

The Aphasia Communication Team (TACT): The Cypriot experience

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Introduction

Aphasia affects 30% of stroke survivors¹. It impacts the ability to speak, understand, read & write, and is linked to poorer functional recovery, return to work, activities of daily living, depression & isolation after stroke, leading to fewer friendships & smaller social networks. 61% continue to experience communication problems 1 year after stroke². Between 1,200 - 1,400 people in Cyprus have a stroke every year. A third have aphasia which affects functional communication.

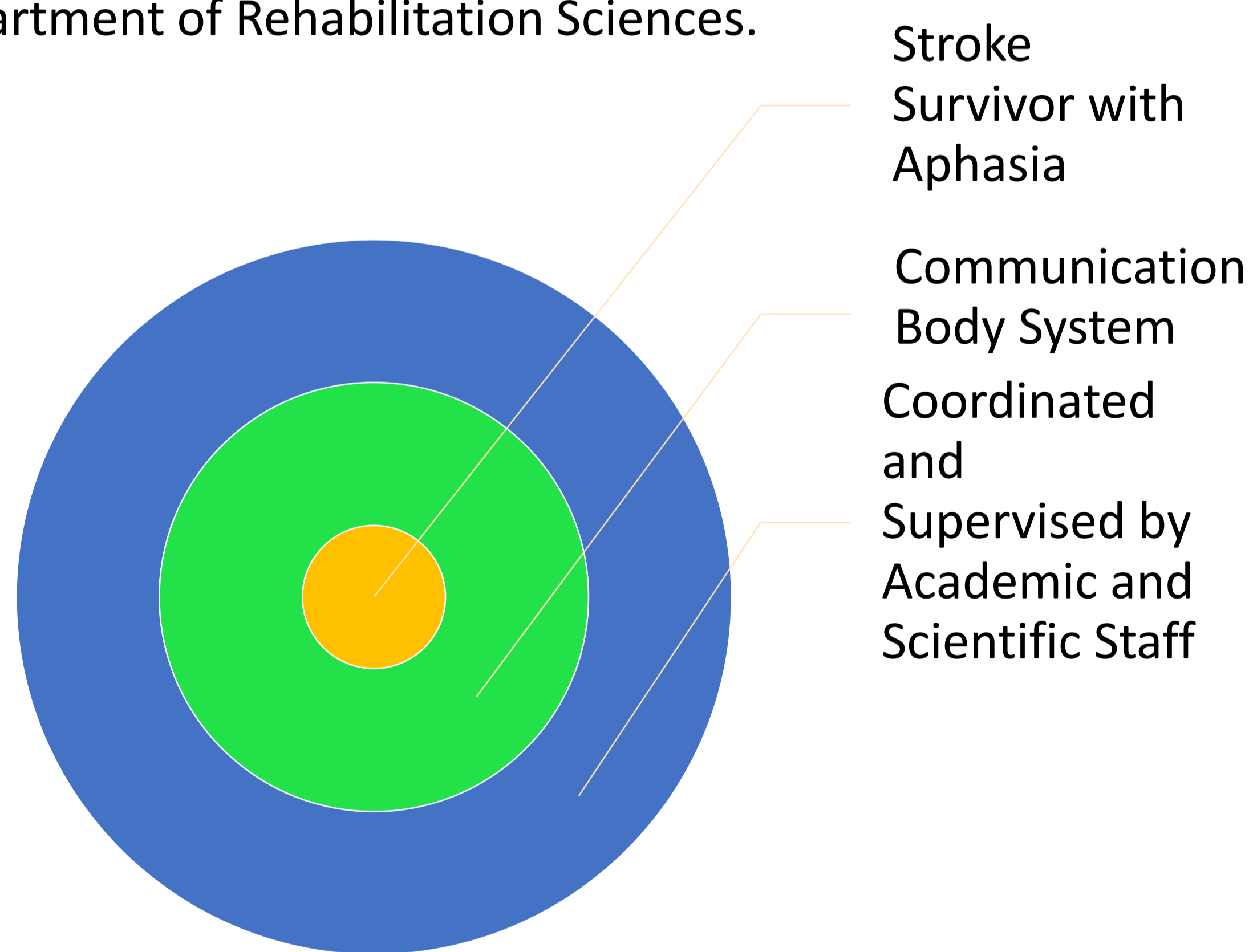
In the exploration of all the above factors influenced by aphasia, the idea of The Aphasia Communication Team – TACT emerged.

TACT is a communication/ conversation group that involves stroke survivors with chronic aphasia. TACT aims to provide stroke survivors support for learning and communication opportunities to promote living well with aphasia. TACT works on the barriers (areas of weakness of the person with aphasia and conversation partners that make communication difficult) and on what communication tools members could use to improve communication. TACT has a broad outlook for living well with aphasia and to improve quality of life. Another goal targeted is the understanding that aphasia can be a long-term condition and that aphasia is a ‘family issue’—not just for the person with aphasia³. TACT promotes full participation and engagement in activities of interest. TACT encourages a safe, positive, environment, and is inclusive to all.

