

Efficacy of Communication Strategies in Augmenting Quality of Life and Participation in Individuals with Aphasia

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Abstract Use of communication strategies are recommended frequently to individuals with aphasia in order to enhance their communication and societal participation. This study aims to explore the efficacy of communication strategy usage in persons with chronic aphasia and their communicative partners. For this purpose, interviews were conducted with five women and six men with chronic aphasia (N =11) and a qualitative analysis of the same was done. Different factors related to individuals with aphasia, their caregivers and topics of conversation were found to affect the efficacious use of communication strategies. The most important among this was the care givers awareness regarding the need and usage of communication strategies. It was evident from the current research that caregiver training on communication strategies should be an integral goal of aphasia rehabilitation. This will inturn enhance rehabilitation and integration of individuals with aphasia for societal participation.

Keywords: Aphasia, communication strategies, participation

1. INTRODUCTION

The ultimate aim of aphasia rehabilitation is enhancing the quality of life and societal participation inspite of their communication difficulties [2, 3, 6]. This is also emphasised by the International Classification of Functioning, Disability

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and Health (ICF) [7]. The use of communication strategies (use of speech, gesture, drawing, writing and pointing to pictures) and conversation partner training is essential to achieve this goal.

There is scanty information on the efficacy of communication strategies and caregiver training in aphasia rehabilitation. The aim of this study is to qualitatively analyse the communication patterns in individuals with chronic aphasia and their insight into their own and their caregivers' use of communication strategies.

2. METHOD

An interview method followed by qualitative analysis was used for data collection.

3. PATIENTS

Patients with chronic aphasia (more than 12 months) due to stroke and older than 18 years of age were selected for the study. Interviews were taken for five women and six men with chronic aphasia (N=11). The individuals with aphasia had no other speech or language difficulties (like dysarthria). In addition, they were required to use Kannada as their native language. Individuals with aphasia with a diagnosis of drug abuse, dementia, hearing or vision difficulties were excluded from the interview.

4. DATA COLLECTION

The patients and their communication partners were recruited from outpatient services in the Department of Speech-Language Pathology at NIMHANS, Bangalore. Once the individual with aphasia fulfilled the inclusion criteria for the study, they were informed about the study and the SLP compiled details about the onset of aphasia, time post onset, type and severity of aphasia. The aphasia types were classified according to the WAB classification. Pictures and conversation strategies were used to enhance comprehension of the individuals in order to follow instructions and elicit responses. It took an average of 54 minutes to complete the interview.

Individuals with aphasia were interviewed regarding their conversational patterns with caregivers and other people, problems encountered and use of conversation strategies. Different conversation strategies and simplified instructions (yes/no response; picture pointing etc) were used to ensure that individuals with aphasia followed instructions.

5. QUALITATIVE ANALYSIS

The data collected was analysed by qualitative analysis and three areas were identified viz. post stroke aphasia and communication, strategies they used during communication failures and personal factors leading to communication difficulties.

6. RESULTS

Five women and six men were the participants in the study. Mean age of the individuals with aphasia was 59.3 years and average time post stroke was 19 months.

6.1 Post stroke aphasia and communication

6.1.1 Opportunities to communicate

Most of the individuals with aphasia reported that conversational incidences were reduced compared to premorbid state and there were less communicative interactions. However there were other individuals with moderate aphasia, who reported of similar conversational interactions as in premorbid state.

6.1.2 Communication failures

This was mainly attributed to word finding problems, circumlocutions, caregivers unawareness regarding the problem and non usage of communication strategies, despite knowing that communication strategies were useful in enhancing communication of the individual with aphasia.

6.1.3 Personal factors leading to communication difficulties

Caregivers losing patience, anger, frustration and loss of interest because of the individual with aphasia having communication difficulties were some of the factors reportedly hindering communication

6.2 Dealing with communication breakdowns

6.2.1 Using strategies

Different communication strategies were used by the individuals with aphasia and these included word choice and rehearsal prior to initiating conversation, selecting pictures from a communication book, asking caregiver to repeat, modify, rephrase and simplify communication with simple phrases, gestures, drawing and aids etc. and also improving their knowledge about aphasia and why the ensuing communication difficulties post stroke aphasia.

6.2.2 Caregiver strategy usage

Care givers either used yes / no questions, gave extra time for the individual with aphasia to respond or used appropriate gestures, which in turn was helpful for the informants. Most of the caregivers reportedly did not use drawing and communication book. Informants also found it difficult to maintain conversation when there were multiple conversation partners, in noisy situations, when they were not face to face with the CP and when conversational topics varied quickly. Environmental barriers to effective communication were crowded areas, noise or unfamiliar places.

7. DISCUSSION

Qualitative analysis overall indicated that individuals with aphasia had overall reduced opportunities to communicate, less number of conversational partners and support. Moreover, PwA reported that a mutual responsibility for conversation was desirable to them. PwA also reported that CP's lacked understanding of aphasia and this significantly affected the use of supporting strategies. This was supported by the study by [4]. PwA also yearned for their premorbid status and increased societal participation.

Supportive strategies were used by some PwA and their caregivers, whereas others were against the use of the same. This variance was also supported by [5] and [1] who reported of the effect of attitudes, coping mechanisms and personality factors and unawareness on usage of communication strategies.

CONCLUSION

The results indicate that the informants yearned for their premorbid status as an active participant in society. The result of the study adds to the literature regarding the communication patterns and support strategies used by PwA and their caregivers and communication partners in a tertiary care centre. Results indicate that PwA strongly desired to regain their premorbid communication status and active societal participation. PwA also accepted the need for continuing CP training with regard to aphasia and functional communication involving various strategies.

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