Impact of Group Therapy on Quality of Life for People with Aphasia
Gina Sparacino, B.S. & Abbie Olszewski, Ph.D., CCC-SLP
University of Nevada, Reno

Introduction

- Speech-language pathologists (SLPs) work with clients who have aphasia.
- These clients are at risk for reduced quality of life (QoL) due to communication issues related to aphasia (Chapley et al., 2000; Hlatky & Northcott, 2006; Vickers, 2010).
- Since aphasia severity and communication limitations have a direct correlation to QoL, researchers suggest SLPs address isolation and reduction of social networks in therapy (Hillier, Needle, & Harrison, 2012).
- To do this, SLPs may use group therapy by itself or in conjunction with individual therapy for clients who have aphasia to improve communication and QoL.
- Some persons (e.g., aphasia [PWA]) choose not to receive group therapy because they may not see its value, don’t have it available to them, don’t have time, etc.
- It is unclear if group therapy will improve QoL compared to not receiving group therapy.

Case Scenario

I am a graduate student clinician at the University of Nevada, Reno (UNR) Speech and Hearing Clinic. I have a new client named Cheryl who is debating on whether she should attend group therapy sessions. She is six years post-stroke and has only received individual therapy in the past. Cheryl has a negative outlook on life, and she stated she previously was very social and involved in the community.

I have learned through graduate coursework that many PWA feel socially isolated, and their communication difficulties often cause an overall reduction in QoL. I have helped to facilitate group therapy sessions in the past, but have only observed in a group therapy setting. I am wondering if Cheryl would benefit from receiving group therapy to improve her QoL as compared to not attending group therapy.

PICO Question

P (Patient), I (Intervention), C (Comparison), O (Outcome)

(William & Gilliam, 2008)

My PICO Question: In adult patients with aphasia (P), does group therapy led by a licensed speech-language pathologist (I) yield an increase in quality of life (QoL) (O), as measured by standardized questionnaires and/or interviews, compared to not attending group therapy (C)?

Methods

Search Terms: aphasia, quality of life, group therapy

Electronic Databases: PubMed, Google Scholar, & Academic Search Premier

Appraisal:
Based on Dollaghan (2007) and Gilliam and Gilliam (2008), Critical Appraisal of Treatment Evidence (CATE) and Critical Appraisal of Systematic Reviews and Meta-Analyses (CARMAS) forms were used to evaluate validity and clinical significance of 10 articles. An article was “compelling” if it earned 7-10 points, “suggestive” if it earned 6-9 points, and “equivocal” if it earned 0-5 points on the CATE form. An article was “compelling” if it earned 6-8 points, “suggestive” if it earned 5-3 points, and “equivocal” if it earned 0-2 points on the CARMAS form.

Reliability: Ten articles were analyzed for validity and inter-rater reliability of 85% was achieved. Of those 10, the top four articles were then selected for the evidence-based decision making process.

References


Discussion

From Vickers (2010), it is important to take into consideration that studies without significant results had smaller sample sizes (Ross et al., 2006; Shisler-Marshall & Wallace, 2009). This appears the type of testing materials used also influenced whether or not there was a measurable difference in QoL. For example, van der Gaag et al. (2005) found that there was an increase in QoL based on scores from the EQ-5D, but not in the overall score from the SAQoL-39.

Evidence to Clinical Practice: I feel comfortable describing and providing both group therapy and individual therapy to Cheryl to see if it would help improve her QoL. My supervisor supports either therapy approach. We deliver both types of services in our clinic on a regular basis.

Evidence to Patient Preferences/Beliefs: An informal interview was conducted with Cheryl and her husband to fully capture her wants and needs. They stated Cheryl has been battling depression and low self-esteem since aphasia onset. Cheryl stated she is open to trying group therapy because she wants to improve her QoL. As you may recall, she was very active in the community and was a very social person before her stroke.

Clinical Decision: The external evidence shows many PWA benefit from receiving group therapy led by a licensed SLP. Cheryl is open to receiving group therapy. I feel comfortable delivering group therapy. We decided together that Cheryl would try group therapy. The group therapy will be held once every two weeks on Fridays for an hour, and be led by my supervisor.

Evaluating Outcomes: Before beginning group therapy, I will conduct an informal interview with Cheryl to gain qualitative information about her perceived QoL. I will also administer QoL measures using the SAQoL, SAQoL-39, and The Friendship Scale to obtain an accurate picture of her current QoL. I will re-administer QoL measures every 3 months and informally ask if she has noticed any improvement to her QoL to determine if this is a good fit for her.