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Background

- In southeastern Ontario, once adults with aphasia (AWA) had completed one-on-one therapy with a speech-language pathologist (SLP), options for further communication supports were virtually non-existent.
- In response, Aphasia Conversation Groups (ACG) were introduced, initially in one southeast Ontario location (Belleville) with subsequent spread to Kingston funded by the South East Local Health Integration Network.
- To address the time-limited nature of ACG and to provide other community-based interventions to AWA, two additional programs were introduced; Aphasia Buddies and Aphasia Peer Support. AWA could opt to participate in one, two or all three programs.
- The Aphasia Buddies Program became the first program initiated by VON Greater Kingston (VON) within this triad leveraging a model developed by the Communicative Disorders Assistant (CDA) Program's Coordinator/Professor at St. Lawrence College (SLC).
- An AWA and family member informed the development of all 3 models.

Methods - Aphasia Peer Support Group

- Coordinated by VON, the Aphasia Peer Support Group offered an opportunity for AWA to meet peers in a 'safe' environment.
- Weekly meetings were arranged by the VON Stroke Support Coordinator however the meetings were peer-led.
- Evaluation was anecdotal and observational through informal feedback with caregivers and stroke survivors.

Findings - Aphasia Peer Support Group

N= 14 , 11 meetings to date

- Using a peer-led model supported improved self-esteem and self-confidence.

