



City Research Online

City St George's, University of London

Citation: Kong, A. P-H., Alyahya, R. S. W., Dow-Richards, C., Hoover, E., Isaksen, J. K., Kelly, H., Longman, C., Matos, M. A., McVicker, S., Pearl, G., et al (2026). Best Practice International Guidelines on Online Communities of Aphasia Groups. American Journal of Speech-Language Pathology, doi: 10.1044/2026_ajslp-26-00043

This is the accepted version of the paper.

This version of the publication may differ from the final published version. To cite this item please consult the publisher's version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/38560/>

Link to published version: https://doi.org/10.1044/2026_ajslp-26-00043

Copyright and Reuse: Copyright and Moral Rights remain with the author(s) and/or copyright holders. Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge, unless otherwise indicated, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way. For full details of reuse please refer to [City Research Online policy](#).

Best Practice International Guidelines on Online Communities of Aphasia Groups

Anthony Pak-Hin Kong* ^{1,2} [akong@hku.hk; ORCID: 0000-0002-6211-0358]

Reem S. W. Alyahya ^{3,4} [Reem.Alyahya@citystgeorges.ac.uk; ORCID: 0000-0002-2766-2915]

Carol Dow-Richards ⁵ [ARCTeam@aphasiarecoveryconnection.org; ORCID: 0009-0005-9936-4406]

Elizabeth Hoover ⁶ [ehoover@bu.edu; ORCID: 0000-0003-1315-9742]

Jytte Kjærgaard Isaksen ^{7,8} [jisa@sdu.dk; ORCID: 0000-0002-2502-029X]

Helen Kelly ⁹ [helen.kelly@ucc.ie; ORCID: 0000-0003-3694-2086]

Caitlin Longman ¹⁰ [Caitlin.Longman@stroke.org.uk; ORCID: 0009-0007-7164-1170]

Maria Assunção Matos ^{11,12} [maria.matos@ua.pt; 0000-0002-8976-0625]

Sally McVicker ¹³ [Sally@aphasiareconnect.org; ORCID: 0000-0002-4939-4210]

Gill Pearl ¹⁴ [gill@speakeasy-aphasia.org.uk; ORCID: 0000-0003-1290-400X]

Abi Roper ³ [Abi.Roper.1@city.ac.uk; ORCID: 0000-0001-6950-6294]

Julie Samuel ¹⁵ [jsamuel@dyscover.org.uk; ORCID: 0009-0002-0266-1112]

Maura Silverman ¹⁶ [maura@aphasia.org]

Paula Valente ¹² [paulavalente@ipafasia.pt; ORCID: 0009-0001-0002-928X]

Anna Volkmer ¹⁷ [a.volkmer.15@ucl.ac.uk; ORCID: 0000-0002-4149-409X]

Sasha Yampolsky ⁵ [yampolsky.sasha@gmail.com; ORCID: 0009-0001-1603-3179]

- ¹: Academic Unit of Human Communication, Learning, and Development (HCLD), Faculty of Education, The University of Hong Kong, Hong Kong
- ²: The Aphasia Research and Therapy (ART) Laboratory, The University of Hong Kong, Hong Kong
- ³: Division of Speech and Language Therapy, Department of Allied Health, School of Health and Medical Sciences, City St George's, University of London, United Kingdom
- ⁴: King Fahad Medical City, Riyadh, Saudi Arabia
- ⁵: Aphasia Recovery Connection, USA
- ⁶: Speech Language and Hearing Sciences, Boston University, Boston, USA
- ⁷: Department of Culture and Language, University of Southern Denmark, Odense, Denmark
- ⁸: Neurorehabilitation Knowledge and Research Centre, University Hospital Copenhagen, Glostrup, Denmark
- ⁹: Speech and Hearing Sciences, School of Clinical Therapies, University College Cork, Republic of Ireland
- ¹⁰: Stroke Association, United Kingdom
- ¹¹: RISE-Health, School of Health Sciences, University of Aveiro, Aveiro, Portugal
- ¹²: Portuguese Institute of Aphasia, Matosinhos, Portugal
- ¹³: Aphasia Re-Connect, United Kingdom
- ¹⁴: Speakeasy-aphasia, United Kingdom
- ¹⁵: Dyscover aphasia charity, Fairmount House, Bull Hill, Leatherhead, Surrey, United Kingdom
- ¹⁶: National Aphasia Association, USA
- ¹⁷: Division of Psychology and Language Sciences, University College London, United Kingdom

*corresponding author: Professor Anthony Pak-Hin Kong; co-authors in alphabetical order of last name with equal contributions

Academic Unit of Human Communication, Learning, and Development (HCLD), Room 804A
Meng Wah Complex, The University of Hong Kong, Pokfulam, Hong Kong; akong@hku.hk;
Tel: +852 3917 5979

Funding: Speakeasy (managed by GP) received funding from the Tavistock Trust for Aphasia to support the online Community of Interest.

