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ABSTRACT

Background

Community aphasia groups (CAGs) can contribute significantly to the long-term psychosocial wellbeing of people living with aphasia. However, they may also contribute to negative outcomes for group members if they are not skilfully facilitated. CAG facilitation is complex and challenging, and many speech pathologists (SPs) report low knowledge, skills and confidence to facilitate. Despite this, limited facilitation training and education is available. It is likely that high-quality facilitation training for SPs may contribute to increasing the number, sustainability and quality of CAGs available in the community. However, no research has investigated the development or impact of such training. Drawing on CAG, group theory and instructional design literature, we designed and developed an evidence-based education package for SPs. The package aims to improve SPs' self-rated competence to facilitate CAGs themselves, and their skills, knowledge and attitudes to train other CAG facilitators.

Aims

To investigate the acceptability of the first iteration of the education package, and the feasibility of the research design.

Methods & procedures

We conducted a mixed-methods phase I acceptability and feasibility pilot study. Acceptability was evaluated using quantitative satisfaction survey data analysed with descriptive statistics, and qualitative focus group data analysed using Framework Analysis. Feasibility was evaluated using recruitment rates, completion rates, and suitability of the outcome measure planned for use in a phase II study. SPs ($n = 9$) from a range of workplace settings and CAG experience levels participated in the pilot.

Outcomes & results

The education package demonstrated very high acceptability, with a mean survey score of 4.33/5 or higher for all satisfaction domains. Focus group responses reinforced this finding, expanded on factors that contributed to learner satisfaction, and provided a range of suggestions for modification. Qualitative analysis identified four themes: *the learning experience was a positive one; multi-modal delivery enhanced the learning experience; implementation questions were front of mind for learners; and cohesion*

between Part 1 and Part 2 of the package could be improved. The study design and outcome measures were found to be feasible.

Conclusions

This phase I pilot demonstrated high acceptability and feasibility for our CAG facilitation education package and provided suggestions for further improvement. Findings support progression to a planned phase II trial of the education package investigating preliminary efficacy. It is our hope that the development and future dissemination of CAG facilitation education will contribute to the proliferation of confident, competent facilitators and high-quality CAGs available to people with aphasia.