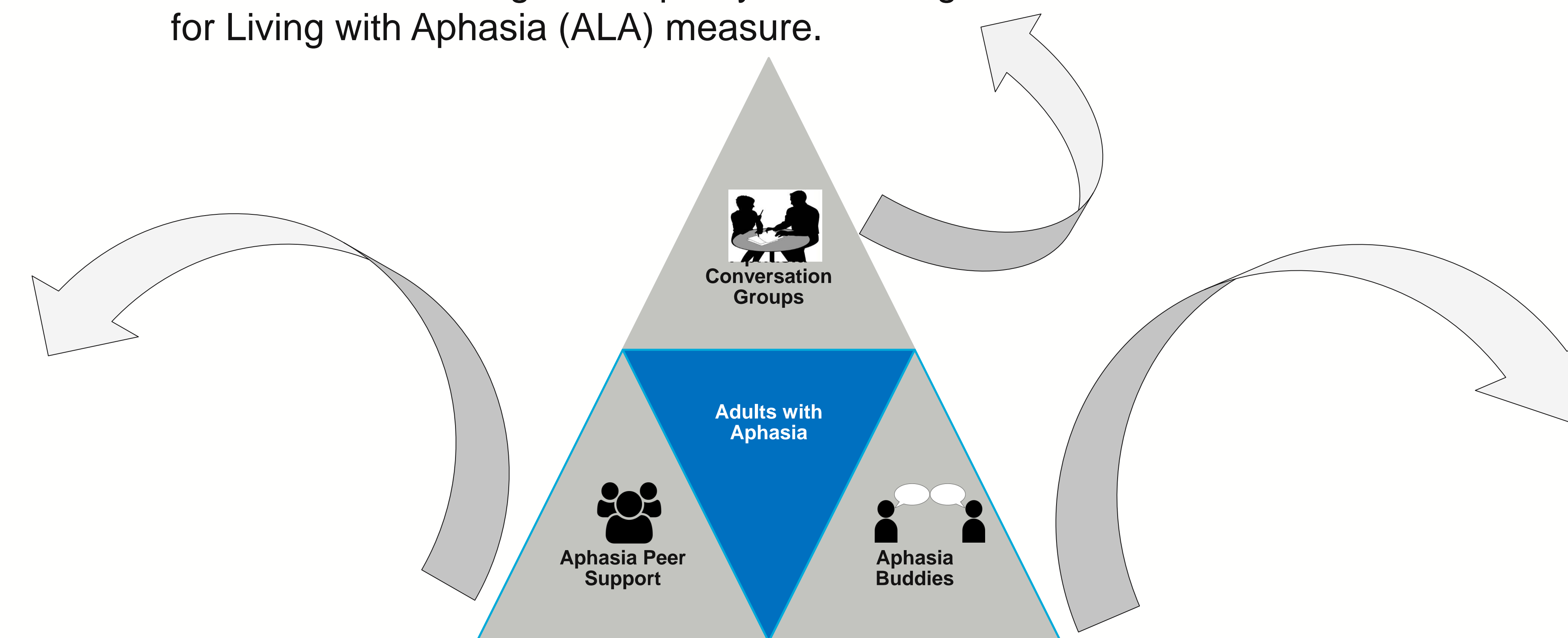
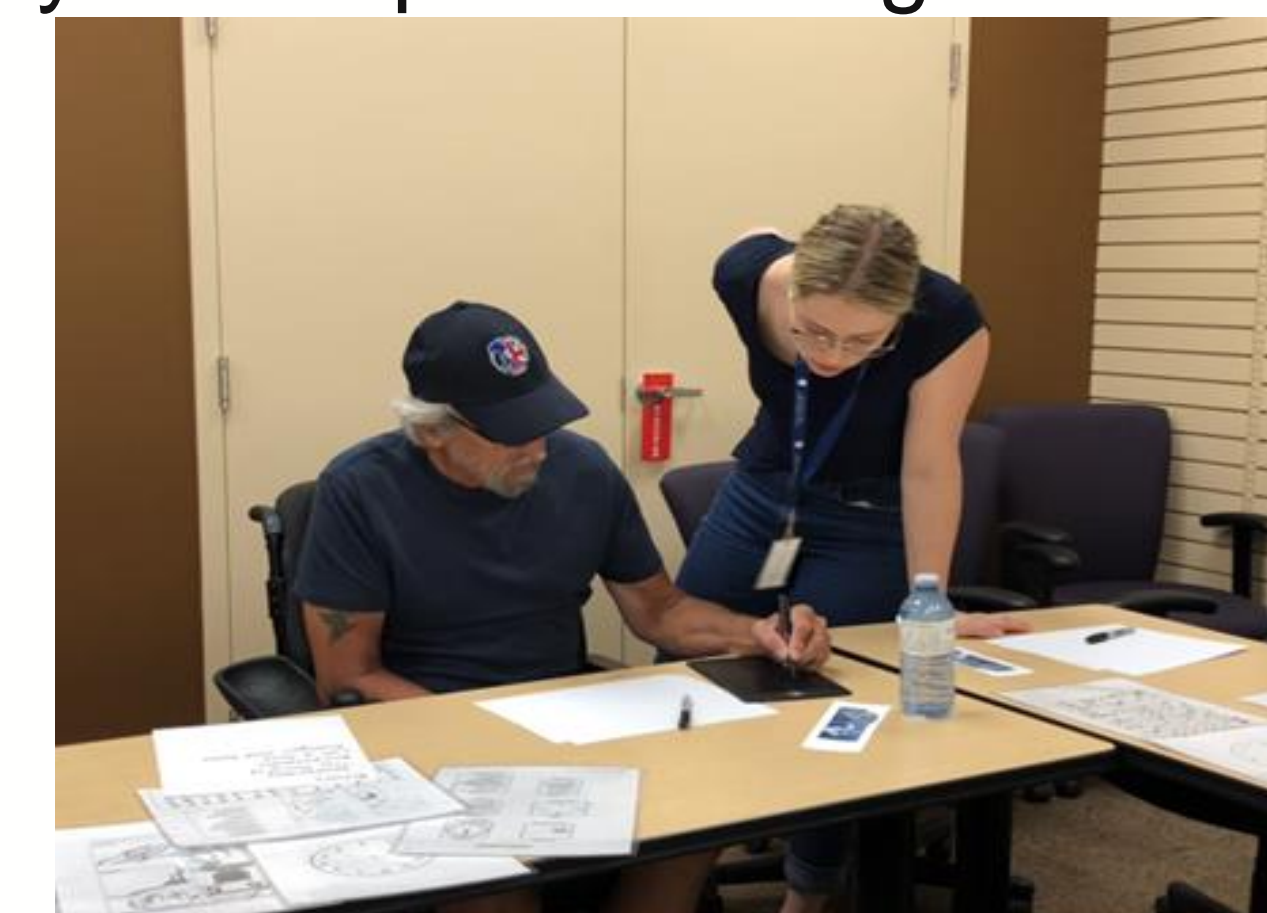
"[My husband] enjoys the supportive environment [and] has learned several new techniques for supporting his speech and he now uses those in many other areas of his life...and each time he comes home from a meeting I find that his speech is more fluent." - Wife of AWA

