

PSYCHOSOCIAL ASPECTS OF GROUP COMMUNICATION TREATMENT

Preliminary Findings

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ABSTRACT—This article discusses preliminary psychosocial data from an efficacy study on the effects of group communication treatment in adults with chronic aphasia. Using a qualitative interview approach, participants with aphasia and their relatives/caregivers reported many positive psychosocial changes following treatment. The results suggest that group communication treatment had an impact on participants' home and community lives without direct treatment in those settings. Results are discussed in the context of managed care, group theory, and positive health.

KEY WORDS: group treatment, aphasia, psychosocial

Group treatment is re-emerging as a treatment of choice for individuals with neurogenic communication disorders, including aphasia, and Kearns (1994) has provided a historical summary and thorough review of the aphasia group treatment literature. Currently, group treatment is providing a practical solution to the growing dominance of a managed care system, in which health care reimbursement moves from fee-for-service to a capitated model (Elman, 1998; Elman, 1999; Sarno, 1997). However, group treatment may also provide important advantages when compared to traditional individual treatment.

Elman & Bernstein-Ellis (1999) list several reasons why group treatment may be

advantageous. First, group treatment may help promote generalization of communication skills to natural environments. The nature of a group promotes interactions among different members, with peer modeling, speech act diversity, and more natural communicative tasks as a by-product of the group (Davis, 1986; Lyon, 1992; Wilcox, 1983). Second, group treatment may improve psychosocial functioning and participation in community life, as adjustment to life with aphasia is encouraged and modeled by the facilitator and other group members (Gainotti, 1997; Herrmann & Wallesch, 1989; Kagan & Gailey, 1993; Le Dorze & Brassard, 1995; Lyon, 1992; Parr, Byng, Gilpin, & Ireland, 1997; Sarno, 1991,

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1993; Simmons-Mackie & Damico, 1996). Finally, as previously mentioned, group treatment is a cost-effective method of providing treatment, especially as decreases in authorized treatment become commonplace (Aten, Caliguri, & Holland, 1982; Elman, 1998; Elman, 1999; Elman & Bernstein-Ellis, 1995; Jordan & Kaiser, 1996; Kearns, 1994).

We recently completed a study that investigated the efficacy of group communication treatment in individuals with chronic aphasia (Elman & Bernstein-Ellis, 1999). Group communication treatment focused on improving the ability to convey a message using whatever strategy was most useful; fostering initiation for conversational exchanges; expanding the individual's self-awareness of personal goals and progress made toward those goals; and promoting confidence for attempts at relevant communicative situations. Twenty-four participants received 5 hours weekly of group communication treatment over a 4-month period.

Participants were randomly assigned to immediate treatment and deferred treatment groups, and a multimethod design using quantitative and qualitative dependent measures was utilized (Brewer & Hunter, 1989; Elman, 1995). A thorough description of this study, including the complete results of standardized linguistic and communicative measures, is reported in Elman and Bernstein-Ellis (1999). In brief, these results indicate that group communication treatment was efficacious. Participants receiving group communication treatment had significantly higher scores on communicative and linguistic measures compared to participants not receiving treatment. In addition, treatment benefits continued over time, with significant increases revealed after 2 months and 4 months of treatment. No significant decline in performance occurred at follow-up testing. Importantly, participants in the deferred treatment groups did not change significantly on dependent measures while they were participating in social group activities, such as movement classes, church activities, and creative arts groups.

QUALITATIVE INTERVIEWS

This article focuses on preliminary findings from the qualitative interviews that were conducted with participants and their relatives/caregivers throughout the treatment phase of the efficacy study. We were interested in discovering whether any real life changes and/or psychosocial benefits occurred during and after participation in group communication treatment. Interviews were conducted with participants and relatives/caregivers separately after 2 months and 4 months of treatment and at follow-up, which was about 4–6 weeks following completion of treatment.

Semistructured interviews (Kvale, 1983; Le Dorze & Brassard, 1995) were conducted by either the principal investigator or the primary speech-language therapist. Interviews included questions about any positive and/or negative aspects of participation in the communication treatment groups. Participants were asked to give specific examples whenever possible. The aphasic participants and relatives/caregivers answered essentially the same questions. Participants with severe aphasia were encouraged to augment their answers with gestures, writing, drawings, or other communicative resources when appropriate. Each interview lasted from about 5 to 15 minutes.

