Exeter Health Library literature search service
Results of your search request

Speech and Language Therapy groups for Stroke rehabilitation

Date requested: 29.4.2020
Date completed: 29.4.2020
Completed by: Mary Smith

Please find below the search results on the topic you requested.

The references are listed chronologically, starting with the most recent. I have inserted links to full text where possible. If you need assistance accessing any of the articles in full, the staff at Exeter Health Library will be happy to help, please e-mail rde-tr.library@nhs.net or visit our library website https://exeterhealthlibrary.net/.

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Speech and Language Therapy groups for Stroke rehabilitation. Mary Smith. (29th April, 2020). EXETER, UK: Exeter Health Library.

To help us improve our service, we’d really appreciate it if you could provide some feedback on your literature search request, by completing a short survey at: https://exeterhealth.libwizard.com/f/search-feedback.

Thank you.

Mary Smith
Clinical Support Librarian  mary.smith30@nhs.net

SEARCH RESULTS

Cochrane Systematic Review

Speech and language therapy for aphasia following stroke
Brady, MC
Review question: We reviewed the evidence of the elect of speech and language therapy (SLT) on language problems experienced by people aOer a stroke (known as aphasia).
Background: About a third of people who suffer a stroke develop aphasia. One or more areas of communication can be aected: speaking, oral comprehension, reading, and writing. Speech and language therapists assess, diagnose, and treat aphasia at all stages of recovery after stroke. They work closely with the person with aphasia, families, and other healthcare professionals. We wanted to see whether SLT for aphasia was eective and whether it was better or worse than non-specialist social support. We also wanted to see which approaches to therapy oered the best recovery.
Study characteristics: The evidence is current to September 2015. We found and included 57 studies involving 3002 people with aphasia in our review. We reviewed all SLT types, regimens, and methods of delivery.
Key results: Based on 27 studies (and 1620 people with aphasia), speech and language therapy benefits functional use of language, language comprehension (for example listening or reading), and...
language production (speaking or writing), when compared with no access to therapy, but it was unclear how long these benefits may last.

There was little information available to compare SLT with social support. Information from nine trials (447 people with aphasia) suggests there may be little difference in measures of language ability. However, more people stopped taking part in social support compared with those that attended SLT.

Thirty-eight studies compared two different types of SLT (involving 1242 people with aphasia). Studies compared SLT that differed in therapy regimen (intensity, dosage and duration), delivery models (group, one-to-one, volunteer, computer-facilitated), and approach. We need more information on these comparisons. Many hours of therapy over a short period of time (high intensity) appeared to help participants’ language use in daily life and reduced the severity of their aphasia problems. However, more people stopped attending these highly intensive treatments (up to 15 hours a week) than those that had a less intensive therapy schedule.

Quality of the evidence: Generally, the quality of the studies conducted and reported could be improved. Key quality features were only reported by half of the latest trials. Thus, it is unclear whether this was the result of poorly conducted studies or poorly reported studies. Most comparisons we made would benefit from the availability of more studies involving more people with aphasia.

RCSLT RESOURCE MANUAL FOR COMMISSIONING AND PLANNING SERVICES FOR SLCN Aphasia 2014

Treatment can involve individual therapy that focuses on the specific needs of the person and/or group therapy which offers the opportunity to use new communication skills in a comfortable, more social context.

The speech and language therapy intervention aims to target the areas of need. These may be addressed on an individual level, within a group, or working in partnership with carers and other professionals. No one approach is necessarily more important than another and there is professional consensus that some people benefit from a range of approaches.

The National Clinical Guidelines for Stroke (RCP, 2008) state that, “any patient with reduced activity at 6 months or later after stroke should be assessed for a period of further targeted intervention. For Speech and Language Therapy, this implies regular reviews of people living with long term communication problems following stroke, and looking at further intervention which may at this stage focus on activity and well being, and involve voluntary and community groups.

Results
20 results

1. Efficacy of elaborated semantic features analysis in Aphasia: a quasi-randomised controlled trial.

Author(s): Efstratiadou, Evangelia-Antonia; Papathanasiou, Ilias; Holland, Rachel; Varlokosta, Spyridoula; Hilari, Katerina

Source: Aphasiology; Dec 2019; vol. 33 (no. 12); p. 1482-1503

Publication Date: Dec 2019

Publication Type(s): Academic Journal

Available at Aphasiology - from Unpaywall

Abstract: Background: Word finding difficulty is one of the most common features of aphasia. Semantic Features Analysis (SFA) directly aims to improve word finding in people with aphasia. Evidence from systematic reviews suggests that SFA leads to positive outcomes, yet the evidence comprises single case studies and case series. There is a need to evaluate the efficacy of SFA in...
controlled group studies/trials. Aims: To evaluate the efficacy of Elaborated Semantic Feature Analysis (ESFA) for word finding in people with aphasia. We investigated: (a) the efficacy of ESFA versus a delayed therapy/control, (b) the efficacy of two therapy approaches – individual versus a combination of individual and group therapy. Methods and procedures: We ran a multi-centre, quasi-randomised controlled trial, nested in a larger study (Thales-Aphasia). Participants were recruited from community settings. They had to be people with aphasia due to stroke at least four months post-onset. Participants were randomized to individual vs combination vs delayed therapy/control groups. Both therapy groups had 3 h of ESFA per week for 12 weeks. Delayed therapy/control group had no intervention for 12 weeks and were then randomized to either individual or combination therapy. The primary outcome was confrontation naming. Secondary outcomes were the Boston Naming Test, Discourse, the Functional Assessment of Communication Skills for adults (ASHA–FACS), the Stroke and Aphasia Quality of Life scale (SAQOL-39g), the General Health Questionnaire-12 item, and the EQ-5D. Outcomes and Results: Of the 72 participants of the Thales-Aphasia project, 58 met eligibility criteria for speech-language therapy and 39 were allocated to ESFA. The critical p-value was adjusted for multiple comparisons (.005). For the therapy versus control comparison, there was a significant main effect of time on the primary outcome (p <.001, $\eta^2 p =.42$) and a significant interaction effect (p =.003, $\eta^2 p =.21$). An interaction effect for the SAQOL-39g (p =.015, $\eta^2 p =.11$) and its psychosocial domain (p =.013, $\eta^2 p =.12$) did not remain significant after Bonferroni adjustment. For the individual versus combination ESFA comparison, there were significant main effects of time on the primary outcome (p <.001, $\eta^2 p =.49$), the BNT (p <.001, $\eta^2 p =.29$) and the ASHA-FACS (p =.001, $\eta^2 p =.18$). Interaction and group effects were not significant.

