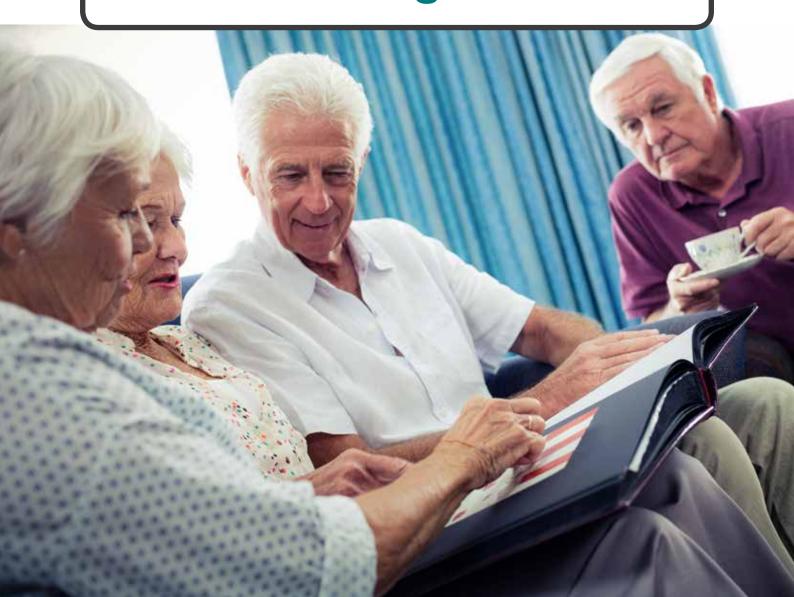# Interdisciplinary Community Aphasia Group (InterD-CAG)

Facilitator Program Manual

InterD-CAG
Facilitator Program Manual

**Michelle Attard, Yasmine Loupis, Professor Leanne Togher,
& Associate Professor Miranda Rose**

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Manual Contents

Preliminary pages

Section 1: Background to the InterD-CAG program
(p.1-26)

Read this section to find out about the origins and theoretical underpinnings of the InterD-CAG program.

This section outlines the background to the research and the ideas underlying the group protocol and the manual.

Section 2: Preparation   (p.27-85)

This section sets out the first steps in developing a community aphasia group.

It provides an overview of the course structure and assists in making decisions about who to involve and how to manage delivery of the program.

Session 2 Appendices   (p.60-85)

Section 3: Week-by-week program   (p.86-241)

Detailed week-by-week content for a 12-week program for people with aphasia, and their significant others.

This section describes the whole-group sessions, and split-group sessions for people with aphasia.

Section 4: Sessions for significant others   (p.242-297)

This section details the split-group sessions for significant others.

Preface

This manual was first developed for use in a clinical trial examining the efficacy of a 12-week community aphasia group model: the InterD-CAG. The trial targeted living well with aphasia and was designed for people with chronic post-stroke aphasia and their nominated significant others.

We developed this manual to maximise treatment fidelity and to provide guidance in managing the administrative, logistic, and content-driven components of the treatment program. It includes the content that formed the program package provided to participants.

Now that the trial is complete, we are making this manual widely available as a comprehensive resource for speech-language pathologists and other health professionals undertaking a community aphasia group program block for living well with aphasia. By using this manual, our treatment program can easily be adopted by other researchers and clinicians—either in its entirety or selected sections. We encourage readers to apply the program characteristics and content flexibly.

The manual is designed to quickly orient professionals to the aphasia group program. Clinicians will benefit from detailed administration-, logistic-, and content-based resources to support them in running groups within their own context.

For those wishing to carry out data collection in addition to compiling weekly session notes, there are also inclusions such as evaluation forms and interview question guides.

Audience

This manual is primarily intended for:

- speech-language pathologists (SLPs) working with people with aphasia and their families or significant others to improve their everyday lives

- staff working with SLPs on an interdisciplinary basis.

Acknowledgements

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Style Conventions

Note: the following content is outlined in more detail in .

Hyperlinks

Hyperlinks are available throughout the soft copy of this manual to facilitate access across sections and to external resources. A hand or arrow will appear when you run your cursor over an active link, such as an item in the Contents list or underlined text elsewhere in the manual.

Numbering of weeks and sessions

For brevity, the manual uses a coding system for the weeks and sessions. For example:

1A = Week 1, first session;   2B = Week 2, second session

Colour coding

The Program content and PowerPoints for each week are distinguishable by colour:

Week 1   Week 2   Week 3   Week 4   Week 5   Week 6

Week 7   Week 8   Week 9   Week 10   Week 11   Week 12

PowerPoint numbering

PowerPoint slides are labelled with the week number, session number. For example,

PP 2a = the PowerPoint for the first session of Week 2

Member package pages, Handouts, and Action plans

Member Package pages, Handouts, and Action Plans are labelled with the week number and session, with multiple documents of a particular type differentiated by number. For example:

H 3a-2 = the second handout for first session of Week 3

Materials Icons

When specific materials are referred to in Section 3 and Section 4, an icon on the left hand side of the page with bold text will flag you to the relevant resource type as shown in the key below.

Member Package page

Handouts

Staff resources

Member resources

Action Plan

Administration

Materials for significant others (SOs)

Sessions and materials for designated significant others (family members, partners, friends, etc.) are denoted with 'S' preceding sessions designated for them. For example:

S3b = second session of Week 3 for significant others

SH 3b-1 = Handout 1 for the second session of Week 3 for significant others

Staff and member resources

A wide variety of resources is suggested/supplied. These are divided into those directed to staff (SR) and members (MR).

Is the content Australia-specific?

The manual and resources make reference to Australian locations, organisations, and services.

However, the content is designed to be easily adaptable to your own location and context. See page 17 for further points around adaptations.

Glossary and abbreviations

Action Plan*
reminder alert
A weekly notification via text or email, sent to dyads as a reminder (e.g. to complete their Action Plan tasks, or to bring particular items/content to the next session)

A-FROM
Living with Aphasia: Framework for Outcome Measurement (Kagan et al., 2008)

Aide
A member of the community who has undergone specific training to support the health professional staff in facilitating the program

ALA
Assessment for Living with Aphasia (Kagan et al., 2013)

AP
Action Plan

CAG
Community aphasia group

Character strengths
Areas of virtue or skill that help to define an individual

Communication needs/styles, goals question guide
An informal pre-program interview guide developed by the research team. It covers the communication strengths, areas of limitation, and goals of the person with aphasia and their significant other, along with more general goals to be addressed during the program (see Appendix 2B)

Dyad
Person with aphasia and their significant other

Dyad summary sheet
One-page summary of key information about each dyad (e.g age, time post stroke onset, main goals) that can be placed on the front/inside cover of the member with aphasia's client file

H
Handout

InterD-CAG
Inter-disciplinary community aphasia group

Life (History) Book
A collection of information (in one or more media) developed by a person with aphasia and/or family member that shares aspects of his/her life story. Also known as a Personal Portfolio.

Life story sharing
The process of conveying aspects of one's personal journey in life to others. This can cover important milestones, people, and places. A Life Book may be used to support life story sharing

LPAA
Life Participation Approach to Aphasia (Chapey et al., 2008)

LSWA
Living successfully with aphasia (see page 6)
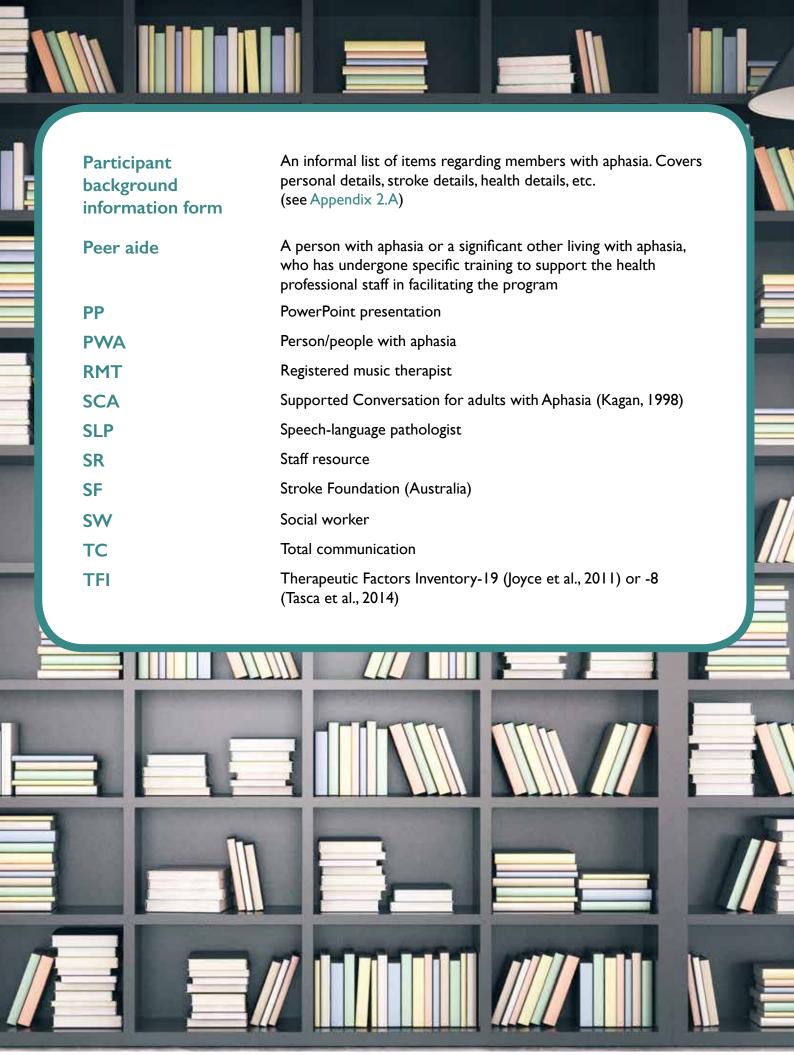
MP
Member package
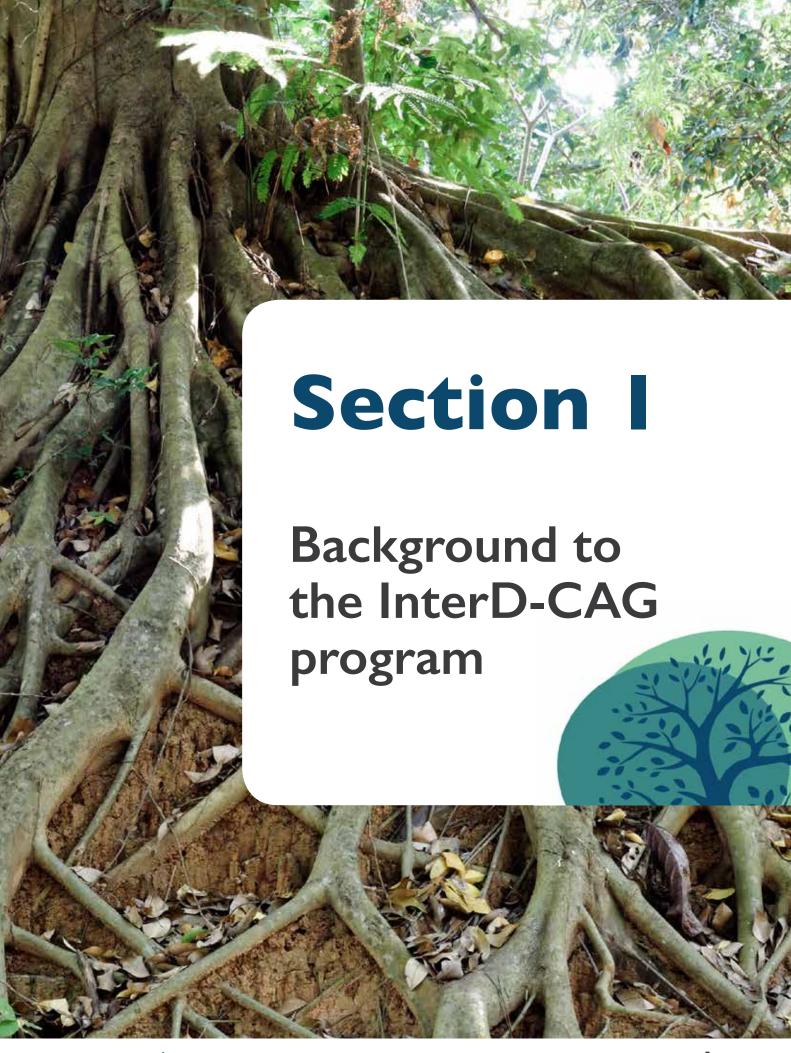
MR
Member resource

* The term 'Action Plan' has been used with permission. Behn, N. (2016) Communication and quality of life outcomes in people with acquired brain injury following project-based treatment. London: City University London.

Participant background information form	An informal list of items regarding members with aphasia. Covers personal details, stroke details, health details, etc. (see Appendix 2.A)
Peer aide	A person with aphasia or a significant other living with aphasia, who has undergone specific training to support the health professional staff in facilitating the program
PP	PowerPoint presentation
PWA	Person/people with aphasia
RMT	Registered music therapist
SCA	Supported Conversation for adults with Aphasia (Kagan, 1998)
SLP	Speech-language pathologist
SR	Staff resource
SF	Stroke Foundation (Australia)
SW	Social worker
TC	Total communication
TFI	Therapeutic Factors Inventory-19 (Joyce et al., 2011) or -8 (Tasca et al., 2014)

Section 1

Background to the InterD-CAG program

Section 1: Contents

Aphasia and communication difficulties

Aphasia, resulting from damage to the neural networks that underpin language processing, is a highly prevalent communication condition that affects the language abilities of understanding speech, talking, gesturing/signing, reading, and writing (Hallowell & Chapey, 2008). Aphasia affects about one third of the 420,000 individuals currently living with stroke in Australia (Deloitte Access Economics, 2013).

Communication underpins most activities of daily living. Consequently, post-stroke aphasia and the effects of communication impairment can be devastating and severely impede independence and overall life participation.

These negative personal and social impacts are extremely costly to the community, with recent estimates of the burden of disease costs post-stoke approaching $49.3 billion annually in Australia (Deloitte Access Economics, 2013).

Aphasia has an effect on family members

It is important to note that aphasia does not only affect the individual with the disability, but also his or her family (Ellis, Simpson, Bonilha, Mauldin, & Simpson, 2012; Herrmann & Wallesch, 1989; Low, Payne, & Roderick, 1999; Marshall, 1999; Parr, 2004; Redinger, Forster, Knight Dolphin, Godduhn, & Weisinger, 1971).

Issues that can affect family members include the development or exacerbation of health conditions such as depression and cardiovascular conditions (Grawburg, Howe, Worrall, & Scarinci, 2013), and changes to activities and participation in daily life (Servaes, Draper, Conroy, & Bowring, 1999). This is acknowledged in the World Health Organisation's (World Health Organisation, 2001) International Classification of Functioning, Disability, and Health (ICF) as 'third-party disability', in relation to the disability experienced by "…family members…due to the health condition of a significant other" (p. 251).

Community aphasia groups (CAGs)

Qualitative research exploring how individuals live successfully with chronic aphasia has highlighted that meaningful activities and relationships are fundamental to successful adaptation (Brown, Worrall, Davidson, & Howe, 2010). The National Clinical Guidelines for Stroke in the United Kingdom (Royal College of Physicians, 2004) suggest that further rehabilitation and care after an individual is transferred from hospital back to the community can prevent continuing decline after stroke, and that this community-based care may also prevent further costly hospital readmission due to decline.

Group participation is a common feature of comprehensive health programs in Australia (Gibson et al., 2002; Jordan, Briggs, Brand, & Osborne, 2010) and groups are viewed as a means of providing vital supports, treatment, and education to chronic disability and illness populations. Specifically, group participation has been reported as a viable option for addressing chronic aphasia (Lanyon, Rose & Worrall, 2013).

Community aphasia groups (CAGs) constitute one form of group therapy for people with aphasia (PWA) and their significant others.

CAGs are defined as involving:

• regular meetings (ongoing or for a finite period of time) of at least two PWA who are living in the community, with or without formal group facilitators and/or significant others; and

• at least two of the following aims: communication therapy, conversation activity, social support, psychological support, stroke/aphasia education, and participation in accessible and meaningful activities (Rose & Attard, 2015).

CAGs are places where PWA can experience meaningful activity, social relationships, and positive renegotiation of self-identity (Shadden & Agan, 2004). Therefore, CAGs provide a practical method to minimise negative psychosocial outcomes, increase participation in life and reduce health costs to society.

Making CAGs more widely available

Aphasia Community (www.aphasia.community/current-groups) is an online resource dedicated to providing up-to-date group listings of CAGs around Australia. There are currently (February 2017) 74 individual groups across Queensland, New South Wales, Victoria, South Australia, Western Australia, and Tasmania listed there.

Around 140,000 people live with aphasia in Australia.
If an average of 20 people with aphasia were to attend one of the listed groups (and some may attend more than one group), this would mean that less than 1,500 currently have access to a CAG.

The number of ongoing or regular block-based CAGs is therefore vastly dispropor-tionate to the numbers who may wish to access these services.

These groups may not be specific to PWA, although some are, and PWA are always welcome to attend. Attendance rates may vary from meeting to meeting. The groups may run weekly, fortnightly, or monthly for a few hours on an ongoing basis, or they may run for a limited number of blocks per year (e.g., terms) with breaks in between blocks.

For speech-language pathologists (SLPs) and other health professionals to successfully advocate for more CAGs to proliferate around the country, we need a clear understanding of their efficacy (empirical research outcomes) and effectiveness (real-world clinical outcomes).

The general literature describing CAGs was synthesised as part of the first author's work towards her PhD in Speech Pathology. It provides insights into the characteristics of groups from around the world. Taken together with both the quantitative and qualitative empirical evidence reviewed as part of this research, CAGs appear to be a promising method for promoting a range of gains for people impacted by chronic aphasia.

However, many methodological limitations within the existing literature cloud the interpretation of findings and make the research studies difficult to replicate for further testing. In particular, we found no existing detailed protocols for how the CAGs studied were run.

As our understanding of CAGs deepens over time, clear and systematic guidelines are needed for this form of long-term aphasia management. Such guidelines will inform consumers, clinicians, and researchers about how high-quality CAG practice can be maintained and improved, both within Australia and overseas.

About the InterD-CAG trial

Living successfully with aphasia

The notion of living well, or 'living successfully with aphasia' used here is based on the description by aphasiologist and group facilitator Audrey Holland (2006). More than simply coping with aphasia, it is about:

> *…fitting [aphasia] in, moving beyond, choosing and living one's options, and dynamically accepting aphasia at a level that is far from passive or backward looking…not just participating in life, but participating in life as fully as one chooses (p. 44)*

Through their extensive research, Brown and colleagues (Brown, Davidson, Worrall & Howe, 2010, 2011a, 2011b, 2012; Brown, Davidson, Worrall, & Howe, 2013) and Grohn and colleagues (Grohn, Worrall, Simmons-Mackie & Brown, 2012; 2014) highlight the following factors as contributing to living successfully with aphasia:

- participation

- meaningful relationships

- support

- communication

- positivity

- independence and autonomy

- living successfully with aphasia as a journey over time.

Appendix 1.A provides a schematic that links these (and additional) elements with literature from aphasia and beyond.

Some trial specifics

The specific focus of the 2016 InterD-CAG trial was to incorporate the full range of elements that:

a. contribute to the definition of CAGs (Rose & Attard, 2015); and

b. are argued to contribute to living successfully with aphasia, namely:

- communication therapy

- conversation practice

- participation in accessible and meaningful activities

- stroke and aphasia information provision/education

- psychological support, and

- social support.

The trial foci also involved compulsory family participation, aide staff, and interdisciplinary staffing (Social Work).

The group was held at the University of Sydney Communications Disorders Treatment and Research Clinic (Cumberland Campus). It ran weekly for 12 weeks; each week involved a single 2-hour session.

Four PWA and each of their spouses were recruited through Sydney Local Health Districts and attended each session.

Pre-program assessment data formed the baseline for comparison with post-program assessment and follow-up assessment data. Associated journal publications with full details are in preparation (corresponding author: m.rose@latrobe.edu.au).

The publication of a highly detailed CAG protocol in the form of this manual is unique to the CAG research literature to date.

Core principles of the InterD-CAG program

Two core principles underpin the InterD-CAG:

1) It adopts a theoretically driven, holistic outlook for living well with aphasia.

2) It promotes full participation in meaningful activity.

These two core principles should be continually encouraged, modelled, and reinforced among both staff and attending members.

They are described in more detail below.

1) A theoretically driven, holistic outlook

In addition to practice research, the InterD-CAG draws its values, principles, and practices from a vast combination of related theoretical frames of reference. These include: social model philosophies (see Byng & Duchan, 2005); the Life Participation Approach to Aphasia (LPAA) (Chapey et al., 2008); the life-coaching approach to aphasia and positive psychology (Holland, 2007); adult learning theory and aphasia (see Kimbarow, 2007); the family systems-illness model (Rolland, 1994); mutual aid (Moyse Steinberg, 2014); group process theory (Yalom, 2005); literature on coping and adaptation (e.g., Holbrook, 1982; Pearlin, Mullan, Semple, & Skaff, 1990); and 'centeredness' in care (Hughes, Bamford, & May, 2008). Many of these take on an applied and multi-faceted approach to optimising living with aphasia, and place consumers at the centre of service in a position of collaboration.

1.1 Aphasia is considered a chronic communication disability and requires services designed to promote living well with it

One of the values embodied within the LPAA is its emphasis on "the availability of services as needed at all stages of aphasia" (p.281, Chapey et al., 2008). A paucity or indeed lack of services constitutes an environmental barrier (societal—services subtype) to community participation (World Health Organisation, 2001). Two key assumptions for living successfully with aphasia proposed by Holland (2007) are that learning to live well with aphasia takes time, and that part of this process is learning to 'fit aphasia in' to one's life.

In consideration of these issues, the InterD-CAG is designed to service consumers in the chronic stage of living with aphasia. For the purposes of our trial, we sought participants whose stroke

occurred 12 or more months before the group began—however, the InterD-CAG could be made available to people from 6 months post stroke onset.

The opportunity for continued interaction once the formal group ceases may provide members with a long-term, authentic social context for communication, socialisation, support, and learning.

1.2 Aphasia is considered a 'family issue'

The ripple of negative impacts that aphasia can have on significant others reflects that aphasia does not belong to the individual alone, but instead is a 'family issue'—a notion proposed as early as 1968 (Buck, 1968). The LPAA asserts that "all those affected by aphasia are entitled to service" (p. 281, Chapey et al., 2008). This includes family, partners, friends, and others within the communication community of the PWA (Boles & Lewis, 2003; Chapey et al., 2008). However, within the present dominant medical model of health care, the PWA is considered the primary patient/client given the origin of the aphasic impairment (e.g., Hallé, Le Dorze, & Mingant, 2014). This has a direct negative impact on support for significant others: for instance, survey results of clinical CAG services offered in Australia indicate that a very low number of family/caregiver-specific groups are being provided (Rose & Attard, 2015). The InterD-CAG includes significant others who wish to be a part of the therapeutic relationship and who are committed to participating in program activities.

2) Promoting full participation and engagement in meaningful activity

With a social model focus on life participation and (re)-engagement with society, the LPAA aims to support those living with aphasia to experience inclusion in daily life and fulfil a range of real-life goals (Chapey et al., 2008). PWA may require explicit opportunities and directed support to achieve their participation goals, including those related to communication (Howe, Worrall, & Hickson, 2008a; Wallace, 2010). In addition, living well with aphasia means that attention must also be broadly given to "…the dynamic relationship between aphasia and other aspects of a person's life…" (p. 509, Worrall et al., 2010), including personal and environmental factors important to each individual (Chapey et al., 2008). Therefore, the InterD-CAG aims to create appropriate opportunities for the full, active participation and engagement of PWA and their families—with and beyond aphasia.

2.1 The InterD-CAG service is safe, positive, and inclusive

The InterD-CAG aims to provide a safe, positive, and inclusive environment for its staff and members and so to encourage participation and engagement. Hewitt and Byng (Hewitt & Byng, 2003) define participation as 'doing' and engagement as 'being, and feeling valued'. The LPAA (Chapey et al., 2008) supports this perspective: it asserts the significance of forming "…protected communities within society…" (p. 281) in which, over and above having the opportunity to participate, PWA can feel "…valued as participants" (p. 281).

Participation and engagement can be promoted in two ways:

• •

- In relation to other people, participation is likely to be facilitated by interactions that are perceived as positive (including positive humour), communication partners who are perceived as 'nice', and services that focus on individuals' strengths (Howe et al., 2008a; 2008b). A sense of value and inclusion comes from the promotion of acceptance (Howe et al., 2008a), acknowledgement, and respect (Parr, 2004; 2007; Parr, Byng, Gilpin, & Ireland, 1997). This includes respect for and acceptance of individuality and personhood, perspectives, and values (Hughes, Bamford, & May, 2008).

- In relation to the physical environment, the type of setting is selected with issues of 'feel', access and safety in mind. Attention is given to the way in which the space is designed, used, and maintained to increase a sense of respect, engagement, and autonomy (Parr, 2004). This includes the physical layout, care and maintenance of the setting, and attention to the message and tone of written material (Parr, 2004). Suggested considerations are listed by Hersh (1998).

2.2 The InterD-CAG service enables communication access

The importance of communication and conversation for "…accessing virtually every sphere of social activity…" (p. 204, Kagan & Gailey, 1993) cannot be overstated. However, PWA are often marginalised within a "…communicatively inaccessible society" (p. 124, Worrall, Rose, Howe, McKenna, & Hickson, 2007). The InterD-CAG aims to effect communication access for PWA through an application of facilitating factors, or 'communication ramps', which help to reveal the communicative competence of PWA (Kagan & Gailey, 1993).

Communication access necessitates that individuals (and the environment) around PWA are sufficiently equipped/designed to support PWA to communicate—through the use of direct adaptations, as well as by conveying acknowledgement and respect of communication styles and needs (Howe et al., 2008a; 2008b; Parr, 2004; 2007). In addition, it is important for communication to be perceived as a co-constructed, or collaborative, experience (Simmons-Mackie, 1998). The specific needs of each PWA should be managed (Worrall, Rose, Howe, McKenna, & Hickson, 2007), supported by an understanding of facilitators as reported in the literature, (e.g., Howe et al., 2008a; 2008b).

2.3 Group goals and activities are adapted to suit members' interests and needs

It is important to note that what service users want and need can differ from what service providers think is needed (Byng & Duchan, 2005; Parr et al., 1997). The appropriateness (relevance) and adequacy (usefulness and useability) of services are key characteristics of successful service provision according to one study of 25 PWA (Parr et al., 1997). Meaningful and stimulating experiences appear to contribute to members' psychological wellbeing through an increased sense of purpose in life, environmental mastery, and autonomy (Attard et al., 2015). Further, consumer responses indicate that aphasia-specific and group-centred programming are likely to contribute to the success of CAGs (Attard, Lanyon, Togher, & Rose, 2015), reinforcing the social model concept that "…personally relevant contexts and events…" are important for making gains (p. 834, Simmons-Mackie, 1998).

Given these factors, the pre-designed content of the InterD-CAG (including group goals and

activities) must be malleable to adaptations based on an understanding of members' preferences, priorities, and interests. In this way, the expertise of both service providers and users can be maximised through negotiation and collaborative decision-making processes.

2.4 Group members are enabled to take on as many group management, development, and maintenance roles as possible

Another way in which the InterD-CAG aims to emphasise the competence and inclusion of members is by supporting them to develop active roles within the group. Such involvement, at a truly authentic level, is a fundamental aspect of the social model (Byng & Duchan, 2005) and promotes a sense of purpose and engagement (Byng & Duchan, 2005; Penman & Pound, 2007).

Members are encouraged to consider which of the various implicit and explicit roles that exist within the group they might like to adopt. Facilitators and aides provide appropriate scaffolding while gradually reducing their own level of directivity so that members are empowered to take on increasing responsibility as the group progresses.

This links to various aspects of the program, including the following:

- monitoring and re-evaluating concepts relating to group purpose/goals

- general group roles such as listener, topic/response initiator, note-taker, question-asker, conflict resolver/mediator, administrator, time-keeper, ground rules monitor, peer supporter, coach, etc., along with roles undertaken during the breaks (see Active roles within the group in Section 2)

- programming including the focus of conversation and information provision topics, communication skills practice methods, and choices for activity/participation; and the length of time spent on particular modules; and

- evaluating the service including opportunities for ongoing informal feedback (e.g., when reflecting on the week's sessions at the end of the 2 hours and/or at the beginning of the next week's sessions) and formal feedback (brief evaluation questionnaires) throughout the program, and a questionnaire/interview at the cessation of the program.

2.5 Community engagement is promoted for living successfully with aphasia

PWA interviewed about their goals for life post stroke have referred to social, leisure, and work aspirations (Worrall et al., 2011). While the CAG environment is a form of community setting in itself, the importance of building connections with other aspects of community is also acknowledged (Simmons-Mackie, 1998). Consistent with the LPAA (Chapey et al., 2008) and social model of health care (Byng & Duchan, 2005; Simmons-Mackie, 2008), the InterD-CAG aims to support PWA and their families to extend participation and engagement to the wider community. This relates to meeting fellow group members outside of the sessions during and following the program, along with additional forms of ongoing community engagement.

InterD-CAG programming terms defined

'Group programming' here means activities that have specific, dedicated modules for direct application within the CAG in order to contribute to living well with aphasia.

The following activities will be defined in the context of the InterD-CAG:

- *commmunication therapy*

- *conversation*

- *participation*

- *psychological support*

- *social support*

- *stroke/aphasia education*

- *additional considerations*

Relevant subtypes are also addressed.

Communication therapy

Communication therapy is defined as modelling and/or direct education around skills, strategies, and techniques for improving receptive and expressive communication.
The ultimate goal of this communication is to maximise both the following:

- conveying needs and wants *(transaction)*

- achieving social closeness *(interaction)*   (Brown & Yule, 1983)

Total communication

Total communication (TC) is defined as a form of communication therapy involving:

- the modelling of TC strategies by facilitators throughout the sessions, and/or

- direct education regarding TC (e.g., information regarding types of strategies, discussion around their use, and opportunities to practice TC and receive feedback from facilitators and peers).

Conversation partner training

Conversation partner training is a form of communication therapy involving the following:

- throughout sessions where significant others are combined with PWA, facilitators model strategies and techniques for revealing PWA competence for communication, such as Supported Conversation for adults with Aphasia (SCA) (Kagan, 1998).

- direct education is provided for family members and friends regarding such strategies and techniques (e.g., information regarding types of strategies and techniques, discussion around their use, and opportunities to practice and receive feedback from facilitators and members).

Conversation

Conversation is defined as a form of maintained communicative interaction where individuals have the opportunity to practice and enjoy exchanging information, establishing social closeness, and conforming to social conventions of politeness. Topics of conversation may be pre-planned or spontaneous. As well as time immediately before and after the sessions, the mid-session break is the key part of the program during which conversation can take place.

Participation

Participation is defined as verbal and/or non-verbal engagement in an accessible and meaningful activity that has a specific focus beyond pure involvement in other particular aspects of group programming (communication therapy, conversation, and stroke/aphasia information). This could include activities such as community outings, celebrating a staff or group member's birthday/other special occasion, visiting another stroke/aphasia group, art or music therapy/yoga/stretch session, and so on. The activities included in this program are examples only.

Awareness raising and advocacy

Awareness raising and advocacy are types of participation, addressed and defined separately given the aphasia-specific nature of these activities. Aphasia awareness and advocacy are defined as processes whereby individuals aim to expand public knowledge and understanding, and influence decisions regarding aphasia within relevant organisations and/or systems.

Psychological support

Psychological support is defined as programming directed at promoting and reinforcing improvement in areas of mental health to contribute to healthy coping and adaptation to aphasia.

Identity

Identity is considered a specific aspect of psychological and social support. Programming around identity is based on promoting awareness, reinforcement, and ongoing development of a healthy sense of self as an individual with aphasia and a valuable member of society. The primary method for addressing identity in this program is through life story sharing and Life Book development (see the Glossary and templates available in .zip folder content--Section 3 Materials: Week 5 Session Materials).

Stroke/aphasia education

Education relates to formal didactic content about stroke and aphasia provided by group facilitators and guest speakers.

Social support

Social support refers to a broad construct of supportive exchanges. It can be defined as the perception that one is loved and cared for, respected and valued, and part of a network of communication and mutual obligations (Cohen & Wills, 1985; Seeman, Lusignolo, Albert, & Berkman, 2001).

A subtype of social support is *peer support.*

Peer support

Peer support has been defined as:

> *…a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful* (p. 135, Mead, Hilton, & Curtis, 2001)

Crucially, peer support involves the empathetic understanding of another's situation due to "…shared experience of emotional and psychological pain" (p. 135, Mead et al., 2001) and is based on an 'emotional commitment' to the self, others, and group (Moyse Steinberg, 2014).

It is part of the staff's role to model norms of acceptance and empathy from an early stage. Opportunities for group members themselves to provide support to one another are encouraged wherever possible and, over time, are prioritised over facilitator/aide social support. Two subtypes include *informational* and *emotional support.*

Informational support

Informational support relates to the informal support, including suggestions, advice, and guidance, provided by peer members within the group. Note that facilitators and aides may also provide this type of support.

Emotional support

Emotional support includes expressions of caring, encouragement, active listening, reflection, and reassurance (Dennis, 2003). Acceptance and compassion are additional elements (Moyse Steinberg, 2014). Such expressions take place through consistent and "…purposeful choice of caring words, expressions, and gestures" (p. 32, Moyse Steinberg, 2014), in both good and difficult times. Note that facilitators and aides may also provide this type of support.

Additional considerations

Along with the features above, the InterD-CAG includes a focus on group process, action plans, and individual and transition goals. These are outlined below. Finally, a particular format for the presence of significant others and staffing is described.

Group process

Group process relates to attention directed toward the functioning of the group as a whole (e.g., establishing and reinforcing group ground rules).

Action Plans

Members can be encouraged to undertake individualised Action Plans that provide the opportunity to further explore and apply particular aspects of in-group programming outside the session. Members may wish to share and discuss experiences of home practice during subsequent sessions, where relevant.

> **Note:** Some dyads may consider Action Plans to be an added burden to their already busy daily lives.
> Be clear about expectations around these tasks: for example, you may need to reassure members they should only complete what they find meaningful, and that they have time and energy for, or that both dyads may not always be able to participate in completing the tasks each week. They could also devise their own.

Individual priorities and goals

As this is a group program, the group's goals must take overall priority for the group to function effectively. However, it is important that the facilitators and group members are aware of and sensitive to individual members' personal priorities and goals throughout the program. These can be shaped to fit in with the group goals, and can be acknowledged within the context of group programming and home practice (i.e., around what members are encouraged to do). For example, if a group goal involves promoting participation, a member who is keen to return to work and would like to practice mentoring skills may be encouraged to assist peers with learning to use technology such as iPads during the group. Where possible, members are encouraged to promote and reinforce peers' behaviours that are relevant to individual priorities and goals. Feedback may be offered on an informal basis by facilitators and peers if members are comfortable with this.

Transition goals

Transition goals refer to attention directed to reinforcing the skills developed and content explored within the group. Ways in which to manage transition away from the present formal group participation, such as connecting to peer-led groups or general community activities and services, can be promoted and discussed. The potential for members to continue meeting without formal facilitation can also be discussed.

Presence of significant others

The InterD-CAG program is designed around dyads, each comprising a PWA and a nominated significant other. More information is given in Section 2 Preparation.

Staffing

Staffing is designed to meet the needs of both consumer groups and the particular programming applied across the 12 weeks. More information on staffing is presented in Section 2: Preparation.

Adapting the program to suit different contexts and needs

Every community health service context has its own variations that can translate as facilitators or barriers to implementing CAGs with ease (see Rose & Attard, 2015 for more).
These may relate to environmental/structural elements; funding, staffing, and other resources; the presentation of the client population; frequency of referrals, and so on.

> **Clinicians should use this manual with the intention to adapt elements to their individual service context.**
>
> **This includes attention to the needs and parameters of the service provider, staff, and especially the members themselves.**

Adjustments can be made be in relation to:

- aims/objectives for the sessions (and whether/how they are measured)

- program dose (e.g., length of individual sessions, frequency of sessions, number of weeks, block/finite vs. ongoing)—for more information on this topic, see Elman (2007) and Attard et al. (2015)

- staffing (e.g., make-up of roles, number of staff)— see Section 2 Preparation

- significant other attendance (e.g., degree of presence [and proportion of split/whole-group time] and activities offered)

- programming breakdown and related activities (e.g., number of CAG elements and proportion of time allocated to each, timing/flow of elements and activities within the program)

- specific weekly activities/foci (see Section 3 Week-by-week program for members with aphasia and Section 4 Sessions for significant others), degree of structure vs. flexibility

- program materials (e.g., presentation formats—and thus the communication and interaction styles/degree of structure vs. flexibility; handouts, etc.)—see Section 2 Preparation.

Such changes may naturally impact the degree to which the core principles (see Core Principles of the InterD-CAG program earlier in this section) of the manualised InterD-CAG are upheld/applied. The underlying principles will affect how a group is designed and this in turn

affects a group's principles—whatever these are, it is useful for the purposes of clinical rationale and reflection to keep them in mind.

It is also important to note that, whether in a trial-based or clinical setting, individuals may be reluctant to raise issues for various reasons. Members may require explicit and repeated encouragement to provide feedback and/or suggest changes/preferences around aspects of the group—and dedicated time may need to be allocated for members to consider different elements in order to achieve this.

Suggested support resources

A range of materials exist that can help group facilitators build their knowledge and resource base around stoke and aphasia and stroke/aphasia groups.

These should prove useful whatever your prior experience: whether you are new to running a CAG and want to explore tips and considerations for building and facilitating a group, or whether you have run CAGs before but want to try something different.

