

Stroke Recovery Association of British Columbia Aphasia Sub-Committee Position Statement on the Facilitation of Aphasia Peer Connect BC Groups

Position Statement:

It is the position of the Stroke Recovery Association of British Columbia (SRABC) Aphasia Sub-committee that the **Aphasia Peer Connect BC groups** should:

- i. focus on **meaningful conversation**; and
- ii. be facilitated by **skilled facilitators** who have received **training and ongoing support from a speech-language pathologist on the use of supportive conversation strategies and group facilitation techniques for people with aphasia**. These facilitators may be volunteers, volunteers with lived experience of aphasia, or others.

Background:

Aphasia Peer Connect BC groups are weekly online groups for people with aphasia that are provided by SRABC. The SRABC Aphasia Sub-committee recommends that these groups focus on meaningful conversation. **Meaningful conversation** refers to the “authentic ...everyday ordinary talk that serves the dual goals of exchanging messages and fulfilling social needs” (Simmons-Mackie, 2000, p. 171). Participating in conversations is a top priority of people with aphasia (Wallace et al., 2017) and is the most common communication activity of people with aphasia and older adults without aphasia (Davidson et al., 2003). Conversations are important for developing and maintaining one’s relationships, supporting one’s positive identity, and maintaining one’s overall psychosocial health (Azios et al., 2024). Everyday casual conversation is common and often taken for granted. However, the complex nature of conversation can make it particularly difficult for people with aphasia to engage in, due to their language difficulties. Group conversations can be even more difficult, given there are multiple speakers to focus on and increased competition and time pressure to gain the floor to communicate one’s message.

Skilled facilitators can positively support the participation of people with aphasia in conversations (Kagan et al., 2001). However, the role of facilitating aphasia conversation groups is much more complex than it appears on the surface. Skilled facilitation of conversation groups for people with aphasia includes:

1. implementing a range of individualized communication supports for each group participant, while also being alert to all participants’ verbal and non-verbal attempts to initiate communication;
2. highlighting all group participants’ competence and identity;
3. using appropriate adult language, while avoiding the use of long, complex statements;
4. supporting a sense of “discourse equality” within the group (e.g., creating opportunities for participants to engage in meaningful conversation, instead of facilitators directing participants’ participation);
5. avoiding over-direction of conversation turn-taking (e.g., avoiding use of a round-robin discussion style);

6. supporting and mediating the communication of participants, while not disempowering or speaking for them;
7. showing genuine curiosity by actively listening and asking questions which facilitate meaningful conversation between participants (e.g., avoiding questions one already knows the answer to; asking for opinions and supporting connections between participants with similar and/or opposing views);
8. being flexible to follow the participants' lead and interests in the conversation (e.g., not imposing topics for discussion; not staying on a prepared topic, but instead allowing conversation to progress naturally to other related or unrelated topics);
9. monitoring and responding to the varied communication needs of all participants, while encouraging them to do the same;
10. using face-saving strategies to repair communication breakdowns, rather than exposing the communication errors of the participants (e.g., collaborating to share messages, instead of correcting for perfect communication);
11. minimizing and fading out one's own contributions to the conversation to support participants to contribute more (e.g., using intentional pauses and silence) (Azios et al., 2024; Pettigrove et al., 2022).

In contrast, unskilled facilitation can result in unintentional negative outcomes (Lanyon et al., 2018; Pettigrove et al., 2022). For example, already socially isolated individuals may feel excluded within a poorly facilitated aphasia conversation group. Such groups may highlight the participant's impairment and negatively affect their identity and self-esteem. These negative experiences can also result in a refusal to participate further in any type of group.

Skilled facilitation of the Aphasia Peer Connect BC groups requires **training and ongoing support from a speech-language pathologist on the use of supportive conversation strategies and group facilitation techniques for people with aphasia**. Although volunteers often report that facilitating aphasia conversation groups is very rewarding, many indicate that it is difficult to do and a source of apprehension (Pettigrove et al., 2022). Researchers recommend that all facilitators of aphasia conversation groups receive appropriate training and ongoing support (Pettigrove et al., 2022). Furthermore, the Canadian Stroke Best Practice Recommendations (Teasell et al., 2020, p. 783) states, "All health care providers working with persons with stroke across the continuum of care should undergo training about aphasia and other communication disorders, including the recognition of the impact of aphasia and methods to support communication such as Supported Conversation for Adults with Aphasia (SCA™)." Similarly, the international Aphasia United Best Practice Recommendations states, "All health and social care providers working with people with aphasia across the continuum of care (i.e., acute care to end of life) should be educated about aphasia and trained to support communication in aphasia" (Wallace et al., 2024, p. 1166).

In conclusion, the SRABC Aphasia Sub-committee recommends that the Aphasia Peer Connect BC groups focus on meaningful conversation. Furthermore, the sub-committee recommends that these groups be facilitated by skilled facilitators who have received training and ongoing support from a speech-language pathologist on the use of supportive conversation strategies and group facilitation techniques for people with aphasia.

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