clients at ease for coming back *Student*

I feel it reassured some people who were maybe hesitant about participating. *Student*

They were asked about 7 days being the right number for people with aphasia and 4 for communication partners. No-one thought the days should be less– some wanted more for both clients and communication partners.

Tiring but think most clients would like a longer programme. *Student*

While this is difficult because of the nature of the placement I think more therapy days are needed to work on all personal goals. I felt that I did not have enough time to explore react2 with my client. *Student*

CPs needed more time to improve their communication skills. *Student*

The students had different views on the length of day for the client.

Any less would be limiting what we can do in the day – any more client would be too fatigued. *Student*

A lot of clients tired towards the end of the day perhaps a 3pm finish would be better. *Student*

Most thought the number of clients in the group was just right

...allowed bonding to occur and gave people an insight into the fact that they were not the only person with aphasia. *Student*

When asked about the programme itself they all felt the various session for communication were useful – small and large groups (with some reservations) , 1:1 or paired .

Some clients benefitted more than other in these sessions. *Student*

I believe these group sessions were key in building any of the client's confidence. *Student*

Paired sessions worked well as the clients were keen to support each other as well as sharing strategies. *Student*

They all felt that the sessions where communication partners sat in on with the person with aphasia and student were very valuable. The sessions where a communication partner worked with a different person with aphasia were extremely successful.

Ideal opportunity to model strategies and good communication. *Student*

Gave the CP a chance to see what their PWA could do with support. *Student*

(working with different PWA) Incredibly helpful – felt it broadened the experience of CPs and enabled them to experience communicating with different PWAs. *Student*

They enjoyed using React2 with the clients despite some technical problems with the internet.

Impressed with the range of ways this was used with different clients. *Student*

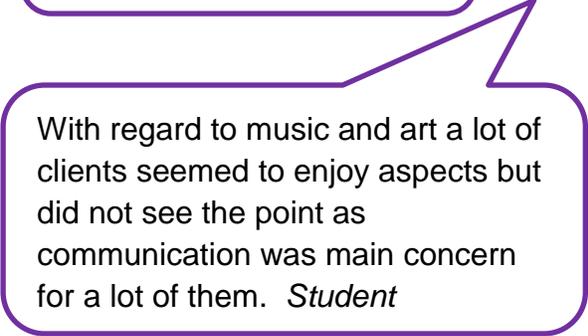
We both learned that React2 can be extremely adaptable and versatile with a little imagination. *Student*

Finally they were asked about how useful art and music therapy sessions were.

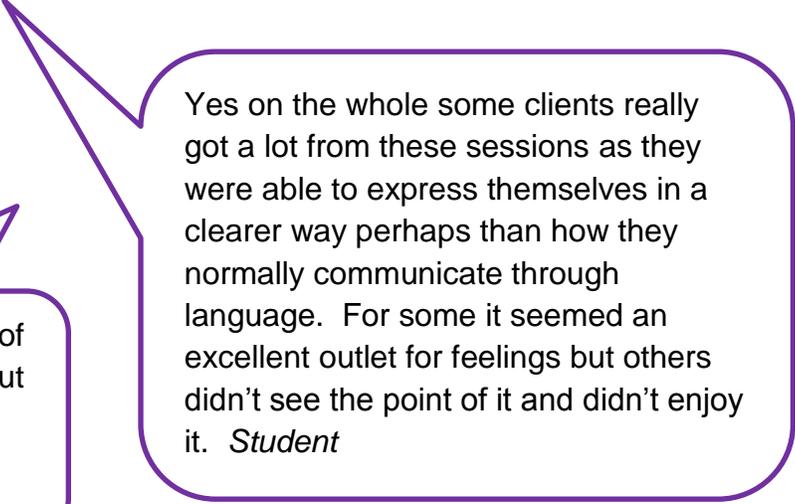
Some students clearly saw how useful these two creative therapies could be. Others found it more difficult to identify the benefits.



I saw the enjoyment art gave one client and his CP.
Student



With regard to music and art a lot of clients seemed to enjoy aspects but did not see the point as communication was main concern for a lot of them. *Student*



Yes on the whole some clients really got a lot from these sessions as they were able to express themselves in a clearer way perhaps than how they normally communicate through language. For some it seemed an excellent outlet for feelings but others didn't see the point of it and didn't enjoy it. *Student*

11. Comparison between 2013 pilot and 2014 group

In running the programme this year we followed many of the same components as the 2013 pilot:

Venue and facilities

QMU again offered a suitable, high quality facility with the necessary amount of space to be able to offer the variety of activities.