Conclusion: Though underpowered, this study provides evidence on the efficacy of ESFA to improve word finding in aphasia, with gains similar in the two therapy approaches.

Database: CINAHL

2. Constraint and multimodal approaches to therapy for chronic aphasia: A systematic review and meta-analysis.

Author(s): Pierce, John E.; Menahemi-Falkov, Maya; O'Halloran, Robyn; Togher, Leanne; Rose, Miranda L.

Source: Neuropsychological Rehabilitation; Aug 2019; vol. 29 (no. 7); p. 1005-1041

Publication Date: Aug 2019

Publication Type(s): Academic Journal

PubMedID: NLM28920522

Abstract: Aphasia is a significant cause of disability and reduced quality of life. Two speech pathology treatment approaches appear efficacious: multimodal and constraint-induced aphasia therapies. In constraint-induced therapies, non-verbal actions (e.g., gesture, drawing) are believed to interfere with treatment and patients are therefore constrained to speech. In contrast, multimodal therapies employ non-verbal modalities to cue word retrieval. Given the clinical and theoretical implications, a comparison of these two divergent treatments was pursued. This systematic review investigated both approaches in chronic aphasia at the levels of impairment, participation and quality of life. After a systematic search, the level of evidence and methodological quality were rated. Meta-analysis was conducted on 14 single case experimental designs using Tau-U, while heterogeneity in the four group designs precluded meta-analysis. Results showed that high-quality research was limited; however, findings were broadly positive for both approaches with neither being judged as clearly superior. Most studies examined impairment-based outcomes without considering participation or quality of life. The application and definition of constraint varied significantly between studies. Both constraint and multimodal therapies are promising for chronic post-stroke...
aphasia, but there is a need for larger, more rigorously conducted studies. The interpretation of "constraint" also requires clearer reporting.

**Database:** CINAHL

3. **What speech and language therapy do community dwelling stroke survivors with aphasia receive in the UK?**

**Author(s):** Palmer, R.

**Source:** Plos one 2018

**Abstract:** BACKGROUND: Speech and language therapy provision for aphasia (a language disorder) post stroke has been studied over time through surveys completed by speech and language therapists. This paper revisits provision based on what was received by 278 patients in 21 UK speech and language therapy departments in 2014-2016.

AIMS: To explore the speech and language therapy received by community dwelling people with post stroke aphasia in the UK.

METHODS AND PROCEDURES: A quantitative content analysis was conducted by two speech and language therapist researchers. Therapy goals recorded were coded into categories and subcategories. Descriptive statistics were used to identify the frequency with which goal categories were targeted, average therapy time received, length and frequency of therapy sessions, personnel involved and mode of delivery.

OUTCOMES AND RESULTS: Forty-five percent of participants were in receipt of therapy in the three month window observed. Six goal categories were identified. Rehabilitation was the most frequent (60%) followed by enabling (17.2%), review (4.3%), assessment (3.6%), supportive (3.5%) and activity to support therapy (2.8%). The median amount of therapy received in three months was 6.3 hours at an average of one 60-minute session every two weeks. Seventy-seven percent of therapy sessions were delivered by qualified speech and language therapists and 23% by assistants. Ninety percent of sessions were one to one, face to face sessions whilst 9.5% were group sessions.

DISCUSSION: In line with previous reports, speech and language therapy for community dwelling stroke survivors with aphasia is restricted. Rehabilitation is a large focus of therapy but the intensity and dose with which it is provided is substantially lower than that required for an effective outcome. Despite this, one to one face to face therapy is favoured. More efficient methods to support more therapeutic doses of therapy are not commonly used in routine clinical services.

4. **The Aphasia Action, Success, and Knowledge Programme: Results from an Australian Phase i Trial of a Speech-Pathology-Led Intervention for People with Aphasia Early Post Stroke**

**Author(s):** Ryan B.; Hudson K.; Worrall L.; Thomas E.; Finch E.; Simmons-Mackie N.; Clark K.; Lethlean J.

**Source:** Brain Impairment; Dec 2017; vol. 18 (no. 3); p. 284-298

**Publication Date:** Dec 2017
Publication Type(s): Conference Paper

Abstract: Background: Speech pathologists work to optimise communication and reduce the emotional and social impact of communication disability in patients with aphasia but need evidence-based interventions to effectively do so. Objective(s): This phase 1 study aims to evaluate an Australian speech-pathology-led intervention called the Aphasia Action, Success, and Knowledge (Aphasia ASK) programme for patients with aphasia early post stroke. Method(s): A convergent parallel mixed-methods design was utilised. The intervention included up to six individual face-to-face sessions with seven participants with aphasia and their nominated family member(s). Quantitative outcomes assessing mood, quality of life, and communication confidence were conducted for the participants with aphasia. Follow-up interviews were conducted with both participants with aphasia and family members to determine their perceptions of the programme. Result(s): Significant improvements were found in communication confidence and mood after treatment and the gains were maintained at 3-month follow-up. Participants with aphasia and their family members reported a good level of satisfaction with the programme. Conclusion(s): Findings suggest the Aphasia ASK programme is a suitable intervention with positive initial outcomes for people with aphasia. A larger scale evaluation with a greater variety of participants is now required. An Australian cluster randomised control trial is planned. Copyright © Australasian Society for the Study of Brain Impairment 2017.

