What do people with aphasia want from online Intensive Comprehensive Aphasia Programmes (ICAPs)?

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Background

Evidence indicates that speech and language therapy for aphasia is most effective when it is delivered intensively. ICAPs, or Intensive Comprehensive Aphasia Programmes, provide intensive therapy (typically defined as at least three hours of therapy per day for at least two weeks) to small cohorts of patients. They include a range of activities that target communication impairments as well as everyday, functional abilities. To date, most ICAPs have been delivered in person. However, since the Covid-19 pandemic, the use of telerehabilitation has become increasingly widespread. Remote therapy can reduce costs as well as travel burden for both patients and therapists, whilst delivering comparable outcomes to in-person therapy. Four NHS Trusts in North West England have recently developed a successful telerehabilitation platform, NROL (NeuroRehabilitation OnLine), and now offer blocks of twice weekly online group therapy for people with aphasia. Going forward, a goal is to use the existing NROL model to deliver an online ICAP in the same region.

The aim of this project was to gather opinions from local people with aphasia and their partners on how such a programme may look.

What I did

Seven people with aphasia following stroke (five males, two females), and three spouses (all female), were recruited from local communication support groups. Participants were split into two groups and attended two focus group sessions in their groups. Members of both groups came together for their third session. All focus groups were an hour long and took place via Zoom. Participants were compensated for their time with digital gift vouchers.

In their first two sessions, participants were given information about ICAPs and online therapy and asked for their views about implementation in the local region, such as the suggested content and format, plus perceived facilitators or barriers. Following these sessions, participants' thoughts and opinions were incorporated into an aphasia-friendly poster. In the final session, participants were shown the draft poster and asked for feedback to ensure that it was clear and accurately represented the group's views.

What did people say?

The final version of the poster summarises participants' comments about ICAPs and online therapy and includes a 'wish list' of what they would like patients to be offered before, during and after an ICAP. Overall, participants expressed preferences for face to face and 1:1 therapy but acknowledged potential benefits of online programmes and opportunities for peer group support. Although some previous ICAPs have included sessions on related skills (e.g. memory), participants were keen that therapy should focus only on communication, offering a range of spoken language activities, including music-based approaches, if possible. Another key suggestion was to offer a modified schedule, with no more than two hours of individual and group therapy per day, spread over four weeks rather than two. Participants felt that this schedule would better accommodate fatigue and other rehabilitation appointments, particularly in the sub-acute stage post-stroke. Whilst homework during the ICAP was not endorsed, continuing input after completing an ICAP, likely involving aphasia therapy apps, was highly recommended.