Methodology

Stroke survivors are recruited by the Cyprus Stroke Association- CSA (third-party stakeholder) and TACT is held at the premises of the Rehabilitation Clinic of the Cyprus University of Technology once a week, for two hours.

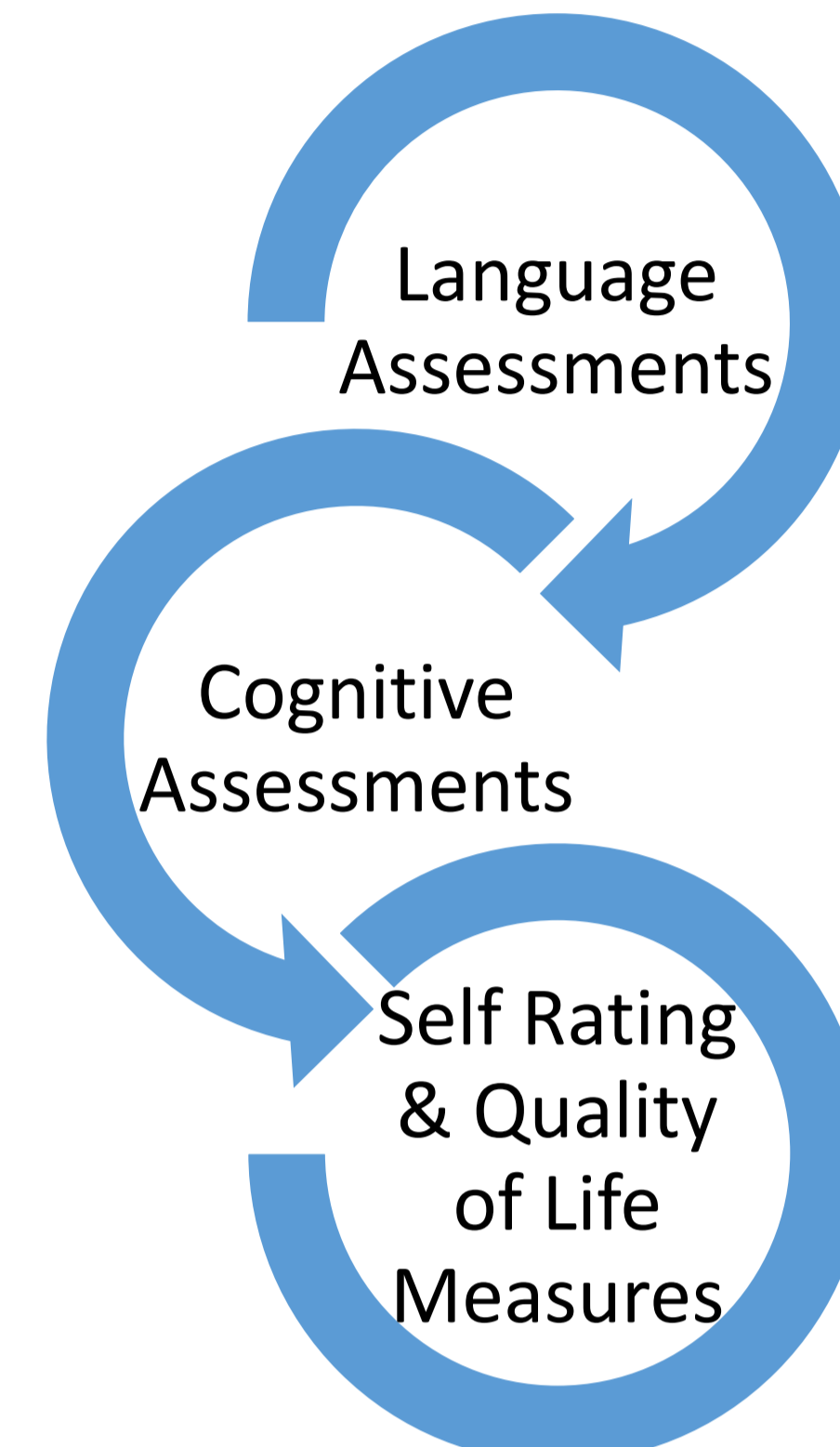
Two groups have been established so far, with 6 stroke survivors with chronic aphasia and 6 communication buddies, for each group. Communication buddies are speech and language therapy students who serve as communication facilitators of each group member. The groups are supervised and coordinated by academic and scientific staff from the Department of Rehabilitation Sciences.