Database: EMCARE

5. "Struggling to stay connected": comparing the social relationships of healthy older people and people with stroke and aphasia

Author(s): Hilari K.; Northcott S.

Source: Aphasiology; Jun 2017; vol. 31 (no. 6); p. 674-687

Publication Date: Jun 2017

Publication Type(s): Article

Available at Aphasiology - from Unpaywall

Abstract: Background: Having a stroke and aphasia can profoundly affect a person’s social relationships. Further, poor social support is associated with adverse post-stroke outcomes such as psychological distress, worse quality of life, and worse recovery. To date, no study has used complex measures of social network and perceived social support to compare stroke survivors with aphasia, without aphasia, and the general older population. A better understanding of which aspects of social support are most affected by stroke and aphasia may inform stroke services. Aim(s): To compare the social networks and perceived functional social support of people following a stroke, with and without aphasia, and healthy older adults. Methods & Procedures: Cross-sectional interview-based study. People with a first stroke were recruited from two acute stroke units and interviewed 6 months post onset. We recruited 60 stroke participants without aphasia, average age 69.8 (SD = 14.3), and 11 stroke participants with aphasia, average age 66.5 (SD = 13.7). One hundred and six healthy older adults were recruited via the community, average age 62.8 (SD = 9.5). All participants completed the Medical Outcomes Study Social Support Survey (SSS) and the Stroke Social Network Scale (SSNS). One-way independent groups ANOVAs were used to compare stroke participants with aphasia, stroke participants without aphasia, and healthy older adults. Outcomes & Results: After adjusting for multiple comparisons (p <.004), there was a significant difference on overall social network between the three groups (p <.001), with those with aphasia scoring significantly lower than healthy older adults (p <.001). The difference between healthy older adults and people with aphasia on the friends domain of the social network scale was also significant (p =.002). There was no significant difference between the three groups on overall perceived functional social support. Conclusion(s): People with aphasia have less diverse social networks than healthy older adults, with
friendships particularly affected. Stroke services should monitor for social isolation, and consider ways to support people following a stroke in maintaining or establishing diverse social networks. Copyright © 2016 Informa UK Limited, trading as Taylor & Francis Group.

Database: EMCARE

6. How do speech-and-language therapists address the psychosocial well-being of people with aphasia? Results of a UK online survey.

Author(s): Northcott, Sarah; Simpson, Alan; Moss, Becky; Ahmed, Nafiso; Hilari, Katerina

Source: International Journal of Language & Communication Disorders; May 2017; vol. 52 (no. 3); p. 356-373
Publication Date: May 2017
Publication Type(s): Academic Journal

Abstract: Background The psychosocial impact of stroke and aphasia is considerable. Aims To explore UK speech-and-language therapists’ (SLTs) clinical practice in addressing the psychological and social needs of people with aphasia, including their experiences of working with mental health professionals. Methods & Procedures A 22-item online survey was distributed to UK SLTs via the British Aphasiology Society mailing list and Clinical Excellence Networks. Results were analysed using descriptive statistics and qualitative content analysis. Outcomes & Results UK SLTs (n = 124) overwhelmingly considered that addressing psychological well-being (93%) and social participation (99%) was part of their role. To achieve this, they frequently/very frequently used supportive listening (100%) and selected holistic goals collaboratively with clients (87%), including social goals (83%). However, only 42% felt confident in addressing the psychological needs of clients. The main barriers to addressing psychosocial well-being were time/caseload pressures (72%); feeling under-skilled/lack of training (64%), and lack of ongoing support (61%). The main barriers to referring on to mental health professionals were that mental health professionals were perceived as under-skilled when working with people with aphasia (44%); were difficult to access (41%); and provided only a limited service (37%). A main theme from the free-text responses was a concern that those with aphasia, particularly more severe aphasia, received inadequate psychological support due to the stretched nature of many mental health services; mental health professionals lacking skills working with aphasia; and SLTs lacking the necessary time, training and support. The main enablers to addressing psychosocial well-being were collaborative working between SLTs and stroke-specialist clinical psychologists; SLTs with training in providing psychological and social therapy; and ongoing support provided by the voluntary sector. Conclusions & Implications The vast majority of SLTs consider the psychosocial well-being of their clients, and work collaboratively with people with aphasia in selecting holistic goals. It is, however, of concern that most respondents felt they lacked confidence and received insufficient training to address psychological well-being. In order to improve psychological services for this client group, there is a strong case that stroke-specialist mental health professionals should strive to make their service truly accessible to people with even severe aphasia, which may involve working more closely with SLTs. Further, improving the skills and confidence of SLTs may be an effective way of addressing psychological distress in people with aphasia.

Database: CINAHL

7. A pilot study on how speech-language pathologists include social participation in aphasia rehabilitation
Author(s): Laliberte M.-P.; Alary Gauvreau C.; Le Dorze G.

Source: Aphasiology; Oct 2016; vol. 30 (no. 10); p. 1117-1133

Publication Date: Oct 2016

Publication Type(s): Article

Abstract: Background: People with aphasia have trouble achieving satisfying social participation. Despite recommendations to include social participation in rehabilitation, it is unknown how speech-language pathologists (SLPs) integrate it in their practice. Aim(s): The goal was to explore factors that influenced how SLPs included social participation in rehabilitation of people with aphasia. Methods and procedures: A group interview was conducted with three SLPs working in a rehabilitation centre of Quebec, Canada. The transcript of the interview was analysed using qualitative content analysis. Outcomes and results: Participants described their practice as mainly based on assessing and reducing language impairment. Social participation was perceived as the underlying, implicit goal of speech-language therapy. Participants tried to integrate non-traditional strategies and principles to foster patients’ social participation in a more explicit manner, but reported being limited by numerous social and organisational factors. Conclusion(s): In the setting studied, speech-language therapy practice appeared to be anchored in a traditional medical model. Changes in healthcare organisation and university curricula seem necessary for SLP practice to follow a social participation-based model. On a personal level, it seemed SLPs also needed to develop the motivation for transforming their practice. Copyright © 2015 Taylor & Francis.