The Aphasia Community website resources for aphasia groups page (http://aphasia.community/resources/resources-for-aphasia-groups) contains a list of materials covering topics including:

- starting an aphasia group

- writing aphasia-accessible documents

- outcome measures

- communication and conversations with aphasia

- products available through aphasia organisations

- educational videos

- group manuals

- books

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Appendix 1A *Living successfully with aphasia: Summary of the literature*

Central diagram:

LSWA (center)

Segments around center:
- Having support (e.g., social)
- Factors in the environment
- Managing communication
- Participation
- Good health
- Independence & control
- Viewing living with aphasia as a journey over time
- Good relationships
- Keeping positive, pushing on

Radial text entries:

- 'hopeful living', perseverance[1]
- social snacks; the self-narrative[2,3] - personal growth[9]
- maintaining positivity[4,z] - renegotiating self-identity[6,7]
- setting new future goals[7]
- life outlook, life aspirations
- pets[1,2]
- family & friends[1-3]
- relationships[5]
- partnership with significant other[1,8]
- positive relations with others[9]
- development of collective identity[6]
- dealing with loss & change[1]
- renegotiating self-identity; setting new future goals[7]
- personal beliefs (philosophical and cultural)[6]
- time post onset; pre-stroke personality[8]
- meaning & purpose[5] - the self-narrative[2,3]
- personal growth[1,9]
- self-acceptance[9]
- decision-making, independence[6]
- autonomy & independence, being able to master one's own environment[1,8,9,14]
- taking responsibility for one's own continued improvement[8]

- health professionals creating specific opportunities/removing barriers for PWA to experience inclusion & participation[10], "flow"[11]
- access, safety & security, geographical location, richness of environment[6] social position, material circumstances[6,12]
- communication access standards (& link to attitudes, skills, and resources)[13]
- health care system & access[12]
- accomplishment[1,5]
- impairment negatively impacts LSWA[1]
- perceived communication improvement[4]
- taking responsibility for one's own communication improvement[7]
- communicative ability[6]
- environmental mastery, autonomy; personal growth; self-acceptance[9]
- meaning & purpose[5,9]
- engagement/participation in meaningful activities[1,4]
- participation in relationships, life roles, & activities[6]
- good and stable health[1]
- psychosocial factors[12]
- good psychological & physical health[6,8]
- accomplishment[5]

- positive relations with others[9], relationships[5]
- development of collective identity[6]
- social snacks; the self-narrative[2,3]
- partnership with significant other[8]
- social support[1-4,6,7]
- pre-stroke personality[8]

The areas of LSWA shown in this schematic have been drawn and further adapted from the work of (Brown, Davidson, Worrall & Howe, 2010, 2011a, 2011b, 2012; Brown, Davidson, Worrall, & Howe, 2013) and Grohn and colleagues (Grohn, Worrall, Simmons-Mackie & Brown, 2012; 2014) (see References here)

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Section 2

Preparation

Section 2: Contents

Section 2: Contents

Introduction

This section explains the first steps in developing an inter-disciplinary facilitated community aphasia group program.

It provides an introduction to the various elements of the program, an overview of the 12 weekly sessions, and a guide to the other sections of this manual.

> ⚠ **Note:**
> **Throughout the text reference is made to an online repository (.zip folder of downloadable items) including handouts, Action Plans, PowerPoints etc.**
>
> **Access the .zip folder here:** http://tinyurl.com/hqnrezq
>
> Content not included in the folder that must be accessed from the original source is delineated with access information.

Pre-program checklist

The following checklist summarises the steps required to prepare to run an InterD-CAG program. More detailed information on these key areas is provided later in this section.

People

- ☐ Decide on who to involve in the program—ongoing staff, guest staff, PWA, significant others.

- ☐ Run training for ongoing staff (see Interdisciplinary Community Aphasia Group Staff Training Manual (Attard et al., in preparation).

- ☐ Invite and confirm guest speakers/staff.

- ☐ Invite PWA and significant others.

Venue

- ☐ Book a suitable venue(s) for all the weeks of the program.

- ☐ Ensure all necessary facilities and resources are available (including WiFi access).

- ☐ Plan to make the space welcoming.

- ☐ Arrange for refreshments for the first session (decisions can be made with group members about refreshments for subsequent sessions).

- ☐ Make arrangements for transport.

- ☐ Ensure suitable audio-visual/computer equipment and cables are available for displaying PowerPoints and videos.

In advance of the first session

- ☐ Provide group members with a list of session dates, times, and locations.

- ☐ Gather case histories in the form of Personal Background Information Forms and Communication Needs/Goals Questionnaire (adding relevant information to Dyad Summary Sheets).

- ☐ Distribute pre-program information by email or face-to-face at least 2 weeks before the first session.

- ☐ Make up lanyards/name tags for all group members and guests (and have spare ones ready).

- ☐ Arrange to send out weekly Action Plan reminder alerts—notifications via text or email, sent to dyads as a reminder to complete their Action Plan tasks, or to bring particular items/content to the next session, etc. (Note that any use of text messages/ emails should be discussed with and agreed upon by dyads from the outset.)

- ☐ Familiarise yourself with the weekly session plans provided in Section 3 Week-by-week program for members with aphasia and Section 4 Sessions for significant others.

- ☐ Make decisions about evaluation.

- ☐ Make up CAG folders for staff and dyads, and ensure all necessary materials and resources are available.

- ☐ Set up and save the WiFi connection for the room(s) to all iPads and laptops.

People

The people involved in the program are the staff (both ongoing staff and guests), the PWA, their significant others, and any guest significant others.

Ongoing staff

The group incorporates four types of ongoing staff, each of whom brings an extensive range of knowledge and skills unique to their role:

- speech-language pathologist (SLP)

- social worker (SW)

- peer aide

- aide.

Speech-language pathologist

One of the two facilitators for the program is a speech-language pathologist (SLP).
As an allied health professional, the SLP brings discipline-specific knowledge of aphasia and communication, and provides skills-based communication support and counselling to address communication impairment, activity/participation, and environmental and personal factors associated with living with aphasia.

Social worker

The second allied health professional and facilitator is a social worker (SW).
The SW brings an understanding of the social impacts of stroke and aphasia, and group process, including a focus on supporting members to enhance group dynamics and effect mutual aid.
In particular, the SW uses:

…one eye and ear to monitor how well each individual in the group is doing, and…the other eye and ear to monitor how well the group is doing as a system… (p. 14, Moyse Steinberg, 2014).

The SW offers basic counselling, information, and resources for navigating the post-stroke journey.

(In the InterD-CAG trial, the SW was also available to members for 24-hour on-call support if needed.)

Peer aide

The peer aide is a support person to the facilitators. They can be a person with aphasia, or a family member/significant other who supports a person with aphasia. (The peer aide role, along with the aide role below, is equivalent to that of 'volunteers' as described in the stroke/aphasia group literature.)

Peer aides bring their lived experience of aphasia. Providing and encouraging mutual aid, and modelling of adaptive behaviours for living well with aphasia, are key skills that peer aides can offer. They may also wish to develop their own Life Book content as a model to show group members (see Life Book-related sessions in Section 3: Program for members with aphasia).

Aide

The aide is a community member who does not live with aphasia.

Aides come from all walks of life and have various reasons for choosing to take part in an aphasia group.

Both peer aides and aides additionally bring their general life experience and recent group program training to serve as additional communication partners, promoting communication access and conversation among members. Thus, they are key contributors to the overall positive and welcoming environment the program offers.

Staff distribution across the program

Plan staffing to meet the needs of your consumer groups and the particular programming applied across the weeks of your program.

- The SLP, with the support of the aides, normally facilitates those InterD-CAG sessions dedicated solely to PWA. Where relevant, or where members indicate interest/need, the SW can provide some additional facilitation.

- The SW usually facilitates the split sessions dedicated to significant others. Where deemed relevant or where members indicate interest/need, the SLP can provide some additional facilitation.

- Both facilitators, with the support of the aides, may collaboratively lead the mixed-group sessions.

> (!) **It is important for all ongoing staff to be equipped with the same set of skills. Therefore, regardless of prior experience with working with PWA, staff should undergo a CAG-specific training program (see next).**

CAG-specific training

Please see the companion manual *Interdisciplinary Community Aphasia Group Staff Training Manual* (Attard et al., in preparation). It contains the following:

- an introduction to the manual, including suggested trainers and preparation for the training day

- a schedule and detailed outline of an example full-day training program (for trainers)

- an example training day plan for staff (trainees) to familiarise themselves with prior to the training, including:

  - a list of documents and video materials to be used in the training

  - a list of which documents and video materials trainees should view prior to the training day

- a set of PowerPoint presentations to be used throughout the training day

- a post-training evaluation form for trainees to complete

- an appendix containing descriptions of duties for aide staff and a confidentiality agreement form.

All staff should be familiar with the Core Principles of the InterD-CAG program as described in Section 1.

Guest staff

There are numerous opportunities to involve guest staff. These could include any of the following:
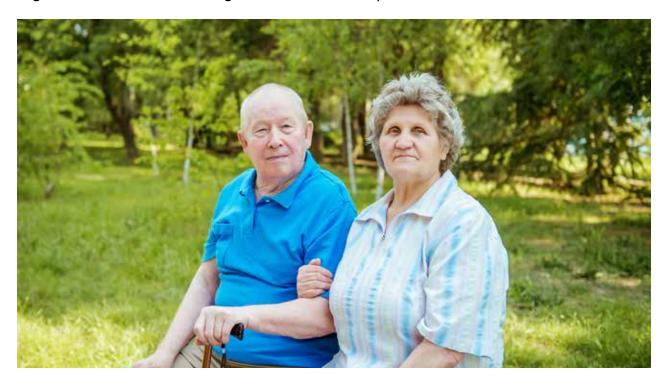
- a yoga instructor (physiotherapist/occupational therapist/other individual trained to manage physical activity with stroke survivors with aphasia)

- an exercise therapist

- an art therapist, or art group members

- a registered music therapist, or music/choir group members

- a health professional from another discipline (e.g., neurologist, occupational therapist, physiotherapist)

- a spokesperson(s) from a stroke/aphasia organisation

- a spokesperson(s) from an organisation of interest (e.g., Carers NSW, Centrelink, a legal representative)

- inspirational members of the stroke/aphasia community.

People with aphasia and their significant others

This program is designed to benefit people living with chronic aphasia resulting from stroke and their significant others. In the recommended delivery format, a family member/significant other attends sessions for a total of 11–12 weeks along with the PWA (see Program Overview for InterD-CAG later in this section).

Examples of significant others are a spouse/partner, a sibling, or an adult child.
Together, each PWA and their significant other form a *dyad*.

Active roles within the group

In every session, encourage group members to take on active roles within the group.
(See Core Principle 2.4 in Section 1).

Some roles are specific to the welcome and the break periods. Staff should model and encourage role adoption as required in the initial weeks, with the aim that members will take on a sense of ownership for break time as the group progresses.
Examples of roles relating to the break suggested by Hersh (1998) are as follows:

- bringing out and arranging the crockery, cutlery etc. required for the refreshments

- managing the kettle/urn

- passing items around the table

- suggesting refreshment items to be purchased for future breaks

- reminding members whose turn it is on the roster next, or collecting gold coin contributions

- clearing up.

Roles around communication and conversation will also naturally apply within the break.

Mixed-group and split-group sessions

Within the course of the 12 weeks, many sessions are mixed—catering for both PWA and significant others together. However, the program outlines a number of 'split' sessions, where PWA and significant others meet separately. Adapt these proportions according to the needs and preferences of the group members.

In addition, there is the opportunity for extra family members and friends to be included in particular sessions (e.g., within Weeks 4, 10, and 12). The morning welcome and the 30-minute breaks also involve mixed-group time every week.

Post-session summaries

It may be useful for the clinician(s) to create brief post-session summaries to provide further information/insight for significant others who are unable to attend and observe the PWA within the group (and serve as a foundation for the dyad to communicate the PWA's experiences). This is especially recommended if your CAG is to run without regular significant other attendance.

Other clinical populations

Some of the resources and techniques in this program may prove useful for a variety of clinical populations. For example—with extra support and some program modifications—people with aphasia resulting from traumatic brain injury may successfully participate in a CAG.

In addition, while information is presented here for the group setting, particular materials may also be appropriate for use in individual SLP/SW sessions.

Clinicians should use their own professional judgment in adapting materials for these purposes.

Venue

You will need weekly access to suitable rooms for both split and whole group sessions. The following are the suggested minimum requirements (Hersh, 1998):

- Wi-Fi access (so that internet, iPads can be used)

- projector (and possibly speakers) for connection to a laptop-run PowerPoint presentation

- one room large enough to accommodate the whole group in mixed-group sessions

- an additional room large enough to accommodate significant others and staff when running split-group sessions

- adequate seating for all group members (some may also require cushions for arm support)

- a large table in each room around which group members can sit

- a large whiteboard, or a space where butcher's paper can be displayed, in each room

- tea- and coffee-making facilities, refrigerator (you may need to bring your own cutlery, crockery, and cleaning utensils/products)

- accessible bathrooms close at hand.

As mentioned in Section 1 (Core Principle 2.1), it is important to give consideration to the 'feel' of the rooms. The spaces should be background noise free, neat, clean, and as communication accessible and inviting as possible.

Think about ways to make the space welcoming. For example: put up direction signs and decorative/information-based posters, and place potted plants or fresh flowers in vases around the room(s). For an extensive description of environmental access, see Parr (2004), and for general facility considerations, see Hersh (1998).
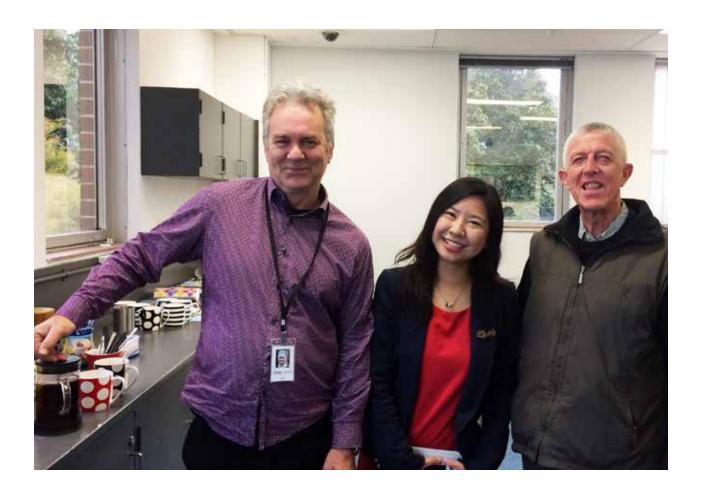
Parking/Transport Support

Ensure that all group members have easy access to the venue by providing instructions for parking or public transport access (the closer both of these are to the building the better) and arranging taxi vouchers/community transport if applicable.

Refreshments

Provide tea, coffee, juice, and light snacks (e.g., biscuits, fruit) as a minimum.

Discuss ongoing arrangements for refreshments at the first session. Group members may wish to bring in snacks to share (perhaps with a weekly roster and an agreed spending limit). Alternatively, the facilitators may continue to provide refreshments but request a gold coin donation to help to cover costs. (See Active roles within the group earlier in this section for more information.)

Program Overview for InterD-CAG

The tables below provide a top-level view of an example 12-week program structure.

Weeks 1 - 6

* Suggested opportunity for additional significant others and friends to be invited to attend

Week 1 Session A	Week 2 Session A	Week 3 Session A	Week 4 Session A*	Week 5 Session A	Week 6 Session A
PWA + Significant others	PWA + Significant others	PWA	PWA + Significant others	PWA	PWA
Introduction to the group	Communication toolkit: Supporting good communication	Group relationship: Ground rules	Communication toolkit: Supporting good communication	Story sharing: Before my stroke, Life Books	Story sharing: The stroke and early aphasia
		Significant others		(Significant others optionally present for support)	Significant others
		Group relationship: Ground rules			Story sharing: The stroke and early aphasia

Week 1 Session B	Week 2 Session B	Week 3 Session B	Week 4 Session B*	Week 5 Session B	Week 6 Session B
PWA + Significant others	PWA+ Significant others	PWA + Significant others	PWA + Significant others	PWA	PWA
Communication toolkit: Supporting good communication	Using iPads 1	Information session: Stroke and aphasia	Using iPads 2	Story sharing: Before my stroke, Life Books	Story sharing: The stroke and early aphasia 2
				(Significant others optionally present for support)	Significant others
					Story sharing: The stroke and early aphasia

Suggested opportunity for additional significant others and friends to be invited to attend

	Week 7 Session A	Week 8 Session A	Week 9 Session A	Week 10 Session A*	Week 11 Session A	Week 12
PWA	Story sharing: Living with aphasia 1	Information & Practical Tips: Looking after yourself	Identity exercise: My Character Strengths 2	**PWA + Significant others** Living well with aphasia—My life in the future (mixed group)	Awareness-raising, advocacy **OR** Art session	**PWA + Significant others** End of program reflection, sharing, conversation, celebration, and wrap-up
Significant others	Story sharing: Post stroke 1	Yoga class	Identity 1: Introduction		With PWA or open to suggestion	

	Week 7 Session B	Week 8 Session B	Week 9 Session B	Week 10 Session B*	Week 11 Session B
PWA	Story sharing: Living with aphasia 12	Yoga class	Living well with aphasia—My life in the Future	Music session	Transition to peer/volunteer-facilitated group **OR** Art
Significant others	Story sharing: Post stroke 2	Identity exercise: My Character Strengths 1	Identity 2: My Character Strengths and My life in the future	Join PWA **OR** Stretch/exercise session **OR** Free discussion time	With PWAs or open to suggestion

In advance of the first session

Before the program begins:

- Collect relevant case history information.

- Compile *Dyad Summary Sheets* for staff reference.

- Distribute pre-program information to dyads, including guidance for preparation activities.

Case history information

The existing information you have about your dyads will depend on the context in which they are attending the group. Examples of a Personal Background Information Form and a Communication Needs/Goals Interview Content Guide are given in Appendix 2.A and 2.B, respectively.

Dyad summary sheets

You should transfer relevant case history information from each of the participating dyads into a form that can be readily accessed by staff throughout the program by compiling a *Dyad summary sheet*. An example of a dyad summary sheet is given in Appendix 2.C.

The information for the PWA could include: name (with a photo), age, time since stroke, attending significant others' name, communication presentation (expressive and receptive skills and communication preferences), key priorities/goals for the group, mobility, key social/heath issues, and emergency contact details.

The information for significant others could include: name (with a photo), age, preferences when communicating with PWA, key priorities/goals for group, key social/health issues, and emergency contact details.

In addition, copies of members' Personal Background Information forms (see Appendix 2.A) can be kept in a display book and brought to training and group sessions for reference by staff as required (e.g., if a PWA is having difficulty naming a grandchild or describing their leisure interests). Care must be taken with ensuring that this information is not accessible by non-staff.

Pre-program information

At least 2 weeks before the program begins, provide the following (available in .zip folder content--Section 2 Materials: Pre-Group Information_Schedule, Preparation [incl. A0], Parking):

- ☐ an introductory letter

- [ ] a schedule of the finalised group dates, times, and venue information

- [ ] instructions for parking at the venue(s), public transport access, and/or taxi vouchers

- [ ] the Action Plan for completion in advance of the first session: **AP 0 Preparation for Week 1**

- [ ] **Handout H 0-1:** Strategies to Help Turn Building (in preparation for group discussion—source from Beeke et al. (2013): Module 3.1 Therapy programme 6/15, Session 2: Turns, sequences and actions—Session 2: BCA therapy handouts—2.3 Strategies to help turn building).

Preparing folders for the program

Both staff and dyads will require a folder of information relating to the program. Begin to compile these before the first session. You may either prepare everything in advance, or continue to add weekly materials throughout the program.

> (!) **Note:**
> In addition to the staff and dyad folders, various program materials must be gathered and made available in the main meeting room.
> See Program materials later in this section.

Staff folders

In advance of the program, provide each member of staff with a CAG staff folder. It would be helpful to use tabbed dividers to separate program overview material, weekly material (one tab per week), and admin items.

Staff should familiarise themselves with the content and then bring these folders to each session. They should take them home every week to review content and familiarise themselves with future sessions.

The table to follow summarises what can be included.

Dyad folders
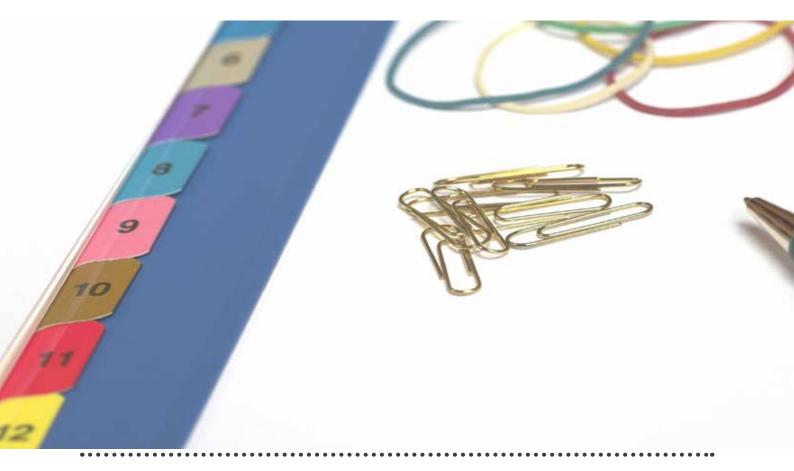
Provide a CAG folder, such as a hard cover ring binder, to each dyad at the beginning of the program. Tabbed folder dividers labelled from 1 to 12 will be extremely useful.

The table to follow shows what can be included. Encourage dyads to bring their folders to every session to access the relevant materials and to share their work with the group as desired. Taking their folders home each week will also enable them to review content and work on their Action Plans.

Staff folder example content

Not required for x2 aide staff

Content	Description
Program overview	■ A table showing the overall plan for the 12 weeks of the program (use the Program Overview for SLP/SW-CAG or adapt your own) ■ Pre-program information, as provided to dyad (include **Action Plan AP 0**, and **Handout H 0-1**)
Dyad information	■ Dyad summary sheets
For each week	■ The week's pages from Section 3 of this manual (joint sessions and PWA-only sessions) ■ The week's pages from Section 4 of this manual (split sessions for significant others)* ■ Member Package pages for the week (MP) ■ Handouts for the week (H) ■ Printouts of the PowerPoint slides for the week (PP) ■ Action Plan pages for the week (AP) ■ any Staff Resources for the week (SR)
Admin items	■ Attendance records for group members and staff (Appendix 2.F and Appendix 2.G) ■ Post-group notes content guide (Appendix 2.H and post-group notes Appendix 2.I). ■ Display book of participant background information sheets. ■ Group resources loan form (see Appendix 2.E)* ■ Distress report and record form (see Appendix 2.J) ■ Hazard report and record form (see Appendix 2.K) ■ Incident report and record form (see Appendix 2.L) ■ Any evaluation forms you plan to use.

Dyad folder example content

Content	Description
Program overview	- An aphasia-friendly table/document showing the overall plan for each week of the program (based on the Program Overview for SLP/SW-CAG or on your own adapted version) - Pre-program information, as sent out to dyads (include Action Plan AP 0, and Handout H 0-1)
For each week	- Member Package pages (MP) as listed in Sections 3 and 4 of this manual - Printouts of the PowerPoint slides (PP) as listed in Sections 3 and 4 of this manual - Handouts (H) for the week, as listed in Sections 3 and 4 of this manual - Action Plan pages (AP) for the week, as listed in Sections 3 and 4 of this manual

A guide to the week-by-week content

Week-by-week materials are provided in the next two sections of this manual:

- **Section 3** contains the weekly materials for all 12 weeks of the program for members with aphasia (PWA), and their significant others when they are in a single session together.

- **Section 4** contains only those separate sessions held for significant others (if you choose to run them).

Week-by-week structure

For each week in Section 3, the manual is structured as follows:

- Outline of the schedule for the day, including a between-session break

- People involved in this week's sessions

- Equipment and resources required

- Pre-session tasks that should have been completed

- Pre-session staff briefing

- Welcome information

- Session A overview, aims, objectives, followed by a step-by-step guide for Session A

- Session B overview, aims and objectives, followed by a step-by-step guide for Session B

- Wrap-up questions and planning for next week

- Post-session staff debriefing

Each of these elements is described next.

Outline

The outline provides an overview of the whole day's schedule with the main activities listed.

Timing

The suggested duration for each of the two sessions (A and B) is 1 hour.

Between-session breaks

Between-session breaks of 30 minutes are recommended that bring together all staff, guest visitors, PWA, and significant others. Breaks provide an opportunity to socialise, practice natural conversation, enjoy refreshments and use the restroom, etc.

Negotiate how to provide/fund refreshments at the first session. (See Refreshments).

> **(!)** **Note:** With all session activity timings, it is up to the facilitators and members to decide on the degree of time to be devoted to particular elements (or indeed, larger sections of the program), based on their relative significance to that group.

People

The people involved in the sessions each week vary according to whether the session is for the whole group, or whether it splits into PWAs and significant others. There may also be invited guest staff and/or visitors.

Equipment and resources

A checklist is provided for each week, including a table of items for use by the facilitator and for inclusion in the dyad and staff folders.

Pre-session tasks

A summary table of the tasks that need to be completed *before* the start of each week's sessions is provided for each week in Section 3.

> **(!)** **Note:** It is important for the facilitators to check through these tables ahead of time, preferably at the end of the previous week's sessions.

Pre-session staff briefing

A pre-session staff briefing should precede each week's sessions. This should generally run for about 30 minutes and include all staff.

Pre-session staff briefings provide an opportunity for staff to go over the aims and objectives for the session, to delegate roles, and to discuss relevant concepts or issues.

The degree of detail, and thus the length of each briefing may vary over time.

Welcome

PWA and significant others should be encouraged to arrive at least 10 minutes before the first group session is scheduled to begin. This will minimise the likelihood of the group starting late and give members time to find their name lanyards, to enjoy a hot or cold drink, use the restroom and settle in for the day.

Staff should be present to greet members in the initial weeks, but over time as the group progresses the aim should be for members to take on a sense of ownership of this time.

Overview, and Session aims and objectives

The overview provides a brief description of the focus of each session and how it links to other sessions. Example aims and objectives are listed for each session. Adapt these as required based on group member characteristics, such as aphasia severity.

It is important for the group facilitator to come to a clear view about the purpose of using aims and objectives at all. You might, for example, just use them as a guide for the staff. Alternatively, you might want to use them as a foundation for measuring outcomes.

If aims and objectives are used to guide the session only, it may not matter if they are not met for everyone at every session. If people attend enthusiastically each week, this in itself may be considered a positive outcome, regardless of specific achievements.

If certain aims and objectives are intended to be measurable outcomes, then clarify the following:

- Which aims and objectives are meaningful and to whom?

- Are they being considered at the level of the individual or of the group?

- How will these outcomes be measured? (For example, a visual analogue rating scale may be useful if members with aphasia are contributing to measuring achievement of particular aims/objectives.)

Step-by-step guide for each session

Full instructions for all the activities are provided each week in both Section 3 and Section 4.

These can be adapted as required to meet the needs of your specific group.

Note: Section 4 only contains content specific to the split sessions for significant others.

Wrap-up questions and planning for next week

The Wrap-up sessions provide an opportunity to remind members what they need to prepare and bring for the following week. This is also a time for answering any questions raised by group members.

Post-session staff debriefing

Post-session staff debriefings should run for approximately 30 minutes and include all staff. These provide an opportunity for staff to reflect on the session together (take brief minutes), to ask questions, to summarise tasks that require subsequent action, and to complete relevant weekly documentation (see Staff documentation later in this section).

The level of detail addressed and length of these sessions may vary according to the needs of the group and the session.

> (!) *Note:* Whenever you plan a session that will incorporate physical activity (e.g., the suggested yoga session in Week 8), ask participants to check with their GP in advance of the session that it is safe for them to participate.
>
> You are also encouraged to distribute consent forms to be returned prior to the relevant session. An example Yoga consent form is provided in Appendix 2.M.

Program materials

A range of materials is required for the InterD-CAG program.
Some of the items in this section are suggestions only, but some resources are specifically referenced in Section 3 and Section 4.

Resources that we are able to provide are found in the downloadable .zip folder content **on the Aphasia Community website.**

Content not included in the folder that must be accessed from the original source is delineated with access information. Make sure that you go through each week's session carefully in advance to ensure that you have everything necessary.

This section outlines the following materials suggested for the program:

- iPads/iPad minis

- PowerPoint presentations

- member resources

Loaning out materials

It is helpful to loan materials, including iPads, out to group members on a weekly basis. For security purposes, make sure each device, protective case, and charger is labelled, and that Find My iPad is activated in the devices' Settings. For administration purposes, it is a good idea to make an inventory of all the resources available for borrowing.
An example resource loan form can be found in Appendix 2.E.

iPads/iPad Minis

Encourage those members who already own an iPad to bring it along to the weekly sessions and provide devices for those who do not. You could loan these out to the group members for the week (together with a charger).

iPads enable staff to promote communication access as appropriate during the sessions.
Some relevant applications (apps) are listed in Appendix 2.D. Pre-load these on the program iPads and suggest that group members with their own iPads download them also. Some are free/low-cost, while the costlier apps often have 'lite' versions that can be tried for free.

A useful and up-to-date resource for accessing information about different apps for aphasia is Aphasia Software Finder: www.aphasiasoftwarefinder.org

Materials that provide useful information and assistance on how to use iPads are listed later in this section in Member resources.

PowerPoint presentations and videos

For most weeks, one to two aphasia-friendly PowerPoint presentations have been developed to accompany the sessions. These are noted within the *Equipment and Resources* checklists in Section 3 and Section 4 and can be edited as required.

You will need both the actual PowerPoint presentations to project, and printouts of the slides to include in the staff and dyad folders.

Each PowerPoint provides:

- an outline of the day

- brief introductions to the topics

- discussion topics/activities, and

- corresponding handouts to be referred to during the session.

Some of the PowerPoints end with a selection of additional slides to stimulate further discussion. These can serve as back-up options to help to broaden the topic content and to promote the discussion of ideas.

> **!**
> *Note:*
> **Use the slides provided as a guide only: Add/omit/adapt content to suit the timeframe of the sessions as well as the demographic and needs/preferences of your group.**

Some session plans include suggestions for videos, online content, or other media to show in the session (for example, video links that are accessible through YouTube).

Where links or references to content are provided only, the need to source these yourself is flagged in the week's manual content. The associated PowerPoint will also include a **red box** on the relevant slide(s).

Check these suggestions ahead of time so that you can access and preview the content and decide on what you might like to focus on.

These resources may help to provide real-life examples of a particular concept and stimulate discussion among group members. Where possible, focus on member-specific examples/concepts as these are likely to be highly meaningful.

Member Resources

> *This program draws on a range of pre-existing and specially created materials. Where a specific resource is used for a session, this is detailed in Sections 3 and 4. Plan ahead to ensure you have all you need.*

Display books

Compile display books containing general content for supported communication and make multiple copies of these available within the meeting rooms.

> **Note:** Ensure that the images and styles used are as age-appropriate as possible. Please be aware that image usage rights may vary across websites. Some of the example content may not currently be aphasia-friendly.

You could include the following:

- letters of the alphabet; days of the week; months of the year

- numbers from 1 to 100

- seasons and months

- rating scales

- colour charts

- question key words and images--such as who, what, when, where, why, and how

- blank clock face (add movable arrows with cardboard and a split pin)

- maps (rail network, state, country)

- map of the world

- feelings (e.g., from example 1, example 2, or example 3).

- state and national public holidays

- religious holidays

- film, TV genres (e.g., from example 1 or example 2)

- music genres

- sports

- activities

- food categories (e.g., fruit, vegetables, and dairy, or savoury 'junk' foods or drink categories.

- national flags for countries/nationalities/cuisines

Information sheets

Provide multiple copies of relevant information sheets in folders (e.g., hard cover ring binders) to form Member Resources (MR) on the following topics.

Stroke and aphasia

This set of information is referred to in the sessions as **MR** Information about Stroke and Aphasia.

Draw materials from, for example,

- the Stroke Recovery Association of NSW (http://www.strokensw.org.au)

- the Stroke Foundation (Australia) (www.strokefoundation.org.au)

- the National Stroke Association (USA) (http://www.stroke.org/we-can-help/survivors/stroke-recovery/first-steps-recovery/preventing-another-stroke), and

- handouts **S8, S16–S19** in SPPARC (Lock et al., 2008).

Mental health

This set of information is referred to in the sessions as **MR** Information about Mental Health. Draw materials from, for example,

- Beyond Blue (www.beyondblue.org.au)

Caregiving

This set of information is referred to in the sessions as **MR** Caregiving. Draw materials from, for example:

- Carers Australia (www.carersaustralia.com.au) including:

- Carer Life Course interactive online tool
  http://www.carerlifecourse.com.au/interactive/main.htm

- Factsheets (carer-related information)
  http://www.carersnsw.org.au/how-we-help/factsheets/

Services information and contact details

Work with the SW to compile a list of relevant services (with contact details) that may be useful for your members based on where they reside.
An example from the InterD-CAG trial is available in the .zip folder content (see Section 2 Materials: Pre-program Information--Preparation for Week 1).

Popular books and films relating to stroke and aphasia

The following books are relevant and (among many others) could be available for loan:

- A Stroke of Poetry (Brennand, 2015)

- Australian Aphasia Guide (Berens et al., 2006)

- My Stroke of Insight (Bolte Taylor, 2008)

- Reinventing Emma (Gee, 2016)

- Aphasia (Gloster, 2010)

- Rupture (Varga, 2016)

- Talking about Aphasia (Parr et al., 1997)

- Voices: The story of the Stroke a Chord Choir (Spoor, A., n.d.)

- Beyond Stroke: Living Independently with One Arm (Ryan, 2016)

Communication- and participation-related resources

Resources to support topics such as stroke awareness raising and advocacy—for example:

- Australian Aphasia Association (www.aphasia.org.au) and Stroke Foundation (Australia) (www.strokefoundation.org.au) advertising materials

- examples of initiatives that stroke survivors have undertaken (e.g., copies of stroke/aphasia newsletter clippings, social media posts, etc.)

- My Stroke Victory booklet (Stroke Association, 2012)

- Better conversations: A guide for relatives of people with communication disability (Connect, 2013)

- How to volunteer: A guide for people with aphasia (Connect, 2007)

Materials to inspire ideas for creating Life Book content

These might include the following:

- Life Book Templates
  (see .zip folder content--Section 3 Materials: Week 5 Session Materials)

- Life Book examples

  - examples by people with aphasia

  - visual-based example by SLP Michelle Attard (video viewable at https://youtu.be/MaWdBjQsz48)

- Tips and things to consider when making Life Books

  - Leaflet from Alzheimer's Society—highly applicable to aphasia population https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1434

- A story-telling resource called *Your Life: Looking Back, Moving Forward* (Aphasia Institute, 2015) *(this includes additional digital templates that can be edited)*

- *My Stroke Victory: Inspiring stories from stroke survivors and their families* (Stroke Association, 2012)

- *Art & Aphasia Expressions* (Stroke Association, n.d.)

- *The Red Tree* (Tan, 2001)

- other content that could be used to represent a stroke survivor's experience.

iPad-related resources

Place multiple copies of the following iPad-related resources in a display book:

- a summary of the features and settings of an iPad/iPad Mini (you could source content by typing iPad features into Google images)

- aphasia-friendly guides for how to use various apps.

- user guides for the *Scene Speak* App
  (in the context of developing a Life Book):

  (From Winnipeg Regional Health Authority http://www.wrha.mb.ca/prog/cdp/files/Education-iPad-SceneSpeak.pdf and
  Good Karma Applications: http://www.goodkarmaapplications.com/uploads/8/0/9/1/8091593/scene_speak_user_manual_pdf.pdf)

- communication access features
  (Kathryn Cann, 2013: http://nebula.wsimg.com/bee809af6a4cfb5b4f7840bad87f9d88?AccessKeyId=5861B1733117182DC99B&disposition=0&alloworigin=1).

Evaluation and data collection

Depending on your/your organisation's resources and the aim(s) for running the program, you may wish to undertake program evaluation and/or data collection.

These can take various formats. Two are addressed below: Written evaluation forms and Interview question guides.

In addition, if the group is part of a research project with relevant ethics approval, facilitators may wish to do the following:

- Audio and video record some/all of the group sessions (if running split sessions, you may decide to have two cameras/tripods)

    - Remember to ensure your video camera battery is fully charged before each session. If possible (depending on the camera and the room set up) keep the charger plugged in while recording.

    - Check the camera has sufficient memory before each session. We recommend using a large SD card in addition to relying on the camera's internal memory capacity.

    - We recommend that you back up the recordings following each session and store these in at least two places separate to the SD card (e.g., file server, USB/hard drive).

- Administer pre- and post-program (and possibly follow-up) outcome measures (with audio/video recording).

    - For examples of potential outcome measures, please refer to CAG-based journal publications and resources listed on www.aphasia.community.

Written evaluation forms

You may wish to include evaluation forms as a type of brief, ongoing data collection to summarise the members' group experience over time.
Three possible instruments for this purpose are outlined below: the *Therapeutic Factors Inventory*, the *Half-way Review form*, and the *Final Evaluation form*.

Therapeutic Factors Inventory (TFI-19 or TFI-8)

The Therapeutic Factors Inventory—19 item-version (TFI-19) (Joyce et al., 2011) is a self-report tool used to measure perceived presence of *therapeutic factors* (see Yalom, 2005) within the group setting. Therapeutic factors are described as "…the crucial mechanisms that promote change in group therapy" (p. 202, Joyce et al., 2011).

Utilising Yalom's (2005) 11 therapeutic factors in group counseling as a foundation, the TFI-19

contains four subscales: Instillation of Hope, Secure Emotional Expression, Awareness of Relational Impact, and Social Learning. It includes statements answered on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). For example, "I feel a sense of belonging in this group". Thus, higher scores demonstrate a greater perceived presence of group therapeutic factors.

In the InterD-CAG trial, we were interested in detailed information about members' experience over time and so administered the form at Weeks 3, 6, 9, and 12. You may wish to reduce potential member burden and administer it fewer times (e.g., at Weeks 3 and 12; Weeks 6 and 12, etc.).

A brief scale version of the inventory containing 8 items (TFI-8) is also available (Tasca et al., 2014).

