Data identified by these search terms often did not involve *group intervention*, but was selected on the basis of comparing two intervention *groups*. This included drug interventions, and comparison of individual therapy approaches using *group* data. Two studies that met intended search criteria were selected from this search (Ross et al, 2006 and Vickers, 2010).

To focus the search, Chapter 14 (Aphasia) of the Evidence Based Review of Stroke Research (EBRSR)

follow-up. Statistical analysis included appropriate ttests to compare the effects of social stimulation and ANOVAs to compare intervention. Findings suggested that significant change was associated with participation in the intervention change in communicative ability and on measures of conversational experiences. Participants showed change in different people spoken to, conversational situations, and widening of conversational topics. There was wide variability for individual outcomes comparing the period post-intervention with follow-up, which may have been less salient in a larger sample.

This study employed an adequate design and statistical analysis to answer the clinical question. The authors identified limitations, including the small sample size, and related individual variability. The data presented are of suggestive validity, but do provide compelling evidence for clinical applications. Results suggest that group therapy can offer measurable and perceived change in communicative ability and experiences, and that a range of professionals should be included in the planning and organization of group therapy, supporting a socially-based model with a multi-disciplinary team.

Discussion

This review set out to analyze the literature regarding the efficacy of group therapy in rehabilitating post-stroke aphasia. Despite a number of limitations facing aphasia researchers, the literature presents suggestive evidence, supporting group therapy as an intervention capable of contributing to positive rehabilitative change in language and communication. Each of the four studies reviewed found some beneficial change in aphasic clients from pre- to post-test periods.

Although the findings across studies were congruent with one another overall, a range of outcome measures were used across the studies. Each study considered language and communication outcomes of post-stroke aphasia, on the basis of pre-treatment and posttreatment assessment. Many of the studies used overlapping gold standard assessments, but there were some assessment tools that varied from study to study, making it difficult to extrapolate and compare results across studies. Additionally, one study in particular (Ross et al, 2006) assessed measurable objective language and communication outcomes, in addition to subjective measures of perceived change. In finding positive perceived outcomes in cases where objective change was not observed, there may be some aspect of self-awareness, in terms of a placebo effect, or better understanding of the goals and targets, that should be better explained to clients and their families during treatment.

Further, each study employed a different model of group treatment. Although the over-arching goals of each group included improvement in conversational abilities and language, each clinician took a different