Database: EMCARE

8. Addressing the long-term impacts of aphasia: how far does the Conversation Partner Programme go?

Author(s): Mc Menamin, Ruth; Tierney, Edel; Mac Farlane, Anne

Source: Aphasiology; Aug 2015; vol. 29 (no. 8); p. 889-913

Publication Date: Aug 2015

Publication Type(s): Academic Journal

Available at Aphasiology - from Unpaywall

Abstract: Background: Approximately 176,000 new individuals in the United Kingdom and Ireland are diagnosed with stroke annually with up to one third experiencing aphasia. Qualitative research methods are increasingly used to capture the complexity of service users’ experiences of health and illness; however, the voice of service users with aphasia continues to be limited in published healthcare literature. This participatory research study included people with aphasia as coresearchers in the exploration of aphasia and a Conversation Partner Programme (CPP). Aims: To describe participants’ insider (emic) experiences of (1) aphasia and (2) a CPP. Methods & Procedures: Following a pilot study, the generation and analysis of qualitative data involved a Participatory Learning and Action (PLA) approach based on the interpretive paradigm. Using purposeful sampling, participants included people with aphasia (n = 5) who had experience of the CPP. Through (n = 5) 3-hr data generation sessions across 12 months using PLA techniques—Flexible Brainstorming and Card Sort—participants’ unique perspectives of aphasia and the CPP were recorded. The principles of thematic analysis guided the co-analysis of data with participants. To explore transferability of findings, data generated in Ireland were presented to an international interstakeholder group in Connect UK. Outcomes & Results: Participants identified eight themes describing the lived experience of aphasia including (1) Back to Pre-School, (2) Tiredness, (3) It’s Like in Prison, (4) Emotions, (5) Not Able to Talk the Words, (6) Escape, (7) Changing and Adapting, and (8) Family. Five additional themes were co-generated capturing the value of the CPP. It appeared that because the CPP training and programme acknowledged the expertise of individuals with
aphasia and provided opportunities for conversations with unfamiliar people, the negative feelings of communicative incompetence described in "Back to Pre-School" and "Not Able to Talk the Words" were minimised. Feelings of marginalisation captured in "Escape," "It's Like in Prison," and "Emotions" were reported to be reduced through the social aspects of the programme. Conclusions: Aphasia changes communication situations and interpersonal relationships often resulting in psychosocial impacts and disempowerment. The CPP contributed to promoting successful communication and reducing social exclusion. Participants reported transformative experiences related to identity, independence, and confidence. These outcomes are encouraging as marginalisation and vulnerability to "secondary handicap" are recognised long-term risks of aphasia. Findings will be of interest to those living and working with people with aphasia and to those designing, delivering, and participating in CPPs.

Database: CINAHL


Author(s): Dignam, Jade; Copland, David; McKinnon, Eril; Burfein, Penni; O'Brien, Kate; Farrell, Anna; Rodriguez, Amy D.

Source: Stroke (00392499); Aug 2015; vol. 46 (no. 8); p. 2206-2211

Publication Date: Aug 2015

Publication Type(s): Academic Journal

PubMedID: NLM26106114

Available at Stroke - from HighWire - Free Full Text

Abstract: Background and Purpose: Most studies comparing different levels of aphasia treatment intensity have not controlled the dosage of therapy provided. Consequently, the true effect of treatment intensity in aphasia rehabilitation remains unknown. Aphasia Language Impairment and Functioning Therapy is an intensive, comprehensive aphasia program. We investigated the efficacy of a dosage-controlled trial of Aphasia Language Impairment and Functioning Therapy, when delivered in an intensive versus distributed therapy schedule, on communication outcomes in participants with chronic aphasia. Methods: Thirty-four adults with chronic, poststroke aphasia were recruited to participate in an intensive (n=16; 16 hours per week; 3 weeks) versus distributed (n=18; 6 hours per week; 8 weeks) therapy program. Treatment included 48 hours of impairment, functional, computer, and group-based aphasia therapy. Results: Distributed therapy resulted in significantly greater improvements on the Boston Naming Test when compared with intensive therapy immediately post therapy (P=0.04) and at 1-month follow-up (P=0.002). We found comparable gains on measures of participants’ communicative effectiveness, communication confidence, and communication-related quality of life for the intensive and distributed treatment conditions at post-therapy and 1-month follow-up. Conclusions: Aphasia Language Impairment and Functioning Therapy resulted in superior clinical outcomes on measures of language impairment when delivered in a distributed versus intensive schedule. The therapy program had a positive effect on participants’ functional communication and communication-related quality of life, regardless of treatment intensity. These findings contribute to our understanding of the effect of treatment intensity in aphasia rehabilitation and have important clinical implications for service delivery models.

Database: CINAHL
10. A description of the personal and environmental determinants of participation several years post-stroke according to the views of people who have aphasia.

**Author(s):** Le Dorze, Guylaine; Salois-Bellerose, Émilie; Alepins, Marjolaine; Croteau, Claire; Hallé, Marie-Christine

**Source:** Aphasiology; Apr 2014; vol. 28 (no. 4); p. 421-439

**Publication Date:** Apr 2014

**Publication Type(s):** Academic Journal

**Abstract:** Background: People with aphasia face situations of handicap in their daily life and activities for which they were not fully prepared in rehabilitation. Aims: The present research aimed to explore the factors that facilitate or hinder participation according to people who live with aphasia. Methods & Procedures: Seventeen persons with chronic aphasia were interviewed in semi-structured small discussion groups. The transcripts of the discussions were analysed qualitatively by breaking them up into excerpts and regrouping the excerpts with similar meaning. Outcomes & Results: Participants mentioned more factors facilitating than hindering participation. Facilitating factors included: helpful family members, aphasia community organisations and their own positive personal characteristics, such as determination. Barriers to participation were, for example, poorly adjusted speakers and limited services post-stroke. Specific impairments such as communication problems and physical limitations as well as unfavourable identity factors, such as pride and fears, were also described. Conclusions: Rehabilitation professionals should refocus the services they provide to families, couples and friends to ensure that people with aphasia maintain a positive identity, optimal communication and satisfying relationships. Persons with aphasia should be empowered to ask for services in their community post-rehabilitation. Participation-based models of therapy may better serve the needs of people with aphasia and prepare them for living with aphasia.