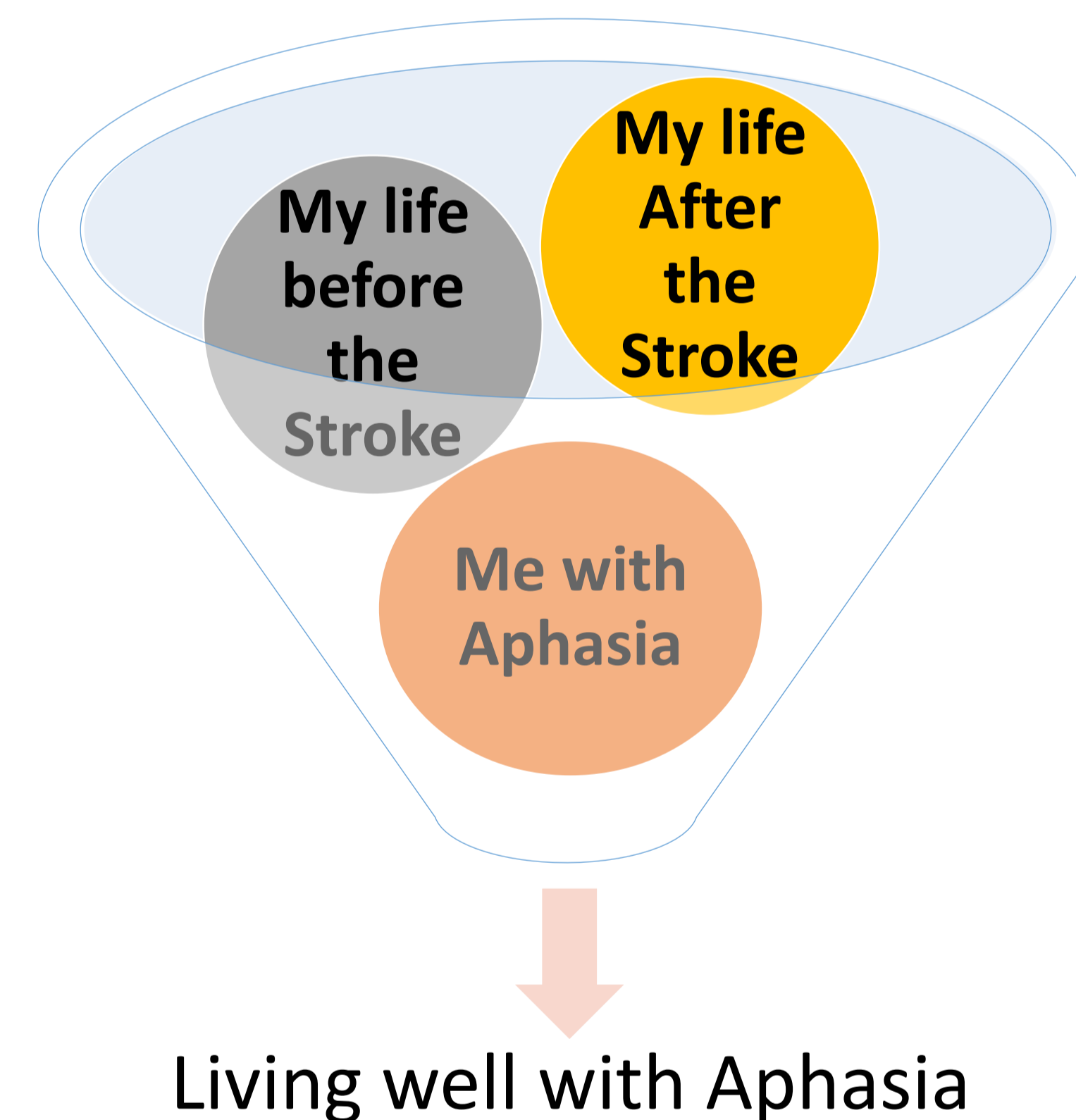
Inclusion Criteria

- People with aphasia (PWA) discharged from acute and sub-acute rehabilitation with chronic aphasia
- PWA who do not need additional medical support while being at group and who have given written consent to participate
- PWA who sign a confidentiality contract with the clinic and CSA

Therapy consists of a 12-week block of weekly sessions. Group members are assessed on psychometric measures (language, cognition and quality of life) at the beginning and at the end of each block of therapy. The assessment procedure is based on the International Population Registry for Aphasia after Stroke (I-PRAISE) protocol⁴. This is deemed necessary to measure improvement or change in behaviors post-therapy.



Group members are encouraged to share experiences by using technology and tablets. They also practice total communication skills i.e. adding gesture, drawing, and writing to speech. The main topics of discussion are learning about/refreshing knowledge on stroke and aphasia, linking the information to members own experiences, asking questions and discussing stroke and aphasia. It is also important for members to share stories about life before the stroke.



Outcome and Results

Outcomes consist of variations (change or improvement) in measures of functional communication, overall severity of language impairment, auditory comprehension, spoken language (including naming), reading and writing from baseline, overall communication self rating and quality of life after stroke. Data gathered via assessment procedures will be digitalized for each individual participant data based of the RELEASE protocol⁵.

Discussion

The use of the communication buddy system, the involvement of the total communication approach, the systematic assessment and the collection of individual patient data (IPD) sets will enable us to measure the effectiveness and efficacy of group therapy interventions for stroke survivors with chronic aphasia in terms of use of functional communication, social inclusion⁶ and quality of life⁷.

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