Half-way Review form

Completing the Half-way Review form at Week 6 (along with the TFI-19/8, if distributed) is another good way to obtain some more detailed feedback from members.

This form can be found as HS21 on page 49 of *Book 2: Support Programme*, in the resource *Supporting Partners of People with Aphasia in Relationships & Conversation (SPPARC)* (Lock et al., 2008).

Final Evaluation form

Along with the TFI-19/8, completing the Final Evaluation form at Week 12 is one good way to obtain some more detailed feedback from members at the program's endpoint. This can be found as HS33a on page 95 and HS33b 96 of *Book 2: Support Programme, in SPPARC* (Lock et al., 2008). Other examples are provided on the Aphasia Community resources page.

Interview question guides

Facilitators who are involved in research or Quality Improvement projects may wish to include interviews as a more in-depth type of data collection.

Examples of questions to form the basis of semi-structured interviews for PWA and significant others as well as staff (used in our own CAG trials) are provided on the Aphasia Community resources page.

Staff documentation

Please follow your workplace's own specific recording and reporting procedures where available.

The following documentation was used in the InterD-CAG trial and is included here for your reference.

Attendance records and group notes

Staff should complete the following items weekly:

- Attendance records for group members and for staff
  (see examples in Appendix 2.F and Appendix G)

- Post-group notes (using a content guide for support)
  (see examples in Appendix 2.H and Appendix 2.I).

> **Note:** *In relation to the group notes, if one or more sessions in a week is dedicated to significant others, it is suggested that the SW complete a separate set of notes.*

First aid treatment record

A first aid treatment record form is recommended, for example from St John Ambulance (http://shop.stjohn.org.au/workplace-patient-report-a5-pad-10-forms/)

Reporting forms

The following forms may also be helpful:

- Appendix 2.J—Distress Report and Record form

- Appendix 2.K—Hazard Report and Record form

- Appendix 2.L—Incident Report and Record form

Section 2 References

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Appendix 2.A—Personal background information form

Personal Background Information Form: Person with Aphasia

Please complete this background information sheet.

This information will help us to know a little bit about you.

Some of the information (e.g., about your interests) may be useful during the group sessions; or for safety reasons.

Personal details:

Name:

Date of birth:

Address:

Grew up in (place/s):

Went to school at:

Went to university/college at (if applicable):

Worked in/at (company, type of work, length of time):

Pets (name and animal type):

Close friends (name, link): For example, Alan (golf club) and wife Mei

Usual activities/interests: (e.g., watching grandchildren play basket-ball; going to an aphasia group, coking family meals etc.):

Sporting interests (e.g., AFL Sydney Swans):

Where do you usually shop/your local shopping centre:

Major trips/holidays (places, year, length of trip):

FAMILY

Married to (or partner):

Lives with:

Children (and partners and grandchildren and ages):

(For example: son Bob (41) married to Jill (36) with 2 children Susan (8) and Gary (10). They all live in Newtown).

STROKE DETAILS

Stroke occurred on (date):

Went to hospital at:

Had rehabilitation at:

Current speech therapist's name (if any):

Past attendance at stroke/aphasia groups (name, location, length of attendance, experience):

Other information:

HEALTH DETAILS

Medical conditions (e.g., diabetes, epilepsy, depression):

Current medications (and what medical conditions they relate to):

Current doctor's (GP) name:

Current doctor's (GP) address:

Current doctor's (GP) phone number:

Emergency contacts:

FULL NAME	RELATIONSHIP (e.g., neighbour)	PHONE NUMBER
1.		
2.		

Appendix 2.B—Example question guide: Member communication needs/goals

Communication Needs/Goals Question Guide

(For inteviewing both PWA *and* Significant other)

1. How is your communication similar or different now compared to before your stroke?

2. a. What *types* of communication do you prefer to use with _____ (significant other—SO/person with aphasia—PWA)?

For example:

o Speaking

o Writing

o Asking _____ to write

o Drawing

o Asking _____ to draw

o Gesturing

o Asking _____ to gesture

o Showing pictures and objects/using technology

o Asking _____ to show pictures and objects/use technology

o Facial expression, body language, voice

o Other

    b. How *often* does each of these happen?

    Never   A little of the time   Some of the time   A lot of the time   All of the time

c. Overall, how often do you think you are *successful* when using these types of communication with _____ (SO/PWA)?

Never   A little of the time   Some of the time   A lot of the time   All of the time

    d. What strengths and weaknesses do you have in communication?

e. What topics do you discuss with_____ (SO/PWA)? Would you like this to be different? How?

3. a. What are the main problems that happen for you and _____(SO/PWA) in communication situations together?

      b. How *often* does each of these happen?

Never   A little of the time   Some of the time   A lot of the time   All of the time

      c. What do you do when there is a problem? (e.g., strategy use, frequency of use & success)

      d. What does _____ (SO/PWA) do when there is a problem? (e.g., strategy use, frequency of use & success)

      g. What do you think might make things easier? Are there particular skills or information you think might help?

4. By participating in this program, what are the main things you hope to improve in your communication with _____(SO/PWA)? Message IN, message OUT

Goals

1. What areas of your life are you dissatisfied with at the moment? Why?

For example:

o Mobility
o Work/volunteering
o Leisure activities
o Sleep
o Mental health
o Physical health
o Energy (fatigue)
o Pain management
o Memory/attention
o Relationships
o Communication
o Motivation
o Other

2. By participating in this program, what are the main things you hope to improve in areas of your life other than communication? Why?

This question guide was adapted with kind permission from the TBIconneCT social communication training manual for people with traumatic brain injury and their communication partners
(Rietdijk et al., in preparation).

Appendix 2.C—Example dyad summary sheet

Member with aphasia: (First Name Last Name)

PWA photo

- D.O.B: X/X/XX   (X years old)

- Stroke date: X/X/XX   (X years ago)

- Lives in: (suburb)

Spouse photo

- **Employment**: e.g., not currently working (formerly X)

- **Spouse:** (Firstname Lastname)

    - (XX years old); (e.g., currently manages home dutues; previously X)

- **Children**: (names and ages)

- **Health conditions:** e.g., Past heart attacks and blood clots. Carries angina spray; can experience tachycardia. Currently some headaches.

- **Mobility:** e.g., Hemiparesis (leg and arm). Walks slowly with stick; wheelchair long distances.

- **Social support:** E.g., daughters visit weekly. Attends social lunch and church weekly.

- **Interests/activities:**

    - e.g.,riding recumbent bike; driving; painting; classical music; movies; rugby league

    - Occupational Therapy; having weekly lunch with other stroke survivors

- Aphasia:

  - Message OUT:

    - e.g., moderate to severe difficulties with speaking (uses single words—yes and no)

    - some writing, drawing, gesture

    - open to practising these forms of communication

  - Message IN:

    - e.g., moderate difficulties. Some yes/no confusion—use writing/gesture

    - difficulty with multi-step instructions

    - responds well to written key words etc.

Appendix 2.D—Useful iPad apps

Available on the iTunes App Store.
All app images are reproduced from iTunes unless otherwise stated.

Therapy apps (all published by Tactus Therapy Solutions, Ltd.)		
	Visual Attention Therapy	For practicing attention and reading
	Language Therapy	For practicing understanding, naming, speaking and reading
	Category Therapy	For putting things into groups to help brain organisation skills
	Constant Therapy	Therapy for speaking, language, thinking, attention and memory
	Conversation Therapy	For practicing talking with people

Reading apps		
	iSpeech (iSpeech, Inc.)	For turning what you type into speech For turning existing text into talking
	NaturalReader (NaturalSoft, Ltd.)	For turning writing into talking Reads long documents out loud
	TalkPath News (Lingraphica)	Communication accessible online daily news articles covering a range of topics

Writing app		
	Dragon Dictation (Nuance Communications)	For writing down what you speak Lets you write things down without typing

Life Book apps		
	Scene Speak (Good Karma Applications, Inc.)	For making interactive visual scene displays using photos, text and soundsw

	My Life Story (Aged Care Revolution)	For making life stories using photos, music, voice recordings, and text; marketed for people with dementia but relevant to PWA (www.mylifestoryapp.com)
	My Life Story (Alan Brown)	Allows you to enter information and add pictures for up to 15 pre-set categories. Option to publish as an eBook.
	My Life Story (Lifestyle Guru, LLC)	No pre-set categories. Enter text; add photos, emojis, and stickers

Talking apps

	Verbally (Intuary)	For creating sentences with words easily

Good for people who have difficulty speaking |
| | SmallTalk Aphasia Female (Lingraphica) | For playing everyday phrases in a woman's voice
Good for people who have difficulty speaking |
| | SmallTalk Aphasia Male (Lingraphica) | For playing everyday phrases in a man's voice

Good for people who have difficulty speaking |
| | SmallTalk Days, Months, Dates (Lingraphica) | Helps you talk about days of the week and dates |
| | SmallTalk Pain (Lingraphica) | Helps you describe the pain you are in |
| | Grid Player (Sensory Software International) | For creating sentences from pictures

Good for people who have difficulty speaking |

Wellbeing apps (not aphasia-specific)

	Calm (calm.com)	For practising mindfulness meditation with a guide
	Smiling Mind (Smiling Mind)	As above

	Colorfy (Fun Games for Free)	For practising mindfulness through the activity of colouring complex pictures
	Body Stretch (Axxis 3)	For step-by-step guide to stretching
	FitStar Yoga (FitStar, Inc.)	For practising yoga at various levels with video guides

Appendix 2.E—Example resources loan form

APHASIA GROUP RESOURCES LOAN FORM

Borrower's name	Item borrowed	Date borrowed	Date returned

Appendix 2.F—Weekly attendance record: PWA and Significant others (A 1)

SLP/SW-CAG Weekly Attendance Record

GROUP MEMBER ABSENCES
(Person with aphasia: PWA; significant others: S)

Date, Session(s)	Members absent + Reason + Follow-up (as applicable)
Week 1	
Week 2	
Week 3	
Week 4	
Week 5	
Week 6	
Week 7	
Week 8	
Week 9	
Week 10	
Week 11	
Week 12	

Appendix 2.G—
Weekly attendance record: Staff (A 2)

Date, Session(s)	Staff absent + Reason + Outcome
Week 1	
Week 2	
Week 3	
Week 4	
Week 5	
Week 6	
Week 7	
Week 8	
Week 9	
Week 10	
Week 11	
Week 12	

Appendix 2.H—Post-group notes content guide (A 3)

InterD-CAG Post-Group Notes Content Guide

1. How did the group seem to go *in general?* (general group atmosphere)

For example: Did it take a while for the conversation to get going but then feel more relaxed for the rest of the session? Are people taking on leadership roles in the group and working through any issues on their own? Did people seem engaged during the session?

2. What conversation topics arose during the group?

For example: a news report (with an article printed/cut out); what members did on the weekend (with a flier for a film or a brochure for an event); concerns about having another stroke.

3. What changes in communication/communication 'moments' of interest were observed?

For example: trying out a new communication skill/modality; initiating a topic; a member realising that his/her communication style has been helpful/unhelpful.

4. What sorts of roles/behaviours of interest did you notice members taking on?

For example: helping others with problem-solving/getting communication across; listening; sharing/contributing content/advice; addressing/resolving conflict or other is-sues.

5. Were there any instances of substantial communication breakdown/problems? How were these managed?

Examples of substantial communication breakdown/problems: A member showing ongoing emotions such as anger/frustration, with/without signs of distress, 'giving up' on communication attempts more than once in session.

Example management: Telling the person that you are listening and know they know what they want to say; providing additional support; suggesting moving on and addressing the topic again later; another member addressing the situation.

6. Were there any signs of conflict observed? How were these managed?

Example signs of conflict: A member not wanting to connect/participate over time; not

making eye contact over time; behaving rudely; showing ongoing emotions like anger.

Example management: Telling the person that you are listening and care about them; letting them know that their behaviour may not be helpful and asking if they wish to discuss what may be troubling them; another member addressing the situation.

7. Were any signs of distress observed? How were these managed?

Example signs of distress: A member looking upset or teary; crying; not wanting to connect/participate over time; or saying something that might suggest they are struggling emotionally.

Example management: Telling the person that you are listening and care about them; asking if they want to have a break from the session; asking if they wish to discuss what may be troubling them; another member addressing the situation.

8. Were there any incidents or (potential) hazards that occurred? How were these managed?

Example incidents: A member experiencing a fainting spell or seizure.

Example management: Following First Aid protocol; telephoning emergency contacts; telephoning the member's GP; telephoning 000 for an ambulance.

Example (potential) hazards: A peeled-up end of carpet; brown water coming out of the kitchen tap.

Example management: Securing the immediate space; contacting the building reception.

9. Did members provide any feedback or suggestions about the group, or make any queries?

Example feedback: about the session time; the location; the experience of being in the group; specific programmed content.

Example suggestions: for members to come to the group with pre-determined conversation topics.

Example queries: whether the group can start an hour later in 2 weeks' time.

10. Are there any areas that may require further discussion/problem-solving (e.g., re. conflict, communication problems, distress, general group atmosphere etc.)?

11. What are the staff tasks to complete before next week? Who is responsible?

Example tasks: Complete incident report form and report to relevant ethics bodies (if applicable); photocopy information about stroke prevention (Aide).

Appendix 2.I—Post-group notes (A 4)

InterD-CAG Post-Group Notes

Week: _____   **Date:** _____

Session Format (circle): A—PWA only   /   PWA+Significant others;
                                      B—PWA only   /   PWA+Significant others

Session Format (circle): A—Significant others only;
                                      B—Significant others only
(SW to complete own set of notes)

Overall, today we thought the group was: _____% successful
(0 = highly unsuccessful; 100 = highly successful)

Through discussion with the staff team, insert text to comment and provide examples for the following (referring to relevant members where possible):

1. The way the group seemed to go *in general* (general group atmosphere)

2. Conversation topics arising during the group

3. Observed changes in communication/communication 'moments' of interest

4. The sorts of roles you noticed members taking on/behaviours of interest

5. Any instances of substantial communication breakdown/problems, and how these were managed

6. Any observed signs of conflict, and how these were managed

7. Any observed signs of distress, and how these were managed;

8. Any incidents or hazards that occurred, and how these were managed

9. Any feedback or suggestions that the members provided about the group, or queries made

10. Any areas that may require further discussion/problem-solving (e.g., re. conflict, communication problems, distress, general group atmosphere etc.)?

11. Staff tasks to complete before next week; person responsible

Appendix 2.J—Example Distress Report and Record form

DISTRESS REPORT AND RECORD FORM

1. Reporting person		
Name:	Position title:	Phone number:
Signature:	Date:	Time:

2. Time and date	
Time:	Date:

3. Brief description of distress event including persons involved, potential activating event (trigger), location, signs observed (e.g., verbal behaviours, body language), and any observed consequences to potential activating event

4. Immediate action taken (if practicable to do so) including distress management, reporting to supervisors, staff debriefing

5. Further action required:	☐ Yes	☐ No

If yes, please list details:

6. Description of action(s) taken to manage distress/prevent distress from occurring again:

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Appendix 2.K—Example Hazard Report and Record form

HAZARD REPORT AND RECORD FORM

1. Reporting person

Name:	Position title:	Phone number:
Signature:	Date:	Time:

2. Brief description of hazard/safety issue including location and persons involved

3. Time and date hazard identified

Time:	Date:

4. Reporter's perceived risk of injury to self

☐ High risk of injury	☐ Medium risk of injury	☐ Low risk of injury

5. Reporter's perceived risk of injury to others

☐ High risk of injury	☐ Medium risk of injury	☐ Low risk of injury

6.   Immediate action taken (if practicable to do so) including reporting to supervisors

7. Further action required:	☐ Yes ☐ No

If yes, please list details:

8.   Description of action taken to prevent this hazard from presenting again:

Reproduced and adapted with permission from Tom Foster, Marrickville Council NSW, Auwstralia

Appendix 2.L—Example Incident Report and Record form

INCIDENT REPORT AND RECORD FORM

1.   Reporting person

Name:	Position title:	Phone number:

Signature:	Date:	Time:

2.   Brief description of incident including location and persons involved

Examples: fall, injury, physical/verbal abuse, illness or accident

3.   Time and date of incident

Time:	Date:

4.   Immediate action taken (if practicable to do so) including reporting to supervisors

For example: Was first aid administered? Was an ambulance called? (Attach First Aid Record form if applicable

Appendix 2.M—Example Yoga Consent Form

YOGA CONSENT FORM

Name:_____ **Age:** _____

Have you practiced yoga before?   Yes / No

If yes, what style(s) & for how long?

Please *circle* if you have any of the following:

Depression   Sciatica   Heart Disease   Shoulder problems   Asthma

Diabetes   Digestive Problems   Recent Surgeries   Back/Neck pain

Arthritis   Hernia   High Blood Pressure   Anxiety/Stress   Insomnia

Sinus problems

  Auto-immune Disease   Knee/Hip/Ankle problems

Previous History of Cancer   Osteoporosis

Please provide details on any conditions circled above or any other conditions:

Have you been advised to avoid yoga?   Yes / No

Disclaimer—please read and sign:

Every precaution and much care is taken by the teacher during class so that you can practice in a safe manner, in a safe and supportive environment.

You are invited to enthusiastically approach your practice.

However, it is encouraged that you take care when determining your own ability to do the exercises offered in class and to not aggravate existing injuries.

Please be aware that you are ultimately responsible for your own personal health and safety and any injuries or illness incurred during class.

If you have any doubt whether a gentle yoga class is suitable for you or if you have any particular injury or condition, please consult your physician before beginning your practice.

Always inform the teacher of any injury, medical conditions, if you are pregnant or had any recent surgeries you might have.

All personal information collected is confidential and will not be shared.

I have read, and agree with, the above statement.

Name _____

Signature _____   Date _____

Section 3

Week-by-week program for members with aphasia

Section 3: Contents

Introduction

This section goes through the entire InterD-CAG program week by week. It covers material for all the whole-group sessions and also for the PWA sessions where the group is split.

Where the significant others meet separately, the materials for their separate sessions are provided in Section 4 Sessions for significant others.

Before you begin planning an InterD-CAG program using this section, you should read Section 2 Preparation.

> **Note:**
> Throughout the text reference is made to a downloadable .zip folder including handouts, Action Plans, PowerPoints, etc.
>
> **Access the .zip folder here:**
> http://aphasia.community/resources/resources-for-aphasia-groups
>
> Content not included in the folder that must be accessed from the original source is delineated with access information.

Outline

Welcome

Session 1A—Introduction

Introducing the group
Meeting peers

Break

**Session 1B—
Communication Toolkit**

Communication toolkit
Applying communication tools within and outside the group
Establishing potential Action Plan tasks

Wrap-up, questions, planning for next week

People

The following people are involved in Week 1 sessions (1A and 1B):

- SLP
- PWA
- SW
- Aides
- Significant others

Equipment & Resources

- ☐ room set up with any welcoming touches (posters, decorative items, etc.)
- ☐ name lanyards (including photos)
- ☐ digital camcorder & charger (charged and with sufficient memory)
- ☐ tripod
- ☐ group package folder for each dyad
- ☐ group package folder for SLP & SW
- ☐ group package folder for aides
- ☐ iPads & chargers (with WiFi connection for the room(s) set up and saved)
- ☐ whiteboard(s) and whiteboard markers or easel with butcher's paper, and permanent markers
- ☐ markers, pens to fill in handouts and write messages
- ☐ notepads, scrap paper for writing messages
- ☐ session materials—see below

Session Materials

Member Package pages:

☐ **MP Week 1**

MP 1a-1 Contacting the Group staff

MP 1a-2 Week 1 Session Outline

MP 1a-3 Group Schedule

MP 1a-4 Group Dates

MP 1a-5 About this Group

Handouts

☐ **H 0-1** Strategies to Help Turn Building (Provided prior to Week 1—see Section 2 for context)

☐ **H 1a-1** Who Fits the Boxes? (Optional)

☐ **H 1b-1** Communication Tools Summary

☐ **H 1b-2** Communication Tools Table

☐ **H 1b-3** Detailed Checklist for Communication Access

☐ **H 1b-4** Checklist for Problems with Understanding (available from SPPARC) (Lock et al., 2008)—see Section 2 references

☐ **H 1b-5** Checklist for Problems with Expression (available from SPPARC) (Lock et al., 2008)—see Section 2 references

☐ **H 1b-6** Summary Guide to Making Interactions Accessible

PowerPoints

☐ **PP 1b** Week 1 Session B (both digital versions and printouts)

Action Plan:

☐ **AP Week 1**

AP 1-1 Communication Toolkit: Troubleshooting

AP 1-2 Communication Toolkit: Application

AP 1-3 Communication Toolkit: How did it go?

AP 1-4 and **AP 1-5** Preparing for Week 2

Staff resources
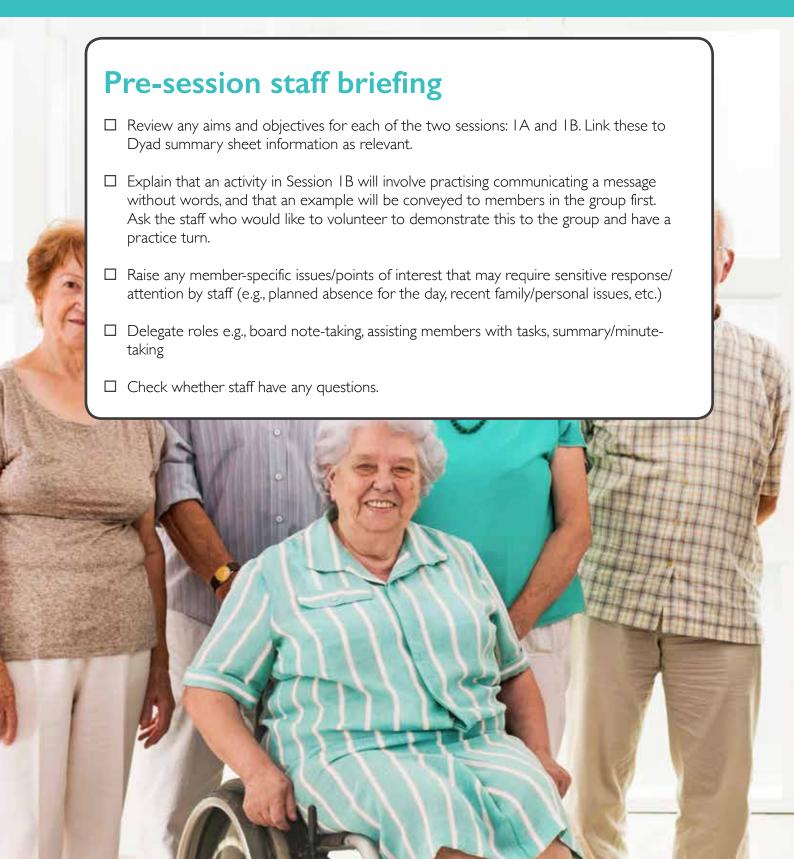
☐ **SR 1a-1** Suggested Basic Ground Rules

☐ **SR 1b-1** Talking Without Words Cards

Administration

☐ **A 1** Weekly Attendance Record: Participant Absences (see Appendix 2.F)

☐ **A 2** Weekly Attendance Record: Staff Absences (see Appendix 2.G)

☐ **A 3** Weekly Notes Content Guide Guide (see Appendix 2.H)

☐ **A 4** Post-Group Notes (see Appendix 2.I)

Pre-session tasks

PWA and significant others

☐ Each individual to prepare brief (less than 1 minute) self-introduction (in text, pictures, spoken, etc.)

☐ Complete the Communication Needs/styles, Goals Questionnaire (responses will contribute to some group sessions)

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders

☐ Review the Participant Background Information Forms/Dyad summary sheets (see Section 2)

☐ Note any birthdays or special occasions/events (big or small) that will fall during the program, ready to raise these on the relevant week

☐ Be ready to present a brief (less than 1 minute) self-introduction, including what your role in the group is

☐ Refer to notes taken from discussion during pre-group Communication Needs/styles, Goals Questionnaire etc., to be clear on the types of communication tools dyads currently use, and what types they might like to practise/expand on

SW, Aides

☐ Look through Participant Background Information Forms/Dyad summary sheets to get a preliminary sense of members

☐ Review potential goals generated from pre-group assessment phase, so they are ready to be promoted and reinforced throughout the program (more on goals in Week 3 Session A)

☐ Be ready to present a brief (less than 1 minute) self-introduction, including what your role in the group is

Aides

☐ Be ready to present a brief (less than 1 minute) self-introduction, including what your role in the group is

Pre-session staff briefing

☐ Review any aims and objectives for each of the two sessions: 1A and 1B. Link these to Dyad summary sheet information as relevant.

☐ Explain that an activity in Session 1B will involve practising communicating a message without words, and that an example will be conveyed to members in the group first. Ask the staff who would like to volunteer to demonstrate this to the group and have a practice turn.

☐ Raise any member-specific issues/points of interest that may require sensitive response/ attention by staff (e.g., planned absence for the day, recent family/personal issues, etc.)

☐ Delegate roles e.g., board note-taking, assisting members with tasks, summary/minute-taking

☐ Check whether staff have any questions.

SESSION 1A—Introduction

This is a mixed group session for both PWA and significant others.

P S

Session 1A Overview

This first session is about members gaining a feel for the program and starting to get to know one another and the staff. Be aware that many things may contribute to initial feelings of nervousness or ill ease. For example, some PWA may:

- be present mainly at the instigation of their significant other

- not have really interacted with other PWA/stroke survivors before (or not for a while)

- have had no experience, or negative experiences, with groups for PWA/stroke survivors

- be anxious about communicating if they are not big socialisers, especially since the stroke.

Aim to establish the group as a safe, welcoming space for all members and make your expectations around reading and/or completing particular content explicit (and reiterated over the course of the program).

- Acknowledge that not all members will have the capacity, time, energy, and/or interest to read Handouts or complete Action Plans—and that this is OK.

- The degree to which completed content is addressed within the group may vary and should be negotiated with members on an ongoing basis.

📚 Suggested readings

- General content relating to stroke/aphasia groups—see Aphasia Community Resource page: http://aphasia.community/resources/resources-for-aphasia-groups

Aims	Objectives
For members to:	Members will:
▪ feel welcome	▪ understand the background, aims, and principles of the program
▪ visit program concepts, and develop & understand basic ground rules	▪ understand the basic outline of program content
▪ begin getting to know the staff and one another	▪ describe themselves, and outline prior experience with groups and their interest in the study in a brief self-introduction
	▪ develop initial rapport with one another and the staff
	▪ develop basic ground rules for healthy group functioning.

Welcome

Welcome members into the group, provide name lanyards, and offer them/make them cups of tea/coffee.

1 Introducing the group

Housekeeping

- Make comments about the general environment/setting as applicable

- Inform members of the location of toilets

- Encourage members to access refreshments at their own leisure

🗁 Direct members' attention to the Member Resources and explain these will be available to access and borrow at members' leisure each week, with copies of materials (e.g., leaflets, handouts, organisation materials) available where copyright allows.

- Hand out dyad folders and briefly explain their purpose. This could be a good point to raise expectations around dyad work (see Session 1A Overview).

▦ Turn to **MP 1a-1** (Contacting the Group Staff) to inform members to contact staff in advance of planned absence or illness

▦ Turn to **MP 1a-2** (Week 1 Session Outline) to summarise the plan for the day

▦ Turn to **MP 1a-3** (Group Schedule) to remind members of each week's schedule

▦ Turn to **MP 1a-4** (Group Dates) to refer to the list of dates for the program

- Check whether members have any initial queries or concerns about the group and address these as soon as possible.

InterD-CAG Program

▦ Turn to **MP 1a-5** (About this Group) to summarise the aims and principles of the InterD-CAG

☆ Encourage members to come up with some key ground rules to form as a base for healthy group functioning. Explain to members that a more detailed focus on ground rules will take place in Session 3a. **SR 1a-1** (Suggested basic ground rules) provides a starting point for this discussion.

2 Meeting peers

Self-introductions

- First, the group facilitators and aides present a brief (less than 1 minute) self-introduction (name, role, few things about self—e.g., suburb, interests)

- Next, each group member who is comfortable to do so presents a brief self-introduction (name, relationship to family member, few things about self—e.g., suburb, interests, prior group experience)

Option (i): Discussing feelings about being in a new group (or see (ii))

- Focus on tuning in to the feelings of participants about being in a new group. Each participant may have different levels of ambivalence about this, on the one hand wanting to be part of a group focussing on common problems and, on the other, being afraid of it (the possibility of breaking down; engaging with other people's problems; concerns about privacy, etc.). Consider raising this topic and inviting members to contribute any reactions/thoughts about this.

- For example, the group could discuss:
  What members hope for from the group; anything that they are afraid of; what needs to happen so that members can feel comfortable; and so on. Visual rating scales or pictographs may be of great use here.

And/or Option (ii): General icebreaker conversation

Facilitate as required to promote members and staff to engage on mutual topics of interest (this could also be left to informal conversation during the break).

Backup structured activity: *Getting to Know One Another:*

- Turn to **H 1a-1** (Who Fits in the Boxes?). Explain to the group that their task is to complete the grid using names of other group members.

  - Allow group members time to move around the space to ask each other questions to assist them in finding and writing down the names of people who fit the criteria on their grid.

- Support members with aphasia to complete their grids (finding free members to talk to, asking questions, writing responses)

- Once everyone has completed their grid, call the group back together and briefly discuss the group's responses (i.e., which group members fit into the different criteria on the grids).

SESSION 1B
Communication toolkit

P **S** **This is a mixed group session for PWA and significant others.**

Session 1B Overview

This session provides a fairly structured way to address communication access, and to get members thinking about their current communication styles and how they might maximise strengths and manage weaknesses.

Members may be at different levels (both within and across dyads) in terms of their degree of self-awareness/ability to recognise opportunities for problem solving, congruence of perspectives, and initiative to make adjustments.

It will be important for the SLP to balance the amount of time devoted to introducing concepts with time spent discussing personally relevant examples and generating a goal for Action Plans, according to the needs of the group. Prioritise opportunities for sharing and bringing attention to real-life effective communication examples over lecture-based instruction. The staff and those dyads with greater success can serve as models to others within the group.

📚 Suggested readings

- Bernstein-Ellis, E., & Elman, R (2007). Aphasia Group Communication Treatment: The Aphasia Center of California Approach. In Group treatment of neurogenic communication disorders: The expert clinician's approach. (2nd ed.), p. 71-94. San Diego: Plural Publishing Inc.

  • page 82 (Increasing Exchange of Information) to page 84

- Pound, C., Parr S., Lindsay, J., & Woolf, C. (2000). Beyond Aphasia: Therapies for living with communication disability. UK: Speechmark.

  • Chapter 3: Facilitating communication.

Aims	Objectives
For members to: ■ be introduced to the concept of communication access ■ participate in group brainstorming around good communication ■ be introduced to the concept of a communication toolkit ■ practice applying total communication skills within the group session ■ develop a plan to consciously use communication tools outside of the group as part of their Action Plan.	Members will: ■ be able to define communication access ■ be able to identify various tools for promoting effective communication (message IN and OUT) and explain how they help ■ identify tools they had not previously considered for themselves or choose not to use and discuss ■ practice using different forms of total communication within structured group tasks ■ evaluate total communication options used by peers in terms of effectiveness and generate options/provide models in order to assist peers where required ■ reflect on their initial experience of using tools in the group ■ identify one or more tools they would like to try using at least twice during the week and generate an Action Plan for implementation.

1. Communication toolkit

🖵 **Use PowerPoint PP1b.**

Introduce ideas related to communication:

- Communication access

- Supported conversation for adults with aphasia (Acknowledge Competence, Reveal Competence)

- Communication as involving message IN and message OUT.

How to tell when communication is going well

- Encourage members to brainstorm about how to tell when communication is going well

- Write ideas up

- Present examples/summary

Getting messages IN and OUT

- Encourage members to brainstorm about what helps them get the message IN and OUT

- Consider both personal strengths and other people's actions/attitudes

- Write ideas up

- Present examples/summary

Examples and practical strategies

- Present any further examples for family members about supporting message IN, OUT, and VERIFYING

- Acknowledge the impact that context has on tool use

- Present image of Aphasia Institute's communication toolkit (handle, top shelf, bottom shelf)

- 📄 Refer members to **H 0-1**: Strategies to Help Turn Building (provided before the program

began as part of Preparing for Week 1)

- Encourage members to share and discuss the tools they use, and use less often/not at all (Why not? Are they open to trying?).

2. Applying communication tools within and outside the group

Practice activity: Communicating Without Words

☆ Have the Communicating Without Words cards ready (**SR 1b-1**). Explain that this activity will involve practising communicating a message without words. Provide an example first—pass a card to one of the staff to demonstrate to the group.

Option 1:

- Ask a few members to volunteer to use a form of communication other than speech (of their choice, or suggest one) to convey a concept shown on a card to the group.

- For each successful attempt, ask the group to think about another modality they could add to the selected one (e.g. adding vocalisation to support a gesture/facial expression)

- If members are having difficulty, encourage members and staff to offer suggestions for ways to communicate the concept.

- Ask volunteer members to discuss/reflect on their experience. Ask the group to reflect on the effectiveness of strategies used.

Option 2:

Encourage the group to split off into pairs. Provide each pair with at least two cards and ask them to take turns being the communicator and the listener.

- After a few minutes, ask volunteer pairs to discuss/reflect on their experience and the effectiveness of strategies used.

> *Note: This activity has been extracted from Lock, S. Wilkinson, R. & Bryan, K. (2008). SPPARC: Supporting Partners of People with Aphasia in Relationships & Conversation, A resource Pack, Bicester: Speechmark. (Session 3 Helping Understanding and Expression).*

3. Establishing potential action plan tasks

📄 Refer members to **H 1b-1** to **H1b-6**
These can serve as a summary of communication tools as well as something to share with other communication partners as desired.

▪ Explain the concept of Action Plans, and reinforce the expectations around completing these (see note box at the top of page 16 for more on this). Also explain that the degree to which Action Plans are addressed as a group activity each week is something to be negotiated by the members and may be variable based on what is prioritised.

🏋 Refer members to **AP 1-1** (Troubleshooting)
This is designed to for members to reflect on recent communication difficulty in the context of the tools presented today and begin thinking about problem solving.

🏋 Refer members to **AP 1-2** (Application)
Based on the pre-group assessment discussion and discussion within this session, each PWA and family member is to make a plan by highlighting one or more communication tools to apply in conversation during the week.

▪ Suggest that members practice tools based on their plan on at least two occasions during the week (but as much as possible for greatest effect).

🏋 Refer to **AP 1-3** (How did it go?). Encourage members during the week to write down a brief summary of their experience with the tasks they tried in H1b-3. They can share and discuss this with the group the following week if they are comfortable to. They may wish to put a small reminder on the fridge or in their wallet to help keep them on track.

▪ Encourage members to bring items they used to share next week if possible (e.g. drawings/ writing scraps, magazines).

Wrap-up, questions, planning for next week

Try to ensure there is time to briefly reflect on this first week as a group.

▪ Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

▪ Ensure time is available for members to ask any questions.

Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action

- Questions, comments

Admin

- Complete attendance record

- Complete post-group notes

- SLP to organize content of reminder alerts (total communication skills practice).

Outline

Welcome

Session 2A—Communication Toolkit

1. Housekeeping; Reflection & Action Plan Review

2. Evaluating Communication

Break

Session 2B—Using iPads 1

1. Introducing iPad use

2. Applying communication skills and strategies and using iPads within and outside the group

People

The following people are involved in Week 2 sessions:

- SLP

- PWA

- SW (attendance at Session 2B is optional, but an extra pair of hands is helpful)

- Aides

- Significant others

- Optional: Guest proficient iPad/iPhone users with aphasia for Session 2B

Equipment & Resources

- ☐ room set up with any welcoming touches (posters, decorative items, etc.)

- ☐ name lanyards

- ☐ group package folder for each dyad

- ☐ group package folder for SLP & SW

- ☐ group package folder for aides

- ☐ Pads & chargers with suitable apps loaded (see table of suggestions in Appendix 2.D of Section 2)

- ☐ equipment for displaying PowerPoint presentations

- ☐ whiteboard and whiteboard markers or easel with butcher's paper and permanent markers

- ☐ markers, pens to fill in handouts

- ☐ notepads

- ☐ session materials—see below

Session Materials

📚 Member Package pages:

☐ **MP Week 2**

MP 2a-1 Week 2 Session Outline

MP 2a-2, MP 2a-3 Video Set 1: Poor Communication Models

MP 2a-4, MP 2a-5 Video 2: "What have you been doing?"—Barry and Louise

MP 2a-5 Video Set 3: Identifying communication strengths

📄 Handouts

☐ **H 2a-1** Helping Understanding—from Handout S13 in Lock et al. (2008) (See Section 2 references)

☐ **H 2a-2** Helping Expression—from Handout S14 in Lock et al. (2008) (See Section 2 references)

🖥 PowerPoints

☐ **PP 2a** Week 2 Session A

(both digital versions and printouts)

🏋 Action Plan:

☐ **AP Week 2**

AP 2-1 Communication Toolkit: Troubleshooting

AP 2-2 Communication Toolkit: Application

AP 2-3 Communication Toolkit: How did it go?

AP 2-4 iPad Action Plan: Application, How did it go?

AP 2-5,6 Preparation for Week 3

⭐ Staff resources

☐ **SR** DVD of video clips to use during the training from Connect (2011). The communication access toolkit (See Section 2 references)

☐ **SR** NeuroHero OneSkill video app for communication difficulties. See http://www.neurohero.com/communication-difficulties (video information and app download link)

☐ **SR** Video example: Better Conversations with Aphasia e-Learning Resource Module 4.1 page 6/21 in Beeke et al. (2013) (See Section 2 references)

☐ **SR** Aphasia Institute videos on YouTube: https://www.youtube.com/playlist?list=PL973A0B204DC16C6E

☐ **SR 2a-1** Video Set 1—Suggested Responses

☐ **SR 2a-2** Video Example 2—Suggested Responses (from Better Conversations with Aphasia e-Learning Resource Module 4.1 page 7/21 in Beeke et al. (2013) (See Section 2 references)

☐ **SR 2a-3** Video Set 3—Suggested Responses

📁 Member Resources
The full set of **MR,** and in particular:

☐ Better conversations: A guide for relatives of people with communication disability (Connect, 2013).