**Database:** CINAHL

11. The Living with Dysarthria group for post-stroke dysarthria: The participant voice

**Author(s):** Mackenzie C.; Kelly S.; Muir M.; Paton G.; Brady M.

**Source:** International Journal of Language and Communication Disorders; 2013; vol. 48 (no. 4); p. 402-420

**Publication Date:** 2013

**Publication Type(s):** Article

**Abstract:** Background The Living with Dysarthria group programme, devised for people with post-stroke dysarthria and family members, was piloted twice. Feedback from those who experience an intervention contributes to the evaluation of speech and language therapy programmes, giving the participant view of the intervention’s value and guiding further developments. Research Question What feedback do participants in the Living with Dysarthria programme provide, informing on its perceived usefulness and guiding its future development? Methods & Procedures Nine people with chronic dysarthria following stroke and four family members who completed the Living with Dysarthria programme all contributed to Focus Group (FG) discussion, transcribed and thematically analysed, and completed an Anonymous Questionnaire Evaluation (AQE), comprising closed statements and open questions. An anonymous descriptive adjective selection task (ADAST) was also used. Outcomes & Results The varied forms of feedback provided complementary information. Thematic analysis of FG data and AQE open question responses were configured around programme benefits, programme structure and content, and programme practicalities. Benefits associated with participation included learning and insight, being supported by peers and professionals, and improved speech and confidence. These are consistent with the main programme elements of education, support and speech practice. All activities were seen as relevant and positively received.
Flexibility, recognition of and catering to individual needs were valued characteristics. The community location was approved by all. Most participants thought the format of eight weekly sessions of 2 h was appropriate. Responses to AQE closed statements provided almost unanimous confirmation of the very positive feedback conveyed in FG discussions. The main response to suggested improvements in AQEs was that the number of sessions should be increased. Feedback indicated that for a few individuals there was negative reaction to some facts about stroke, home practice tasks were difficult to complete, the person with dysarthria/family member pair may not be the optimum combination for paired practice activities and pre-programme information should be extended. The ADAST showed that the programme was enjoyable, interesting, stimulating and useful. Conclusions & Implications Participant feedback indicates that group therapy, with family member participation, is a valid form of management for chronic post-stroke dysarthria. Education, peer and professional support, and speech practice are confirmed as relevant programme components. Consistent majority opinions were communicated in different situations and via varied mediums. Some individuals expressed views relevant to their own needs, and these responses also inform future implementation of the Living with Dysarthria programme. © 2013 Royal College of Speech and Language Therapists.

Database: EMCARE


Author(s): Rodriguez, Amy D.; Worrall, Linda; Brown, Kyla; Grohn, Brooke; McKinnon, Eril; Pearson, Charlene; Van Hees, Sophia; Roxbury, Tracy; Cornwell, Petrea; MacDonald, Anna; Angwin, Anthony; Cardell, Elizabeth; Davidson, Bronwyn; Copland, David A.

Source: Aphasiology; Nov 2013; vol. 27 (no. 11); p. 1339-1361

Publication Date: Nov 2013

Publication Type(s): Academic Journal

Abstract: Background: Intensive comprehensive aphasia programs (ICAPs) are gaining popularity in the international aphasia rehabilitation community. ICAPs comprise at least three hours of treatment per day over at least two weeks, have definable start and end dates for one cohort and use a variety of formats including individual treatment, group therapy, education and technology to improve language and communication. While intensive treatment approaches have demonstrated equivocal results on impairment-based measures, positive changes on activity/participation measures provide support for ICAPs in rehabilitation of chronic aphasia. Aphasia Language Impairment and Functional Therapy (LIFT) is a research-based ICAP developed for the purpose of evaluating treatment outcomes across the International Classification of Functioning, Disability and Health (ICF) domains. Aims: The aim of this study was to estimate the magnitude of treatment effects yielded by Aphasia Aphasia LIFT in the domains of language impairment, functional communication and communication-related quality of life (QOL). Methods & Procedures: Eleven individuals with chronic post-stroke aphasia (mean = 26.9 months) completed Aphasia LIFT. The programme comprised individual impairment-based and functional treatment, group therapy, and computer-based treatment for 40 hours over two weeks (n= 4, LIFT 1) or 100 hours over four weeks (n= 7, LIFT 2). Assessments of confrontation naming, discourse production, functional communication and communication-related quality of life were completed at pre-treatment, immediately post-treatment and six to eight weeks following treatment termination. Outcomes & Results: Group-level analyses revealed acquisition and maintenance of treatment effects, as evidenced by significant improvement on at least one outcome measure at follow-up in all domains. The most consistent pattern of improvement at an individual level was observed on measures of functional communication and communication-related QOL. Conclusions: Aphasia LIFT yielded positive outcomes across ICF domains, and in many cases the treatment effect was enduring. These
results demonstrate that Aphasia LIFT was successful in meeting the overarching goal of ICAPs, to maximise communication and enhance life participation in individuals with aphasia. Further research into ICAPs is warranted.

