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# Supported Communication to Improve Participation in Rehabilitation of people with moderate-severe aphasia after a first stroke: a pilot study (SCIP-R)

**Submission date**
26/07/2011

**Recruitment status**
No longer recruiting

**Registration date**
26/07/2011

**Overall study status**
Completed

**Last Edited**
04/01/2017

**Condition category**
Circulatory System

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

## Plain English summary of protocol

Background and study aims
About 150,000 people in the UK have a stroke for the first time each year, with significant cost to health and social care. A third of them experience aphasia, a communication disorder which affects speaking, understanding, writing or reading. Aphasia is associated with longer stays in hospital and has severe consequences for all aspects of life. People with aphasia may not fully benefit from stroke rehabilitation for a number of reasons to do with their communication. They may struggle to understand questions or follow instructions, or be unable to express their needs, leading to great frustration. Information must be communicated in particular ways to be accessible to them, or they may need additional help to set goals. Staff do not necessarily have the skills to support people with aphasia in these ways. 'Supported communication' uses a set of techniques to make communication accessible for people with aphasia. A skilled communication partner uses low-tech resources such as pen/paper, pictures, symbols, calendars, or gestures to break down barriers and enable understanding and expression. Research with community volunteers and students has shown that there are beneficial effects for conversation and engagement. Supported communication could be used by any member of the stroke team to help patients with aphasia to engage more fully in rehabilitation. It has the potential to improve the quality of care, and address some of the key aims of stroke rehabilitation such as adapting to disability, and increasing quality of life and well-being. Previous studies have mostly focussed on its use outside the clinical context. This study aims to build on this evidence and see whether supported communication is a technique that can be learned by stroke unit staff, and used during everyday rehabilitation to enhance participation and improve outcomes for people with aphasia.

Who can participate?
Healthcare staff from two stroke units.

What does the study involve?
We recruited healthcare staff from two stroke units; staff at one unit were trained in supported communication, while the other unit received the usual training.

What are the possible benefits and risks of participating?
The results of the study will be used to help design a more comprehensive study

Where is the study run from?
University of East Anglia (UK)

When is the study starting and how long is it expected to run for?
From June 2011 to September 2012

Who is funding the study?
National Institute for Health Research (NIHR) (UK)

Who is the main contact?
Dr Simon Horton
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# Contact information

### Type(s)
Scientific

### Contact name
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# Additional identifiers

### Protocol serial number
9370

# Study information

### Scientific Title

Supported Communication to Improve Participation in Rehabilitation of people with moderate-severe aphasia after a first stroke: a pilot study (SCIP-R)

## Acronym
SCIPR

## Study objectives
About a third of people who have a stroke for the first time experience aphasia, a communication disorder affecting speaking, understanding, writing or reading. Aphasia is associated with longer stays in hospital and has severe consequences for all aspects of life. People with aphasia may not fully benefit from stroke rehabilitation for a number of reasons to do with their communication. They may be unable to understand questions, follow instructions, or express their needs. This may lead to misunderstanding and frustration. Information must be communicated in particular ways to be accessible to them, or they may need additional help to set goals. Staff are not necessarily trained in the skills to support people with aphasia in these ways.

'Supported communication' uses a set of techniques to make communication accessible for people with aphasia. A skilled communication partner uses low-tech resources such as pen /paper, pictures, symbols, calendars, or gestures to break down barriers and enable understanding and expression. Research with community volunteers and students has shown that there are beneficial effects for conversation and engagement.

Supported communication could be used by any member of the stroke team to help patients with aphasia to engage more fully in rehabilitation. It has the potential to improve the quality of care, and address some of the key aims of stroke rehabilitation such as adapting to disability, and increasing quality of life and wellbeing.

Previous studies have mostly focused on its use outside the clinical context. This study aims to build on this evidence and see whether supported communication is a technique that can be learned by stroke unit staff, and used during every day rehabilitation to enhance participation and improve outcomes for people with aphasia.

The results of the study will be used to strengthen the design of a more comprehensive trial.

## Ethics approval required
Old ethics approval format

## Ethics approval(s)
10/H0310/69

## Study design
Non-randomised; Interventional; Design type: Process of Care

## Primary study design
Interventional

## Study type(s)
Treatment

## Health condition(s) or problem(s) studied

Topic: Stroke Research Network; Subtopic: Rehabilitation; Disease: Therapy type

### Interventions
'Supported communication' uses a set of techniques to make communication accessible for people with aphasia. A skilled communication partner uses low tech resources such as pen /paper, pictures, symbols, calendars, or gestures to break down barriers and enable understanding and expression. Supported communication could be used by any member of the stroke team to help patients with aphasia to engage more fully in rehabilitation. Study Entry: Registration only

### Intervention Type
Other

### Phase
Phase II

### Primary outcome(s)
Stroke and Aphasia Quality of Life Scale (SAQOL39g); Timepoint(s): Discharge from unit and 6 month follow-up

### Key secondary outcome(s))
Not provided at time of registration

### Completion date
30/09/2012

## Eligibility

### Key inclusion criteria
1. Staff participants: nurses drawn from all day shifts (Bands 57)
2. Qualified therapy staff (Bands 57)
3. Therapy/healthcare assistants (Band 4)

### Participant type(s)
Health professional

### Healthy volunteers allowed
No

### Age group
Adult

### Sex
All

### Key exclusion criteria
Medical staff will be excluded: rotation of FY1 doctors makes it unlikely that they would be able to complete participation in the study

### Date of first enrolment

15/06/2011

**Date of final enrolment**
30/09/2012

# Locations

**Countries of recruitment**
United Kingdom

England

**Study participating centre**
**University of East Anglia**
Norwich
United Kingdom
NR4 7TJ

# Sponsor information

**Organisation**
NHS Norfolk (UK)

**ROR**
https://ror.org/01wspv808

# Funder(s)

**Funder type**
Government

**Funder Name**
National Institute for Health Research (NIHR) (UK) - Research for Patient Benefit (RfPB) programme

**Alternative Name(s)**
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**
Government organisation

**Funding Body Subtype**
National government

**Location**
United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary
Not provided at time of registration

### Study outputs

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---|---|---|---|---|---|
| Results article | results | 15/01/2015 | | Yes | No |
| Results article | results | 18/04/2016 | | Yes | No |
| Participant information sheet | Participant information sheet | 11/11/2025 | 11/11/2025 | No | Yes |