☐ **MR** various iPad app user guides

📋 Administration (Section 2 Appendices)

☐ **A 1** Weekly Attendance Record: Participant Absences

☐ **A 2** Weekly Attendance Record: Staff Absences

☐ **A 3** Weekly Notes Content Guide Guide

☐ **A 4** Post-Group Notes

Pre-session Tasks

PWA and significant others

☐ Prepare and bring in items used to implement their Action Plan from the previous Week for sharing if possible/desired (e.g., drawings/writing scraps, magazines).

☐ Dyads who own an iPad could bring them to this session.

☐ Dyads who use an iPad could demonstrate using particular apps during this session.

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders.

▶ **Look ahead to all the video material suggested for this week.**
Access, watch, and select relevant content to show as desired. Adjust SR 2a-1 and SR 2a-3 as required to reflect the video segments chosen. Make sure that PP 2a contains working web links to the online video segments you have chosen to play.

☐ Draw on pre-group meetings and Week 1 materials to use as examples of effective/less effective communication for group members to evaluate (if permission is given by the dyads of interest).

☐ Bring personal iPad and/or iPhone to group if desired.

SW

☐ Bring personal iPad and/or iPhone to group if desired

Aides

☐ Type up, print, and display the list of basic group ground rules that members created in Session 1A.

Pre-session Staff Briefing

☐ Review the aims and objectives for each of the two sessions: 2A and 2B. Link these to Dyad summary sheet information as relevant.

☐ Raise any member-specific issues/points of interest that may require sensitive response/attention by staff (e.g., planned absence for the day, recent family/personal issues, etc.).

☐ Delegate roles e.g., board note-taking, assisting members with tasks, summary/minute-taking.

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SESSION 2A—
Communication toolkit

| P | S | **This is a mixed group session for both PWA and significant others.** |

Session 2A Overview

This session will build on the previous week's Session 1B to address communication skills in more detail—in relation to facilitators and barriers, and applying communication tools.

- Feedback from dyads on their communication experiences during the week should serve as the springboard for discussion, and strategy modelling and practice. Example videos are suggested, but the primary teachable moments should be drawn from any relevant communication instances or materials relating to dyads themselves. This may include content generated during pre-group meetings or the first week of the group program (e.g., video recordings of interactions—if dyads give permission for these to be shared for evaluation in-group; drawings; etc.).

- In this session and those ahead, be conscious of opportunities to gradually reduce facilitation-related scaffolding throughout the sessions.

🗄️ Suggested Readings

As for Session 1B. In addition:

- Kagan, A. (1998). Supported conversation for adults with aphasia: Methods and resources for training conversation partners. Aphasiology, 12(9), 816–830.

- Simmons-Mackie, N. (1998). In support of supported conversation for adults with aphasia. Aphasiology, 12(9), 831–838.

Aims	Objectives
For members to: feel welcome	Members will:
▪ reflect on the previous week's sessions	▪ share an appraisal of their experience of Week 1
▪ share their experiences of using communication tools throughout the week	▪ discuss and evaluate their experience of undertaking their Week 1 Action Plan
▪ consider facilitators and barriers to effective communication	▪ identify instances where skills and strategies are lacking within vignettes and/or demonstration videos, describe the impact, and propose skill/strategy options that could have been used
▪ consider their experience of communication with their primary communication partner	▪ identify current barriers to effective communication with their primary communication partner
▪ develop a plan to consciously use skills and strategies to improve communication outside of the group and in future group sessions as part of their Action Plan.	▪ identify one or more strategies they would like to try using and generate an Action Plan for implementation within and outside of the group.

Welcome

Welcome members back to the group, set out name lanyards, and encourage them to help themselves and each other to tea/coffee (providing assistance where appropriate).

1. Housekeeping; Reflection & Action Plan Review

Housekeeping

- Address any key information, reminders, events, or member queries.

- 📇 Turn to **MP 2a-1** (Week 2 Session Outline) to summarise the plan for the day.

Reflection & Action Plan review

🖥 **Use PP 2a.**

- Briefly summarise last week's group session and promote member reflection on their experience of Week 1.

- 🏋 Refer members to **AP 1b** from last week. Invite dyads to share their experiences and reflections of using Total Communication outside of the group.

- Invite dyads to volunteer sharing their troubleshooting and goals and to describe how their practice went. For example:

  - General reflections such as: Was anyone more conscious of the types of communication they used in general?

  - More specific reflections such as: What went well and what went not so well, and why?

- Suggest options for addressing difficulties in future and/or open the floor to troubleshoot if applicable.

- 📄 If members are interested (at the expense of some or all of the *Evaluating Communication* time below), move to the communication barriers highlighted by members in the Checklist for Problems with Understanding (**H 1b-4**) and Expression (**H 1b-5**) from last week. Present **H 2a-1** (Tips for Helping with Understanding) and **H 2a-2** (Tips for Helping with Expression) and invite further discussion.

- 📁 Refer members specifically to **MR** Better conversations: A guide for relatives of people with communication disability (Connect, 2013).

- Explain that this work can be built on further in Session 4A.

2 Evaluating Communication

Barriers and facilitators for effective communication

Video examples Set 1 (Poor Communication Models for Discussion)—source example videos of poor communication skill, for example from:

- NeuroHero OneSkill video app for communication difficulties. See http://www.neurohero.com/communication-difficulties/ (video information and app download access link)

- Connect (2011). The communication access toolkit. London: Connect-the communication disability network—refer to the DVD of video clips to use during the training.

Refer to **MP 2a-2** and **MP 2a-3**. Encourage members to think about the following as they watch:

- Does the person with aphasia in the video have trouble with message IN, OUT, or both? How can you tell? (This question is not on the **MP 2a-2, MP 2a-3** sheets.)

- Consider the facilitators making communication effective. What's working well for each communication partner?

- Consider the barriers to effective communication. What would you do to improve the interaction from the perspective of both communication partners?

Present the chosen video segments one at a time, replaying if required.

☆ Encourage discussion around the content above. Examples of suggested responses are provided in **SR 2a-1**, but note that these will vary according to the specific video content you show.

Video example 2 ('What have you been doing?')—available from Better Conversations with Aphasia e-Learning Resource Module 4.1 page 6/21 in Beeke et al. (2013).

Refer to **MP 2a-4** and **MP 2a-5.** Encourage members to think about the following as they watch:

- What are the existing facilitators and barriers to effective communication and what they would do to further improve the interaction from the perspective of both communication partners?

Present the relevant sections of the video as desired. Replay if required.

☆ Encourage discussion around the content above. Across these tasks, members may wish to comment on their personal experience with similar barriers. Suggested responses (we refer to this for our purposes as **SR 2a-2**) can be accessed from the form in Better Conversations with Aphasia e-Learning Resource Module 4.1 page 7/21 in Beeke et al. (2013).

Communication tools in use

▶ **Video examples Set 3** (Effective communication models)—various examples available from the Aphasia Institute on YouTube:
https://www.youtube.com/playlist?list=PL973A0B204DC16C6E

▦ Refer to **MP 2a-5.** Encourage members to think about the following as they watch:

- What are the facilitators for effective communication (strategy use by the communication partner and strategy use/strengths of the PWA)?

- Would you do anything to further improve the interaction from the perspective of both communication partners?

- Present chosen video segments one at a time, replaying if required. Encourage discussion around the content above. Examples of suggested responses (that will vary depending on what video content you show) are provided in **SR 2a-3**.

Notes:

▪ If the second part of this session takes up more time than planned, the SLP may wish to play specific segments within Video examples 1 and/or 3 only, as a priority. Otherwise, future communication toolkit sessions can be adapted to incorporate more evaluations as deemed useful.

🏋 If there is extra time, communication barrier vignettes planned for Session 4A (see 2 Action Plan Review, Communication Toolkit) could be applied during the current session.

SESSION 2B—Using iPads 1

P **S** **This is a mixed group session for both PWA and significant others.**

Session 2B Overview

While some members may have already incorporated their own personal iPad or other tablet into the group sphere, this is the first programmed session focusing specifically on participation through iPad technology. Programmed content and session pace may require adaptation based on members' prior experience with iPads.
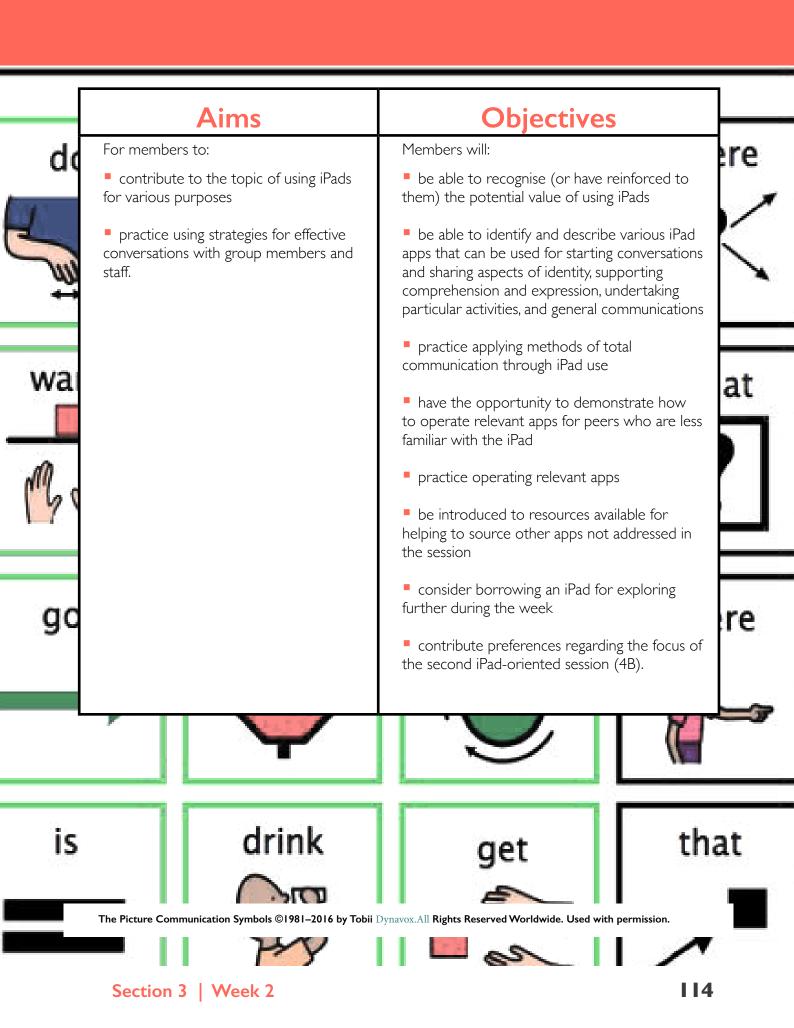
Discussion of members' smartphone, iPad/tablet, internet, and general technology use will also help to set the scene for this session. In workshop-style interaction, seasoned users can opt to serve as models and to coach their peers, whether this be on basic functions for operating the device or on using their favourite apps.

This session will be an ideal opportunity for technology-oriented tips and resource sharing among members. As Session 4B is also available for focusing on iPads, members should be given the opportunity here to provide feedback and suggestions for what they would like 4B to involve (e.g., additional apps, rehearsal of specific communication scenarios, etc.).

Suggested Readings

- Holland, A. L., Weinberg, P., & Dittelman, J. (2012). How to use apps clinically in the treatment of aphasia. Seminars in Speech and Language, 33(3), 223–233.

- Szabo, G., & Dittelman, J. (2014). Using mobile technology with individuals with aphasia: Native iPad features and everyday apps. Seminars in Speech and Language, 35(1), 5–16.

Aims	Objectives
For members to: ▪ contribute to the topic of using iPads for various purposes ▪ practice using strategies for effective conversations with group members and staff.	Members will: ▪ be able to recognise (or have reinforced to them) the potential value of using iPads ▪ be able to identify and describe various iPad apps that can be used for starting conversations and sharing aspects of identity, supporting comprehension and expression, undertaking particular activities, and general communications ▪ practice applying methods of total communication through iPad use ▪ have the opportunity to demonstrate how to operate relevant apps for peers who are less familiar with the iPad ▪ practice operating relevant apps ▪ be introduced to resources available for helping to source other apps not addressed in the session ▪ consider borrowing an iPad for exploring further during the week ▪ contribute preferences regarding the focus of the second iPad-oriented session (4B).

1. Using iPads 1

iPad use in everyday life: Brainstorm/discussion and examples

- Introduce key areas for iPad use during group participation:

  - starting conversations and sharing aspects of identity

  - supporting comprehension and expression

  - undertaking particular activities

  - general communications

  - Life History Book (explain that this is to be addressed in more detail from Week 5 onwards).

- Go around the room asking members to indicate their level of experience with iPad use. Invite members who are familiar with iPads to share examples of how they have used them since their stroke (for what purposes, and the apps that met these purposes).

  - Incorporate ideas onto whiteboard/butcher's paper brainstorm (group the apps under the above categories).

  - Link the potential to apply use of iPad apps to the iPhone in most cases.

- Members familiar with iPads (and/or staff/guest staff) can briefly demonstrate use of specific apps on their own iPads/trial iPads for some of the key areas introduced above. For example:

  - Starting conversations and sharing aspects of identity:

    - photos

    - videos

    - Life Book (personal journey sharing) apps (to be further explored in Week 5 onwards).

- Supporting comprehension and expression:

  - text-to-speech conversion (Apple settings; additional apps)

  - other accessibility settings (Apple).

- Undertaking particular activities:

  - calculator

  - calendar

  - weather

  - music

  - books

  - YouTube.

- General communications:

  - texting

  - phone

  - Skype

  - email

  - posting content on social media (Facebook/blogs/Twitter)

  - other forms of posting online (website posts and comments).

- Refer members to the Aphasia Software Finder website (http://www.aphasiasoftwarefinder. org) and explain that its purpose is to provide information about apps and software programs in the English language for people with aphasia. Members may know of other similar resources to share with the group.

- Distribute iPads around the room where required so that members can actively use them. The more experienced members and staff can help others to navigate. Members could:

  - have a photo taken of themselves/dyad to email or text to a friend or family member

  - leave a post on their existing Facebook page/send a Facebook message to say they are at the group

  - continue showing peers apps on personal iPads

  - explore selected apps in more detail

- discuss pros and cons of various apps

- share tips on effective/efficient use.

- Encourage members to consider what aspects of using iPads they would like to (re)visit in Session 4B—or indeed, whether they would prefer to do something else instead (e.g., information provision).

📁 Refer members specifically to **MR** iPad app user guides.

2 Applying communication skills and strategies and using iPads within and outside the group

- Refer members to **AP 2-1** (Communication Toolkit: Troubleshooting) and **AP 2-2** (Communication Toolkit: Application).

- Based on pre-group meetings with the SLP and discussion within this session, each dyad is to make a plan by highlighting one or more aspects to work on in conversation during time outside of the sessions and also within future sessions.

- Give members a few minutes to think about and write down their plan.

- For members that have written their plan, ask whether anyone is comfortable sharing it with the group.

- Suggest that members practice conversation based on their plan on at least one occasion outside of the sessions during the week for the next two weeks and within future sessions (but as much as possible for greatest effect), with the three suggested tasks as a guide.

- Referring to **AP 2-3** (Communication Toolkit: How did it go?), encourage members to keep a log and write down a brief summary of their experience with the tasks over time. They can share and discuss this with the group when communication skills are again addressed as part of Session 4B if they feel comfortable to do so.

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this as a group.

- Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for

them for the week, etc.

- Ensure time is available for members to ask any questions.

Preparation for next week

- Remind members that Action Plan reminder alerts will be sent out to those who have given permission for this (via SMS/email).

- Remind members that next week can involve a mix between PWA/significant other-only and PWA-significant other sessions, and that they will address group ground rules and stroke/aphasia information, respectively. Invite member feedback on this and encourage any suggestions/changes.

Inform members to prepare any questions they have about stroke and aphasia, as well as to think about the way they seek information and what information needs they have prior to next week's session. Remind members to bring their program packages next week.
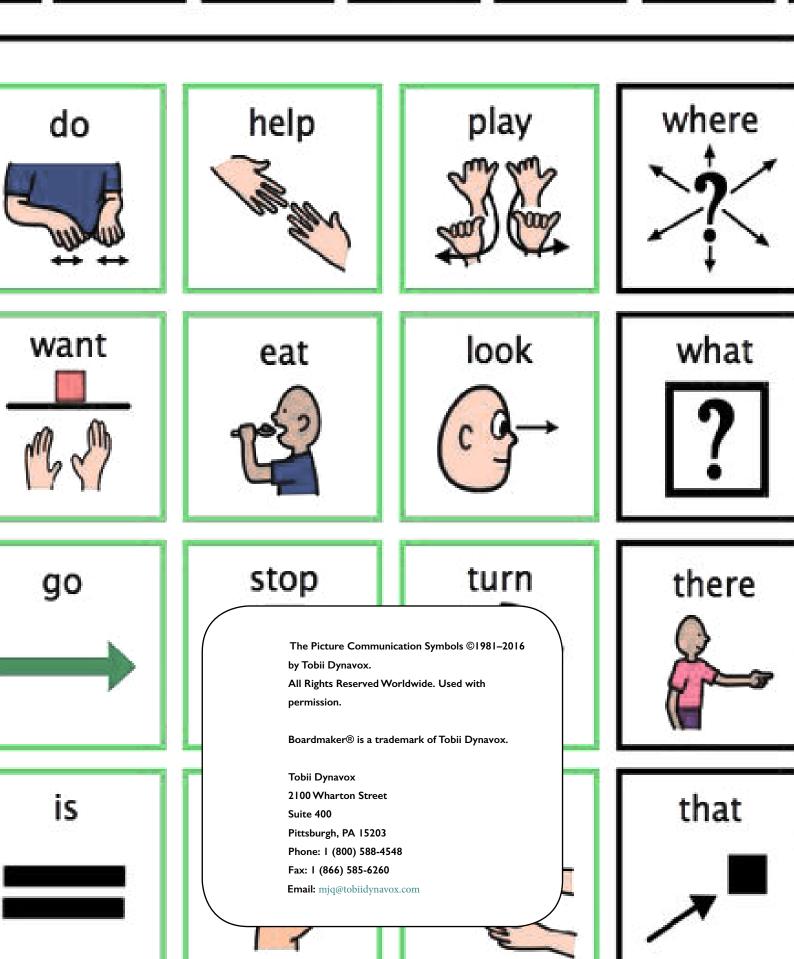
Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action.

- Questions, comments.

Admin

- Complete attendance record.

- Complete post-group notes.

- SLP to organise content of reminder alerts (total communication practice, conversation skills practice, iPad use—where applicable, bringing in storytelling props, etc).

do	help	play	where
want	eat	look	what
go	stop	turn	there
is			that

Outline

Welcome

Session 3A—Group Relationship

1. Housekeeping and reflection (whole group)
   Members split into two groups: PWA with SLP and significant others with SW
2. Group rules and roles
3. Goal sharing
   The two groups come back together

Break

Session 3B—Information Session: Stroke and Aphasia

1. Information about stroke
2. Information about aphasia
3. Questions and sharing/discussion

Wrap-up, questions, planning for next week

People

The following people are involved in Week 2 sessions:

- SLP

- PWA

- SW
  (including split-group session with significant others; see Section 4)

- Aides

- Significant others (including split session with SW; see Section 4)

Equipment & Resources

- ☐ room set up with any welcoming touches (posters, decorative items, etc.)

- ☐ name lanyards

- ☐ group package folder for each dyad

- ☐ group package folder for SLP & SW

- ☐ group package folder for aides

- ☐ iPads & chargers

- ☐ equipment for displaying PowerPoint presentations

- ☐ whiteboard and whiteboard markers or easel with butcher's paper and permanent markers

- ☐ markers, pens to fill in handouts

- ☐ notepads

- ☐ session materials—see below

Session Materials

🗄 Member Package pages:

☐ **MP Week 3**

3a-1 Week 3 Session Outline

📄 Handouts

☐ **H 3b-1** Living with Aphasia

🖥 PowerPoints

☐ **PP 3a** Week 3 Session A

☐ **PP 3b** Week 3 Session B
(both digital versions and printouts)

🏋 Action Plan:

☐ **AP Week 3**

AP 3-1 Communication Toolkit: Troubleshooting

AP 3-2 Communication Toolkit: Application

AP 3-3 Communication Toolkit: How did it go?

AP 3-4 iPad Action Plan: Application, How did it go?

AP 3-5 Preparation for Week 4

☆ Staff resources

☐ **SR 3a-1** Suggested group ground rules

📁 Member Resources

The full set of MR, and in particular the following Information folders:

☐ **MR** Information about Caregiving

☐ **MR** Information about Stroke and Aphasia

☐ **MR** Information about Mental Health

Other:

☐ **MR** Services Information and Contact Details

Books:

☐ **MR** Australian Aphasia Guide (Angela Berens)

☐ **MR** Talking about Aphasia (Parr, Byng, Gilpin)

📋 Administration (Section 2 Appendices)

☐ **A 1** Weekly Attendance Record: Participant Absences

☐ **A 2** Weekly Attendance Record: Staff Absences

☐ **A 3** Weekly Notes Content Guide

☐ **A 4** Post-Group Notes

Image reproduced with permission from the National Aphasia Association. https://www.aphasia.org

Pre-session tasks

PWA and significant others

☐ Members should prepare questions they have about stroke and aphasia and think about the ways in which they seek information and what information needs they have.

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders.

🖵 Apply individual member information from pre-group assessment/interviews to the information content of **PP 3b** (with members' permission).

🖵 Source images of your own for stroke-related content in **PP3b**.

Alternatively, take members through the interactive explanation of stroke on the internet by the National Stroke Association (needs Flash) http://www.stroke.org/stroke-resources/resource-library/explaining-stroke-flash or print out copies of the Explaining Stroke brochure also available from the webpage.

Pre-session staff briefing

☐ Review the aims and objectives for each of the two sessions: 3A and 3B. Link these to Dyad summary sheet information as relevant.

☐ Raise any member-specific issues/points of interest that may require sensitive response/attention by staff (e.g., planned absence for the day, recent family/personal issues,).

☐ Delegate roles e.g., board note-taking, assisting members with tasks, summary/minute-taking.

☐ Check whether staff have any questions.

SESSION 3A—Group relationship

P S **This group begins as a mixed group session for both PWA and significant others and then splits into two groups.**

Session 3A Overview

In this session, the CAG principles introduced in Session 1A will be naturally reinforced as the focus turns in greater depth to ground rules, and individual and group goals.

This session should be geared toward open discussion and brainstorming. In relation to ground rules, positive and less desirable behaviours that have been observed between Session 1A and now can be tactfully raised as directly relevant examples. In relation to goals, having experienced elements of the program and group style (and observing fellow members' relative skills, limitations, and outlooks for life with aphasia) over the previous weeks should provide some context to what might be achieved across the program. The scope of the program and the capacity for adaptations to address individual and group goals may need to be explored and clarified.

📚 Suggested Readings

- Bertcher, H. J (1994). Group Participation: Techniques for leaders and members (2nd ed.). Thousand Oaks, CA: Sage.

  - Chapter 4: Contract Negotiation

- R. Elman (Ed.) (2007). Group Treatment of Neurogenic Communication Disorders: The expert clinician's approach. (2nd ed.). San Diego: Plural Publishing Inc.

  - Various sections on group process/dynamics, ground rules, and facilitator & member roles in Chapters 2, 4, 7, 9, 11–15

  - Various sections on program & member goals in Chapters 2, 7–9, 11–13, 15

- Pound, C., Parr S., Lindsay, J., & Woolf, C. (2000). Beyond Aphasia: Therapies for living with communication disability. UK: Speechmark.

Aims	Objectives
For members to: ▪ reflect on the previous week's sessions ▪ practice using strategies for effective conversations with group members and staff ▪ establish a set of ground rules for all group members to follow, and roles that members may take on in the group ▪ share their personal goals for group participation ▪ consider concepts of assertiveness and communication rights (and for family members: carer rights).	Members will: ▪ share an appraisal of their experience of Week 2 ▪ be able to explain the rationales for addressing group process overtly ▪ apply personal experience to contribute to formulating group ground rules ▪ relate personal skills/attributes and interests to the formulation of group roles ▪ describe personal aims of attending the group ▪ contribute to discussions around the way aims can be addressed through staff and peer support ▪ discuss concepts of assertiveness and communication rights (and for family members: carer rights).

Welcome

Welcome members back to the group, put out name lanyards, and encourage members to help themselves and each other to tea/coffee.

1 Housekeeping and Reflection—whole group

⊡ **Use PP 3a.**

- Address any key information, reminders, events, or member queries as a large group.

- Inform members that additional family and friends have the opportunity to attend Week 4.

🗂 Turn to **MP 3a-1** (Today's Session Outline) to summarise the plan for the day

- Reflection:

  - Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the second week of attending the InterD-CAG.

  - Did they come up with any other suggestions for areas of interest that could be part of the focus of the next iPad session?

! *Split into two groups: PWA and SLP in one group and significant others and SW in the other.*

2 Group Rules and Roles—separate groups

Group ground rules

- Present a rationale for addressing group rules in more detail today.

- Recap InterD-CAG program aims and basic ground rules introduced in Session 1A to reinforce the kind of approach you are aiming for.

- Encourage discussion around what makes for positive and negative groups based on previous experiences.

- Formulate the InterD-CAG group ground rules.

- If members have difficulty in coming up with ideas, provide suggestions (general, behaviour-oriented, and communication-oriented rules).

Group roles

- Formulate InterD-CAG group roles.

- Invite members to think about the range of roles they may be able to take on during the group (in both separate and mixed-group sessions).

- Encourage members to consider their individual strengths/skills and interests.

- If members are having difficulty, present examples (or use examples to check whether any other roles could be considered).

- Allocate members to summarise content to whole group next week.

- Invite a few members (1–2) to volunteer to type up and present the group's rights and norms to share with the whole group at the start of next week's session.

3 Goal Sharing

- Highlight the key areas of focus in InterD-CAG (communication therapy, conversation, exploring identity, participation, social support, advocacy/awareness raising, education).

- Invite members to share what they hope to get (and perhaps what they hope to contribute) through attending and participating in the group.

  - These aims will be listed on a board so that the facilitator can compare and contrast the group members' goals and summarise the key themes.

  - If members are having difficulty, encourage them to think back to their pre-group meetings with the SLP.

- Discussion around how these aims could be addressed through staff and peer support.

- Provide examples for how the staff may support members to address the aims listed.

- Encourage members to consider how to support one another to address the aims listed—offer suggestions if required.

! Come back together as one group before the break.

SESSION 3B—Information Session: Stroke and Aphasia

P   S   **This is a mixed group session for both PWA and significant others.**

Session 3B Overview

This session is designed to address specific topics in stroke and aphasia on a more formal/structured level. The content here can be adapted or replaced with other information pertinent to members.

While this session has a somewhat didactic style, members should be encouraged to ask questions, share information, and make comments throughout. Information-related areas of focus that appear to draw members' interest should be given priority.

This type of session may stimulate members to share their personal stroke experience, discuss their evaluation of the therapies they have received, and so on (see final item in Suggested Readings below). The facilitators should reassure members that dedicated sessions from Week 5 onwards will allow members to share their stroke and aphasia journey in more detail. Future information provision sessions may be of interest and possible topics should be ascertained based on member's feedback from this session.

Suggested Readings

- Bertcher, H. J (1994). Group Participation: Techniques for leaders and members (2nd ed.). Thousand Oaks, CA: Sage.

    • Chapter 3: Seeking and giving information

- Hilton, R., Leenhouts, S., Webster, J., & Morris, J. (2014). Information, support and training needs of relatives of people with aphasia: Evidence from the literature. Aphasiology, 28(7), 797—822.

- Parr, S., Byng, S., Gilpin, S., & Ireland, C. (1997). Talking about aphasia: Living with loss of language after stroke. Buckingham, UK: Open University Press.

    • Chapter 6: "Everything seems a secret"—Information and aphasia

📚 Suggested Readings (continued)

In relation to counselling around topics of stroke and aphasia:

- Holland, A. L. (2007). Counselling in Communication Disorders: A wellness perspective. San Diego, CA: Plural Publishing.

    - Chapter 6: Communication counseling with adult clients and their families for whom progression is toward improvement. (Up to p. 177)

Aims	Objectives
For members to: ▪ receive and share information regarding stroke and aphasia ▪ discuss information-seeking experiences following their stroke.	Members will: ▪ be able to explain what a stroke is and the two main types ▪ be able to list general facts about stroke ▪ be able to list risk factors for stroke and ways to help prevent further stroke ▪ be able to explain the potential impacts of stroke and relate these to their own experience (or that of their PWA) ▪ be able to explain what aphasia is and how it occurs ▪ be able to list general facts about aphasia ▪ be able to identify common characteristics of aphasia and relate these to their own presentation (or that of their PWA) ▪ be able to explain the potential impacts of aphasia in terms of the A-FROM and match these to their own experience (or that of their PWA) ▪ engage in discussion and generate questions about the information provided.

1 Information about stroke

⊡ **Use PP 3b.**

▪ Present information

▪ Where possible, personalise information to link to members' experiences (e.g., in relation to ischemia/haemorrhage).

📁 Refer members to Information Folder **MR** (Information about Stroke and Aphasia). This content can serve as a summary of the day's stroke-related content as well as a useful resource to pass on to family and friends.

2 Information about aphasia

▪ Present information

📄 Refer to **H 3b-1.** Describe the model of life with aphasia and what each domain represents. Explain that models such as this may be a useful way to conceptualise issues when considering strengths/limitations/goals/needs etc.

▪ Where possible, personalise information to link to members' experiences (e.g., in relation to aphasia presentations).

3 Questions and sharing/discussion

Questions

▪ Encourage members to consider the content presented and whether they would like to know more about something in particular.

Sharing

▪ Encourage members to relate the content to their own experiences.

▪ Reassure members that there will be opportunities in future sessions to share their stroke and aphasia journeys as PWA and significant others in more detail.

Discussion

- Encourage members to consider other information areas of interest—these could form the focus of a future session (e.g., by replacing the planned focus on iPads in Session 4B—requiring speedy adaptation by the facilitators—or aphasia awareness raising in Session 11A).

- Inform members that the staff will endeavour to seek information relating to any additional topics raised, either for providing handouts or to address in a future group session.

Wrap up, questions, planning for next week

Reflect on this week

- Try to ensure there is time to briefly reflect on this week as a group.

- Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

- Ensure time is available for members to ask any questions.

Preparation for next week

- Inform members that the formulated group ground rules will be typed up during the week and members from both consumer groups will give a summary of their group's ground rules to the whole group in the next session (with copies provided for members to put into their member packages).

- Remind dyads who own an iPad bring it in to next week's session.

- Remind members to bring their program packages to next week's session.

- Remind members that in two weeks' time PWA will be exploring pre-stroke stories. Invite them to consider bringing along some items to the Week 5 sessions that they can use to help to convey aspects of their pre-stroke life stories (across the four stages of childhood, adolescent years, early working years, middle years).

Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action.

- Questions, comments.

Admin

- Complete attendance record.

- Complete post-group notes.

- SLP to organise content of reminder alerts (total communication practice, conversation skills practice, iPad use—where applicable, bringing in storytelling props, etc).

him/her not *for* him/her.

Remove Distractions
Turn off radios and TVs.

Be Creative
Try writing, gesturing, pictures and communication tools like an iPad.

Confirm
Repeat back what you think he/she is saying.

People With Aphasia

Image reproduced with permission from the National Aphasia Association. https://www.aphasia.org

I have aphasia.

Take Your Time
Remember it may take a while to get the words out.

Let People Know What Works Best For You
Do you want a question asked in multiple ways? Let them know.

Use Assistive Devices
Bring photos, diagrams, pen and paper, etc.

Getting Frustrated Is Okay
Don't blame yourself if you get stuck or stumble on your words. Be patient with yourself as you find what works.

If You Get Stuck, You Can

American Heart Association | American Stroke Association
Together to End Stroke™
©2014, American Heart Association

National Aphasia Association

Learn more at
StrokeAssociation.org/aphasia and Aphasia.org

Outline

Welcome

Session 4A—Communication Toolkit

1. Housekeeping; Reflection and Sharing
2. Action Plan Review, Communication Toolkit

Break

Session 4B—Using iPads 2

The content for this session can be defined after the content for the iPad part of the session is finalised.
This will be based on the feedback immediately after Session 2B; and any reflection on Session 2B during Session 3A.

Wrap up, questions, planning for next week

People
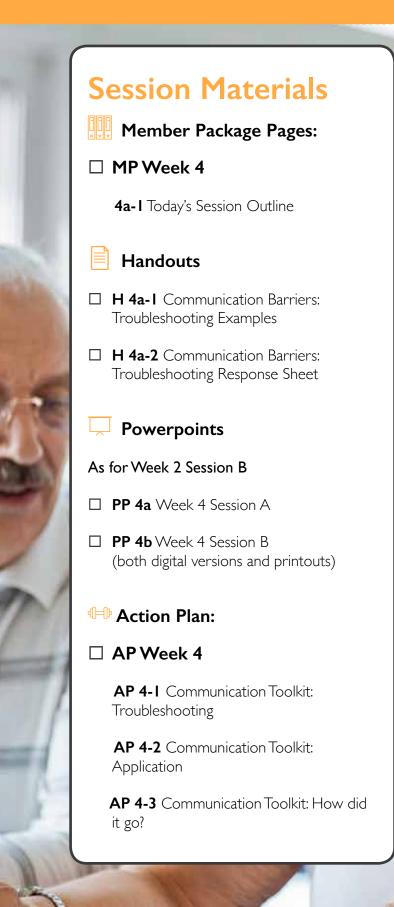
The following people are involved in the Week 4 sessions:

- SLP

- SW (Session 4B only)

- Aides

- PWA

- Significant Others

Equipment & Resources

The following items are required for Week 4:

☐ room set up with any welcoming touches (posters, decorative items, etc)

☐ name lanyards

☐ group package folder for each dyad

☐ group package folder for SLP & SW

☐ group package folder for aides

☐ iPads & chargers (with the room WiFi connection set up and saved)

☐ equipment for displaying PowerPoint presentations

☐ whiteboard and whiteboard markers or easel with butcher's paper and permanent markers

☐ markers, pens to fill in handouts

☐ notepads

☐ session materials—see below

Session Materials

▥ **Member Package Pages:**

☐ **MP Week 4**

    4a-1 Today's Session Outline

▤ **Handouts**

☐ **H 4a-1** Communication Barriers: Troubleshooting Examples

☐ **H 4a-2** Communication Barriers: Troubleshooting Response Sheet

▭ **Powerpoints**

As for Week 2 Session B

☐ **PP 4a** Week 4 Session A

☐ **PP 4b** Week 4 Session B (both digital versions and printouts)

⫶ **Action Plan:**

☐ **AP Week 4**

    AP 4-1 Communication Toolkit: Troubleshooting

    AP 4-2 Communication Toolkit: Application

    AP 4-3 Communication Toolkit: How did it go?

    AP 4-4 iPad Action Plan: Application, How did it go?

    AP 4-5 Preparation for Week 5

    AP S4 Helping to prepare for Week 5: Summary & suggestions

☆ **Staff Resources**

☐ **SR 4a-1** Communication Barriers— Suggested Responses

As for Week 2 Session B

▤ **Administration**
(Section 2 Appendices)

☐ **A 1** Weekly Attendance Record: Participant Absences

☐ **A 2** Weekly Attendance Record: Staff Absences

☐ **A 3** Weekly Notes Content Guide

☐ **A 4** Post-Group Notes

Pre-session tasks

PWA and Significant others

☐ Those few members from both consumer groups who were invited in the previous week to summarise their group's rights and norms should be ready to share this with the whole group this week.

☐ Dyads who own an iPad should bring them in to this session.

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders.

Pre-session staff briefing

☐ Review the aims and objectives for each of the two sessions: 4A and 4B. Link these to Dyad summary sheet information as relevant.

☐ Raise any member-specific issues/points of interest that may require sensitive response/ attention by staff (e.g., planned absence for the day, recent family/personal issues, etc.).

☐ Delegate roles e.g., board note-taking, assisting members with tasks, summary/minute-taking.

☐ Check whether staff have any questions.

SESSION 4A— Communication Toolkit

P **S** **This is a mixed group session for both PWA and significant others.**

4A Overview

This session will build on Session 2A to address communication barriers and facilitators in more detail. Feedback from dyads on their communication experiences during the past two weeks should serve as the springboard for discussion, and strategy modelling and practice.

While example vignettes are provided, any relevant communication instances or materials relating to dyads themselves should be seized as teachable moments.

Members may wish to invite additional family and friends to attend this session.

Suggested readings

As for Session 2A.

<table>
<tr><th>Aims</th><th>Objectives</th></tr>
<tr>
<td>

For members to:

- reflect on the previous week's sessions

- be exposed to the content developed in session 3A by the other consumer group

- practice using strategies for effective conversations with group members and staff

- reflect on ongoing strategy use and facilitators and barriers to effective communication, and troubleshoot any ongoing barriers

- further develop their plans to consciously use strategies outside of the group as part of their Action Plan.

</td>
<td>

Members will:

- share an appraisal of their experience of Week 3

- be able to list the group ground rules of both the PWA and significant other groups

- discuss communication experiences with their primary communication partner and/or other communication partners since Session 2A, including identifying further facilitators and/or barriers

- engage in problem-solving around barriers which may be impacting conversation with their primary communication partner and/or other communication partners

- identify one or more strategies they would like to try using at least once during the week and generate an Action Plan for implementation.

</td>
</tr>
</table>

Welcome

Welcome members back to the group, put out lanyards, and encourage members to help themselves and each other to tea/coffee.

1 Housekeeping; Reflection and Sharing

Housekeeping

⬜ **Use PP 4a.**

- Address any key information, reminders, events, or member queries.

📚 Turn to **MP 4a-1** (Today's Session Outline) to summarise the plan for the day.

Reflection and sharing

- Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the third week of attending InterD-CAG.

- Group relationship: Encourage selected members from both consumer groups to summarise the group rules so all members can apply these.