**Database:** CINAHL

13. Retrospective analysis of outcomes from two intensive comprehensive aphasia programs

**Author(s):** Persad C.; Wozniak L.; Kostopoulos E.

**Source:** Topics in Stroke Rehabilitation; Jan 2013; vol. 20 (no. 5); p. 388-397

**Publication Date:** Jan 2013

**Abstract:** Positive outcomes from intensive therapy for individuals with aphasia have been reported in the literature. Little is known about the characteristics of individuals who attend intensive comprehensive aphasia programs (ICAPs) and what factors may predict who makes clinically significant changes when attending such programs. Demographic data on participants from 6 ICAPs showed that individuals who attend these programs spanned the entire age range (from adolescence to late adulthood), but they generally tended to be middle-aged and predominantly male. Analysis of outcome data from 2 of these ICAPs found that age and gender were not significant predictors of improved outcome on measures of language ability or functional communication. However, time post onset was related to clinical improvement in functional communication as measured by the Communication Activities of Daily Living, second edition (CADL-2). In addition, for one sample, initial severity of aphasia was related to outcome on the Western Aphasia Battery-Revised, such that individuals with more severe aphasia tended to show greater recovery compared to those with mild aphasia. Initial severity of aphasia also was highly correlated with changes in CADL-2 scores. These results suggest that adults of all ages with aphasia in either the acute or chronic phase of recovery can continue to show positive improvements in language ability and functional communication with intensive treatment. © 2013 Thomas Land Publishers, Inc.

**Database:** EMCARE

14. The Living with Dysarthria group: implementation and feasibility of a group intervention for people with dysarthria following stroke and family members.

**Author(s):** Mackenzie, Catherine; Paton, Gillian; Kelly, Shona; Brady, Marian; Muir, Margaret

**Source:** International Journal of Language & Communication Disorders; Nov 2012; vol. 47 (no. 6); p. 709-724

**Publication Date:** Nov 2012

**Abstract:** Background: The broad life implications of acquired dysarthria are recognized, but they have received little attention in stroke management. Reports of group therapy, which may be a suitable approach to intervention, are not available for stroke-related dysarthria. Aims: To examine the operational feasibility of and response to a new eight-session weekly group intervention programme, Living with Dysarthria, designed for people with chronic dysarthria following stroke and their main communication partners. Methods & Procedures: The target participation was for programme completion by two groups of eight people with dysarthria (PWD) and available family members (FMs) or carers. An active recruitment strategy was undertaken from the speech and language therapy case records for the previous 6 years in two hospitals with combined annual stroke admissions of over 500 people. Twelve PWD and seven FMs were recruited (group 1: seven PWD and four FMs; group 2: five PWD and three FMs). Speech intelligibility, communication effectiveness,
general well-being, quality of communication life, and knowledge of stroke and dysarthria were assessed pre- and post-programme. Each PWD and FM also set an individual goal and rated their achievement of this on a 0-10 scale. Outcomes & Results: Recruitment to the programme was lower than anticipated and below target. The 12 PWD were recruited from 62 initial contacts, which was the total number who according to available information met the criteria. The programme was viable: it ran to plan, with only minor content alterations, in community accommodation, and with good participant engagement. Group median score changes were in a positive direction for all measures and effect sizes ranged from 0.17 (quality of communication life) to 0.46 (intelligibility). Significant post-programme changes were present for intelligibility and knowledge of stroke and dysarthria (p = 0.05). Participants' ratings of goal achievements ranged from 6 (some change) to 10 (a lot of change). Conclusions & Implications: The recruitment experience revealed a take-up rate of around 20% from PWD following stroke, informing future planning. The participant engagement and performance results from the piloting of the programme indicate that the Living with Dysarthria programme is viable and has potential for effecting positive change. Further testing is justified.

Database: CINAHL

15. Evaluating the effectiveness of intervention in long-term aphasia post-stroke: the experience from CHANT (Communication Hub for Aphasia in North Tyneside)

Author(s): Mumby, Katharyn; Whitworth, Anne

Source: International Journal of Language & Communication Disorders; Jul 2012; vol. 47 (no. 4); p. 398-412

Publication Date: Jul 2012

Publication Type(s): Academic Journal

PubMedID: NLM22788226

Abstract: Background: Despite recognition of the need for increased long-term support for people with aphasia following stroke, there remains limited evidence for effective service-level interventions. Aims: To evaluate the outcomes and experiences of people participating in the Communication Hub for Aphasia in North Tyneside (CHANT), a 2-year partnership project between health, local authority and third-sector services, shaped by people with aphasia, which provided a coordinated programme of support and interventions for people with long-term aphasia following stroke. Methods & Procedures: Quantitative and qualitative methods were used in the evaluation. Thirty-nine participants with aphasia were recruited to the 12-month study as they became part of CHANT, with 20 completing all measures at the end of the study. Participants had no other speech and language therapy during the study. Quantitative measures (before and after intervention) were used for quality of life, self-report outcomes and goal attainment. Three of the participants with aphasia and three further people involved in the service (carer, volunteer, public sector worker) each agreed to a series of five semi-structured interviews over a 9-month period. A total of 28 interviews were collected using neutral interviewers; these were transcribed and analysed by a team within NVivo8 software, based on interpretive principles from grounded theory. Thematic analysis of the narratives explored the experience of engaging with CHANT, and the barriers and facilitators affecting quality of life. Outcomes & Results: People with aphasia made significant gains in quality of life (in particular, in communication and psychosocial adjustment to stroke) and self-report measures of change. A total of 82% of real-life goals set as part of intervention were fully or partially achieved at follow-up. Five core themes emerged from the narratives: 'Quality of life', 'Barriers', 'Facilitators', 'Types of CHANT activity' and 'Effectiveness'. The intervention was evaluated through the theme of 'Effectiveness' in relation to the other themes, encapsulating emerging participant views (including the type and timeliness of activity, expectations of outcomes, resources and perceived value). The impact of the intervention was also analysed in terms of identifying barriers
and providing facilitators. Conclusions & Implications: The quantitative and qualitative (narrative) findings were complementary in demonstrating the effectiveness of the CHANT service delivery model. Moreover, the narratives, through a longitudinal perspective, provided evidence about people’s experience of intervention for long-term aphasia. The findings provide foundations for further work into long-term recovery, intervention and adjustment to aphasia post-stroke.