Overall aims

The overall aims were again similar and there was a similar increase in confidence in communicating both with the people with aphasia and their communication partners.

Closed referral system

We had 9 appropriate referrals from NHS SLTs. As in 2013 the project timetable was interrupted by the length of time it took for R&D approval to come through. As a result, Forth Valley was unable to refer anyone this year so the referrals came from NHS Lothian and Borders only.

As in 2013 this meant that referrals were received very late with NHS clinicians sometimes needing to contact clients out of their regular session times. It also meant the Therapy leads had less than the planned time to familiarise themselves with the clinical information and prepare the students.

Again the age range of people with aphasia was wide, and presenting conditions diverse including one person with apraxia of speech. The diversity was seen as providing a useful learning experience for everyone.

This year all the clients were still receiving SLT therapy though a number were waiting whilst being transferred from one team to another. This meant that we built into the programme an opportunity for referring SLTs to come to the group on Day 6 and hear what had been achieved. This will support a smooth care pathway for the client and assist the SLT in identifying future therapy goals.

Measuring impact and setting personal goals

We used the same 0-10 rating scales. We further modified the solution focussed brief therapy approach to goal setting to make it more accessible to people with severe communication impairments. We did this by reducing the number of questions. This meant only having one rating scale to measure confidence in communicating. Again this approach was more successful with some individuals than others.

The Speech and Language therapy team

We had the same structure of two experienced therapists assisted by 1 intern and 8 students on block summer place. So again the project offered a valuable practice based clinical education for students and interns and they were all able to meet most or all of their personal learning goals as a result. It was helpful that the Intern was a previous student on 2013 pilot. The opportunity for clinical education on the impact of aphasia was again extended to non-placement students who were invited to attend part of the Induction Day in May.

This year the students were drawn from two cohorts - final year PG Dip and second year undergraduates. (In 2013 some students from the first year PG Dip programme also took part). The students were on the same number of placement days i.e. 17 but there were more therapy days (8 rather than 5). This meant less time for planning and for 1:1 clinical supervision.

Creative therapy teams

We again worked with our colleagues from music and art therapy. In addition to the qualified therapists we had involvement of 1 music therapy student and 1 art therapy student. The opportunity of shared learning between therapy professionals was again highly beneficial to the clients, therapists, students and intern.

This year we did not have the involvement of our physiotherapy colleagues due to time pressures. However we included a modified session on Exercise after Stroke in the programme. This was based on the 2013 session jointly planned with physiotherapy.

Involvement of 2013 participants

Again we involved people with aphasia in the planning and implementation of the programme. We increased this. Two people with aphasia and their communication partners from 2013 took part in the 2014 induction day for students. This enabled the students to hear the relatives' perspective as well. We held one session in April in order to check who might be willing to help at either the induction day or the introductory session.

One person with aphasia and his communication partner from the 2013 cohort attended the introductory day for the 2014 cohort.

Programme

The Introductory half day again proved vital in giving individuals all the information they needed before starting. The involvement of one client and his communication partner contributed hugely to allaying any anxieties about coming on the full programme.

This year we offered 7 not 5 therapy days with an 8th optional day to meet with 2013 participants. This increase in days allowed more time to:

- meet personal goals.
- practise strategies.

- undertake functional activities e.g. ordering a drink at the student union and interviewing QMU staff as part of the Communication Challenge.
- take part in extra optional music and art therapy sessions.
- the 8th (optional day) proved to be successful with all clients and CPs wanting to attend but 2 couldn't come. It was decided to make the 8th day for future groups an integral part of the programme – not an optional day.

Given the rest day(s) in between each therapy day fatigue did not seem a greater problem than previously.

Communication Partners

We believe that involvement of communication partners is key to encouraging carry over from the programme to everyday life. We invited CPs to attend double the days i.e. 4 not 2 with a final optional day. This allowed us to offer them more opportunities to:

- exchange ideas amongst themselves
- work alongside their own friend/relative
- work alongside with a person with aphasia who they did not know
- develop resources e.g. communication books and activities e.g. computer based therapy activities to carry on at home.

CPs were actively encouraged them to attend. This year everyone had a CP who attended at least some of the programme, and they were a more diverse group in terms of age and relationships (mother, 2 sons, sister-in-law, 3 wives, 1 partner and a friend).

Follow-up

The follow-up day has been arranged for 3 months post group rather than 1 month to better measure longer term impact of the programme.