- Information: check whether members have come up with any other topic areas of interest (remind members that the staff will endeavour to seek information relating to any additional topics raised, either for providing handouts or to address in a future group session).

2 Action Plan Review, Communication Toolkit

Action Plan Review

- Ask member dyads to share their experiences of applying their Week 3 Action Plans regarding communication tools. In particular, check in with dyads who haven't had the opportunity to share their instances of recent communication breakdown and success recently.

- This may involve discussion around other issues members may be facing in the community (e.g., educating less familiar partners about individual members' needs).

- Encourage members to consider and share reflections on their progress since the first week. Have they met their expectations so far? What have others observed?

Troubleshooting: Group discussion/brainstorm

- Members and staff can offer thoughts/suggestions regarding possible areas for personal improvement based on the Week 3 Action Plan Review.

- What are some key areas of communication access that members would like to address for the remainder of the program? How can these be targeted?

- Key areas/issues can be written up and group ideas for ways to manage these summarised.

- Members could be invited to engage in role play for practice.

📄 Short vignettes demonstrating barriers may be presented as additional examples—Refer to **H 4a-1:** Communication Barriers: Troubleshooting Examples and **H 4a-2:** Communication Barriers: Troubleshooting Response Sheet (addressing communication not only with the significant others but others with whom communication barriers may exist).

- Present vignettes one at a time. After each one, encourage members to:

  - identify the barriers to effective communication and the impacts of these

  - consider whether they themselves can relate to the scenario

  - consider how they could apply facilitators in this scenario and/or their own situation (be it with their significant other or other communication partners).

🏋 Refer to **AP 4.** Suggest members apply relevant aspects of today's discussion to their Communication Toolkit Action Plan. Encourage members to continue keeping a log and writing down a brief summary of their experience with the tasks over time.

> ! *Staff can refer to SR 4a-1 Communication Barriers—Suggested Responses as needed to provide prompts or additional options.*

SESSION 4B—Using iPads 2

| P | S | **This is a mixed group session for both PWA and significant others.** |

Sesion 4B Overview

The content and focus of this session (if iPad-oriented) will be guided by what takes place in Session 2B along with members' feedback.

However, it may be the case that members elect for the present session to be replaced with something else, such as another information provision session.

As for Session 4A, members may wish to invite additional family and friends to attend this session.

Suggested readings

As for Session 2B.

Aims & Objectives

- Define the aims and objectives for this session after the content for the iPad part of the session is finalised.

- This will be based on the feedback immediately after Session 2B; and any reflection on Session 2B during Session 3A.

Activities

⬚ **Use PP 4b.**

Design the content for this session after the content for the iPad part of the session is finalised. This will be based on the feedback immediately after Session 2B; and any reflection on Session 2B during Session 3A.

🏋 Refer significant others to **AP S4** Significant others—Helping to prepare for Week 5: Summary & suggestions.

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this week as a group.

- Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas

  that particularly resonated with them, that they learned/enjoyed/will take away with them

  for the week, etc.

- Ensure time is available for members to ask any questions.

Preparation for next week

- Remind members that significant other attendance next week is optional.

- Remind members that next week PWA will be exploring pre-stroke stories (split-group sessions).

- Invite PWA to bring along some items to next week's session that they can use to help convey aspects of their pre-stroke life story (across the four stages of childhood, adolescent years, early working years, middle years).

- Remind PWA to bring their program packages to next week's session.

Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action.

- Questions, comments.

Admin

- Complete attendance record.

- Complete post-group notes.

- SLP to organise content of reminder alerts (total communication practice, conversation skills practice, iPad use—where applicable, bringing in storytelling props, etc).

Overview

Welcome

Session 5A—Story sharing: Life Books and Pre-Stroke Stories 1

1. Housekeeping; Reflection and Sharing; Action Plan Review
2. Introduction to Identity, Life Story Sharing, and Life Books
3. Pre-stroke Story Sharing Part 1

Break

Session 5B—Story sharing: Life Books and Pre-Stroke Stories 2

1. Pre-stroke Story Sharing Part 2
2. Establishing potential Action Plan tasks

Wrap up, questions, planning for next week

People

The following people are involved in the Week 5 sessions:

- SLP
- SW
- Aides
- PWA
- Significant Others (optional)

Equipment & Resources

The following items are required for Week 5:

☐ room set up with any welcoming touches (posters, decorative items, etc)

☐ name lanyards

☐ group package folder for each dyad

☐ group package folder for SLP & SW

☐ group package folder for aides

☐ iPads & chargers

☐ equipment for displaying PowerPoint presentations

☐ whiteboard and whiteboard markers or easel with butcher's paper and permanent markers

☐ markers, pens to fill in handouts

☐ notepads

☐ session materials—see below

Session Materials

🗄️ Member Package Pages:

☐ **MP Week 5**

MP 5a-1 Today's Session Outline

📄 Handouts

☐ **H 5a-1** Life Books

☐ **H 5a-2** *Alzheimer's Society Leaflet*—source from https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1434 (page 4)

🖥️ Powerpoint

☐ **PP 5a** Week 5 Session A (both digital version and printouts)

🏋️ Action Plan:

☐ **AP Week 5**

AP 5-1 Communication Toolkit: Troubleshooting

AP 5-2 Communication Toolkit: Application

AP 5-3 Communication Toolkit: How did it go?

AP 5-4 iPad Action Plan: Application, How did it go?

AP 5-5 Life Book Action Plan

AP 5-6 Preparation for Week 6

☐ **AP S5** Prepating members with aphasia for Week 6: Summary & suggestions

⭐ Staff Resources

N/A

📁 Member Resources

The full set of **MR**, and in particular:

☐ **MR** How to use the Scene Speak App (video/.pdf document)

☐ **MR** Life Book Template Examples (printed version to view in-session--see .zip folder content Section 3: Week 5 Materials)

☐ **MR** Your Life: Looking Back, Moving Forward—Pictographic Book

📋 Administration (Section 2 Appendices)

☐ **A 1** Weekly Attendance Record: Participant Absences

☐ **A 2** Weekly Attendance Record: Staff Absences

☐ **A 3** Weekly Notes Content Guide

☐ **A 4** Post-Group Notes

Pre-session tasks

PWA

☐ PWA should bring along some items to today's session that they can use to help convey aspects of their pre-stroke life story.

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders.
Regarding the Life Book Template examples (which ideally should be emailed to dyads), consider whether it would be possible to provide hard copy printouts (e.g., if dyads do not use the computer/internet).

Pre-session staff briefing

☐ Review the aims and objectives for each of the two sessions: 5A and 5B. Link these to Dyad summary sheet information as relevant.

☐ Raise any member-specific issues/points of interest that may require sensitive response/ attention by staff (e.g., planned absence for the day, recent family/personal issues, etc.)

☐ Delegate roles e.g., board note-taking, assisting members with tasks, summary/minute-taking.

☐ Check whether staff have any questions.

SESSION 5A—Story sharing: Life Books & Pre-Stroke Stories 1

P **This is a session for PWA. Attendance by significant others is optional.**

Session 5A Overview

This is the first week where narrative (storytelling/story sharing) is the key activity for addressing identity and the stroke and aphasia journey.

Presenting on the concept of storytelling should help to set the scene. Aim to strike a balance between sufficiently addressing the concept of Life Books and allowing room for the sharing phase. It may take another week or two of application before the concepts become clear and the processes more fluid.

Members should feel a sense of familiarity and trust within the group by this point, facilitating their likelihood for self-disclosure. It will be important to emphasise that the aim is for everyone to have the opportunity to share, should they wish to.

The ground rules may need to be readdressed depending on the group's interaction dynamics. Emphasise that the primary focus is on the members with aphasia telling their stories from their perspective. The role of significant others (if present) is to provide moral support to the PWA and to develop their own understanding of the storytelling and Life Book process.

Sharing may naturally diverge into other phases of the life journey (e.g., post stroke). Use discretion as to when to help to guide members back to the week's focus. Staff should also be cognisant of the various emotional responses that may begin (or continue to) arise across the storytelling sessions.

On a practical level, staff should be ready to offer help with copying and printing photos or pictures for the Life Books, and helping with any additional technology-based aspects, where Life Books take an electronic format. Staff can inform members of support available to photocopy, scan, and print content if they would like assistance with this. Resources can be ready to access in printed form, and electronic resources emailed to dyads each week.

📚 Suggested readings

This extensive list of suggested readings will prove relevant across Weeks 5–9. Key readings are presented in **bold** font:

Aphasia and coping/adaptation

- Parr, S., Byng, S., Gilpin, S., & Ireland, C. (1997). Talking About Aphasia: Living with loss of language after stroke. Buckingham, UK: Open University Press.

  - Chapter 7: 'Doing the inside work': The meaning of aphasia

  - Chapter 9: I'm fed up of saying I'm sorry: Learning to live with aphasia

Counselling around the topics of stroke and aphasia

- Holland, A. L. (2007). Counselling in communication disorders: A wellness perspective. San Diego, CA: Plural Publishing.

  - Chapter 6: Communication counseling with adult clients and their families for whom progression is toward improvement

Identity and narrative sharing, including Life Books

- McAdams, D. P., & McLean, K. C. (2013). Narrative Identity. Current Directions in Psychological Science, 22(3), 233–238.

- **Pound, C., Parr, S., Lindsay, J., & Woolf, C (2000). Beyond Aphasia: Therapies for living with communication disability.**

  - Chapter 5: Developing therapies for developing identities

- Shadden, B. B. (2005). Aphasia as identity theft: Theory and practice. Aphasiology, 19(3-5), 211–223.

- Shadden, B. B., & Agan, J. P. (2004). Renegotiation of identity: The social context of aphasia support groups. Topics in Language Disorders, 24(3), 174–186.

- Shadden, B. B., & Hagstrom, F. (2007). The role of narrative in the life participation approach to aphasia. Topics in Language Disorders, 27(4), 324–338.

- **Shadden, B. B., & Koski, P. R. (2007). Social construction of self for persons with aphasia: When language as a cultural tool is impaired. Journal of Medical Speech-Language Pathology, 15(2), 99–105.**

- Simmons-Mackie, N., & Elman, R. J. (2011). Negotiation of identity in group therapy for aphasia: The Aphasia Café. International Journal of Language and Communication Disorders, 46(3), 312–323.

Aims	Objectives
For members to:	Members will:
▪ feel welcome	▪ share an appraisal of their experience of Week 4
▪ reflect on the previous week's sessions	▪ discuss their appraisal of their skills regarding conversation strategies applied outside of the group throughout the week
▪ reflect on their conversation skills and iPad Action Plans	
▪ practice using strategies for effective conversations with group members and staff	▪ be able to define what identity means to them and/or how they feel their identity has changed or not changed since the stroke
▪ be introduced to the concept of identity and life story sharing, and the relationship between these	▪ be able to define what life story sharing is and explain its importance
▪ be introduced to the concept of Life Books, and various formats and layouts	▪ be able to explain what a Life Book is and its purpose
▪ begin exploring their pre-stroke story.	▪ select and share key aspects of their pre-stroke life story with the group.
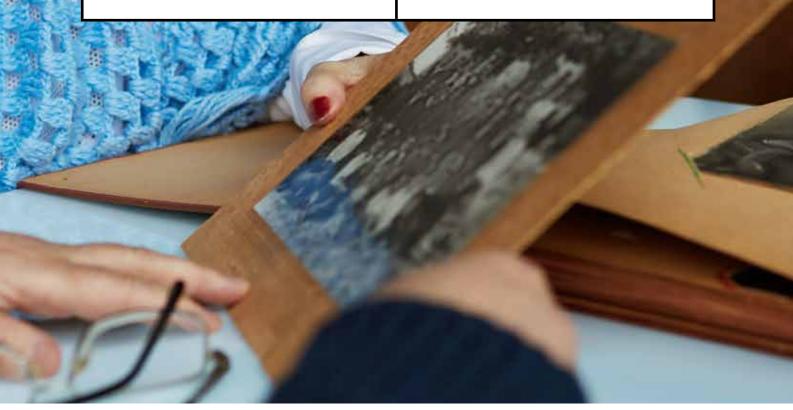
1. Housekeeping; Reflection and Sharing; Action Plan Review

Housekeeping

⬚ **Use PP 5a.**

- Address any key information, reminders, events, or member queries.

- Member preferences for Session 8A/B: Alert members to the fact that a yoga/exercise class is planned for Session 8A (significant other) and 8B (PWA), and ask them to think about whether they would like this to go ahead or be replaced with another activity.

▦ Turn to **MP 5a-1** (Today's Session Outline) to summarise the plan for the day.

Reflection and sharing

- Briefly summarise last week's group session, incorporating minutes/notes where relevant.

- Promote member reflection on their experience of the fourth week of attending InterD-CAG.

Action Plan Review

- Invite members to share their experiences and reflections of applying conversation skills and strategies outside of the group.

2. Introduction to Identity, Life Story Sharing, and Life Books

- Briefly explain what identity is and the way stroke and aphasia can affect identity.

- Introduce the 'Stroke/Aphasia Journey' image (used with kind permission of the Stroke Association—stroke.org.uk), and explain that the next few sessions will focus on segments of this journey (with today focusing on pre-stroke life sharing).

- Rationalise a focus on the past, and addressing this focus through storytelling, as a way to

help make sense of identity.

- If relevant to the population, introduce the concept of the TV program *This is Your Life*.

- Link the development of Life Books (from Parr et al., 2000) to the storytelling process.

- Explain that members can choose to turn content addressed during story sharing into a concrete form with the Life Books.

- Provide the rationale for developing a Life Book (potential benefits during the process, as well as outcomes of having a Book).

- Refer to **H 5a-1** Life Books and **H 5a-2** Alzheimer's Society Leaflet (particularly page 4) summary sheets covering what a Life Book is, what members will need, how to build a Life Book, example themes, and some Dos and Donts.

- Present **MR** Life Book Template Examples Folder (see .zip folder content--Section 3 Materials: Week 5 Session Materials), which covers a particular set of content across the following key stages: pre-stroke, stroke event and early aphasia, post-stroke, and present and moving forward stages. (Editable .pdf templates are also included with kind permission from the Aphasia Institute's *Your Life: Looking Back, Moving Forward* resource).

- Explain that relevant sets of templates will be emailed out to dyads during the week as they are covered in sessions (this is also mentioned in relevant PowerPoint slides).

- Present **MR** Your Life: Looking Back, Moving Forward—Pictographic Book, which contains images to support discussion around Life Book topics (members may wish to borrow this).

- Encourage members to think about some of the ways they could share their stories and add to their Life Books:

  - Show image examples (photo albums, home 'videos', etc.). Liken Life Books to the amalgamation of these different forms of identity repositories (the Books can take on a range of styles).

  - Ask members to note which of these sorts of things they have used/are already using and whether they can think of others—these can be applied in the program for a similar purpose.

- Provide other examples for the Life Book format and layouts that members might use for their own Life Book—e.g., Life Book content listed in Section 2, along with:

  - Scene Speak: iPad App suited to creating a Life Book

  - Encourage members to suggest options they may be interested in.

3 Pre-stroke Story Sharing Part 1

⌨ Present **To Keep in Mind: Sharing PP slide.**

▪ Invite **3** members to select and share a key aspect of their pre-stroke life story with the group, focusing on an important aspect of the past that has contributed to their identity.

▪ Explain that this will be an introduction to sharing life stories from this phase, and due to time constraints, sharing time will be limited to a number of minutes each (to be determined by the number of members). There will be ongoing opportunities to share stories throughout the program.

▪ Encourage members to share and discuss 1 of the personal items (e.g., photographs, certificates, objects) they have brought in that represents a significant reflection of the self/ key aspect of their life (during one of the pre-stroke stages).

! Provide members with the opportunity to look at the Life Book examples/other models during the break

Week 5

SESSION 5B—Story sharing: Life Books and Pre-Stroke Stories 2

P **This is a session for PWA. Attendance by significant others is optional.**

Session 5B Overview

See the description for Session 5A. Be sensitive to members' reactions to the idea of working on a Life Book for the remainder of the program. For instance, members may feel the task is too vast, or that they will need a great deal of help, or that they do not have sufficient creative or imaginative scope.

Convey clearly that there is no right or wrong way to go about the project: this process is highly explorative and therefore everyone's approach and outcome will be unique. There are no expectations as to the amount of time and effort that members and their significant others should commit to each week of the Life Book project.

An analogy such as the metamorphosis of a butterfly could be used to indicate that this project is a journey into the self, and that members' consolidation of self-awareness and what the Life Book journey means to them will take time, and potentially unfold over time.

Suggested readings

As for Session 5A.
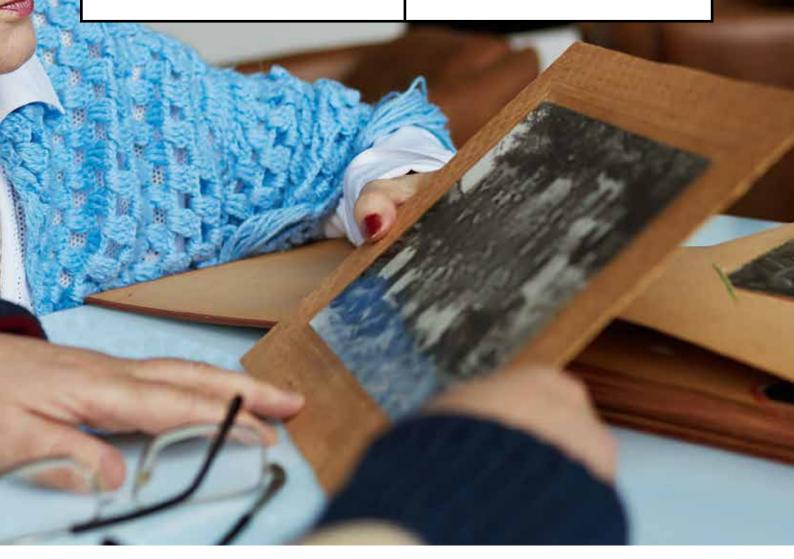
Aims	Objectives
For members to:	Members will:
▪ continue exploring their pre-stroke life stories	▪ select and share key aspects of their pre-stroke life story with the group
▪ begin planning the development of their Life Books outside of the group as part of their Action Plan	▪ consider format and layout options that they may wish to use for their own Life Book
▪ practice using strategies for effective conversations with group members and staff.	▪ identify a range of key aspects of their pre-stroke life story (discussed with the group or otherwise) to incorporate into their Life Books outside of the group.

1 Pre-stroke Story Sharing Part 2

▪ Invite the remaining members to select and share a key aspect of their pre-stroke life story with the group, focusing on an important aspect of the past that has contributed to their identity.

▪ Encourage members to share and discuss one of the personal items (e.g., photographs, certificates, objects) they have brought in that represents a significant reflection of the self/ key aspect of their life before the stroke.

2 Establishing potential Action Plan tasks

▪ Encourage members to share session content and personal experience of the session with significant others (if they did not attend today).

◁ Refer significant others to **Preparing members with aphasia for Week 6: Summary & Suggestions.**

◁ Refer members to **AP Week 5.**

▪ Encourage members to consider aspects of their pre-stroke story (discussed in the sessions this week or otherwise) that they might like to integrate into their Life Books.

▪ Encourage members to select Life Book activities to undertake as part of their Action Plans.

▪ Refer back to examples for the format that members might use to develop their own Life Books (Template examples, less structured examples).

▢ Return to **PP 5a** and address **To Keep in Mind: Life Book** slides if not done already.

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this week as a group.

▪ Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

Preparation for next week

- Remind PWA that in the following week they will be exploring stroke and aphasia stories (split group sessions), and to bring along some items to next week's session that they can use to help convey aspects of their stroke event life story.

- Encourage PWA to come back to the group with reflections on the process they undertook during the session and throughout the week (what they did, how it made them feel).

- Encourage significant others to reflect on how they felt the PWA benefited from the sessions and content in Week 5, their own thoughts and feelings completing the exercises, any barriers or issues they encounter during the week, and the potential application of these skills or concepts to other areas of their lives.

- Remind members to bring their program packages and Life Book work to next week's session.

Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action.

- Questions, comments.

Admin

- Complete attendance record.

- Complete post-group notes.

- SLP to organise content of reminder alerts (total communication practice, conversation skills practice, iPad use—where applicable, Life Book development, bringing in storytelling props, etc)

- SLP to send a reminder to significant others who did not attend today's session to read **Significant Others' Preparation for Week 6: Summary & Suggestions** (in their program packages) before they return next week.

Outline

Welcome

Members split into two groups:
PWA with SLP and significant others with SW

Session 6A—Story sharing: Post-stroke stories—Stroke Event and Early Aphasia 1

1. Housekeeping; Reflection and Sharing; Action Plan Review
2. Stroke Event and Early Aphasia Story Sharing Part 1

Break

Session 6B—Story sharing: Post-stroke stories—Stroke Event and Early Aphasia 2

1. Stroke Event and Early Aphasia Story Sharing Part 2
2. Establishing potential Action Plan tasks

Wrap up, questions, planning for next week

People

The following people are involved in the Week 6 sessions:

- SLP

- SW (in split sessions with significant others; see Section 4)

- Aides

- PWA

- Significant Others (in split sessions with significant others; see Section 4)

Equipment and resources
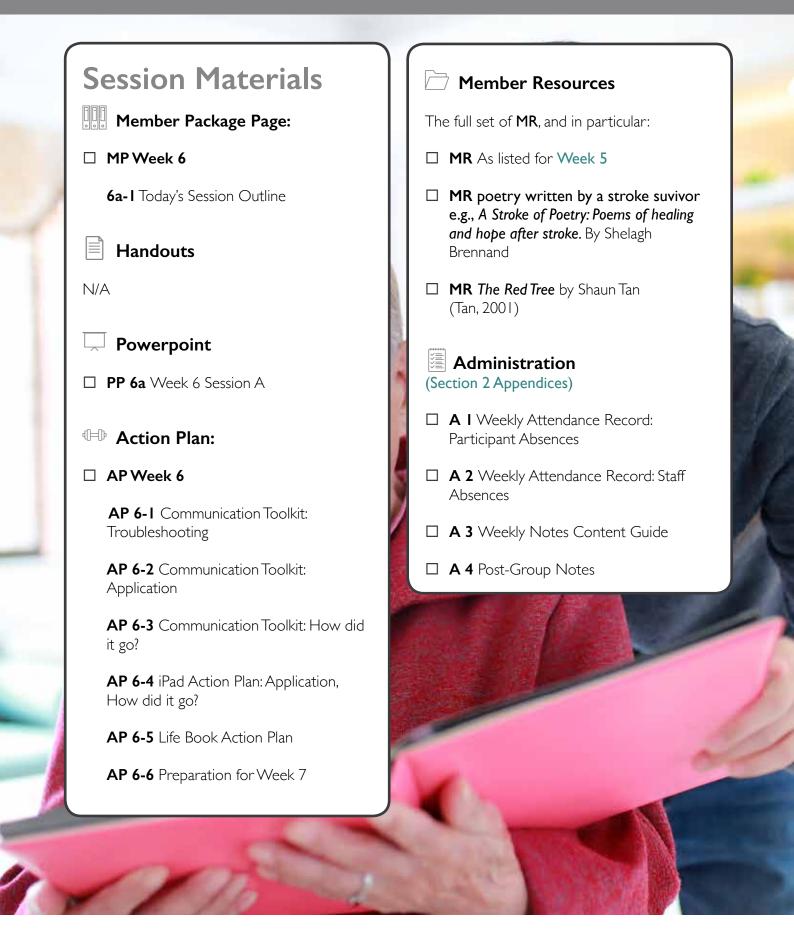
The following items are required for Week 6:

☐ room set up with any welcoming touches (posters, decorative items, etc)

☐ name lanyards

☐ group package folder for each dyad

☐ group package folder for SLP & SW

☐ group package folder for aides

☐ iPads & chargers

☐ equipment for displaying PowerPoint presentations

☐ whiteboard and whiteboard markers or easel with butcher's paper and permanent markers

☐ markers, pens to fill in handouts

☐ notepads

☐ session materials—see below

Session Materials

Member Package Page:

☐ **MP Week 6**

   6a-1 Today's Session Outline

Handouts

N/A

Powerpoint

☐ **PP 6a** Week 6 Session A

Action Plan:

☐ **AP Week 6**

   AP 6-1 Communication Toolkit: Troubleshooting

   AP 6-2 Communication Toolkit: Application

   AP 6-3 Communication Toolkit: How did it go?

   AP 6-4 iPad Action Plan: Application, How did it go?

   AP 6-5 Life Book Action Plan

   AP 6-6 Preparation for Week 7

Member Resources

The full set of **MR**, and in particular:

☐ **MR** As listed for Week 5

☐ **MR** poetry written by a stroke suvivor e.g., *A Stroke of Poetry: Poems of healing and hope after stroke.* By Shelagh Brennand

☐ **MR** *The Red Tree* by Shaun Tan (Tan, 2001)

Administration
(Section 2 Appendices)

☐ **A 1** Weekly Attendance Record: Participant Absences

☐ **A 2** Weekly Attendance Record: Staff Absences

☐ **A 3** Weekly Notes Content Guide

☐ **A 4** Post-Group Notes

Pre-session tasks

PWA

☐ PWA will come back to the group with reflections on the process they undertook during the session and throughout the week (what they did, how it made them feel).

☐ PWA will bring along some items to today's session that they can use to help convey aspects of their stroke event and early aphasia life story.

Significant others

☐ Members should reflect on how they felt their PWA benefited from the sessions and content in Week 5, their own thoughts and feelings completing the exercises, any barriers or issues they encountered, and the potential application of these skills or concepts to other areas of their lives

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders.

▶ Access and select **video** content of a PWA sharing their experience as an example of the stroke story

(e.g., from the Connect Information Pack Video: https://www.youtube.com/watch?time_continue=1&v=NwW6sJ9vV5Q; from a list accessible by typing *My stroke story* into Google Videos; or from the TalkBank AphasiaBank resource http://aphasia.talkbank.org).

▶ Make sure that **PP 6a** contains working web links to any online video segments you have chosen to play.

SW

Make note of any significant developments (e.g., standout comments or concepts) from the Week 5 sessions, ready to ask significant others to reflect on these critical elements.

Pre-session staff briefing

☐ Review the aims and objectives for each of the two sessions: 6A and 6B. Link these to Dyad summary sheet information as relevant.

☐ Raise any member-specific issues/points of interest that may require sensitive response/attention by staff (e.g., planned absence for the day, recent family/personal issues, etc.).

☐ Delegate roles e.g., board note-taking, assisting members with tasks, summary/minute-taking.

☐ Check whether staff have any questions.

WEEK 6

SESSION 6A—Story sharing: Post-stroke stories—Stroke Event & Early Aphasia 1

P | **This is a session for PWA only. The session for significant others is described in Section 4.**

Session 6A Overview

This week will help to further illuminate the process of developing a Life Book as members begin to share materials generated throughout the week and resultant discussion takes place. More time will become available for story-telling as the conceptual aspects of Life Book development take up less focus.

Now that significant others are engaged in separate session time, some members may feel apprehensive about not having their significant other present to contribute with/for them, though this setup serves as an opportunity for members to begin taking more ownership of the storytelling and reflection process.

Seize opportunities to explicitly acknowledge and reflect on the process of sharing and Life Book development wherever possible.

📚 Suggested readings

As for Session 5A.

Aims	Objectives
For members to:	Members will:
▪ reflect on the previous week's sessions	▪ share their appraisals of their experience of Week 5
▪ reflect on and share (if desired) their Life Book activities completed so far as part of their Action Plan	▪ share reflections on the Life Book development process they undertook throughout the week (what they did, how it made them feel), sharing the work they completed if they wish
▪ practice using strategies for effective conversations with group members and staff	
▪ begin exploring their post-stroke stories in the context of the stroke event and early aphasia experience.	▪ select and share key aspects of their stroke event and early aphasia life stories with the group.

Welcome

Welcome members back to the group, put out name lanyards, and encourage them to help themselves and each other to tea/coffee.

1 Housekeeping; Reflection and Sharing; Action Plan Review

Housekeeping

🖵 **Use PP 6a.**

▪ Address any key information, reminders, events, or member queries.

▪ Follow up on member preferences for Session 8B: Ask members to confirm whether they are happy for the yoga/exercise class to go ahead for Session 8B or suggest alternative options.

📚 Turn to **MP 6a-1** (Today's Session Outline) to summarise the plan for the day.

Reflection and sharing

▪ Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the fifth week of attending InterD-CAG.

Action Plan Review

▪ Invite members to share their experiences and reflections of undertaking their chosen pre-stroke-related Life Book activities.

2 Stroke Event and Early Aphasia Story Sharing Part 1

▶ Within the PowerPoint slides, present a **video** of a PWA sharing their experience as an example of the stroke story (e.g., from the Connect Information Pack Video https://www.youtube.com/watch?time_continue=1&v=NwW6sJ9vV5Q; from a list accessible by typing *My stroke story* into Google Videos; or from the TalkBank AphasiaBank resource http://aphasia.talkbank.org).
A video you can access online for Slide 11 comes from the Aphasia Center at Steps Forward. This is a re-enactment of a PWA's real-life experience of being given his prognosis by an unfeeling doctor. A video like this might be used to stimulate discussion of members' experiences around this time in their own journeys.

- Invite members to select and share a key aspect of their post-stroke life story (stroke event and aphasia experience) with the group.

- Explain that this will be an introduction to sharing stories from this phase and due to time constraints, sharing time will be limited to a number of minutes each (to be determined by the number of members). There will be ongoing opportunities to share stories throughout the program.

- Encourage members to share and discuss one of the personal items (e.g., photographs, objects) they have brought in that represents the stroke event and early aphasia experience (acute and inpatient rehabilitation phase).

! Bring the whole group back together for the break.

SESSION 6B
Story sharing: Post-stroke stories
Stroke Event and Early Aphasia 2

P **This is a session for PWA only. The session for significant others is described in Section 4.**

Session 6B Overview

See description for Session 6A.

Suggested readings

As for Session 5A.

Aims	Objectives
For members to:	Members will:
▪ practice using strategies for effective conversations with group members and staff	▪ select and share key aspects of their stroke event and early aphasia life story with the group
▪ continue exploring their post-stroke stories in the context of the stroke event and early aphasia experience	▪ identify a range of key aspects of their stroke event and early aphasia story (discussed with the group or otherwise) to incorporate into their Life Books outside of the group.
▪ continue developing their Life Book outside of the group as part of their Action Plan.	

1. Stroke Event and Early Aphasia Story Sharing Part 2

■ Invite the remaining members to select and share a key aspect of their stroke event and early aphasia life story with the group.

■ Encourage members to share and discuss one of the personal items (e.g., photographs, objects) they have brought in that represents the stroke event and early aphasia experience (acute and inpatient rehabilitation phase).

2. Establishing potential Action Plan tasks

■ Encourage members to share session content and personal experience of the session with family.

⇔ Refer members to **AP Week 6**.

■ Encourage members to consider aspects of their stroke event and early aphasia story (discussed in the sessions this week or otherwise) that they might like to integrate into their Life Book.

■ Refer members to the **Life Book Template** example list in **AP Week 6,** and explain that the full set of templates will be emailed out during the week.

■ Encourage members to provide other suggestions.

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this week as a group.

■ Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

■ Ensure time is available for members to ask any questions.

Preparation for next week

- Remind members that next week PWA will be exploring living with stroke and aphasia stories (split group sessions), and to bring along some items to next week's session that they can use to help convey aspects of their post-stroke life story.

- Remind PWA to bring their program packages and Life Book work to next week's session.

- Encourage PWA to come back to the group with reflections on the process they undertook during the session and throughout the week (what they did, how it made them feel).

Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action.

- Questions, comments.

Admin

- Complete attendance record.

- Complete post-group notes.

- SLP to organise content of reminder alerts (total communication and conversation skills practice, iPad use—where applicable, Life Book development, bringing in storytelling props, significant other reading of AP S6 [see Section 4 Week 6 Session b]).

Outline

Welcome

Members split into two groups:
PWA with SLP and significant others with SW

Session 7A—Story sharing: Post-stroke stories—Living with Aphasia 1

1. Housekeeping; Reflection and Sharing; Action Plan Review
2. Living with Aphasia: Revisiting the A-FROM Model & Story Sharing

Break

Session 7B—Story sharing: Post-stroke stories—Living with Aphasia 2

1. My Life Now sharing
2. Establishing potential Action Plan tasks

Wrap up, questions, planning for next week

People

The following people are involved in Week 7 sessions:
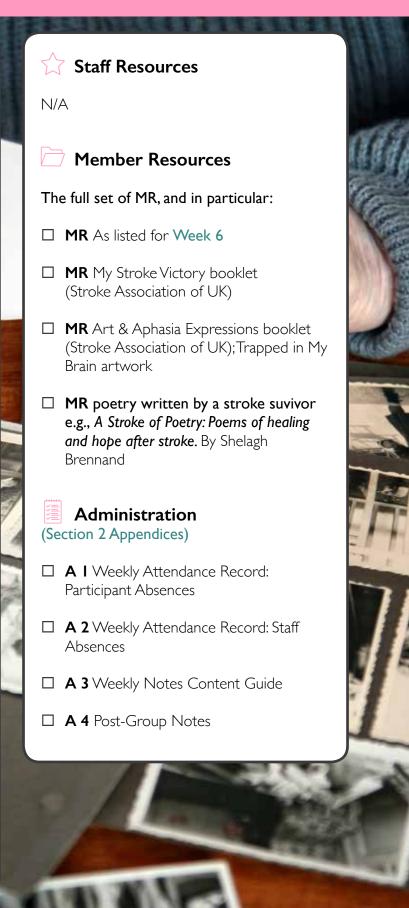
- SLP

- SW (in split sessions with significant others; see Section 4)

- Aides

- PWA

- Significant others (in split sessions with SW; see Section 4)

Equipment and resources

The following items are required for Week 7:
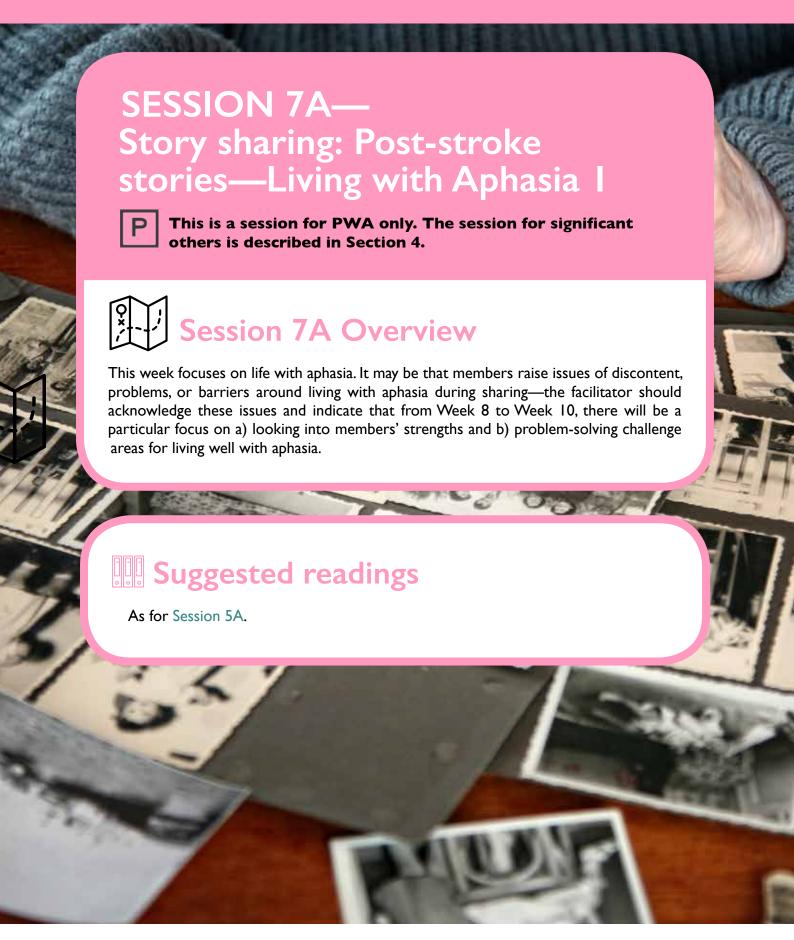
- ☐ room set up with any welcoming touches (posters, decorative items, etc)

- ☐ name lanyards

- ☐ group package folder for each dyad

- ☐ group package folder for SLP & SW

- ☐ group package folder for aides

- ☐ iPads & chargers

- ☐ equipment for displaying PowerPoint presentations

- ☐ whiteboard and whiteboard markers or easel with butcher's paper and permanent markers

- ☐ markers, pens to fill in handouts

- ☐ notepads

- ☐ enlarged printout of the A-FROM (alternatively, a simplified diagram could be drawn by hand)

- ☐ session materials—see below

Session Materials

📑 Member Package Page:

☐ **MP Week 7**

    7a-1 Today's Session Outline

📄 Handout

☐ **Example Yoga consent form** (see Appendix 2.M)

🖥 Powerpoints

☐ **PP 7a** Week 7 Session A

☐ **PP 7b** Week 7 Session B (both digital versions and printouts)

🏋 Action Plan:

☐ **AP Week 7**

    AP 7-1 Communication Toolkit: Troubleshooting

    AP 7-2 Communication Toolkit: Application

    AP 7-3 Communication Toolkit: How did it go?

    AP 7-4 iPad Action Plan: Application, How did it go?

    AP 7-5 Life Book Action Plan

    AP 7-6 Preparation for Week 8

☆ Staff Resources

N/A

📁 Member Resources

The full set of MR, and in particular:

☐ **MR** As listed for Week 6

☐ **MR** My Stroke Victory booklet (Stroke Association of UK)

☐ **MR** Art & Aphasia Expressions booklet (Stroke Association of UK); Trapped in My Brain artwork

☐ **MR** poetry written by a stroke suvivor e.g., *A Stroke of Poetry: Poems of healing and hope after stroke.* By Shelagh Brennand

📋 Administration
(Section 2 Appendices)

☐ **A 1** Weekly Attendance Record: Participant Absences

☐ **A 2** Weekly Attendance Record: Staff Absences

☐ **A 3** Weekly Notes Content Guide

☐ **A 4** Post-Group Notes

Pre-session tasks

PWA

☐ PWA should come back to the group with reflections on the process they undertook during the session and throughout the week (what they did, how it made them feel).