**Database:** CINAHL

---

**16. Effectiveness of enhanced communication therapy in the first four months after stroke for aphasia and dysarthria: a randomised controlled trial.**

**Author(s):** Bowen, Audrey; Hesketh, Anne; Patchick, Emma; Young, Alys; Davies, Linda; Vail, Andy; Long, Andrew F; Watkins, Caroline; Wilkinson, Mo; Pearl, Gill; Ralph, Matthew A Lambon; Tyrrell, Pippa

**Source:** BMJ: British Medical Journal (Clinical Research Edition); Mar 2012; vol. 345

**Publication Date:** Mar 2012

**Publication Type(s):** Academic Journal

**PubMedID:** NLM22797843

Available at BMJ (Clinical research ed.) - from BMJ Journals - NHS

Available at BMJ (Clinical research ed.) - from Unpaywall

**Database:** CINAHL

---

**17. Is early speech and language therapy after stroke a waste?**

**Author(s):** Rudd, Anthony G; Wolfe, Charles D A

**Source:** BMJ: British Medical Journal (Clinical Research Edition); Mar 2012; vol. 345

**Publication Date:** Mar 2012

**Publication Type(s):** Academic Journal

**PubMedID:** NLM22807163

Available at BMJ - from BMJ Journals - NHS

**Database:** CINAHL

---

**18. Use of semantic feature analysis in group discourse treatment for aphasia: Extension and expansion**

**Author(s):** Falconer C.; Antonucci S.M.

**Source:** Aphasiology; Jan 2012; vol. 26 (no. 1); p. 64-82

**Publication Date:** Jan 2012

**Publication Type(s):** Article

**Abstract:** Background: Semantic feature analysis (SFA) is a treatment for lexical retrieval impairment in which participants are cued to provide semantic information about concepts they have difficulty naming, in an effort to facilitate accurate lexical retrieval (Boyle, 2004a). Previous work has provided preliminary evidence that persons with aphasia who participated in SFA-focused group aphasia treatment demonstrate improved lexical retrieval in discourse, with additional improvements observed in either general communication informativeness or efficiency (Antonucci, 2009). Furthermore, results suggested that individuals with differing mechanisms of anomia could derive
benefits from participation in SFA-focused group treatment. Aim(s): The aim of the current study was to investigate further training of SFA in connected speech during group aphasia treatment. This study expanded and extended previous work (Antonucci, 2009), through the addition of participants with more varied aetiologies and severities of aphasia, and through the introduction of home practice. It was hypothesised that lexical retrieval during discourse would improve, as would overall communicative informativeness and/or efficiency.

Methods & Procedures: Four individuals with aphasia participated in biweekly group treatment during which SFA was trained through connected speech tasks. Three participants presented with stroke aphasia, while one demonstrated aphasia consequent to traumatic brain injury. Discourse measures included those for overall communicative informativeness and efficiency (Nicholas & Brookshire, 1993) and for word-class-specific lexical retrieval (Mayer & Murray, 2003). Effect sizes were calculated for all discourse measures. Pre- and post-treatment performance on the spontaneous speech portion of the Western Aphasia Battery-Revised was also analysed relative to discourse measures, to corroborate findings from more frequently repeated probes.

Outcomes & Results: All four participants demonstrated improvement to communicative informativeness and/or efficiency in connected speech tasks. Results provide additional support for the hypothesis that SFA administered during group aphasia treatment can be used successfully to facilitate improvement of communicative effectiveness. These results also support previous findings that individuals with differing aetiologies and natures of word retrieval impairment may benefit from participation in the same SFA-focused group aphasia treatment. Future work proceeding from this study may be directed towards differentiating which aspects of the treatment are most effective across participants with varied naming impairment, what is the optimal group composition and size, and towards discerning the most effective methods for facilitating and monitoring home practice.

© 2012 Copyright 2012 Psychology Press, an imprint of the Taylor & Francis Group, an Informa business.

Database: EMcare

19. The evidence for a life-coaching approach to aphasia

Author(s): Worrall L.; Brown K.; Davidson B.; Hersh D.; Howe T.; Sherratt S.; Cruice M.

Source: Aphasiology; Apr 2010; vol. 24 (no. 4); p. 497-514

Publication Date: Apr 2010

Publication Type(s): Article

Abstract: Background: A life-coaching and positive psychology approach to aphasia has recently been advocated by Audrey Holland, to whom this issue is dedicated. Aim(s): This paper reviews our recent research which informs the three basic assumptions behind a life-coaching approach to aphasia: (1) learning to live successfully with aphasia takes time; (2) aphasia is a family problem; and (3) the goal is to help people with aphasia fit it into their lives. Methods & Procedures: We assimilate results from three independent qualitative data sets: (1) a project that sought the perspective of 50 people with aphasia, their families, and their treating speech-language pathologist about their goals over time; (2) a project that seeks the views of 25 people with aphasia, their family, and speech-language pathologists about what it means to live successfully with aphasia; and (3) a qualitative structured interview on quality of life with 30 people with aphasia. Outcomes & Results: The three basic assumptions of the life-coaching approach to aphasia are supported and extended by the data. Participants with aphasia in our studies report how their goals change over time to reflect how they are learning to live with aphasia, but the journey is different for each person. The stories from families elucidate how aphasia is indeed a family concern and requires family involvement. Finally, not only did participants in our studies fit aphasia into their lives, but they also fitted it into a new lifestyle after their stroke. Conclusion(s): The assumptions behind the life-coaching approach are well supported by the narratives of people living with aphasia. Even if the life-coaching approach is
not adopted wholeheartedly by the profession, the principles of positive psychology and the life goal perspective appear highly relevant to living successfully with aphasia. © 2009 Psychology Press.

Database: EMCARE

20. "Natural" conversation: A treatment for severe aphasia

Author(s): Basso A.