Computer based therapy activities and communication aids

This year we did not schedule a daily computer based therapy activity for everyone using React2. However it was an option that many took up and found useful. Unlike last year, many of the clients had not previously used React2 so for them it was a new and valuable experience. They were again given their individual log-ins to the React2 programme which can be used until 6 October.

We also introduced and demonstrated some useful apps for both communication and therapy, many of which were downloaded for use during the remainder of the programme. The list was compiled jointly by SLTs and PWAs who were already using some of the apps or programmes.

Communication books

This year, some clients shared their existing communication books at an early stage in the programme, and as a result of seeing one excellent example, some of the students started similar communication books for 3 other clients.

Travel and travel expenses

Some individuals came from further afield this year, one couple making a hundred mile round trip to get to QMU. This year, unlike the pilot in 2013, travel expenses were given only to those who identified a need. Referring SLTS indicated that given the short notice the difficulties in arranging transport for some may have made them less keen to attend.

Refreshment costs

This year, we did not supply lunch every day. Some people brought their own and some purchased in the canteen. . This was of practical value to some of the clients who wanted to practise using money independently. The visual menu again was found to be helpful and we all sat together in the canteen offering an opportunity for informal conversation.

Asking clients to cover the cost of lunch (on most days) and not automatically paying travel expenses did not appear to be an issue with any of this year's clients or communication partners. This did not impact on their attendance which was 100%.

12. Recommendations for 2015

These recommendations take into account the results of outcomes measures and comments of all participants.

- Adopt a similar programme model as 2014.
- To continue with 8 clinical days but make the 8th day part of the therapy programme and not an optional day.
- To continue with 9 therapy planning days.
- To arrange the time table so that there is one planning day between each therapy day. This will ensure that there is adequate “therapy team” time for planning and reflection.
- In order to make planning days more effective, there will be more pre-planning by the therapy leads. This will consider/include role descriptions of final year students and those who are mid-way through the programme.
- More reading around aphasia prior to the start of the group would enable the students to have a better understanding of the condition.
- A pre-course tutorial on the specific type of clients referred to the 2015 course could possibly be provided by QMU staff.
- Further observation and feedback for students in clinic could possibly be provided by QMU staff and non-referring NHS staff.
- Programme to continue to include 1:1, small group and larger group sessions with opportunities for practising functional communication through role play and real life communication situations.
- Invite 2014 participants to take part in the student induction day, introductory day 2015 and 7th day of 2015 therapy programme.
- Places to be limited to 10 people with aphasia. This number is based on the therapy team being able to help all clients and communication partners meet their personal goals.
- Continue with a closed referral system taking referrals from NHS Lothian (6 places), Forth Valley (2 places) and Borders (2 places). Again, any places not filled by one area will be offered to the other areas.
- Invite referring SLTs to a feedback session with client and CP as part of programme (day 8). This will allow for a smooth transfer back to NHS SLT provision.
- Invite communication partners to attend 5 of the 8 days if they can. No-one to be excluded if they do not have a communication partner to attend.

- Strengthen collaboration with art and music therapy to increase the SLT elements in both and to enhance the interdisciplinary aspect of practice.
- Coffee and tea supplied every day, lunch on introductory day and final day.
- Offer travel bursary for those who require a contribution towards travel costs.
- Raise funds (£4000) to cover shortfall or draw down from 2016 budget.

14. Thanks and acknowledgments

We would like to express our sincere thanks to all those who have contributed to the success of this project.

We have greatly benefitted from the very positive partnership working with our SLT colleagues from Lothian, Borders and Forth Valley Health Boards and also colleagues in the School of Health Sciences – art and music therapy - and support services at QMU. We would also like to acknowledge the invaluable advice and kind support provided by those involved in the NHS ethics and Research and Development procedures surrounding this rather complex project.

Our thanks also go to staff in QMU who agreed to take part in one of the activities which involved the person with aphasia communication directly with someone they didn't previously know.

Our advisory group brought the perspectives of service user, NHS and charitable providers to the discussion and were central to the development of a pragmatic way forward. The project also benefited from the generosity of Dean Turnbull from React2 Ltd who provided the React2 software programme for use during the programme and for a further 3 months.

The intensive nature of the intervention model was ably supported by our students and intern – we were very encouraged by their positive response to the experience and the opportunities for interdisciplinary working.

In particular we are very grateful to our participants, the people with Aphasia and their Communication partners, many of whom gave up work commitments to attend on the days we asked them to and transporting their person with aphasia on the therapy days.

Finally we are indebted to the Headley Trust who has made it possible for us to run the second ICGA course.