Currently, we are transcribing interviews verbatim from videotapes. Preliminary findings for half of the participants (12 participants with aphasia and their 12 relatives/caregivers) are discussed in this article. Work is underway to complete transcription of the remaining interviews. The transcripts are being analyzed using qualitative analysis procedures (Miles & Huberman, 1994; Strauss & Corbin, 1990) in which all positive and negative aspects of group participation are noted. These aspects are then coded and grouped into common descriptors or themes. Separate themes are identified for participant and caregiver interviews. All transcripts are reread multiple times to produce a limited number of themes that ade-

TABLE 1. Positive Aspects of Group Communication Treatment as Reported by Participants with Aphasia

<i>Psychosocial Aspects</i>
Like being with others
Like support of others with aphasia
Like making friends
Like being able to help others
Like seeing other improve
Feel more confident
<i>Speech-Language Aspects</i>
Enjoy conversations
Improvement in talking
Improvement in reading/writing

quately capture the information expressed in the interviews.

Positive aspects of the group communication treatment, as reported by the 12 participants with aphasia, are listed in Table 1. These aspects are further divided into psychosocial and speech-language behaviors. Positive aspects of the group communication treatment as reported by the 12 relatives/caregivers, are listed in Table 2. Brief segments from the interview transcripts are given to provide a more complete understanding of the responses.

PARTICIPANTS WITH APHASIA

It is interesting to note that the majority of positive comments about participating

TABLE 2. Positive Aspects of Group Communication Treatment as Reported by Participating Relatives/Caregivers

<i>Psychosocial Aspects</i>
More confident
More social
More independent
More motivated
Like making friends
Happier
Like helping others
<i>Speech-Language Aspects</i>
Improvement in talking
Improvement in reading/writing

in group communication treatment are psychosocial in nature. Participants with aphasia consistently remarked that being with others, as well as having the support of others with aphasia was extremely beneficial: "Nice people" (GC); "Wonderful people" (II); "I like the group and the others" (RM); "Yeah, yeah" (participant pats her chest on her heart) (MN); "The people were fantastic, each person had problems just like I had, but different maybe . . . but each person maybe I felt a little closer to them . . . they were very warm" (RD); "We're all feeding on each other's energy . . . I feel that we're able to get together and talk about what has been bothering us as individuals who have gone through a stroke . . . and we're talking about things that bother us or that people don't understand and we find out that we're all collectively experiencing the same thing" (BH); "Well, well, I . . . find out everyone else . . . finding out about everyone else . . . yes (MA); "Not just one person . . . all of the aphasics really help me" (JB).

Participants with aphasia enjoyed making friends and being able to help others in the group: "And I meet some new people" (LA); "I feel like I'm helping the group, almost more than the group is helping me . . . I can see their progress" (BH). Participants also enjoyed seeing the improvements made by others in the group. Participants stated that they felt more confident about their abilities: "I think I have more confidence because I'm talking better" (BH); "When I first came I was afraid, when I first went there, because I didn't know what to expect . . . but I tried real hard and I saw it's not so bad, and then I wanted to try a little more and a little more and then I feel a little better" (RD).

Positive comments about improving language abilities and enjoyment of having conversations with others were also common: "And talking to people it's better cause when I go to church I can talk with some of the people what I'm trying to say . . . that's the main thing that I'm trying to do" (CC); "But really it's the talking and conversation . . . I think . . . the aphasics are helping me learn . . . how to speak . . . I think the reading ability is . . . coming back . . . very slowly" (JB).

RELATIVES/CAREGIVERS

The positive comments of participating relatives/caregivers are strikingly similar to those made by individuals with aphasia. For example, relatives/caregivers reported that participants with aphasia gained self-confidence and became more social following participation in group treatment: *"And he likes every part of it . . . he likes going . . . he likes the social part of it . . . he likes the people . . . he likes the variety of people he sees"* (RM). *"Well one of the things, he is not as withdrawn . . . he is more outgoing"* (LA); *"Well it has made her more . . . gave her more confidence . . . before she was kind of shy and didn't want to bother too much with being in a conversation with other people . . . but that has all changed, she's getting back to her old self"* (RD).