Source: Aphasiology; Apr 2010; vol. 24 (no. 4); p. 466-479

Publication Date: Apr 2010

Publication Type(s): Article

Abstract: Background: Many treatment approaches based on different concepts of aphasia have been proposed. Nowadays two main approaches face each other: the impairment- and the consequences-based approaches. The impairment-based approach draws directly from cognitive neuropsychology and is aimed at improving the linguistic deficit. The consequences-based approach (or functional or psychosocial approach) has its roots in the pragmatic approach and endeavours to reduce the consequences of aphasia in daily living. Aim(s): The aim of this study is to present a treatment for severe aphasia that partially reconciles the two approaches. It incorporates some principles of the impairment-based approach and utilises them in a "natural" situation that has a direct impact on the daily life of patients with aphasia. Methods & Procedures: The description of the characteristic of a conversation between two normal interlocutors serves to illustrate how a theory of conversation can help guide the clinician’s behaviour during "natural" conversation/rehabilitation with a severely aphasic patient. Application of the conversation/rehabilitation treatment is illustrated by the case of Mr I, a global aphasic patient 18 months post-onset who underwent 9 months of treatment. Outcomes & Results: Positive outcome was obtained. Mr I was initially unable to keep in contact with anybody or even understand that others were trying to interact with him. After treatment, his approach to others had substantially changed. He showed interest in what happened around him and was capable of sustaining a conversation if his interlocutors took some simple measures to facilitate his comprehension. Conclusion(s): The conversation/rehabilitation treatment partly reconciles the impairment- and consequences-based approaches and this study demonstrates that at least for one man with aphasia, Mr I, the treatment was successful. © 2009 Psychology Press.

Database: EMCARE
**Databases searched:** CINAHL, Emcare, NHS Evidence

**Search terms:**

<table>
<thead>
<tr>
<th>#</th>
<th>Database</th>
<th>Search term</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CINAHL</td>
<td>&quot;REHABILITATION, SPEECH AND LANGUAGE&quot;/ OR &quot;LANGUAGE THERAPY&quot;/ OR &quot;SPEECH THERAPY&quot;/</td>
<td>6112</td>
</tr>
<tr>
<td>2</td>
<td>CINAHL</td>
<td>(&quot;speech and language therap*&quot; OR &quot;speech and language patholog*&quot;).ti,ab</td>
<td>1721</td>
</tr>
<tr>
<td>3</td>
<td>CINAHL</td>
<td>(1 OR 2)</td>
<td>7402</td>
</tr>
<tr>
<td>4</td>
<td>CINAHL</td>
<td>STROKE/</td>
<td>71727</td>
</tr>
<tr>
<td>5</td>
<td>CINAHL</td>
<td>&quot;STROKE PATIENTS&quot;/</td>
<td>6086</td>
</tr>
<tr>
<td>6</td>
<td>CINAHL</td>
<td>(4 OR 5)</td>
<td>74494</td>
</tr>
<tr>
<td>7</td>
<td>CINAHL</td>
<td>(3 AND 6)</td>
<td>726</td>
</tr>
<tr>
<td>8</td>
<td>CINAHL</td>
<td>&quot;QUALITY OF LIFE&quot;/</td>
<td>116847</td>
</tr>
<tr>
<td>9</td>
<td>CINAHL</td>
<td>(psychosocial OR identity).ti,ab</td>
<td>81996</td>
</tr>
<tr>
<td>10</td>
<td>CINAHL</td>
<td>(8 OR 9)</td>
<td>192140</td>
</tr>
<tr>
<td>11</td>
<td>CINAHL</td>
<td>(group).ti,ab,af</td>
<td>1196027</td>
</tr>
<tr>
<td>12</td>
<td>CINAHL</td>
<td>(7 AND 10 AND 11)</td>
<td>30</td>
</tr>
<tr>
<td>13</td>
<td>EMCARE</td>
<td>exp &quot;SPEECH AND LANGUAGE REHABILITATION&quot;/ OR &quot;SPEECH AND LANGUAGE REHABILITATION THERAPY&quot;/ OR &quot;SPEECH AND LANGUAGE THERAPIST&quot;/ OR &quot;SPEECH AND LANGUAGE THERAPY&quot;/</td>
<td>9360</td>
</tr>
<tr>
<td>14</td>
<td>EMCARE</td>
<td>&quot;CEREBROVASCULAR ACCIDENT&quot;/</td>
<td>56680</td>
</tr>
<tr>
<td>15</td>
<td>EMCARE</td>
<td>(13 AND 14)</td>
<td>440</td>
</tr>
<tr>
<td></td>
<td>EMCARE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>16</td>
<td>&quot;GROUP THERAPY&quot;/ OR &quot;GROUP TREATMENT&quot;/</td>
<td>7759</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>&quot;QUALITY OF LIFE&quot;/</td>
<td>158509</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>&quot;PSYCHOSOCIAL REHABILITATION&quot;/ OR &quot;PSYCHOSOCIAL SUPPORT&quot;/ OR &quot;PSYCHOSOCIAL SUPPORT SYSTEMS&quot;/ OR &quot;PSYCHOSOCIAL THERAPY&quot;/</td>
<td>10581</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>(psychosocial OR &quot;conversation group**&quot;).ti,ab</td>
<td>54325</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>(16 OR 17 OR 18 OR 19)</td>
<td>215236</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>(15 AND 20)</td>
<td>56</td>
<td></td>
</tr>
</tbody>
</table>

**DISCLAIMER:** We hope that you find the evidence search service useful. Whilst care has been taken in the selection of the materials included in this evidence search, the Library and Knowledge Service is not responsible for the content or the accuracy of the enclosed research information. Accordingly, whilst every endeavour has been undertaken to execute a comprehensive search of the literature, the Library and Knowledge Service is not and will not be held responsible or liable for any omissions to pertinent research information not included as part of the results of the enclosed evidence search. Users are welcome to discuss the evidence search findings with the librarian responsible for executing the search. We welcome suggestions on additional search strategies / use of other information resources for further exploration. You must not use the results of this search for commercial purposes. Any usage or reproduction of the search output should acknowledge the Library and Knowledge Service that produced it.