☐ PWA should bring along some items to today's session that they can use to help convey aspects of their stroke event life story.

Significant others

☐ Should have reflected on how they felt their PWA benefited from the sessions and content in Week 6, their own thoughts and feelings completing the exercises, any barriers or issues they encountered, and the potential application of these skills or concepts to other areas of their lives

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders.

☐ Look ahead to video material suggested for this week: a PWA sharing their experience as an example of living with aphasia (e.g., from the TalkBank AphasiaBank resource http://aphasia.talkbank.org or from a list accessible by typing *Living with aphasia* into Google Videos).

▶ **Access, watch, and select relevant content to show as desired.**

▶ **Make sure that PP 7a and PP 7b contain working web links to any online video segments you have chosen to play.**

SW

Make note of any significant developments (e.g., standout comments or concepts) from the Week 6 sessions, ready to ask significant others to reflect on these critical elements.

Pre-session staff briefing

☐ Review the aims and objectives for each of the two sessions: 7A and 7B. Link these to Dyad summary sheet information as relevant.

☐ Raise any member-specific issues/points of interest that may require sensitive response/ attention by staff (e.g., planned absence for the day, recent family/personal issues, etc.).

☐ Delegate roles e.g., board note-taking, assisting members with tasks, summary/minute-taking.

☐ Check whether staff have any questions.

SESSION 7A—
Story sharing: Post-stroke stories—Living with Aphasia 1

P **This is a session for PWA only. The session for significant others is described in Section 4.**

Session 7A Overview

This week focuses on life with aphasia. It may be that members raise issues of discontent, problems, or barriers around living with aphasia during sharing—the facilitator should acknowledge these issues and indicate that from Week 8 to Week 10, there will be a particular focus on a) looking into members' strengths and b) problem-solving challenge areas for living well with aphasia.

Suggested readings

As for Session 5A.

Aims	Objectives
For members to:	Members will:
■ practice using strategies for effective conversations with group members and staff	■ share their appraisals of their experience of Week 6
■ reflect on the previous week's sessions	■ share reflections on the Life Book development process they undertook throughout the week (what they did, how it made them feel)
■ reflect on their Life Book activities as part of their Action Plan	
■ continue exploring their post-stroke stories, this week in the context of living with aphasia (between returning home and present time)	■ select and share key aspects of their post-stroke life story (living with aphasia) with the group
■ begin drawing links from the story content shared to the A-FROM.	■ identify connections between story content shared and elements of the A-FROM.

Welcome

Welcome members back to the group, put out name lanyards, and encourage them to help themselves and each other to tea/coffee.

1. Housekeeping; Reflection and Sharing; Action Plan Review

Housekeeping

▢ **Use PP 7a.**

- Address any key information, reminders, events, or member queries.

- Member preferences for Session 10B: Alert members to the fact that a music class is planned for Session 10B, and to think about whether they would like for this to be replaced with another activity or left as is.

▦ Turn to **MP 7a-1** (Today's Session Outline) to summarise the plan for the day.

Reflection and Sharing

- Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the sixth week of attending InterD-CAG.

Action Plan Review

- Invite members to share their experiences and reflections of undertaking their chosen stroke event and early aphasia-related Life Book activities *(time for this is likely to be limited given extended reflection and sharing time—indicate that members may like to share their work during the break).*

2. Living with Aphasia: Revisiting the A-FROM Model and Story Sharing

- Remind members that the A-FROM was first introduced in Week 3 Session B, during the information provision session. Highlight the context in which it was applied: to describe the various impacts of aphasia on the individual.

- Explain that the A-FROM model can be used as a way to conceptualise/apply to:

- current living with aphasia (the focus of this session)

- future goals (to be addressed later in the program)

- story sharing and/or Life Book development (the focus of this session).

Video

Present a **video** of a PWA sharing their experience as an example of living with aphasia (e.g., from the TalkBank AphasiaBank resource http://aphasia.talkbank.org or from a list accessible by typing *Living with aphasia* into Google Videos).

■ Ask members to summarise the key concepts addressed in the video clip (see below for method options). This could be done after playing the clip once in its entirety. Alternatively, the clip could be played again, paused after each concept is raised, and member summaries invited.

■ Encourage members to think about and discuss which elements of the A-FROM the speaker's concepts fit within and link to. This can naturally flow into sharing personal experiences for the rest of the session.

■ Make it clear that this session's sharing opportunity can take the form of open discussion. Explain that this will be an introduction to sharing stories from this phase, with ongoing opportunities to share stories throughout the program.

Choose from the following two methods:

1. Addressing each individual domain in turn, invite members to think about and discuss as a whole group what that aspect of living with aphasia (between returning home and present time) is like for them (sharing personal items such as photographs or objects where desired).

   - Encourage members to consider how each point may link to other domains within the model.

   - Write down a summary of the points (or some of the points) raised within each domain and how they relate to other domains on an enlarged printout/drawn diagram of the model.

   OR:

2. Invite members to share a key aspect of their post-stroke life story (experience of living with aphasia between returning home and present time) with the group (sharing personal items such as photographs or objects where desired).

   - Encourage members to consider which elements of the A-FROM the concepts raised

fit within and link to (e.g., loss of friends; learning how to play golf → participation and personal, etc.).

- Write down a summary of the points (or some of the points) raised within each domain and how they relate to other domains on an enlarged printout/drawn diagram of the model.
  (*Note:* this might be an unnecessarily complex exercise—discretion should be applied as to its usefulness).

⬚ *Additional **PP 7a** slides for potential discussion stimulation:*

- What have you learned from your stroke and aphasia? (example quotes).

- Positive outcomes from the stroke experience (example quotes).

- What does aphasia mean to you? (insert example quotes if desired).

! Bring the whole group back together for the break.

Session 7B
Story sharing: Post-stroke stories—Living with Aphasia 2

P **This is a session for PWA only. The session for significant others is described in Section 4.**

Session 7B Overview

See description for Session 7A.

Suggested readings

As for Session 5A.

Aims	Objectives
For members to:	Members will:
▪ practice using strategies for effective conversations with group members and staff	▪ select and share key aspects of their current wlife stage with the group
▪ continue exploring their post-stroke life stories in the context of their current life stage	▪ identify a range of key aspects of their current life stage to incorporate into their Life Book outside of the group.
▪ continue developing their Life Book outside of the group as part of their Action Plan.	

1 My Life Now Sharing

⬚ **Use PP7b.**

▶ Play a **video** of a PWA as an example of My Life Now (e.g., from the TalkBank AphasiaBank resource http://aphasia.talkbank.org or from a list accessible by typing *Living with aphasia* into Google Videos).

▪ Ask members to summarise the key concepts addressed in the clip, documenting these in written form. This could be done after playing the clip once in its entirety. Alternatively, the clip could be played again, paused after each concept is raised, and member summaries invited.

▪ Encourage members to think about and discuss which elements of the A-FROM the speaker's concepts fit within and link to.

▪ Invite members to select and share a key aspect of their post-stroke life story (My Life Now) with the group.

▪ Encourage members to share and discuss one of the personal items (e.g., photographs, objects) they have brought in that represents living with aphasia.

▪ As in session 7A, encourage members to think about what was raised in the sharing time and discuss which elements of the A-FROM these concepts link to (e.g., loss of friends; learning how to play golf → participation and personal, etc.).

2 Establishing potential Action Plan tasks

🏋 Refer members to **AP Week 7.**

▪ Encourage members to share session content and personal experiences of the session with significant others.

▪ Encourage members to consider aspects of their Living with Aphasia and My Life Now stories (discussed in the sessions this week or otherwise) that they might like to integrate into their Life Books.

▪ Refer members to the Life Book Template example list in **AP Week 7**, and explain that the full set of templates will be emailed out during the week.

📁 Refer members to **MR** My Stroke Victory booklet (Stroke Association of UK) for examples of post-stroke goals and achievements.

- 📁 Refer members to **MR** Art & Aphasia Expressions booklet (Stroke Association of UK) for examples of artistic expressions of what aphasia means/life with aphasia by people with aphasia and staff.

- 📁 Refer members to poetry written by a stroke suvivor (e.g., **MR** Shelagh Brennand's *A Stroke of Poetry: Poems of healing and hope after stroke.*)

- 📁 Refer to other illustrations that could convey experience of aphasia (e.g., **MR** Shaun Tan's *The Red Tree*).

- ▪ Encourage members to provide other suggestions.

- ▪ Invite members to engage significant others in the development process if desired.

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this week as a group.

- ▪ Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

- ▪ Ensure time is available for members to ask any questions.

Preparation for next week

- ▪ SLP to remind members that in the following week will involve a yoga class (and both sessions will be split-group)—to ask members to complete their Yoga consent forms (see Appendix 2.M) and encourage members to wear loose, comfortable clothing.

- ▪ SLP to remind PWA to bring their program packages and Life Book work to next week's session.

- ▪ SLP to encourage members to come back to the group with reflections on the process they undertook during the session and throughout the week (what they did, how it made them feel).

Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action.

- Questions, comments.

Admin

- Complete attendance record.

- Complete post-group notes.

- There will be time to discuss the content during the following week's pre-session briefing.

- SLP to organise content of reminder alerts (total communication practice, conversation skills practice, iPad use—where applicable, Life Book development, bringing in storytelling props, yoga consent forms—if applicable).

Outline

Welcome

*Members split into two groups:
PWA with SLP and significant others with SW*

**Session 8A—Identity Exercise:
My Character Strengths 1**

1. Housekeeping; Reflection and Sharing; Action Plan Review
2. Introduction to Character Strengths
3. Discussion & Sharing: Character Strengths Part 1
4. Establishing potential Action Plan tasks

Break

Members split into two groups again

Session 8B—Yoga Class

1. Yoga session

Wrap up, questions, planning for next week

People

The following people are involved in Week 8 sessions:

- SLP

- SW (in split sessions with significant others; see Section 4)

- Yoga Instructor (e.g., Occupational Therapist)

- Aides

- PWA

- Significant Others (in split sessions with SW; see Section 4)

Equipment & Resources

The following items are required for Week 8:

- ☐ room set up with any welcoming touches (posters, decorative items, etc)

- ☐ name lanyards

- ☐ group package folder for each dyad

- ☐ group package folder for SLP & SW

- ☐ group package folder for aides

- ☐ iPads & chargers

- ☐ equipment for displaying PowerPoint presentations

- ☐ whiteboard and whiteboard markers or easel with butcher's paper and permanent markers

- ☐ markers, pens to fill in handouts

- ☐ notepads

- ☐ origami paper sheets (at least two per facilitator and significant other), glue sticks and scissors

- ☐ Items to be provided by Yoga Instructor:

  - mats
  - bolsters
  - weighted sacks, eye pillows
  - blocks
  - belts
  - gentle music and music player
  - folding chairs, etc.

- ☐ session materials—see below

Session materials

🗄 Member Package Pages:

☐ **MP Week 8**

    8a-1 Today's Session Outline

📄 Handouts

☐ **H 8a-1** Character Strengths Summary Sheet

☐ **H 8a-2** Like Me, Not sure—Card sort aid

🖥 Powerpoints

☐ **PP 8a** Week 8 Session A
(both digital version and printouts)

🏋 Action Plan:

☐ **AP Week 8**

    AP 8-1 Communication Toolkit:
Troubleshooting

    AP 8-2 Communication Toolkit: Application

    AP 8-3 Communication Toolkit: How did it
go?

    AP 8-4 iPad Action Plan: Application, How
did it go?

    AP 8-5 Character Strengths Action Plan:
Application

    AP 8-6 Character Strengths Action Plan:
How did itgo?

    AP 8-6 Life Book Action Plan

    AP 8-7 Preparation for Week 9

    AP 8-8 Preparation for Week 10—Music
session: Favourite songs

☆ Staff Resources

☐ **SR 8a-1** Character Strengths Card packs

*SR 8a-1 (Character Strengths Cards) are ideally to
be created at one per member to access.*

*The InterD-CAG version takes the form of A4 .pdf
pages (4-5 copies of each strength per sheet) that
can be printed doublesided, laminated, cut, and
placed into small zip-lock bags.*

☐ **SR 8a-2** Support for Character Strengths
Sorting (source this content yourself
from, for example, descriptions in VIA
Survey of Character Strengths: **https://
www.authentichappiness.sas.upenn.edu/
questionnaires/brief-strengths-test**)
*Note: you will be required to create a free
account to access this material.*

📁 Member Resources

☐ The full set of **MR**

📋 Administration (Section 2
Appendices)

☐ **A 1** Weekly Attendance Record: Participant
Absences

☐ **A 2** Weekly Attendance Record: Staff
Absences

☐ **A 3** Weekly Notes Content Guide

A 4 Post-Group Notes

Pre-session tasks

PWA

☐ Members should come to the session in loose, comfortable clothing and bring their yoga consent forms.

Significant others

☐ Should come to the session in loose, comfortable clothing and bring their yoga consent forms.

☐ Should have reflected on how they felt their PWA benefited from the sessions and content in Week 6, their own thoughts and feelings completing the exercises, any barriers or issues they encountered, and the potential application of these skills or concepts to other areas of their lives.

☐ Should bring examples to today's session of 1) ways they practice self-care and/or 2) things they enjoy doing to take time out of their caring role.

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders.

☐ Liaise with Yoga Instructor.

☐ Ensure s/he is familiar with the participants' mobility and communication presentations (provide general summaries prior to instructor receiving consent forms).

☐ Discuss equipment needs, room setup, and logistics for getting to the group.

SW

☐ Make note of any significant developments (e.g., standout comments or concepts) from the Week 6 sessions, ready to ask significant others to reflect on these critical elements.

☐ Source a number of appropriately-shaped origami paper sheets (generally they need to be square not rectangular) along with glue sticks and scissors

☐ Practice making some basic origami so that you are able to present a ready-made model and help others easily in the session if required (e.g., heart: **https://www.youtube.com/watch?v=nnV262Egucw**; windmill: **https://www.youtube.com/watch?v=gRgdOEspQn8**)

SW continued

☐ *Optional:* complete the VIA questionnaire **(https://www.authentichappiness.sas.upenn. edu/questionnaires/survey-character-strengths**), sort character strength cards into the top 5 strengths, and incorporated top 5 strengths into a 'Life Book page' as a model for members

Pre-session staff briefing

☐ Review the aims and objectives for Session 8A. Link these to Dyad summary sheet information as relevant.

- Invite staff to discuss their experiences of undertaking the VIA questionnaire and selecting their top 5 character strengths.

- Invite staff to share their 'Life Book page' showing their top 5 strengths.

☐ Review the aims and objectives for session 8B. Link these to Dyad summary sheet information as relevant. invite staff to participate in the yoga themselves if they feel comfortable to do so.

☐ Raise any member-specific issues/points of interest that may require sensitive response/ attention by staff (e.g., planned absence for the day, recent family/personal issues, etc.).

☐ Delegate roles e.g., board note-taking, assisting members with tasks, summary/minute-taking.

☐ Check whether staff have any questions.

SESSION 8A—
Identity Exercise: My Character Strengths 1

P **This is a session for PWA only. The session for significant others is described in Section 4.**

Session 8A Overview

The focus on character strengths in this session has been specifically placed to preclude the topic of life in the future, to be addressed in Session 9B and Session 10A. As such, the facilitator should explain that this is an exploratory activity that will be built on and applied to problem-solving and future planning in upcoming sessions. Members will have time to consider the session's content before it is revisited in Session 9a. Members may require varying degrees of support in relation to conceptualising and applying character strengths to their own selves/lives.

Suggested readings

- Holland, A. L. (2007). Counselling in Communication Disorders: A wellness perspective. San Diego, CA: Plural Publishing.

  - Chapter 6: Communication counseling with adult clients and their families for whom progression is toward improvement

  - Chapter 8: Teaching resilience and optimism to families and clients with communication disorders: Some workshop formats

Aims	Objectives
For members to:	Members will:
■ practice using strategies for effective conversations with group members and staff	■ share an appraisal of their experience of Week 7
■ reflect on the previous week's sessions	■ share reflections on the Life Book development process they undertook throughout the week (what they did, how it made them feel)
■ reflect on their Life Book activities as part of their Action Plan	
■ be introduced to one way of conceptualising their present self (Signature Character Strengths)	■ begin to organise the Signature Character Strengths into groups based on their applicability
■ select applicable strengths and share these with the group	■ share rationales and examples for the selection of Signature Character Strengths with the group
■ link the Signature Character Strengths to the A-FROM.	■ identify and discuss connections between the Signature Character Strengths and elements of the A-FROM.

Welcome

Welcome members back to the group, put out name lanyards, and encourage members to help themselves and each other to tea/coffee.

1 Housekeeping; Reflection and Sharing; Action Plan Review

Housekeeping

- Address any key information, events, reminders, or member queries.

- Follow up on member preferences for Session 10B: Ask members to confirm whether they are happy for the music class to go ahead for Session 10B or suggest alternative options.

  📚 Turn to **MP 8a-1** (Today's Session Outline) to summarise the plan for the day.

Reflection and sharing

- Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the seventh week of attending InterD-CAG.

Action Plan Review

- Invite members to share their experiences and reflections of undertaking their chosen living with aphasia- and My Life Now-related Life Book activities.

2 Introduction to Character Strengths

- Explain to members that before we move on to the next section of the 'aphasia journey' (Getting on with life), we will be working on an activity focusing on our strengths.

Explanation of Character Strengths

- 📄 Refer to **H 8b-1** (List of Character Strengths). Summarise what the character strengths are (6 areas) and how they are used within Positive Psychology based on Martin Seligman's work generally and Audrey Holland's work in relation to Speech Pathology (why we are doing this).

Selecting Character Strengths

- Inform members that the activity involves exploring each of the 6 strength areas and the specific strengths within these, and considering which they can personally identify with. Ideally,

members should be given a set of sturdy, colour-coded Character Strengths cards to keep in their Member Package Folders (or at least have a set to work with during the session).

- Ask whether members would prefer to go through the items quietly on their own or have read each one aloud as a group.

- Encourage members to group their Character Strengths cards into three piles: LIKE ME (a major strength of mine), NOT SURE (might/might not be a strength of mine), and UNLIKE ME (not a major strength of mine).

📄 **H 8a-2** (Like Me, Not sure—Card sort aid) can serve as a backdrop for placing the LIKE ME and NOT SURE cards down in clear piles.

- In relation to the NOT SURE pile, the group could provide feedback and assist the sharing members to sort these cards further (based on the volunteers' sharing during the program thus far and the existing relationship the group has with these individuals)—perhaps in the next session. The members can also leave items in the NOT SURE pile for later discussion with significant others.

- *If members choose the independent work version of the activity:* staff to move around the room and check in with members to see if they require assistance (e.g., with items they are unclear about, or the sorting process). If staff have the sense that a few members are unclear about certain cards, invite the group to stop and discuss them as a whole.

  Explanations/examples can come from the SR 8a-1 Support for Character Strengths Sorting.

3 Discussion and Sharing: Character Strengths Part 1

- Explain that there will be time to share thoughts around this topic aloud in now as well as in future sessions.

- Invite members to work through the discussion questions as a group.

- Invite members to volunteer to respond to the item-specific questions.

- Time permitting, these members can provide examples or rationales for their choices for the YES pile. The group could provide feedback on these based on the members' sharing during the program thus far and the existing relationship the group has with these individuals.

- Time permitting, the group could also suggest strengths they perceive the volunteer members to have if these are not in the YES or NOT SURE pile, and provide examples to support their suggestions.

4 Establishing potential Action Plan tasks

🏋 Refer to **AP Week 8**. Encourage members to discuss today's character strengths session with significant others, and finish sorting their cards if they did not have enough time in the session.

- Encourage members to consider aspects of their character strengths or other activities that they might like to integrate into their Life Books

- Present examples of Character Strength-related Life Book activities and encourage suggestions.

SESSION 8B—Yoga Class

P **This is a session for PWA only.**

This session will be led by the yoga instructor.

Session 8B Overview

This session aims to create some variety to the identity- and communi-cation-oriented nature of recent weeks with a largely non-verbal, physical activity. The overarching purpose is to provide a form of meaningful and accessible participation to members that may also happen to be relaxing and/or stimulating.
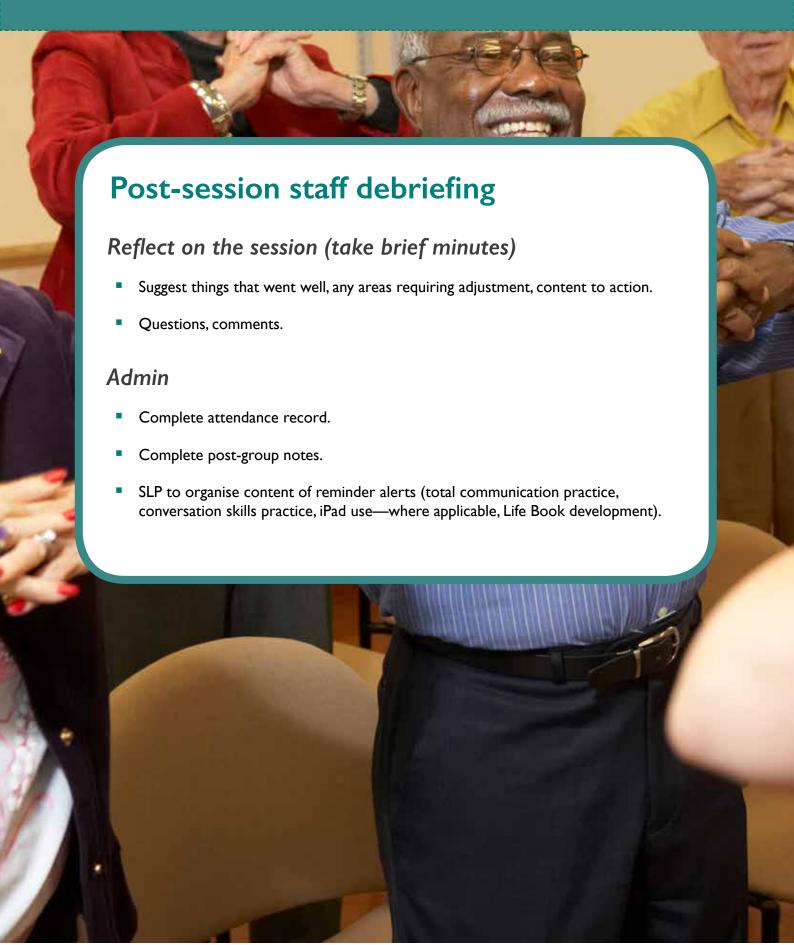
It could be replaced with gentle stretching, dance, direct community engagement/an outing, or another activity of interest that can be arranged. If physical activity is the focus, a consent form may be useful for understanding the participants' health status and as a form of indemnity for the facilitator.

Suggested readings

- Lazaridou, A., Philbrook, P., & Tzika, A.A. (2013). Yoga and mindfulness as therapeutic interventions for stroke rehabilitation: A systematic review. Evidence-Based Complementary and Alternative Medicine: eCAM, (12), 357108–9.

- Specialneeds.com (n.d.). Available at: http://www.specialneeds.com/activities/general-special-needs/yoga-people-disabilities

- YogaMobility (2016). Available at: http://yogamobility.org

Aims & Objectives

You may wish to develop specific aims and objectives in collaboration with the guest staff member.

Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action.

- Questions, comments.

Admin

- Complete attendance record.

- Complete post-group notes.

- SLP to organise content of reminder alerts (total communication practice, conversation skills practice, iPad use—where applicable, Life Book development).

Outline

Welcome

Members split into two groups:
PWA with SLP and significant others with SW

Session 9A—Identity Exercise: My Character Strengths 2

1. Housekeeping; Reflection and Sharing; Action Plan Review
2. Sharing: Character Strengths Part 2
3. Establishing potential Action Plan tasks

Break

Members split into two groups again

Session 9B—My Life in the Future—Living Well with Aphasia (Split Group)

1. My Life in the Future: Living well with Aphasia—Split Group
2. Establishing potential Action Plan Tasks

Wrap up, questions, planning for next week

People

The following people are involved in Week 9 sessions:

- SLP

- SW (in split sessions with significant others; see Section 4)

- Aides

- PWA

- Significant others (in split sessions with SW; see Section 4)

Equipment and Resources
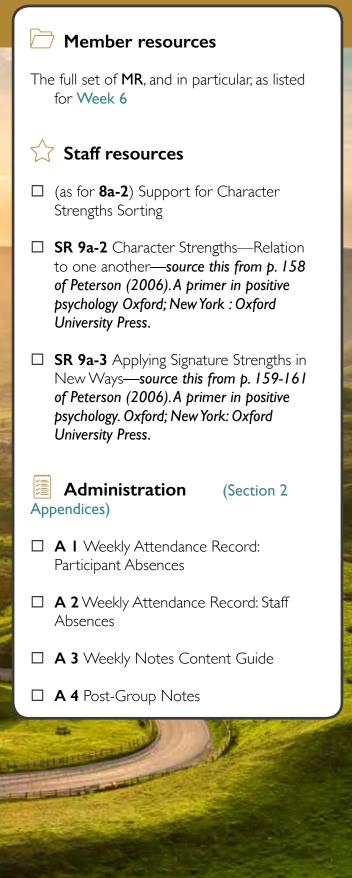
The following items are required for Week 9:

☐ room set up with any welcoming touches (posters, decorative items, etc)

☐ name lanyards

☐ group package folder for each dyad

☐ group package folder for SLP & SW

☐ group package folder for aides

☐ iPads & chargers

☐ equipment for displaying PowerPoint presentations

☐ whiteboard and whiteboard markers or easel with butcher's paper and permanent markers

☐ markers, pens to fill in handouts

☐ notepads

☐ session materials—see below

Session Materials

🗄️ Member Package page:

☐ **MP Week 9**

  MP 9a-1 Today's Session Outline

📄 Handout

☐ **H 9b-1** Living successfully with aphasia summary

🖥️ PowerPoints

☐ **PP 9a** Week 9 Session A

☐ **PP 9b** Week 9 Session B
(both digital versions and printouts)

🏋️ Action Plan:

☐ **AP Week 9**

  AP 9-1 Communication Toolkit: Troubleshooting

  AP 9-2 Communication Toolkit: Application

  AP 9-3 Communication Toolkit: How did it go?

  AP 9-4 iPad Action Plan: Application, How did it go?

  AP 9-5 Life Book Action Plan

  AP 9-6 Preparation for Week 10

☐ **AP Week 9** Character Strengths Action Plan Task Examples

📁 Member resources

The full set of **MR**, and in particular, as listed for Week 6

⭐ Staff resources

☐ (as for **8a-2**) Support for Character Strengths Sorting

☐ **SR 9a-2** Character Strengths—Relation to one another—*source this from p. 158 of Peterson (2006). A primer in positive psychology Oxford; New York : Oxford University Press.*

☐ **SR 9a-3** Applying Signature Strengths in New Ways—*source this from p. 159-161 of Peterson (2006). A primer in positive psychology. Oxford; New York: Oxford University Press.*

📋 Administration (Section 2 Appendices)

☐ **A 1** Weekly Attendance Record: Participant Absences

☐ **A 2** Weekly Attendance Record: Staff Absences

☐ **A 3** Weekly Notes Content Guide

☐ **A 4** Post-Group Notes

Pre-session tasks

PWA

☐ Should come back to the group with:
    a) reflections on the process they undertook during the session and throughout the week (what they did, how it made them feel)
    b) a summary of current aims for moving forward and living well with aphasia; and
    c) a completed representation of chosen Signature Character Strengths.

☐ Should bring in their completed **AP 8-8** Preparation for Week 10—Music session: Favourite songs.

Significant Others

☐ Should bring examples to today's session of ways they practiced self-care during the week or things they enjoyed doing to take time out of their caregiving role

☐ Should bring examples to today's session of 1) ways they practice self-care and/or 2) things they enjoy doing to take time out of their caring role.

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders.

☐ Review LSWA underpinnings in Section 1 (page 6)

▷ Look ahead to **video** material suggested for this week: people discussing living well with aphasia (e.g., from The Australian Aphasia Association: https://www.youtube.com/watch?v=EAwFR4h8kCc) Make sure that PP 9b contains working web links to any online **video** segments you have chosen to play.

☐ Source examples of PWA achieving activity/participation-related goals (e.g., from Stroke Foundation, Facebook pages, blogs, etc.) to reinforce application of Character Strengths (for Session 9B Action Plan).

☐ Liaise with RMT regarding logistics of getting to the group and any final preparations.

☐ Remind members to bring in their completed AP 8-8 Preparation for Week 10—Music session: Favourite songs.

Pre-session staff briefing

▪ As for Week 7

SESSION 9A—Identity1 Exercise: My Character Strengths 2

P This is a session for PWA only. The session for significant others is described in Section 4.

Session 9A Overview

See description for Session 8A.

Suggested readings

As for Session 8A.

Aims	Objectives
For members to:	Members will:
▪ practice using strategies for effective conversations with group members and staff	▪ share an appraisal of their experience of Week 8
▪ reflect on the previous week's sessions	▪ share reflections on the Life Book development process they undertook throughout the week (what they did, how it made them feel)
▪ reflect on their Life Book activities as part of their Action Plan	
▪ select applicable Character Strengths and share these with the group	▪ share rationales and examples for their selection of Signature Character Strengths with the group.
▪ link the Signature Character Strengths to their current goals and/or A-FROM	
▪ continue developing their Life Book outside of the group as part of their Action Plan.	

Welcome

Welcome members back to the group, put out name lanyards, and encourage members to help themselves and each other to tea/coffee.

1. Housekeeping; Reflection and Sharing; Action Plan Review

Housekeeping

🖥 **Use PP 9a.**

- Address any key information, reminders, events, or member queries.

- Inform members that additional family and friends have the opportunity to attend Week 10.

- Ascertain whether members would like Session 11A: to address aphasia awareness raising as planned, or for another activity to take place.

- SLP to remind members that in 3 weeks it will be the end of the program, and additional family and friends are welcome to attend. Numbers will be confirmed in Week 11.

📚 Turn to **MP 9a-1** (Today's Session Outline) to summarise the plan for the day.

Reflection and sharing

- Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the eighth week of attending InterD-CAG.

Action Plan Review

- Invite members to share their experiences and reflections of undertaking their chosen My Life Now- and/or Character Strength-related Life Book activities.

2. Sharing: My Character Strengths Part 2

Continued sharing of thoughts around selected Character Strengths.

- Using the discussion questions from the previous week as a prompt, invite remaining members who did not discuss their sorting 'results' in the previous week to share which strengths they have selected for the YES and NOT SURE piles, and why.

- Members can provide examples or rationales for their choices for the YES pile. The group could provide feedback on these based on the speakers' sharing during the program thus far

and the existing relationship the group has with the speaker.

- In relation to the NOT SURE pile, the group could provide feedback and assist the speaker to sort these cards further (again, based on the speakers' sharing during the program thus far and the existing relationship the group has with these individuals). The speakers can also leave items in the NOT SURE pile for discussion with significant others.

- Group members could also suggest strengths they perceive the speakers to have if these are not in the YES or NOT SURE pile, and provide examples to support their suggestions.

- If it is useful to do so, encourage members to consider which sections of the A-FROM particular strengths link to.

- Members could discuss ways in which they are currently applying their top 5 strengths as part of the storytelling focus on My Life Now, and as a lead-in to the next session.

! Bring the whole group back together for the break

SESSION 9B—My Life in the Future: Living Well with Aphasia

P This is a session for PWA only. The session for significant others is described in Section 4.

Session 9B Overview

This session is about the ideas generated from all of the storytelling, Life Book, and character strength content addressed so far coming together and being channelled into progression for living with aphasia into the future.

Members should feel a sense of ownership of their future and the possibilities that it brings—on this note, an awareness that the group is slowly coming to an end should be reinforced.

Suggested readings

- As for Session 5A, particularly Aphasia and coping/adaptation readings.

Negotiating barriers, problem-solving for living well with aphasia

- R. Elman (Ed.). (2007). Group Treatment of Neurogenic Communication Disorders: The expert clinician's approach. (2nd ed.). San Diego: Plural Publishing Inc.

  - Chapter 6: A problem-focused group treatment program for clients with mild aphasia

- Holland, A. L. (2007). Counselling in Communication Disorders: A wellness perspective. San Diego, CA: Plural Publishing.

  - Chapter 8: Teaching resilience and optimism to families and clients with communication disorders: Some workshop formats

- Pound, C., Parr, S., Lindsay, J., & Woolf, C (2000). Beyond Aphasia: Therapies for living with communication disability

  - Chapter 4: Breaking down the barriers

📚 Suggested readings (continued)

Group closure (in anticipation of the program's impending end)

- R. Elman (Ed.). (2007) Group Treatment of Neurogenic Communication Disorders: The expert clinician's approach. (2nd ed.). San Diego: Plural Publishing Inc.

  - Chapter 12: Groups in the Aphasia Institute's Introductory Program (pages 221, 223-4, relating to group closure)

- Howes, R. (2008). Psychology Today—Terminating Therapy, Parts 1, 2 and 4. Available at: https://www.psychologytoday.com/blog/in-therapy/201406/terminating-therapy-part-v-therapist-termination

  (*Note:* while Howes' blog pieces are focused on individual psychotherapy, they contain a number of applicable concepts.)

Aims	Objectives
For members to:	**Members will:**
■ practice using strategies for effective conversations with group members and staff	■ prioritise their current aims for moving forward and living well with aphasia and describe these to the group
■ address current aims for moving forward and living well with aphasia	■ identify the current barriers and facilitators to achieving one or more of these aims
■ consider various problem-solving strategies for living well with aphasia	■ consider ways to apply their Signature Character Strengths to address the aims they have raised
■ apply their Signature Character Strengths to their goals for living well with aphasia	■ generate; compare and contrast; and discuss problem-solving strategies relating to addressing these aims
■ identify a range of key aspects of their present and future life with aphasia story to incorporate into their Life Book outside of the group.	■ prepare a plan to implement one or more problem-solving strategies relating to achieving their aims as part of their Action Plan.

1. My Life in the Future: Living well with aphasia

🖥 **Use PP 9b.**

▪ Invite members to discuss the idea of 'living well with aphasia'. Example topics include:

  • What does this phrase mean to members?

  • Invite members to draw a representation on the board.

  • Invite members to consider the Aphasia Institute's Life is Bigger than Aphasia image in relation to this discussion.

▶ You may wish to present some **video** content (e.g, from the Australian Aphasia Associaton: https://www.youtube.com/watch?v=EAwFR4h8kCc)

📄 Present **H 9b-1** (aphasia-friendly Living Successfully with Aphasia [LSWA] summary) and go through the headings. Explain that it has a strong theoretical background.

▪ Invite members to discuss the summary. Is it similar to or different from their earlier discussion? Do members relate to it? Why? Why not?

▪ Select some members to share their aims for moving forward and living well with aphasia with the group. Explain to the group that this topic will also form the focus of next week's first session. Example topics for discussion include:

  • Are members already living well with aphasia? How?

  • Do members think living well with aphasia in the future is possible? Why? Why not?

  • Encourage members to use one of the visual conceptualisations/frameworks (A-FROM; LSWA; Aphasia Institute's Aphasia Wall) to help to contextualise their aims.

  • What are your perceptions of current barriers to achieving one or more of your aims? (Based on your previous experience, what's getting in the way of living well with aphasia over the long term?)

▪ Members to discuss problem-solving strategies relating to addressing these aims.

▪ What are your perceptions of current facilitators to achieving one or more of your aims? (Based on your previous experience, how can you work on living well with aphasia over the long term?)

- Members to discuss how they might apply their Character Strengths to address the aims they have raised.

- Describe the concept of living successfully with aphasia as involving a mixture of:

  - developing realistic/achievable aims to apply aspects of pre-stroke life to future life (e.g., participation), and

  - contextualising aims in relation to one's 'new normal', using the immediate post-stroke-self as a benchmark in contrast to the pre-stroke self.

2. Establishing potential Action Plan tasks

Refer members to **AP Week 9**, including Character Strengths Action Plan Tasks.

- Encourage members to share session content and personal experience of the session with significant others.

- Present example Life Book Templates for My Life in the Future Life Book content, and remind members these will be emailed out during the week.

- Encourage members to consider aspects of their living well with aphasia/my life in the future story (discussed in the sessions this week or otherwise) that they might like to integrate into their Life Book.

- Present examples of PWA achieving activity/participation-related goals to reinforce application of Character Strengths.

- Encourage members to provide other suggestions.

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this week as a group.

- Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

- Ensure time is available for members to ask any questions.

Preparation for next week

- SLP to refer members to their **AP Week 9** content.

- Remind members that next week will involve a whole group session with significant others to address Session 9B's focus together, along with a music session with a guest staff member.

- Remind PWA to bring their program packages and Life Book work to next week's session.

Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action.

- Questions, comments.

Admin

- Complete attendance record.

- Complete post-group notes.

- SLP to organise content of reminder alerts (total communication practice, conversation skills practice, iPad use—where applicable, Life Book development).

Outline

Welcome

Session 10A—My Life in the Future—Living Well with Aphasia

1. Housekeeping; Reflection and Sharing; Action Plan Review
2. My Life in the Future: Living well with Aphasia—Mixed Group
3. Establishing potential Action Plan Tasks

Break

Session 10B—Music session

Music session

Wrap up, questions, planning for next week

People

The following people are involved in Week 10 sessions:

- SLP

- SW (presence in 10B depends on what significant others decide to do)

- Aides

- PWA

- Registered Music Therapist (RMT) (during break and Session 10B)

- Significant others (presence in 10B depends on what they decide)

- Additional family and friends if desired

Equipment and Resources

The following items are required for Week 10:

☐ room set up with any welcoming touches (posters, decorative items, etc)

☐ name lanyards

☐ group package folder for each dyad

☐ group package folder for SLP & SW

☐ group package folder for aides

☐ iPads & chargers

☐ equipment for displaying PowerPoint presentations

☐ whiteboard and whiteboard markers or easel with butcher's paper and permanent markers

☐ markers, pens to fill in handouts

☐ notepads

☐ equipment provided by the RMT. For example:

- keyboard (actual or via iPad app)
- maracas, egg shakers, rainmakers etc.
- drums
- bells
- guitar
- castanets
- aphasia-friendly printouts of song lyrics
- (in addition, the RMT may wish to access the internet for YouTube.)