They also noticed increased independence and motivation: *"I tell you what I think that the group did—it motivated her to where she wants to continue to get help"* (CC); *"She seems to want to do things without assistance, and she would allow me to before, now she just won't allow it . . . she's proud of what she can do, and she seems to be wanting to do it by herself . . . she's getting to be more self-reliant . . . it's just given her more confidence that she can do more . . . she just seems to want to expand herself"* (MN); *"But he has more motivation now than he had before . . . I think he got discouraged before . . . this time, since he started in the group, he really is motivated to do something . . . he's talking about using his hand and he was showing me . . . so it seems to be helping him all the way around . . . emotionally and physically"* (LA).

Relatives/caregivers consistently reported that participants with aphasia enjoyed making friends and seemed happier while in the groups: *"One of the biggest things . . . and that's the camaraderie and friendship that he's made . . . and just knowing that there are other people out there that are having the same problems has been a tremendous source of strength, I think, for him"* (GC); *"I just think it's good for him to be with other people who've had strokes"* (LI); *"She is so happy . . . she comes home and says they said I did well today"* (RD). Relatives/caregivers also re-

marked that it was nice that those with aphasia were able to help others: *"And I think he feels good about helping them . . . I think he really does, I think he enjoys it"* (LI); *"Now to help someone . . . he likes that . . . you've given him importance which he didn't feel before and to me that is very, very valuable"* (RR).

Relatives/caregivers commented on improvements in speech and language skills: *"And meeting with the group has really helped her, I think she's talking more"* (CC); *"Communication wise he's made . . . I think he's made tremendous progress. He's gone from basically saying 'yes' and 'no' to really putting sentences together, initiating conversations at home, just doing things that he was unwilling to try, you know trying to communicate difficult ideas that before he was just kind of locked in silence"* (GC); *"She's freer to talk, she's volunteering a lot more talking"* (II); *"I've seen a great improvement as far as he seems to initiate some of the speaking whereas before he couldn't"* (RR); *"Since he's been in the group, his speaking is much more fluid, and his identification of things is he's calling them less by the wrong name, and he's a little bit more confident when he's talking"* (LA); *"Well, I think he's speaking much better, even, you know . . . in the last week or so, I've noticed he's using more sentences, and, you know, correctly placed verbs and stuff like that"* (MA).

Negative aspects of participation were reported rarely. The majority of "negative" comments revolved around the fact that after group treatment was completed, participants missed other members of their groups. However, few participants indicated that they were not enthusiastic about specific topics or activities that had occurred during the group sessions. One spouse reported that her husband came home "stirred up" several times and stated: *"I finally realized that he was agitated because he was remembering all of the things he couldn't do . . . and it was very upsetting to him for the person he is"* (BH). At the completion of the study, all participants commented that they were interested in continuing group communication treatment in the future.

DISCUSSION

These preliminary results from our participant and relative/caregiver interviews indicate that group communication treatment resulted in many positive psychosocial changes for participants. Many of the psychosocial aspects that both participants and relatives/caregivers reported are similar to the eight curative factors that Luterman (1996) adapted from Yalom (1985): Instillation of hope, universality, imparting of information, altruism, interpersonal learning, group cohesiveness, catharsis, and existential issues.

Communication group treatment appears to have addressed the World Health Organization (WHO) (1980) categories of disability and handicap. The WHO is in the process of revising these categories in order to encompass the complex relationships between health conditions and contextual factors. The WHO is proposing that the terms "disability" and "handicap" be replaced by "activity/activity limitation" and "participation/participation restriction," respectively (WHO, 1997).

Using the WHO (1997) classifications, the individuals with chronic aphasia who attended our group communication treatment increased their participation in many activities outside the treatment environment. For example, one participant gained enough confidence to return a pair of shoes that had never fit and had been in her closet for more than a year. Another participant began to use the telephone to talk to friends and family members whom she had avoided since her stroke. A third participant, with extremely restricted verbal output, gained enough confidence to go by himself to a new restaurant and order lunch from an unfamiliar menu.