"Some members made spontaneous plans to meet for a future lunch using different types of communication tools, including drawing a map of the restaurant location." – Program Coordinator



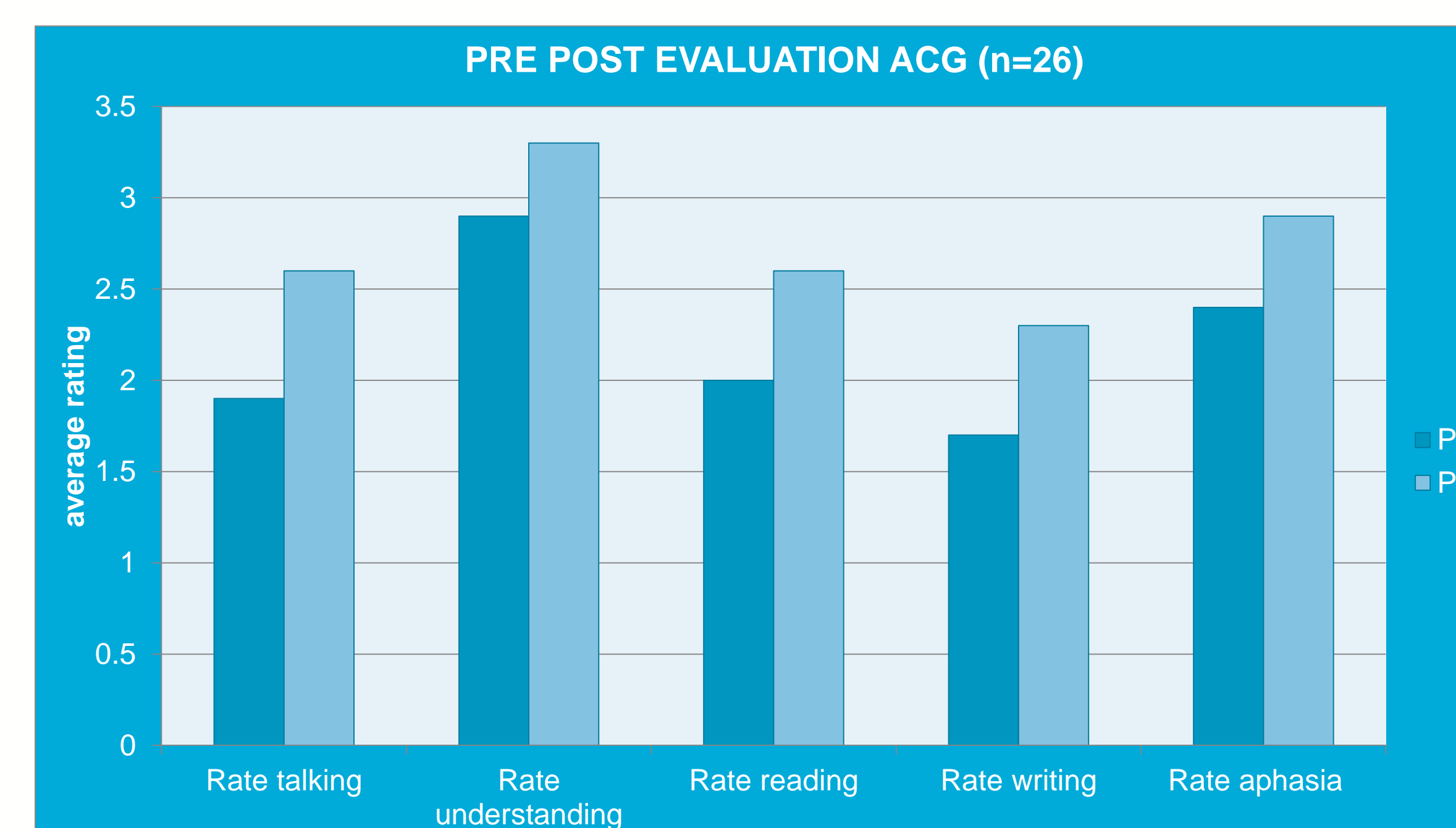
Methods - Aphasia Conversation Groups

- A community support service agency (VON) and a community rehabilitation agency (Kaymar Rehabilitation Inc.) collaboratively developed the Kingston ACG model based on successful work done by Community Care for South Hastings and Quinte & District Rehabilitation in Belleville.
- In the ACG model, AWA were pre-assessed by a SLP and then participated in an assigned group on a weekly basis for 8 weeks.
- Participants were divided into 2 groups depending on their initial level of communication skills. Groups were facilitated by a SLP and supported by trained volunteers.
- Surveys were conducted pre/post sessions asking participants to evaluate the effectiveness of the ACG across several domains including well-being, communication and general quality of life using domains from the Assessment for Living with Aphasia (ALA) measure.



Findings - Aphasia Conversation Groups

- N= 31; median age: 70 (38-84 years); median time post stroke: 3.5 years (3 months - 10.3 years).



- Improvements were noted across all domains following participation in ACG sessions.

Methods - Aphasia Buddies

- Students in the CDA and Therapeutic Recreation programs at SLC and psychology students at Queen's University functioned as Aphasia Buddies one-on-one with interested AWA in the community.
- A SLP with specific education in supportive conversation (SCA™) trained all Aphasia Buddies.
- Visit frequency was decided collaboratively between the Aphasia Buddy and the AWA as was visit location.
- Various tools and activities were utilized by the Aphasia Buddies including pen and paper, word games/puzzles, journals and worksheets. Conversational topics ranged from hobbies, sports and travel to family outings and celebrations.
- Aphasia Buddies submitted monthly reports to the VON Stroke Support Coordinator. Evaluations included questions related to the program in general, the dynamics of the volunteer/AWA interactions, activities and tools used within those interactions, changes in AWA communications as observed by the Aphasia Buddy and self-perceived changes as reported by the AWA.

Findings - Aphasia Buddies

- N=12 (6 AWA; 6 volunteers) (5-month pilot); 36 visits of one-hour duration; visit frequency 3 to 4 times/month.
- The majority of visits occurred in a public setting (e.g., coffee shop, library) with two AWA opting for home visits.
- 100% of AWA indicated that conversation had improved with Aphasia Buddy; 83% indicated improved reading; 100% indicated that they felt connected to their Aphasia Buddy and that the Aphasia Buddy was helpful in improving their communication abilities and confidence.

"...feels like [I am] getting better with clarifying [my] own message and understanding others.." – AWA



"Initially [AWA] would wait for me to initiate topics or ask questions. Now [AWA] readily brings up topics he wants to talk about, asks me questions about my life and recalls previously discussed details, topics and events. He is also showing more willingness [and] confidence to repair communication breakdowns if they occur." – Aphasia Buddy

Conclusions

- ✓ A wrap around approach allows AWA to select the program(s) that are reflective of their individual preferences and that best meet their evolving needs.
- ✓ A multi-modal approach also provides the opportunity for AWA to transition from a fully supported approach (i.e. ACG) to a peer-led environment as their self-confidence and independence grows.