☐ session materials—see below

Session Materials

📚 Member Package page:

☐ **MP Week 10**

 MP 10a-1 Today's Session Outline

📄 Handouts

N/A

🖥 PowerPoint

☐ Extracts from **PP 9b** as desired

🔩 Action Plan:

☐ **AP Week 10**

 AP 10-1 Communication Toolkit: Troubleshooting

 AP 10-2 Communication Toolkit: Application

 AP 10-3 Communication Toolkit: How did it go?

 AP 10-4 iPad Action Plan: Application, How did it go?

 AP 10-5 Life Book Action Plan

 AP 10-6 Preparation for Week 11

☐ **AP Week 10** Character Strengths Action Plan Task Examples

☆ Staff resources

☐ **SR 8b-1** Support for Character Strengths Sorting

☐ **SR 9b-2** Character Strengths—Relation to one another

☐ **SR 9b-3** Applying Signature Strengths in New Ways

📂 Member resources

The full set of **MR**, and in particular, as listed for Week 6

📋 Administration
(Section 2 Appendices)

 A 1 Weekly Attendance Record: Participant Absences

☐ **A 2** Weekly Attendance Record: Staff Absences

☐ **A 3** Weekly Notes Content Guide

☐ **A 4** Post-Group Notes

Pre-session tasks

PWA and significant others

☐ PWA should come back to the group with reflections on the process they undertook during the session and throughout the week (what they did, how it made them feel).

☐ PWA may have listed some favourite songs/artists ahead of the music session.

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders.

🖵 Extract relevant slides from **PP 9b** and **PP F9b** to use in **PP 10a.**

▶ Look ahead to video material suggested for this week: people discussing living well with aphasia (e.g., from The Australian Aphasia Association: https://www.youtube.com/watch?v=EAwFR4h8kCc). Make sure that **PP 10a** contains working web links to any online video segments you have chosen to play.

Pre-session staff briefing

☐ Review the aims and objectives for each of the two sessions: 10A and 10B. Link these to Dyad summary sheet information as relevant.

☐ Raise any member-specific issues/points of interest that may require sensitive response/attention by staff (e.g., planned absence for the day, recent family/personal issues, etc.).

☐ Delegate roles e.g., board note-taking, assisting members with tasks, summary/minute-taking.

☐ Encourage all staff to participate in the music session if they feel comfortable to do so.

☐ Check whether staff have any questions.

SESSION 10A—My Life in the Future: Living Well with Aphasia

P **S** **This is a mixed group session for both PWA and significant others.**

Session 10A Overview

See the description for Session 9B. In addition, both the impending end of the program and the independent work that members have done in their split-group sessions should be acknowledged as part of the impetus for now drawing together ideas on the topic of living well with aphasia into the future as a whole group in this session. A brainstorm-style session is suggested. Members may wish to invite additional family and friends to attend this session.

Members may wish to invite additional family and friends to attend this session.

Suggested readings

As for Session 9B.

Aims & Objectives

As for Session 9B, but for members with aphasia and significant others to regroup and work together on common issues.

Welcome

Welcome members back to the group, provide name lanyards, and encourage them to help themselves and each other to tea/coffee.

1 Housekeeping; Reflection and Sharing; Action Plan Review

Housekeeping

- Refer back to elements of **PP 9b** as required.

- Reminders, events, key information, member queries.

- Remind members that there are 2 weeks left in the program, and that additional family and friends are invited to attend Week 12. Final numbers will be required next week.

- Refer members to **MP 10a-1** Today's Session Outline.

Reflection and Sharing; Action Plan Review

- Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the ninth week of attending InterD-CAG.

- What were the PWA's interpretations of LSWA? Share drawing(s) if completed from last week.

- What were the significant others' interpretations of LSWA? Share drawing(s) if completed from last week.

- Reflection and discussion around Action Plan.

2 My Life in the Future: Living well with Aphasia—Mixed Group

- Encourage members to reflect on what they feel they have achieved so far through participating in the CAG. This can relate to perceived impact on everyday lives and relationships. Explain that this discussion can assist the facilitators in adjusting the remaining sessions to address any further needs or concerns raised.

- As in Session 9B, selected members should share their aims for moving forward and living well with aphasia with the group.
  Example topics for discussion include:

- Are members already living well with aphasia? How?

- Do members think living well with aphasia in the future is possible? Why? Why not?

- Encourage members to use one of the visual conceptualisations/frameworks (A-FROM; LSWA; Aphasia Institute Aphasia Wall) to help contextualise their aims.

- What are your perceptions of current barriers to achieving one or more of your aims? (Based on your previous experience, what's getting in the way of living well with aphasia over the long term?)

- Members to discuss problem-solving strategies relating to addressing these aims.

- Highlight the idea of the 'If only…' trap (If only I could return to my life before the stroke, then…) and encourage discussion around the impacts of upholding this point of view.

- What things could be helpful for you to achieve one or more of your aims? (Based on your previous experience, how can you work on living well with aphasia over the long term?)

- Members to discuss how they might apply their Signature Character Strengths to address the aims they have raised.

- Describe the concept of living successfully with aphasia as involving a mixture of:

  - developing realistic/achievable aims to apply aspects of pre-stroke life to future life (e.g., participation), and

  - contextualising aims in relation to one's 'new normal', using the immediate post-stroke-self as a benchmark in contrast to the pre-stroke self.

In addition, or as a backup for stimulating conversation, you may wish to show segments of the Australian Aphasia Association's **video** on Living Well with Aphasia: https://www.youtube.com/watch?v=EAwFR4h8kCc

3 Establishing potential Action Plan tasks

Revisit example **Life Book Templates** for My Life in the Future Life Book content.

- Encourage members to consider aspects of their living well with aphasia/my life in the future story (discussed in the sessions this week or otherwise) that they might like to integrate into their Life Book.

Practical application of living well with aphasia

- Encourage members to select one of the strategies and/or Character Strengths to apply to address one or more of their aims for living well with aphasia during the week.

- Encourage members to provide other suggestions.

SESSION 10B—Music

| P | S | **This is a mixed group session for both PWA and significant others.** |

Session 10B Overview

This session aims to create further variety to the identity- and communication-oriented nature of recent weeks with a potentially non-verbal, creative focus. The overarching purpose is to provide a form of meaningful and accessible participation to members that may also happen to be relaxing and/or stimulating. It could be replaced with art, gentle stretching, dance, direct community engagement/an outing, or another activity of interest that can be arranged.

As for Session 10A, members may wish to invite additional family and friends to attend this session.

Suggested reading

- Hurkmans, J., de Bruijn, M., Boonstra, A. M., Jonkers, R., Bastiaanse, R., Arendzen, H., & Reinders-Messelink, H. A. (2012). Music in the treatment of neurological language and speech disorders: A systematic review. Aphasiology, 26(1), 1–19.

Aims & Objectives

You may wish to develop specific aims and objectives in collaboration with the guest staff member.

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this week as a group.

- Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

- Ensure time is available for members to ask any questions.

Preparation for next week

- SLP to refer members to their **AP Week 10** content.

- Remind members that next week will involve a whole group session with significant others to discuss advocacy and awareness-raising for stroke and aphasia, with a guest speaker. There will also be time to discuss meeting after the group ends, and planning for the final session.,

Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action.

- Questions, comments.

Admin

- Complete attendance record.

- Complete post-group notes.

- SLP to organise content of reminder alerts (total communication practice, conversation skills practice, iPad use—where applicable, Life Book development).

Outline

Welcome

Session 11A—Raising awareness about stroke and aphasia

    1. Housekeeping; Reflection and Sharing; Action Plan Review
    2. Raising awareness about stroke and aphasia—guest speaker facilitated session

Break

Session 11B—Meeting after the group ends, and Planning for the final session

    1. Meeting after the group ends: Future options
    2. Planning for the final session

Wrap up, questions, planning for next week

People

The following people are involved in Week 11 sessions:

- SLP

- Aides

- PWA

- If possible: Stroke Foundation (SF) guest speaker, local government volunteer program co-ordinator, etc.—Session 11A only (invite them to join in at the break also

Equipment and Resources

The following items are required for Week 11:

- ☐ room set up with any welcoming touches (posters, decorative items, etc.)

- ☐ name lanyards

- ☐ digital camcorder & charger (charged and with sufficient memory)

- ☐ tripod

- ☐ group package folder for each dyad

- ☐ group package folder for SLP & SW

- ☐ group package folder for aides

- ☐ iPads & chargers

- ☐ laptop and charger

- ☐ cables to connect laptop and projector

- ☐ whiteboard and whiteboard markers or easel with butcher's paper and permanent markers

- ☐ markers, pens to fill in handouts

- ☐ notepads

- ☐ session materials—see below

Session Materials

📚 Member Package pages:

☐ **MP Week 11**

    MP 11a-1 Today's Session Outline

📄 Handouts

☐ **H 11a-1** Example Advocacy Activities

☐ others: select based on the level of detail you think will be required based on discussions/comments throughout the program and member needs/goals

🖥 PowerPoints

☐ **PP 11a** Week 11 Session A (both digital version and printouts)

🏋 Action Plan:

☐ **AP Week 11**

    AP 11-1 Communication Toolkit: Troubleshooting

    AP 11-2 Communication Toolkit: Application

    AP 11-3 Communication Toolkit: How did it go?

    AP 11-4 iPad Action Plan: Application, How did it go?

    AP 11-5 Life Book Action Plan

    AP 11-5 Preparation for Week 12

☆ Staff resources

N/A

📂 Member resources

The full set of **MR**. In addition:

Information folder

☐ **MR** Information about Stroke and Aphasia

☐ Other resources to support topics such as stroke and aphasia awareness raising and advocacy (see Section 2: Communication-and participation-related resources)

📋 Administration
(Section 2 Appendices)

☐ **A 1** Weekly Attendance Record: Participant Absences

☐ **A 2** Weekly Attendance Record: Staff Absences

☐ **A 3** Weekly Notes Content Guide

☐ **A 4** Post-Group Notes

Pre-session tasks

PWA

☐ PWA should come back to the group with reflections on the process they undertook during the session and throughout the week (what they did, how it made them feel).

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders.

☐ Liaise with SF/other speaker regarding preparations.

Pre-session staff briefing

☐ Review the aims and objectives for each of the two sessions: 11A and 11B. Link these to Dyad summary sheet information as relevant.

☐ Raise any member-specific issues/points of interest that may require sensitive response/ attention by staff (e.g., planned absence for the day, recent family/personal issues, etc.).

☐ Delegate roles e.g., board note-taking, assisting members with tasks, summary/minute-taking.

☐ Check whether guest speaker and staff have any questions.

SESSION 11A—Raising awareness about stroke and aphasia

P **This is a session for PWA only.**

Session 11A Overview

This session aims to promote a community-based and potentially advocacy-focussed activity that can be applied long term after the program ends. It has been designed as a mix between didactic information provision and active brainstorming and discussion.

If possible, inviting guest speakers (organisation staff or peers active in the community) will offer fresh faces and perspectives. Alternatively, this session may be designated another focus based on member preferences—such as information provision, an art session, a physical activity, or direct community engagement/an outing/an advocacy activity.

Suggested readings

- Code, C., Papathanasiou, I., Rubio-Bruno, S., la Paz Cabana, de, M., Villanueva, M. M., Haaland-Johansen, L., et al. (2015). International patterns of the public awareness of aphasia. International Journal of Language and Communication Disorders, 51(3), 276–284.

- Elman, R. J., Ogar, J., & Elman, S. H. (2000). Aphasia: Awareness, advocacy, and activism. Aphasiology, 14(5-6), 455–459.

Aims	Objectives
For members to:	Members will:
▪ practice using strategies for effective conversations with group members and staff	▪ share an appraisal of their experience of Week 10
▪ reflect on the previous week's sessions	▪ share reflections on the participation-based action tasks and Life Book development process they undertook throughout the week (what they did, how it made them feel)
▪ discuss and be introduced to various options available for raising awareness about stroke and aphasia.	▪ share past experiences of raising awareness for stroke/aphasia/other causes, including what worked well/not so well
	▪ discuss what awareness-raising options they may be interested in for the future
	▪ be able to list the awareness-raising options that have been generated by the National Stroke Foundation
	▪ engage in further discussion and generate questions about the information provided.

Welcome

Welcome members back to the group, put out name lanyards, and encourage them to help themselves and each other to tea/coffee.

1 Housekeeping; Reflection and Sharing

Housekeeping

🖥 **Use PP 11a.**

- Address any key information, events, reminders, or member queries.

📚 Turn to **MP 11a-1** (Today's Session Outline) to summarise the plan for the day.

Reflection and Sharing

- Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the tenth week of attending InterD-CAG.

Action Plan Review

- Invite all members to share their experiences and reflections of undertaking their chosen Action Plans.

- Practical application of living well with aphasia. What worked well/less well? Any unexpected positive/negative experiences?

- Life Book additions: e.g., *Challenge areas I previously avoided or were unable to do and how I approach those issues now (and which of my Character Strengths are likely to contribute).*

2 Raising awareness about stroke and aphasia—Guest speaker-facilitated session
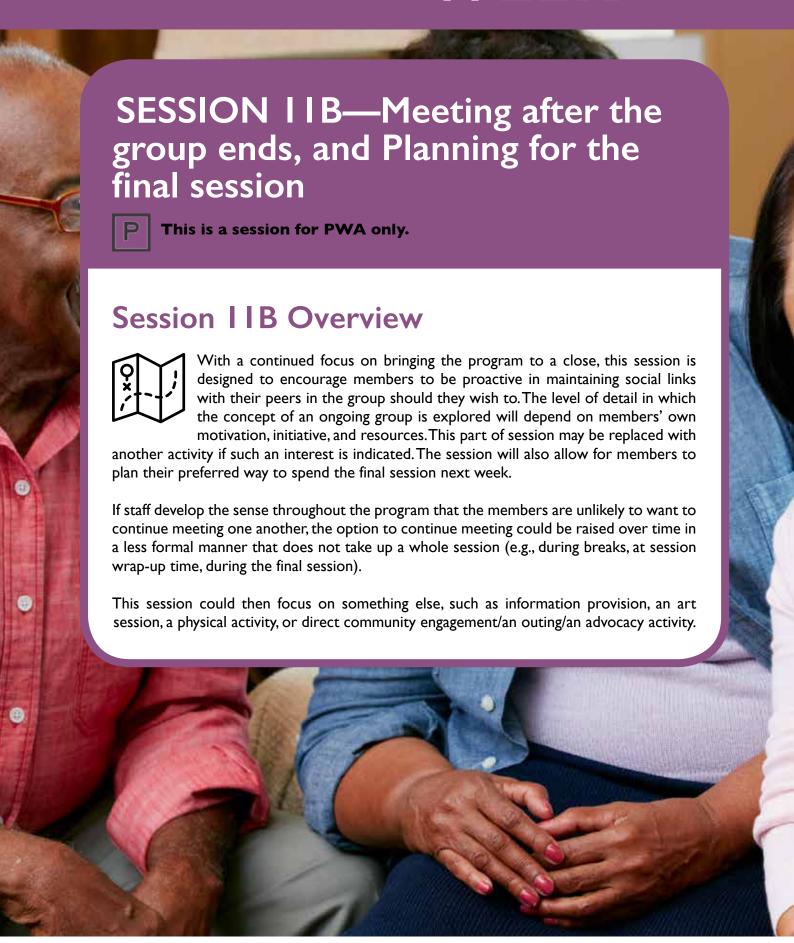
- Guest speaker to invite members to discuss their past experiences with awareness raising (including fundraising) for either stroke and aphasia or other causes:

  - What worked well, and not so well in these instances?

- The peer aide can describe relevant experiences etc., if members do not have many to share.

- Can also share Resources to support topics such as stroke and aphasia awareness-raising

and (see Section 2: Communication- and participation-related resources).

▪ Guest speaker to encourage members to suggest and consider various options for raising awareness about stroke and/or aphasia that they might be interested in, providing support around the following questions:

  • What could they do?

  • How would they go about it and what resources would they need?

▪ Guest speaker to provide further (organisation-specific) information regarding various options for raising awareness about stroke and/or aphasia.

▪ Guest speaker to invite members to engage in further discussion/raise questions.

▪ Details for further direct contact with guest speaker's organisation.

WEEK 11

SESSION 11B—Meeting after the group ends, and Planning for the final session

P **This is a session for PWA only.**

Session 11B Overview

With a continued focus on bringing the program to a close, this session is designed to encourage members to be proactive in maintaining social links with their peers in the group should they wish to. The level of detail in which the concept of an ongoing group is explored will depend on members' own motivation, initiative, and resources. This part of session may be replaced with another activity if such an interest is indicated. The session will also allow for members to plan their preferred way to spend the final session next week.

If staff develop the sense throughout the program that the members are unlikely to want to continue meeting one another, the option to continue meeting could be raised over time in a less formal manner that does not take up a whole session (e.g., during breaks, at session wrap-up time, during the final session).

This session could then focus on something else, such as information provision, an art session, a physical activity, or direct community engagement/an outing/an advocacy activity.

📚 Suggested readings

- National Aphasia Association. (n.d.) Aphasia Community Group Manual. (Available on request, suggested $5 donation: Contact naa@aphasia.org)

- Association for the Relatives and Family of the Emotionally and Mentally Ill (ARFEMI) (2013). Considerations When Setting up a Peer Support Group. Freely available as a .pdf from: http://www.peersupportvic.org/index.php/2014-12-15-22-42-26/2014-12-16-02-20-10/func-startdown/166

- Readings addressing group closure, as listed in Session 9B.

Aims	Objectives
For members to:	Members will:
▪ practice using strategies for effective conversations with group members and staff	▪ discuss the potential to continue meeting with one another in a non-research-based capacity, including member preferences
▪ consider options for the future of the group	▪ formulate and evaluate a range of possible options in relation to future meetings (e.g., logistics) for the group to consider
▪ discuss plans for the final group session next week.	▪ decide on initial actions to be taken in terms of continuing to meet with one another
	▪ formulate a list of things they would like to do/have happen as part of the final session next week.

1. Meeting after the group ends: Future Options

Joining a pre-existing group

Members may be interested in attending a pre-existing stroke/aphasia group or accessing mainstream community services.

- Provide list of potential community services (tailored based on member demographics/interest/goals, etc., ascertained throughout the program).

- Share information on existing local groups (Australian listing on www.aphasia.community/current-groups).

Taking the current group forward

- Discussion around potential for the group to continue on a peer-facilitated basis.

- Brainstorm areas to consider for managing future meetings: members should express their preferences. If the peer staff member has experience in facilitating aphasia groups, their contribution to this section of the session may be useful.

- Use the following prompts for concepts to be aware of, and some initial actions for a 'new' group:

Purpose of the group

- Highlight that groups can be highly dynamic and may ebb in and out of action based on members' needs and other factors.

- Raise concepts around group dynamics and functioning (can be adapted from training presentation).

- Level of structure desired in the group will be reflected by its purpose/goals.

Managing eligibility and size over time in relation to possible new members

- E.g., aphasia/stroke, significant others, friends.

Facilitation

- E.g., existing members with aphasia/significant others as peer facilitators; rolling SLP student volunteers—how to contact potential student volunteers to assess interest?

- What roles would facilitators have? E.g., administrative roles, such as out-of-meeting contact with members, liaising with organisations). How would roles be delegated across multiple people?

Consultative support

- E.g., type of support needed, who could provide it, how to make initial contact (e.g., via universities, SLP representative from local community health centre, online peer support organisations) SF, Australian Aphasis Association, Carer's Australia).

Logistics

- Frequency and length of meetings.

- Selecting a day of the week/fortnight/month which suits most members (and a possible date for the next meeting)

- Deciding on one or more forms of out-of-group communication to be used among group members (e.g., email, Facebook group, phone contact)

- Location— scouting potential locations (where, who, information required). The location will influence the style etc. of meetings.

- Potential to advertise the group, ways to keep the group sustainable

- Arranging for a contact person(s) to represent the group for key internal/external communications

- Avenues for advertising? E.g., via the Aphasia Community Database, Australian Aphasis Association, SF, etc.

- Encourage other suggestions.

2. Planning for the final session

- Encourage members to think about what they would like the last session to involve.

This may relate to the following:

- Would they like to invite additional family/friends?

- What should be the focus of the session, e.g., conversation; watching *Aphasia: The Movie*; reflection on the program, including favourite/memorable moments, what members learned, etc.; sharing Life Book/other creations?

- What refreshments would they like to enjoy (purchased and/or home-made)?

▪ Encourage members to work together to generate an action plan/task list as required.

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this week as a group.

▪ Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

▪ Ensure time is available for members to ask any questions.

Preparation for next week

⇔ Refer members to **AP Week 11**.

▪ Remind members to confirm during the week whether additional family and friends are attending next week (where required).

▪ Encourage members reflect on the program at home and come up with one thing they feel the program and/or group has helped them with/taught them, ready to share with the group in the final session.

▪ Remind members to bring in all program materials for sharing/reflection.

Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action.

- Questions, comments.

Admin

- Complete attendance record.

- Complete post-group notes.

- SLP to organise content of reminder alerts (total communication practice, conversation skills practice, iPad use—where applicable, Life Book development)

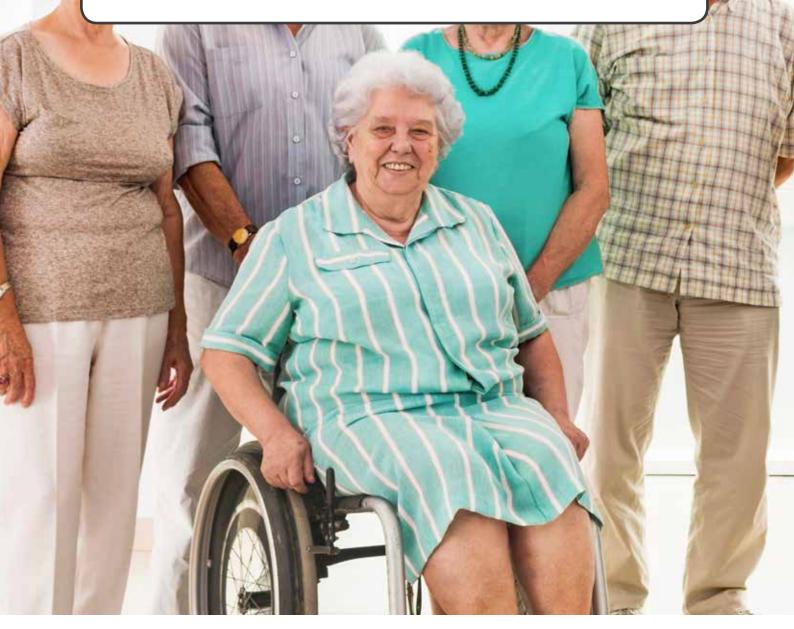- SLP to make group member participation certificates for next week.

Outline

Welcome

End of program celebration

   1. Housekeeping; Reflection and Sharing
   2. Overall Program Reflection and Sharing
   3. Socialising, refreshments

Program wrap-up

People

The following people are involved in Week 12:

- SLP

- SW

- PWA

- Significant others

- Additional family and friends

Equipment and Resources

The following items are required for Week 12:

☐ room set up with any additional refreshments/decorations

☐ name lanyards and nametags (stickers with full name in large black lettering) for additional guests

☐ member certificates

☐ group package folder for each dyad

☐ group package folder for SLP & SW

☐ group package folder for aides

☐ iPads & chargers

☐ equipment for displaying PowerPoint presentations

☐ whiteboard and whiteboard markers or easel with butcher's paper and permanent markers

☐ markers, pens to fill in handouts

☐ notepads

☐ session materials—see below

Session Materials

📄 Handouts

As desired

🖥 PowerPoints

As desired (e.g., you may wish to compile photos or videos of the group from throughput the program to show).

☐ **PP 12** Example weekly program breakdown summary

📋 Administration (Section 2 Appendices)

☐ **A 1** Weekly Attendance Record: Participant Absences

☐ **A 2** Weekly Attendance Record: Staff Absences

☐ **A 3** Weekly Notes Content Guide

☐ **A 4** Post-Group Notes

Pre-session tasks

PWA and significant others

☐ PWA should come back to the group with reflections on the process they undertook during the previous session and throughout the week (what they did, how it made them feel).

☐ PWA should reflect on the entire program at home and come up with one or more things they feel the program and/or group has helped them with/taught them, ready to share with the group in the final session.

SLP

☐ Review and adapt the provided materials as desired.

☐ Have content ready to add to this week's Staff and Dyad folders.

☐ Bring group member certificates

☐ Collect materials from the program that can be put up on the wall as a form of reflection and celebration (e.g., artwork, photos of the group in action, etc).

☐ Come to the final session with reflections of the program to share, including one special memory/achievement for each member to raise if needed.

SW and Aides

☐ Come to the final session with reflections of the program to share, including one special memory/achievement for each member to raise if needed.

Pre-session staff briefing

☐ Review the aims and objectives for this week. Link these to Dyad summary sheet information as relevant.

☐ Raise any member-specific issues/points of interest that may require sensitive response/ attention by staff (e.g., planned absence for the day, recent family/personal issues, etc.).

☐ Delegate roles e.g., board note-taking, assisting members with tasks, summary/minute-taking.

☐ Check whether staff have any questions.

SESSION 12—
End of program celebration

P **S** **This is a mixed group session for both PWA, significant others and additional invited family and friends.**

Session 12 Overview

The final session of the program aims to facilitate members to celebrate successes across the program. Achievements—big and small—should be acknowledged and reflected upon. Members' growth, learning, development, and competence should be emphasised as tools for continuing their journeys.

There should also be the opportunity for members to consider any issues that are still outstanding or important for them to address over time. Some members may experience a degree of sadness or other feelings given the impending loss of an activity in their weekly routine, and these feelings should be acknowledged and discussed openly to help to promote an effective wrap up. Members may wish to invite additional family and friends to attend this session.

Suggested readings

- R. Elman (Ed.). (2007). Group Treatment of Neurogenic Communication Disorders: The expert clinician's approach. (2nd ed.). San Diego: Plural Publishing Inc.

  - Chapter 12: Groups in the Aphasia Institute's Introductory Program (pages 221, 223-4, relating to group closure)

- Howes, R. (2008). Psychology Today—Terminating Therapy, Parts 1, 2 and 4. Available at: https://www.psychologytoday.com/blog/in-therapy/201406/terminating-therapy-part-v-therapist-termination

  (*Note*: while Howes' blog pieces are focused on individual psychotherapy, they contain a number of applicable concepts)

- Readings addressing group closure, as listed in Session 9B.

Aims	Objectives
For members to: ▪ practice using strategies for effective conversations with group members and staff ▪ reflect on the previous week's sessions ▪ reflect on and consolidate what they have achieved over the course of the program ▪ feel a sense of success and pride about their overall participation, and celebrate this with the group ▪ feel a sense of closure about the end of the research phase of the group.	**Members will:** ▪ share an appraisal of their experience of Week 11 ▪ share an appraisal of their experience of the program overall ▪ identify and/or show areas of progress/ success/achievement in relation to themselves and their peers.

1 Housekeeping; Reflection and Sharing

Housekeeping

- ▪ (if applicable) Guest self-introductions.

  - • Visitors to the group to explain their connection to the group member(s) that invited them, and a little bit about themselves.

- ▪ Address any key information, reminders, events, or member queries.

- 📇 Turn to **MP 12-1** (Today's Session Outline) to summarise the plan for the day.

Reflection and sharing

- ▪ Briefly summarise last week's group session (for PWA and for significant others), incorporating minutes/notes where relevant. Promote member reflection on their experience of the eleventh week of attending InterD-CAG.

- ▪ Specifically in relation to the group continuing without SLP and SW facilitation, summarise/ confirm any actions that members have highlighted need to be carried out.

2 Overall Program Reflection and Sharing

Looking back

- 🖥 Use **PP 12** if desired.

  - • Present a brief summary of the areas of focus covered for PWA and significant others during the program.

- ▪ Members and staff to share reflections and thoughts on their experience of the program and group.

- ▪ Members could share one thing they feel the program and/or group has helped them with/ taught them.

- ▪ Give members the opportunity to share any feedback they have in relation to improving the program.

- Let members know that they will also have the opportunity to share their feedback privately in the form of a questionnaire and, if they wish, an interview.

Feelings about the group ending

- Members and staff encouraged to share thoughts and feelings about the group coming to and end and what this means to them.

Acknowledgement of member success; Looking ahead

- Encourage members to share aspects of their Life Books/other achievements/sense of progress made.

- Encourage members to add perspectives on perceived peer achievements/ progress.

- Staff to share their reflections on member achievements, highlights, and memorable moments.

- Encourage members to reflect on how they feel about moving forward with living with aphasia, and what aspects of living well they aim to focus on.

- Distribute certificates to each of the members (PWA and significant others) acknowledging their attendance in the program.

3 Socialising, refreshments

- Informal conversation and interaction between members, staff, and guests.

- 'End-of-program nibbles' for enjoyment in addition to the regular break-time refreshments (e.g., cake).

Program wrap up

- Follow up with any tasks members took on from Session 11b around meeting as a group in the future.

- Remind members about other CAGs available (e.g., via accessible printout for relevant Australian state/territory from www.aphasia.community/current-groups)

- Check whether members have any questions.

Post-session staff debriefing

Reflect on the session (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action.

- Questions, comments.

Reflect on the program as a whole (take brief minutes)

- Suggest things that went well, any areas requiring adjustment, content to action for future programs.

- Questions, comments.

Admin

- Complete attendance record.

- Complete post-group notes.

- SLP, SW to coordinate post-group admin as required (e.g., assessments, reports, etc).

Section 4

Sessions for significant others

Section 4: Contents

Introduction

This section contains material for the significant other split-group sessions of the InterD-CAG program.

See Section 2 Preparation for information about how to plan for an InterD-CAG program.

See Section 3 Week-by-week program for members with aphasia for a complete set of materials for the whole-group sessions, including SW pre-session preparation.

> (!)
>
> ***Note:*** Throughout the text reference is made to an online repository (.zip folder of downloadable items) of **handouts, Action Plans, Power-Points, etc.**
> **Click:** http://aphasia.community/resources/resources-for-aphasia-groups
>
> Content not included in the folder that must be accessed from the original source is delineated with access information.

For consideration

In all sessions, be mindful of the sensitive and emotional nature of much of the content and the necessary time constraints. Factor in around 5–10 minutes at the end of each session to allow overall reflection and to briefly attend to any emotional or practical concerns arising that cannot reasonably be held over until the following session.

Be aware that group members may wish to (and should be encouraged to) continue their discussion beyond the allocated time for that day. In this case they may need to move to a different space, depending on room bookings and facilitator post-session requirements.

If a group member raises issues or concerns that cannot be adequately resolved or addressed during the course of the day's session, it may be appropriate for the facilitator to remain with the particular member(s) to assist with containment of the concern and to ensure their safety. Offer additional resources as appropriate, and follow up with a phone call during the week to offer further support and to ensure the person's safety.

The SW can ask the member whether they wish to share an aspect of this concern or learning in the following week's introductory session. Doing so can pre-empt other group members raising questions that might bring discomfort to the person affected.

Outline

Welcome

Session 3A—Group Relationship

1. Housekeeping and reflection (whole group)

Members split into two groups:
PWA with SLP and significant others with SW

2. Group rules and roles

3. Goal sharing

Reform as one group before the break

Break

People

The following people are involved in the significant other split-group Session 3A:

- SW

- Significant Others

Session materials

📄 **Handouts**

☐ **H S3a-1** Assertiveness for carers

☐ **H S3a-2** Caregiver's Bill of Rights (e.g., source from A Place for Mom Senior Living Blog http://www.aplaceformom. com/blog/caregiver-bill-of-rights/)

🖥 PowerPoints

☐ **PP S3a** Week 3 Session S3A (both digital version and printouts)

☆ **Staff resources**

☐ **SR 3a-1** Suggested group ground rules

📁 **Member resources**

The full set of MR, and in particular the following:

☐ **MR** Information about Caregiving

📋 **Administration (SW)**

☐ **A 3** Weekly Notes Content Guide (see Appendix 2.H)

☐ **A 4** Post-Group Notes (see Appendix 2.I)

SESSION S3A—Group Relationship

Session 3A begins as a mixed group session for both PWA and significant others and then splits into the two groups. Information for the PWA and SLP group is in Section 3.

Session S3A Overview

The InterD-CAG principles introduced in Session 1A in Section 3: Program for Members with Aphasia will naturally be reinforced in this split-group session for significant others, as the focus turns in greater depth to group ground rules, and individual and group goals. This session should be geared towards open discussion and brainstorming.

Ground rules

This is an opportunity to tactfully raise examples of positive, and less desirable, behaviours that have already been observed in the group.

Goals

Significant others will by now have experienced elements of the program and the group style. They will have had the chance to observe fellow members' relative skills, limitations, and outlooks on life with aphasia. This will provide context to what might be achieved over the remainder of the program.

You may need to explore and clarify the scope of the program and the capacity for adaptations to address individual and group goals.

Some significant others may have their own prior experience of group work in their employment or other settings. If so, they may prefer to move into the more concrete elements of the group more quickly.

Suggested readings

- As for Session 3A in Section 3: Program for Members with Aphasia. In addition:

- Moyse Steinberg, D. (2014). A mutual-aid model for social work with groups. (3rd ed.). Northvale, NJ: Routledge.

  - Chapter 1: The Mutual-Aid Model of Social Work with Groups (see p. 19-21).

1 Housekeeping and reflection

As for the whole-group session described in Section 3 Session 3A.

! At this end of this activity, the members divide into split groups.

2 Group rules and roles

Assertiveness and rights

- Present a definition of assertiveness and the rationale for addressing assertiveness and caregiver rights in detail today.

- Encourage a brief discussion around assertiveness.

- Refer members to **H S3a-1** (Assertiveness).

- Invite members to share their personal experiences of needing to be assertive as the significant other of a person with a communication disability.

- Explore whether the individuals within this group identify as caregivers, and why/why not.

- Refer members to **H S3a-2** (Caregiver's Bill of Rights)

- Encourage members to highlight the points that resonate or don't resonate with them, and to explain why.

- Explain to members that there will be opportunities in future sessions to discuss identity as a significant other of a PWA.

- Ask members if they would like the Caregiver's Bill of Rights displayed in the significant others' room.

- Let members know that, if they are interested, further session time could be allocated to advocacy/awareness-raising.

Group rules

- Present the rationale for addressing group rules in more detail today.

- Recap the InterD-CAG program aims and basic ground rules introduced in Session 1A to

reinforce the kind of approach you are aiming for.

(Ensure the discussion includes: creating and maintaining a sense of security and comfort within the group; opportunities for self-expression; structure around tasks and process; confidentiality; respect for others; and valuing one anothers' contributions.)

- Encourage discussion around what makes for positive and negative groups, based on previous experiences.

- Formulate InterD-CAG group ground rules.

- If members are having difficulty coming up with ideas, provide suggestions (general, behaviour-oriented, and communication-oriented rules).

Group roles

- Invite members to think about the range of roles they may be able to take on during the group (in both separate and mixed group sessions).

- Encourage members to consider their individual strengths/skills and interests.

- If members are having difficulty, present examples (or use examples to check whether any other roles could be considered).

Allocate members to summarise content to whole group next week

- Invite 1–2 members to volunteer to type up and present the group's rights and norms to share with the whole group at the start of next week's session. (This is to encourage a sense of member ownership of the group. If such tasks are perceived by members as burdensome, the SW can complete this.)

3 Goal Sharing

- Highlight the key areas of focus in InterD-CAG (communication therapy, conversation practice, exploring identity, participation, social support, advocacy/awareness raising, information provision).

- Invite members to share what they hope to gain (and perhaps what they hope to contribute) through attending and participating in the group. (For instance: communication, conversation, identity awareness and expression, participation, social opportunities (particularly for those

who may be socially isolated), and information).

- These aims can be listed on a board/butchers' paper so that staff can compare and contrast the group members' goals and help to summarise the key concepts.

- If members are having difficulty, encourage them to think back to their interactions with the SLP prior to joining the group.

- Encourage discussion around how these aims could be addressed through staff and peer support.

- Provide examples of how the staff may support members to address the aims listed (to be brought back to proposed session outline content, including: self-care activities, determining commonalities among members, social opportunities, and information or service requirements).

- Encourage members to consider how to support one another to address the aims listed— offer suggestions if required.

! Come together as a whole group for the break, and remain as a whole group for Session 3B

Post-session staff debriefing

As for Week 3 of Section 3: Program for Members with Aphasia

- However, the SW should complete separate post-group notes for Session S3a.

Outline

Welcome

Members split into two groups: PWA with SLP and significant others with SW

Session 6A—Story sharing: Stroke Event and Early Aphasia

1. Housekeeping and reflection
2. Stroke Event and Early Aphasia Story Sharing Part 1

Break

Members split into two groups again.

Session 6B—Story sharing: Stroke Event and Early Aphasia 2

1. Stroke Event and Early Aphasia Story Sharing Part 2
2. Establishing potential Action Plan tasks

Wrap up, questions, planning for next week

People

The following people are involved in the significant other split-group Week 6 sessions:

- ▪ SW

- ▪ Significant others

Session Materials

📄 Handouts

- ☐ **H S6b-1** The Charter of Storytelling Rights

🖥 PowerPoints

- ☐ **PP S6a** Week 6 Session S6A

- ☐ **PP S6b** Week 6 Session S6B (both digital versions and printouts)

🏋 Action Plan

- ☐ **AP S6 Significant Others' Preparation for Week 7: Summary & Suggestions**

    1) Members with Aphasia Sharing Life Stories (living with aphasia, my life now)

    2) Members with Aphasia Developing Life Books

📁 Member resources

The full set of **MR**, and in particular the following:

- ☐ **MR** Information about Caregiving

📋 SW Administration

- ☐ **A3** Weekly Notes Content Guide (Appendix 2.H)

- ☐ **A4** Post-Group Notes (Appendix 2.I)

SESSION S6A—Story sharing: Stroke Event and Early Aphasia 1

Session S6A Overview

This is the first week where narrative (storytelling/story sharing) is the key activity for addressing identity (potentially including, but not limited to, as a caregiver) and the stroke and aphasia journey as seen from their perspectives.
This week will allow members to share materials generated throughout the week from the previous session's discussions, and enable resultant discussion to take place.