It is important to note that these real life changes do not reflect behaviors that were directly or specifically "treated" during group communication treatment. Instead, we believe that these changes are a by-product of the confidence and motivation that participants gained while attending the

groups. We believe that the "curative power" of the groups, coupled with modeling from other group members and the communication practice provided, resulted in remarkable psychosocial and communicative changes in the real world settings of participants' homes and communities.

In a thought-provoking article, Ryff and Singer (1998) discuss four core features that they suggest are needed for positive human health: purposeful living, maintaining quality connections to others, positive self-esteem, and mastery. Reviewing the positive changes that were reported in our interviews, group communication treatment may address a number of these core features. For many of our participants, attending the groups gave them an opportunity to make and maintain quality connections to others and helped improve their self-esteem. In addition, attending group sessions gave a concrete purpose to the day, while providing a forum to discuss future hopes, dreams, and accomplishments. We believe that encouragement from other members of the group was a necessary precursor for increasing the self-confidence and motivation of some participants (Brumfitt, 1993; Christensen, 1997; Gainotti, 1997; Hoen, Thelander, & Worsley, 1997).

The participant and relative/caregiver interviews illustrate the importance of gathering multimethod data, especially the application of qualitative methods (Damico, Simmons-Mackie, & Schweitzer, 1995; Elman, 1995; Holland, 1998; Lincoln & Guba, 1985). Results on our quantitative dependent measures had demonstrated statistically significant changes on standard linguistic and communicative assessments (Elman & Bernstein-Ellis, 1999). Preliminary interpretation of the qualitative interview data is now providing us with critical information that may have been missed if we had utilized only quantitative methods.

In 1996, to continue the group treatment program, we decided to create the Aphasia Center of California, an independent, community-based, nonprofit organization. In our model, aphasia is treated as a

chronic disorder for which ongoing communication and psychosocial support is available through group communication treatment, individual speech-language treatment, caregiver groups, reading and writing groups, and recreational classes. Treatment continues for as long as participants elect to attend the programs, and a treatment plan is selected by each participant from the center's "treatment array" to meet his/her unique needs (Elman, 1998). Bernstein-Ellis and Elman (1999) provide a thorough description of the center's philosophy, daily operations, and treatment techniques.

Group communication treatment provides the speech-language pathologist with economical and effective means for creating positive psychosocial and communication change in individuals with chronic aphasia. Clinicians need to educate themselves about group treatment theory and practice (Bertcher, 1994; Elman, 1999;

Luterman, 1996; Tuckman, 1965; Yalom, 1985), as few university programs currently provide such information in their curriculum. With additional education and experience in conducting group treatment, speech-language pathologists will be better able to provide both help and hope to their clients with aphasia.

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ARTICLE FIVE

SELF-ASSESSMENT QUESTIONS

1. The advantages of group treatment include:
 - (a) It may help promote generalization of communication skills to natural environments.
 - (b) It may improve psychosocial functioning and participation in community life.
 - (c) It is a cost-effective method of providing treatment.
 - (d) a and c only
 - (e) All of the above
2. Psychosocial themes identified from the transcripts of the participants with aphasia included:
 - (a) like making friends

- (b) feel more confident
 - (c) like helping others
 - (d) like the support of others with aphasia
 - (e) all of the above
3. Compared with the participants with aphasia, the themes identified from the transcripts of family members were basically:
- (a) similar for the psychosocial aspects only
 - (b) similar for the speech-language aspects only
 - (c) similar for both the psychosocial and speech-language aspects
 - (d) dissimilar for the psychosocial aspects but similar for the speech-language aspects
 - (e) dissimilar for both
4. Core features needed for positive human health identified by Ryff and Singer (1998) include:
- (a) purposeful living
 - (b) maintaining quality connections to others
 - (c) positive self-esteem
 - (d) all of the above
 - (e) a and b above
5. The qualitative methods applied to the interview transcripts provided data that:
- (a) were redundant to the quantitative dependent measures
 - (b) contradicted the quantitative dependent measures
 - (c) may have been missed if using quantitative methods alone
 - (d) illustrate the benefit of gathering multimethod data
 - (e) c and d