A suggested **video** is an excerpt of an interview with Patricia, discussing her husband's stroke and her early experience of his language difficulties. Significant others are invited to discuss the video as a group—in particular, how they might relate to this story. (See below for video links).

Members will be encouraged to take ownership of their individual stories and reflection process, adding further meaning and context of the effect of stroke on loved ones. Opportunities to explicitly acknowledge and reflect on the process of sharing should be seized wherever possible.

Suggested Readings

- As for Session 5A in Section 3—Program for Members with Aphasia

- King, A. (n.d). Groupwork 101...10 things you need to know about creative groupwork.
  - See http://www.groupworksolutions.com.au/Groupwork_101
  - Scroll down to "8. The foundation of creative groups is a blend of allonomous and autonomous communication patterns"
  - Click "Ways to manage conflict situations–ANEC".

Aims	Objectives
For members to:	Members will:
▪ reflect on the previous week's sessions	▪ share their appraisals of their experience of Week 5
▪ reflect on and share (if desired) their journaling activities completed so far as part of their Action Plan	▪ share reflections on the journaling/ other expressive processes they undertook throughout the week (what they did, how it made them feel), sharing the work they completed if they wish
▪ reflect on how they feel the group sessions and action plans have contributed to the capacity of their PWA to communicate their post-stroke experience, and how they have found this	▪ select and share key aspects of their stroke event and early aphasia and personal life stories with the group.
▪ begin exploring their stroke and aphasia stories in the context of the stroke event and early caregiver experience	

1. Housekeeping and Reflection

🖵 **Use PP S6a.**

Housekeeping

- Address any key information, events, reminders, or member queries.

- Given it is half way through the program, invite members to express within the group any major concerns or positive experiences around being part of the group so far.

- Follow up on member preferences for Session 8A: Ask members to confirm whether they are happy for the yoga/exercise class to go ahead for Session 8A or suggest alternative options.

🗄 Turn to **MP S6a-1** (Today's Session Outline) to summarise the plan for the day.

Reflection

- Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the fifth week of attending InterD-CAG.

- Invite members to reflect on: how they felt PWA benefited from the content addressed in Week 5; their own thoughts and feelings completing the exercises; any barriers or issues they encountered; and the potential application of these skills or concepts to other areas of their lives.

- Present noted significant developments (e.g., standout comments or concepts) from Week 5, and ask significant others to reflect on these critical discussions. Encourage further discussion around their ruminations in response over the week preceding.

Action Plan Review

- Invite members to share their experiences and reflections of applying conversation skills and strategies outside of the group.

- Explain to the group that, if members so desire, the SLP could facilitate a significant other-only session focusing on conversation skills and strategies to explore key concepts/concerns in more detail. Suggest an in-session review of the program outline to explore potential session opportunity; following this, liaise with the SLP.

2. Stroke Event and Early Aphasia Story Sharing Part 1

▪ Explain that this will be an introduction to sharing stories from this phase and, due to time constraints, sharing time will be limited across this session and Session 6B. However, there will be ongoing opportunities to share stories throughout the program.

▪ Indicate that members are encouraged to discuss the topics addressed during the split-group sessions with their significant others and not only amongst themselves.

▷ Play the **video** Patricia's Story: Paul's Stroke Event and Early Aphasia (2:24) as a caregiver/family member storytelling example (full video available at https://www.youtube.com/watch?v=PjV2J28NzVg; **this video extract** available at https://youtu.be/YqY7s4vsztk)

▪ Encourage members to comment on the video. What stood out for them? What could they relate to/what was different for them? For example:

- Were you present at the time of the stroke? Did you know at the time that it was a stroke? Were you the one who took action (e.g., called for help)?
- Patricia did not describe what she was thinking or feeling in much detail, apart from her awareness that Paul was likely having a stroke. What do you remember thinking and feeling during that time?
- Patricia and her kids faced a high likelihood they were going to lose Paul. What early prognosis were you given? Do you remember what you were thinking and feeling during that time?
- Details such as dates and times, and hospital lengths of stay appear etched into Patricia's mind. Is this the case for you also?
- Patricia speaks highly of Paul's early rehabilitation. What was your experience and perception of early rehab?

▪ Invite members to select and share other key aspects of the post-stroke life story (stroke event and early aphasia experience) with the group.

- Take note of emotional responses and facilitate discussion accordingly using ANEC structure (See King, n.d., in Suggested Readings above) (Acknowledge what is taking place or being communicated, Normalise feelings and thoughts, Explore the issues as appropriate, and recognise Choices in addressing a problem).

- Reiterate the purposes of this reflection (in context of the post-stroke journey; and as a lead-in to later discussions around living well with aphasia, and completing life story activities).

! Come together as a whole group for the break, but split again for Session S6B.

SESSION S6B— Story sharing: Stroke Event and Early Aphasia 2

Session S6B Overview

Members will continue sharing aspects of their stroke event and early aphasia personal stories with the group, including their ongoing learning, positive outcomes of their experience, and the meaning of their various roles (potentially including, but not limited to, caregiving).

Members will be encouraged to reflect on their experiences in the context of societal expectations and their own beliefs and values. They will also be encouraged to discuss today's sessions with their PWA, and to consider aspects of their stroke event and early aphasia personal story that they might like to integrate into journaling or other expressive formats.

A guide for this reflection will be provided for significant others to work on before next week's session as desired.

Finally, members will be encouraged to assist their PWA to prepare for next week's session, in particular thinking about their lives since returning from hospital, and what is now important to them; and to assist in choosing things that help to represent these concepts (e.g., photos, cards, brochures, other objects, etc.) to share with the group.

Suggested Readings

As for Session 6A in Section 3: Program for Members with Aphasia. In addition:

- Friehe, M. J., Bloedow, A., & Hesse, S. (2003). Counseling families of children with communication disorders. Communication Disorders Quarterly, 24(4), 211-220.

- Riessman, C. K. (2005). Narrative in Social Work. Qualitative Social Work: Research and practice (1473-3250), 4(4), 391-412.

- Butera-Prinzi, F., Charles, N., & Story, K. (2014). Narrative family therapy and group work for families living with acquired brain injury. International Journal of Narrative Therapy & Community Work, (1), 51-60.

Aims	Objectives
For members to: ▪ continue exploring their post-stroke stories in the context of the stroke event and early aphasia experience ▪ continue journaling outside of the group as part of their Action Plan	Members will: ▪ select and share key aspects of the stroke event and early aphasia life story with the group ▪ identify a range of key aspects of the stroke event and early aphasia story (discussed with the group or otherwise) to incorporate into journaling or other expressive formats outside of the group.

1. Stroke Event and Early Aphasia Story Sharing 2

⊟ **Use PP S6b.**

▪ Invite members to continue sharing aspects of their stroke event and early aphasia life stories with the group, such as:

- What have they learned about stroke and aphasia?

- Were there any positive outcomes from their stroke event and experience of early aphasia?

- What were their roles during that time and how did they adopt these roles?

- Do members identify as caregivers? What does it mean to members to be a caregiver?

- How do members explain their roles to other people, and is this challenging or welcomed?

- Have members experienced conflict in their various roles (e.g., from the person with aphasia or other family members/friends/others)?

Encourage discussion around methods of reflection including journaling and life stories, either for sharing with the group or for members' own purposes. This time is an opportunity to discuss things that are important to the significant others, and there may be benefits to sharing similarities or inconsistencies within the group around important aspects such as recovery timeframes, working with healthcare professionals, and funding for community services.

Discussion may also revolve around relationship and personality changes as appropriate.

2. Establishing potential Action Plan tasks

▪ Encourage members to discuss today's sessions with their PWA.

▪ Encourage members to consider aspects of their stroke event and early aphasia story that they might like to integrate into journaling or other expressive formats.

▤ Hand out **H S6b-1** (The Charter of Storytelling Rights) to be used as a guide for reflection and preparation for next week's session.

∙∙

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this week as a group.

- Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

- Ensure time is available for members to ask any questions.

Preparation for next week

- Action plan: Refer to **AP S6**—Significant Others' Preparation for Week 7: Summary & Suggestions document. Encourage members to assist (where possible) the PWA to prepare for next week's PWA session using the document. In particular, significant others can assist with:

  - thinking about one or more aspects of 1) living with aphasia between returning from the hospital and now, and 2) life now that is important to them

  - choosing things that help to represent these (e.g., photos, cards, brochures, other objects, etc.) and bring them in to show the group

  - thinking about how they might explain what these special items represent/mean to them.

Post-session staff debriefing

As for Week 6 of Section 3: Program for Members with Aphasia.

- However, the SW should complete separate post-group notes for both sessions.

S WEEK 7

Outline

Welcome

Members split into two groups:

PWA with SLP and significant others with SW

Session S7A—Story sharing: Post-stroke stories 1

    1. Housekeeping; Reflection and Sharing; Action Plan Review
    2. Living with Stroke and Aphasia Story Sharing

Break

    Members split into two groups again

Session 7B— Story sharing: Present-self stories

    1. Post-stroke Story Sharing Part 2
    2. Establishing potential Action Plan tasks

Wrap up, questions, planning for next week

People

The following people are involved in the significant other split-group Week 3 sessions:

- SW

- Significant Others

Session materials

📄 Handout

☐ **H S7b** Example Yoga Consent Form (see Appendix 2.M)

🖥 PowerPoints

☐ **PP S7a** Week 7 Session S7A

☐ **PP S7b** Week 7 Session S7B (both digital versions and printouts)

📁 Member resources

The full set of **MR**, and in particular the following:

☐ **MR** Information about Caregiving

📋 Administration

☐ **A3** Weekly Notes Content Guide (Appendix 2.H)

☐ **A4** Post-Group Notes (Appendix 2.1)

SESSION S7A—Story sharing: Post-stroke stories

This session will provide members with an introduction to sharing their stories as significant others (and, possibly, caregivers) of people following a stroke. The facilitator will present a brief **video** of Patricia (accessible online--see following pages)—sharing her spouse and caregiver's story as an example, and members will then be encouraged to reflect on similarities or differences in their own experience.

The facilitator will use pre-determined questions to help guide the conversation, although the actual discussion should reflect the members' own desires and capacities to share. Members will be reminded to respect the reported experiences of other caregivers, and to ensure all members have the opportunity to engage in the discussion in some way.

Members may choose to comment on their experience assuming various roles (potentially including, but not limited to, caregiving) and how these have developed, as well as any therapy they had participated in, and what aspects of their post-stroke life have been most affirming and/or challenging for them.

Suggested Readings

Counselling around the topics of stroke and aphasia

- Holland, A. L. (2007). Counselling in Communication Disorders: A wellness perspective. San Diego, CA: Plural Publishing.

  - Chapter 6: Communication counselling with adult clients and their families for whom progression is toward improvement

- Martin, D. (n.d.) When the Roof Fell in: A stroke story. National Aphasia Association. Available at: http://www.aphasia.org/stories/when-the-roof-fell-in-a-stroke-story

Aims	Objectives
For members to:	Members will:
▪ reflect on the previous week's sessions	▪ share their appraisals of their experience of Week 6
▪ reflect on and share (if desired) their journaling activities completed so far as part of their Action Plan	▪ share reflections on the journaling/ other expressive processes they undertook throughout the week (what they did, how it made them feel), sharing the work they completed if wthey wish
▪ reflect on how they feel the group sessions and action plans have contributed to the capacity of their PWA to communicate their post-stroke experience, and how they have found this	▪ select and share key aspects of their post-stroke life stories with the group (Living with stroke and aphasia).
▪ begin exploring their post-stroke stories (Living with stroke and aphasia).	

1 Housekeeping; Reflection and Sharing; Action Plan Review

⎙ Use **PP S7a.**

Housekeeping

- Address any key information, reminders, events, or member queries

▦ Turn to **MP S7a-1** (Today's Session Outline) to summarise the plan for the day

Reflection and Sharing

- Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the sixth week of attending the InterD-CAG.

Action Plan Review

- Invite members to share their experiences and reflections of applying conversation skills and strategies outside of the group

- Invite members to share their experiences and reflections of journaling/undertaking other creative expression linked to the previous week's story sharing outside of the group.

2 Living with Stroke and Aphasia Story Sharing

- Explain that this will be an introduction to sharing stories from this phase and due to time constraints, sharing time will be limited across this session. However, there will be ongoing opportunities to share stories throughout the program.

- Indicate that members are encouraged to discuss the topics addressed during the split-group sessions with their significant others and not only amongst themselves.

▷ Play the **video** extract Patricia's Story: Paul's Therapy (2:52) as a caregiver/family member storytelling example (full video available at https://www.youtube.com/watch?v=PjV2J28NzVg;

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this video extract available at https://www.youtube.com/watch?v=P7aR3ifivZk)

- Encourage members to comment on the video. What stood out for them? What could they relate to/what was different for them? For example:

  - The family thought about their goals for Paul (and Paul's goals) as a unit based on what is important in their lives.

    - Was there an opportunity to put a plan in place for further rehab?

    - Was group decision making possible for your family?

  - The family had access to a month of home care.

    - Did you have access to further rehab?

    - If so, what was your experience and perception of early rehab?

  - Patricia refers to she and her family being in 'La La Land' in relation to their expectations for Paul's getting 'back to normal'. She shares that being exposed to further speech and language therapy he undertook showed how many 'impairments' there were to consider.

    - What were your and your family's expectations? Were they met?

    - Did your perspective/expectations alter in any way?

    - What do you think about Patricia's conclusion that recovery is a slow process?

  - Even so, Patricia speaks highly of the speech and language therapy program Paul has participated in.

    - She highlights that there were 2 main aspects she was impressed with: 1) seeing Paul's writing, reading, and speech come together; and 2) her capacity to understand what remaining weaknesses ('deficiencies' and 'impairments') Paul had.

    - Patricia describes Paul as a 'student at heart'. She felt that he would apply his new skills in everyday life. How would you describe your PWA and how they experienced any further therapy?

    - Patricia describes Paul as 'not perfect', but 90% better than before he attended the therapy. Are you able to quantify your PWA's improvements in any way? Do you feel this is useful/helpful or not? Why/why not?

  - Patricia focuses primarily on the family's and Paul's experience of speech and language therapy. She does also refer to going to the beach as a therapeutic activity.

- What other aspects of recovery were important for your PWA and for you? Did you come across any that surprised you?

- Invite members to select and share other key aspects of the post-stroke life story (living with stroke and aphasia) with the group.

! Come together as a whole group for the break, but split again for Session S7B.

SESSION S7B—Story sharing: Present-self stories

Session S7B Overview

This session is a continuation of the foci in Session S7A. The facilitator will ensure that those who did not have the opportunity to share part of their stories with the group in the first session will feel encouraged to engage in the discussion if they wish.

Members may have continued the discussion from the previous session in the break, and therefore there should be an opportunity to reflect on any new information the members wish to share.

The facilitator may choose to show two more videos as family member and caregiver storytelling examples to encourage further comments on aspects of other stories that members might relate to.

Suggested Readings

As for Session S7A.

Aims	Objectives
For members to:	Members will:
▪ continue exploring their post-stroke stories (Living with stroke and aphasia; My Life Now).	▪ continue to select and share key aspects of their post-stroke life stories (Living with Stroke and Aphasia; My Life Now) with the group.

1. Living with Stroke and Aphasia; My Life Now Story Sharing

⌨ Use **PP S7b**.

▪ Explain that this will be an introduction to sharing stories from this phase and due to time constraints, sharing time will be limited across this session. However, there will be ongoing opportunities to share stories throughout the program.

▪ Indicate that members are encouraged to discuss the topics addressed during the split-group sessions with their PWAs and not only amongst themselves.

▶ Play the **video** extract My Life in the Present. Encourage members to comment on the video. What stood out for them? What could they relate to/what was different for them?

▶ Play the **video** extract Patricia's Story—Changes (0:30) as a caregiver/family member storytelling example (full video available at https://www.youtube.com/watch?v=PjV2J28NzVg; **this video extract** available at https://www.youtube.com/watch?v=wAY30pD96QY)

▪ Encourage members to comment on the video. What stood out for them? What could they relate to/what was different for them?

⌨ Refer to **PP S7a** for general discussion questions.

⌨ Other topics for discussion could be stimulated with **PP S7a**:

- changes and difficulties over time
- other challenges over time
- describe your life
- emotions
- what have you learned?

▪ Invite members to select and share other key aspects of the post-stroke life story (living with stroke and aphasia, my life in the present) with the group, particularly aspects of their post-stroke life that they might not feel comfortable sharing in the larger group. Encourage reflection among members on challenges and victories—great and small.

▶ If time allows, play a **video** extract from Ana's story (full video 5:34, available at https://www.youtube.com/watch?v=AguPj4UvEvI&spfreload=5) and encourage significant others to draw parallels with their stories or differences experienced. This can be an opportunity to discuss post-stroke relationships, roles, opportunities (including social, leisure and financial), behaviours, emotions, and ongoing health complications.

▪ Members have the opportunity in these discussions to further develop rapport as a group.

Action Plan

⇔ Refer members to **AP Week 7.**

▪ Encourage discussion around journaling/other expressive formats in relation to today's content.

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this week as a group.

▪ Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

▪ Ensure time is available for members to ask any questions.

Preparation for next week

⇔ Refer membes to **AP Week 7.**

▪ Encourage discussion around journaling/other expressive formats in relation to today's content.

▪ Encourage significant others to bring examples to next week's session of 1) ways they practice self-care and/or 2) things they enjoy doing to take time out of their caring role (if applicable).

▤ SLP to remind significant others that the following week will involve a yoga class (and both sessions will be split-group)—to distribute **H 7b-1** Yoga consent forms and ask members to complete (see Appendix 2.M). Encourage members to wear loose, comfortable clothing.

Post-session staff debriefing

As for Week 7 of Section 3: Program for Members with Aphasia.

▤ However, the SW should complete separate post-group notes for both sessions.

S WEEK 8

Outline

Welcome

Members split into two groups:

PWA with SLP and significant others with SW

Session S8A—Yoga session

1. Housekeeping
2. Yoga session

Break

Members split into two groups again

Session S8B—Information & Practical Tips: Looking after yourself

1. Reflection and Sharing; Action Plan Review
2. Information & Practical Tips: Looking after yourself

Wrap up, questions, planning for next week

People

The following people are involved in the significant other split-group Week 3 sessions:

- SW

- Significant Others

Session Materials

📄 Handouts

- ☐ **H S8b-1** Body scan mindfulness exercise

- ☐ **H S8b-2** Mindfulness in everyday life

🖥 PowerPoints

- ☐ **PP S8b** Week 8 Session S8B (both digital version and printout)

📁 Member resources

The full set of **MR**, and in particular:

- ☐ **MR** Information about Caregiving

- ☐ **MR** Mindfulness and Relaxation CD (order for free from Carer's Australia)

📋 SW Administration

- ☐ **A3** Weekly Notes Content Guide (Appendix 2.H)

- ☐ **A4** Post-Group Notes (Appendix 2.I)

SESSION S8A—Yoga session

Session S8A Overview

This session will provide members with an opportunity to engage in a gentle yoga class to help with relaxation and stretching, as well as experiencing the health benefits of gentle exercise.

Members will be offered the opportunity to stop participating/leave the session if they feel uncomfortable, but can also be provided with simpler modifications of the same exercise.

Ideally, members will feel recharged and energised following this session.

See Week 8 Session A in Section 3—Program for Members with Aphasia for more information.

Aims & Objectives

You may wish to develop specific aims and objectives in collaboration with the guest staff member.

1. Housekeeping

- Address any key information, reminders, events, or member queries.

📚 Turn to **MP S8a-1** (Today's Session Outline) to summarise the plan for the day.

- Introduce the yoga instructor.

2. Yoga session

! Come together as a whole group for the break, but split again for Session S8B.

SESSION 8B—Information & Practical Tips: Looking after yourself

Session 8B Overview

This session will introduce significant others to concepts of self-care through exploration of common responses to trauma and adversity. There will be the opportunity to consider Patricia's experience/perspectives in the final **video** of this video resource series. Members will be encouraged to reflect on their own emotions following their PWA's stroke, as well as their own style of coping with difficulty.

Members will be introduced to mindfulness and relaxation techniques in order to equip them with information and strategies, to assist them during difficult periods or when they experience troubling symptoms relating to their various roles.

If members identify with the term caregiver, the idea of 'Taking care of the caregiver' will be stressed as a necessity if members are to maintain their energy and motivation to support their PWA and themselves.

The facilitator will emphasise that the aim is for everyone to have the opportunity to share their own experience of self-care or their expectation of how these concepts can be translated to their own situation, should they wish to. The facilitator will need to be cognisant of potential emotional responses associated with the session content.

In preparation for this session, ensure you are familiar with the content in **HS8b-2** Body scan mindfulness exercise, and have sourced **MR** Carers Relaxation CD or something similar if desired (available from http://www.carersnsw.org.au/publications/resources).

Suggested Readings

- Harris, R. (2006). Embracing your demons: An overview of acceptance and commitment therapy. Psychotherapy in Australia, 12(4), 70-76

- Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. Behavior Therapy, 35(4), 639-665.

- Australian Psychological Society. (2016). Understanding and Managing Psychological Trauma. Available from: https://www.psychology.org.au/publications/tip_sheets/trauma/

Aims	Objectives
For members to: ▪ reflect on the previous week's sessions ▪ be introduced to common side effects of trauma ▪ be introduced to the concepts of self-care and mindfulness ▪ begin exploring their own emotional responses to the stroke journey, and how they might apply techniques of mindfulness in everyday life.	Members will: ▪ apply Maslow's Hierarchy of Needs to their own situation and practical or emotional responses to stroke ▪ describe some common responses to trauma and reflect on their experiences ▪ discuss concepts of self-care and describe how these could be applied to themselves ▪ suggest enjoyable activities that they might engage in to practice self-care ▪ discuss various support services and identify resources they might draw upon ▪ consider practicing mindfulness and relaxation exercises and strategies independently.

1 Reflection and Sharing; Action Plan Review

Reflection and Sharing

⌨ Use **PP S8b.**

- Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the seventh week of attending the InterD-CAG.

Action Plan Review

- Invite members to share their experiences and reflections of applying conversation skills and strategies outside of the group.

- Invite members to share their experiences and reflections of journaling/undertaking other creative expression linked to the previous week's story sharing outside of the group.

2 Information & Practical Tips: Looking after yourself

Introduction to Trauma Concepts & Responses

- Provide an overview of Maslow's Hierarchy of Needs[*]

  - Explain principles of the Hierarchy

  - Display pyramid and further discuss these concepts as they might relate to individual members

- Discuss common adversity faced after stroke, particularly relating to caregivers.

  - Overview of the emotional, social, and physical changes or responses commonly experienced after stroke (such as changes in body image, grief issues, altered dependency, potential gender differences in responses).

[*]Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4): 370–96.

- Provide an overview of difficult emotions after illness:

  - common reaction to illness

  - cognitive and behavioural strategies often employed.

- Provide an overview of common responses to trauma:

  - cognitive

  - physical

  - behavioural

  - emotional

  - discussion of when these responses might be 'healthy' or require further investigation or professional support.

Introduction to Mindfulness

- Introduce the concept of 'Taking care of the Caregiver':

  - informal caregivers/involved family members of stroke survivors as sources of practical and emotional support

  - discuss emphasis shift from hospital care to support in the home, historical basis

  - demands on caregivers/involved family members of stroke survivors across all areas of life

  - discuss the needs of and sources of support for caregivers/involved family members of stroke survivors in adopting and continuing their role.

- Discuss self-care concepts, particularly relating to caregivers:

- Play the **video** extract Patricia's Story--Looking after yourself (0:42) and encourage brief discussion around comments/thoughts (full video available at https://www.youtube.com/watch?v=PjV2J28NzVg; this video extract available at https://www.youtube.com/watch?v=iFM9Cby2e6E)

  - What makes caregiving easier? ('re-fuelling' concepts) (e.g., sharing recipe ideas for quick and easy meals, discussing and listing restaurants/cafes/pubs that are communication/physically accessible), and encouraging members to meet up outside of the group)

  - When and how you might share your experience with others?

- Importance of maintaining good overall health and well-being

- Refer members to the image, '50 Ways to Take a Break' (available from http://success.oregonstate.edu/sites/success.oregonstate.edu/files/LearningCorner/Tools/50_ways_to_take_a_break.pdf). They might like to access this at home and put it on the fridge or somewhere else at home as a colourful visual reminder of their right to self-care.

- Introduce the concepts of mindfulness and relaxation

  - Development of mindfulness as a technique or concept. Consideration of mindfulness apps (e.g., Calm, Smiling Mind).

  - Application of mindfulness to various roles (potentially including, but not limited to, caregiving) and self-care.

- Complete two mindfulness exercises–origami and body scanning (minimum 10 minutes to be allocated for each of these exercises).

Origami

▶ Refer to YouTube for origami instructional **videos**, e.g., heart: https://www.youtube.com/watch?v=nnV262Egucw; windmill: https://www.youtube.com/watch?v=gRgdOEspQn8

- Distribute appropriately shaped origami paper and take members through step-by-step instructions for 1–2 simple folded designs that they can take home. The facilitator and other members can provide support to members requiring additional assistance. Members may wish to try this activity with their PWA or others.

Body scanning

📄 Encourage members to take a comfortable seated position, and then verbally guide them through a mindfulness exercise to demonstrate a simple way to step away from everyday pressures and activities, and focus on the here and now. Use **H S8b-2** Body scan mindfulness exercise to guide members through this process.

📂 Members may also wish to borrow **MR** Carers Relaxation CD or contact Carers Australia for their own copy.

📄 Bring member's attention to **H S8b-3** Mindfulness in everyday life (content from the Black Dog Institute) for activities to try outside of the group.

- Encourage member reflection and discussion throughout engagement in these activities.

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this week as a group.

- Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

- Ensure time is available for members to ask any questions.

Post-session staff debriefing

As for Week 8 of Section 3—Program for Members with Aphasia.

- However, the SW should complete separate post-group notes for both sessions.

Outline

Welcome

Members split into two groups:

PWA with SLP and significant others with SW

Session S9A—Identity 1 Introduction

1. Housekeeping, Reflection, and Action Plan Review
2. Caregiver/other identity
3. Caregiver/other roles

Break

Members split into two groups again

Session S9B—Identity 2: My Character Strengths and My life in the future

1. My character strengths
2. Psychological well-being
3. Food for thought

Wrap up, questions, planning for next week

People

The following people are involved in Week 9 sessions:

- SW

- Significant others

Session materials

🖥 PowerPoints

☐ **PP S9a** Week 9 Session S9A

☐ **PP S9b** Week 9 Session S9B (both digital versions and printouts)

☆ Staff resources

☐ **SR 8a-1** Character Strengths card packs (see Section 3 Week 8a)

☐ **SR 8a-2** Support for Character Strengths Sorting (see Section 3 Week 8a)

📁 Member resources

The full set of **MR**, and in particular the following:

☐ **MR** Carers Australia 'Carer Life Course'resource (interactive online tool available at http://www.carerlifecourse.com.au/interactive/main.htm)

📋 SW Administration

☐ **A3** Weekly Notes Content Guide (Appendix 2.H)

☐ **A4** Post-Group Notes (Appendix 2.I)

SESSION S9A—Identity 1: Introduction

Session S9A Overview

This session will introduce members to concepts of identity, both prior to and following their PWA's stroke. Significant others will be encouraged to reflect on ways that they self-identify based on their experience, environments, and social networks. Multiple identities will be discussed as a potentially protective factor in adjusting to life after events such as a stroke.

Significant others will be introduced to common challenges to identity, and have an opportunity to discuss the forums in which they disclose or withhold their identity/ies, and reasons for this.

Members will have an opportunity to discuss their caregiver roles/role as a significant other supporting a stroke survivor with aphasia, in the context of a resource from Carers Australia on 'Caring Journeys'. It will be acknowledged that some members do not identify as caregivers, although the content can apply to any involved significant other supporting a loved one through life with an illness/disability. It will be stressed that each significant other's experience is unique, and each individual brings particular capacities and experiences to their situation, which can be viewed as strengths.

Communication impairments following a stroke have a significant impact on how disability is defined, and the impact on caregivers'/significant others' relationships and opportunities. Members will also be encouraged to consider the ways that others may define their roles, and why these perceptions may be different.

In preparation for the session, ensure you are familiar with the general meaning of each Character Strength and have explored the **MR** Carers Australia 'Carer Life Course' resource (interactive online tool available at http://www.carerlifecourse.com.au/interactive/main.htm).

Suggested Readings

- Buschenfeld, K., Morris, R., & Lockwood, S. (2009). The experience of partners of young stroke survivors. Disability & Rehabilitation, 31(20), 1643-1651.

- Mukherjee, D., Levin, R. L., & Heller, W. (2006). The cognitive, emotional, and social sequelae of stroke: Psychological and ethical concerns in post-stroke adaptation. Topics in Stroke Rehabilitation, 13(4), 26-35.

- Shadden, B. B., & Agan, J. P. (2004). Renegotiation of identity: The social context of aphasia support groups. Topics in Language Disorders, 24(3), 174-186.

Aims	Objectives
For members to:	Members will:
▪ reflect on the previous week's sessions	▪ apply identify changes in their own sense of identity and externally-constructed identity following their PWA's stroke
▪ be introduced to the concepts of (caregiver) identity and roles	▪ describe influences that challenge their identity formation and evolution
▪ begin exploring their own strengths as a	▪ define their roles as caregivers and beyond, and understand how these are shaped by internal and external influences
▪ identify positive aspects of their caregiving and other roles	
▪ consider how they might apply their personally identified strengths to assist them in navigating their journeys of living with aphasia.	▪ identify their own strengths and describe how these impact on their ability to cope following their PWA's stroke.

1 Housekeeping, Reflection, and Action Plan Review

⊡ **Use PP S9a.**

Housekeeping

- Address any key information, reminders, events, or member queries

📚 Turn to **MP S9a-1** (Today's Session Outline) to summarise the plan for the day.

Week 12 planning

- Point out that in Week 12 there will be the opportunity to invite other family members and friends. Numbers should be finalised in Week 11.

Member preferences for Week 11 Sessions A and B

- Remind members that there is no existing content planned for Week 11. Suggest some options. Encourage members to decide on their preferred option, reminding them that SW attendance is optional and that individual members are free to opt out of participating in the eventual group choice.

- Example activities could include:

  - observing/participating in the session for members with aphasia

  - communication skills building/troubleshooting session with SLP facilitation

  - open discussion, continuation of any prior topics

  - stretch/yoga session/mindfulness/other class

  - end-of-program discussion and wrap-up as a SW + significant other group (including whether members would like to keep meeting informally once the program ends)

  - morning tea catch up within or nearby the group/other type of outing

  - transition to peer-led relative's group—e.g., with support from a carers' organisation (e.g., Carers Australia)

- information session facilitated by SW/guest speaker (based on availability)

- respite time (if it is possible that taxi vouchers could be arranged to transport members with aphasia to and from the clinic on this day).

- Based on member responses, individual/group decisions can be confirmed in this session or revisited at the beginning of Week 10.

Reflection and Sharing

- Briefly summarise last week's group session, incorporating minutes/notes where relevant. Promote member reflection on their experience of the eighth week of attending the InterD-CAG.

Action Plan Review

- Invite members to share their own experiences and reflections during the week of self-care and benefits of gentle exercise, encouraging examples where appropriate.

2 Caregiver/other identity

- Promote discussion around how a person's identity can change considerably following a significant other's stroke and aphasia:

  - Encourage members to consider their definitions of identity prior to and following the stroke (e.g., ask the question "how do we know a person is a caregiver?"– This is particularly relevant for aphasia as it can be considered a 'hidden disability').

  - Reinforce the understanding that 'caregiver' is not necessarily a role that all significant others will identify with. Link these to any comments members have made previously and open this idea up to the group. Discuss the concept that post-stroke identity is based on many factors, including the severity and type of stroke, as well as individual traits and social supports available.

- Promote discussion around ways that we identify ourselves based on our environments and social networks:

  - address personal, social and collective concepts of identity formation (potentially providing reference to caregivers as advocates and decision-makers).

- Provide an overview and promote discussion around common challenges to identity, particularly for caregivers.

- Promote exploration around times that a caregiver might intentionally withhold their identity, or disclose this (for instance, in social situations or in dealing with government agencies).

- Multiple identities can be raised and discussed as a potentially protective concept against negative experiences.

- Promote discussion around how identity can be shaped and adjusted according to experience and needs.

3 Caregiver/other roles

- Encourage members to consider how others might define their own roles as caregivers/ significant other to a stroke survivor with aphasia.

  - Explain how roles can be blurred, and based on a person's individual experiences.

  - 📂 Provide an overview of the **MR** Carers Australia 'Carer Life Course' resource (interactive online tool available at http://www.carerlifecourse.com.au/interactive/main. htm), and explain that this journey is not linear or intended to be prescriptive, but can be affected by many things. Encourage discussion as relevant.

- Encourage members to consider how others might define the caregiving role and why these definitions might be different to their own, including the following questions for discussion:

  - Why might roles be defined differently?

  - What effect might caregiving have on relationships and other opportunities?

  - How might communication impairments specifically affect this?

! Come together as a whole group for the break, but split again for Session S9B.

S WEEK 9

SESSION S9B—Identity 2: My character strengths and My life in the future

Session S9B Overview

This session will begin with a group exercise to encourage significant others to identify and discuss individual strengths, as well as considering how this perception may have changed following the stroke. The choices individuals make in everyday life can be seen as strengths, and significant others will be encouraged to reflect on their use of strengths throughout their stroke and aphasia journeys.

The group will discuss common problems associated with caregiving and the potential impact on psychological wellbeing. Positive aspects of caregiving will be emphasised, in the context of special qualities that form the changing caregiver identity.

Finally, the group will consider potentially problematic terminology or misconceptions about stroke survivors or their significant others/caregivers, and members will be encouraged to discuss how they would like to be referred to. Members will learn about the importance of self-determination and community participation, as well as their valuable and specialised role within the health care team.

Suggested Readings

As for Session S9A.

Aims & Objectives

- As for Session S9A.

1 My Character Strengths

⌨ **Use PP S9b.**

Complete an exercise as a group to consider individual strengths

- Spread a set of the Character Strengths cards on the table/floor. Inform members that the activity involves exploring the cards and considering which they can personally identify with. Ask members to choose the top 3 (the number can be adjusted depending on group size and time available) words that describe them prior to the stroke.

- Ask members to choose the top 3 words that describe them after the stroke (these can be the same or different to the pre-stroke words).

- If members are having difficulty, encourage them to contribute their thoughts based on peers' previous sharing.

- Encourage members to share their choices and discuss their meaning, with SW guiding reflection on their individual experiences. Member discussion should also be encouraged.

- Discuss the importance of identifying and naming strengths in identifying opportunities.

- Discuss how perceived strengths may change following a catastrophic incident such as a stroke.

- Encourage reflection on other methods of expression, e.g., music, art, and movement.

- Consider characteristics of caregivers, focusing on positive attributes and areas of capacity.

- Consider how social support and social identity can assist with adjustment following an event such as stroke.

- Consider chosen strengths in the context of individual qualities, values, and challenges. Engage in discussion around topics including:

  - What does it mean to cope, adjust, accept, and acknowledge post-stroke?

  - What are your powers, what makes you stronger? How can your choices be considered strengths?

  - What special qualities have you translated/can you translate from your pre-stroke life to your current situation?

  - What has helped/helps you keep going when you feel derailed?

- What are your supports or sources of strength in responding to challenges?

- What does this tell you about your values, who you are, and about what is important to you in life?

2 Psychological well-being

- Consider common difficulties of caregiving:

  - needing to rebuild lives and social networks

  - needing to increase knowledge on effects of stroke, therapies, and specialised medical knowledge.

- Consider positive aspects of caregiving.

3 Food for thought

- Discuss potentially problematic terminology or misconceptions about people with a stroke or caregivers.

- Discuss ways that caregivers can maximise their self-determination and ability to participate in beneficial activities.

- Discuss the value of the lived experience, and caregiving as a specialised role within the health care team.

Wrap up, questions, planning for next week

Reflect on this week

Try to ensure there is time to briefly reflect on this week as a group.

- Encourage members to generate some content for reflection, e.g., top 1–3 key points/areas that particularly resonated with them, that they learned/enjoyed/will take away with them for the week, etc.

- Ensure time is available for members to ask any questions.

Preparation for next week

🏋 Refer members to **AP Week 9.**

■ SW to encourage members to think about ways they are applying/drawing on their strengths throughout the week, with the opportunity to reflect on this the following week.

■ SW to remind significant others to consider activity options/follow up on content for Week 11.

Post-session staff debriefing

■ As for Week 9 of Section 3: Program for Members with Aphasia.

📋 However, the SW should complete separate post-group notes for Session S9A and S9B.

SESSION 10B—To be negotiated

Session S10B Overview

The activities for significant others this week should be negotiated with the group. If they choose to take part in the music session with PWA, then the group will stay together for the whole of Week 10.

Alternatively, arrange a separate activity, such as a stretch/exercise session or free discussion time.

Wrap up, questions, planning for next week

Preparation for next week

- Refer members to **AP Week 10** content.

Post-session staff debriefing

- As for Week 10 of Section 3: Program for Members with Aphasia.

- However, the SW should complete separate post-group notes if significant others choose to have a split session with SW present for S10b.

SESSION 11B—To be negotiated

Session S11B Overview

The activities for significant others this week should be negotiated with the group. They may choose to stay in a whole group with the PWA.

Alternatively, arrange a separate activity.

Wrap up, questions, planning for next week

Preparation for next week

- Refer members to **AP Week 11** content.

  - Check if members have any questions.

Post-session staff debriefing

As for Week 11 of Section 3: Program for Members with Aphasia.

- However, the SW should complete separate post-group notes if significant others choose to have a split session with SW present for S11b.