Conflicts of interest/Competing interests: The authors declare no conflict of interest.

Abstract

Purpose: This tutorial aims to establish best practice guidelines for the design, facilitation, and sustainability of online support groups for people with aphasia (PWA). It explores the benefits, challenges, and psychological considerations of virtual aphasia interventions, providing a comprehensive resource for clinicians, researchers, and community organizations.

Method: The article synthesizes current literature, international expert contributions, and practical insights from diverse settings to compare face-to-face and online aphasia support groups. It reviews types, goals, and key features of online support groups, emphasizing person-centered approaches, facilitation skills, and cultural responsiveness. Additionally, it discusses technological, logistical, and funding considerations essential for effective implementation.

Results: Online support groups for PWA enhance accessibility, foster peer support, and promote social participation, contributing positively to psychological well-being. The article identifies common challenges such as technological barriers, engagement difficulties, and resource constraints, offering evidence-based strategies to mitigate these issues. It underscores the importance of tailored facilitator training and sustainable funding models adapted to diverse contexts.

Conclusion: Online aphasia support groups are valuable tools to improve long-term communication and psychosocial outcomes for PWA. Their success depends on careful planning, skilled facilitation, and inclusive practices. Ongoing research, international collaboration, and adaptable funding strategies are vital to optimize their impact and expand access globally. This tutorial provides a practical framework to guide the development and implementation of effective online aphasia communities.

Background

Aphasia is an acquired communication disorder resulting from brain injury, often due to stroke or traumatic brain injury, that impairs an individual's ability to express, understand, read, or write language. This condition can significantly impact social participation and quality of life, often leading to feelings of isolation and frustration for those affected. Traditionally, support for people with aphasia (PWA) has been delivered through in-person therapy sessions, support groups, and rehabilitation programs. However, in recent years, there has been a growing shift towards utilizing online platforms as an extension or alternative to conventional face-to-face (F2F) interventions.

The advent and increasing adoption of virtual modes of aphasia therapy and support groups have been driven not only by advancements in digital technology but also by global events such as the COVID-19 pandemic, which highlighted the need for remote healthcare solutions. Online support groups for PWA now serve as vital spaces for social interaction, communication practice, and emotional support, offering greater accessibility for individuals who may face barriers to attending in-person sessions due to geographic, physical, or health-related constraints.

While there are some reviews on in-person aphasia groups—primarily focusing on F2F formats, such as the sharing by Min et al. (2025), and/or intervention groups like Hoover et al. (2025)—as far as we are aware, our current article is the first to specifically focus and discuss online aphasia support groups. This gap highlights the novelty and importance of our work, as online platforms offer unique opportunities and challenges that differ from traditional in-person support. Addressing this gap helps to better understand the potential benefits,

limitations, and best practices for online aphasia support, which is increasingly relevant in today's digital age.

This article brings together contributions from a diverse group of experts from around the world, including clinicians, researchers, and experienced facilitators, all of whom have extensive clinical experience in designing and implementing online aphasia services. Their insights aim to establish best practice guidelines, address the unique benefits and challenges of virtual aphasia groups, and provide practical recommendations for professionals and stakeholders involved in supporting PWA through digital platforms. Covering topics from the types and goals of online versus traditional support groups to the psychological considerations of facilitating virtual meetings, this tutorial offers a comprehensive resource for optimizing online aphasia interventions and fostering meaningful community engagement in the digital age.

Types and goals of different F2F vs. online support groups for PWA

Support groups for PWA can take many forms. They may include partners, family members, and friends (e.g., Jokel et al., 2017) or may be groups to support PWA without anyone else in attendance (Wattanabe et al., 2023). They can be facilitated by speech-and-language pathologists (SLPs) or another healthcare professional, or even a multidisciplinary group of healthcare professionals (e.g., Taylor et al., 2020). Equally, support groups may be facilitated by someone else, such as a peer with aphasia or a volunteer without any healthcare experience. Often, support groups run by healthcare professionals may run for a distinct set of weeks, with a program comprising a structured itinerary and plan for each session (e.g., Morhardt et al., 2019). This might mean the group is a closed group, with participants starting at the same time and

finishing together, without new members joining over that time. Alternatively, support groups may work quite differently, with an open membership, whereby people come and go as they please, and the group may be about providing a place to chat and connect, without such a rigid structure. The latter type of groups are often run outside of established healthcare settings such as the National Health Service (NHS) in the UK and instead facilitated by charities or support groups. This is not a finite description of all the types of support groups for PWA, indeed some groups may not even describe themselves as such, instead they might call themselves coffee mornings or friendship groups. Importantly, any of these types of groups can be held online or in person, i.e. F2F. Online support groups may be held synchronously, on video conferencing platforms or virtual reality settings (such as EVA park, Marshall et al., 2020), or may comprise asynchronous chat groups on social media. Given the focus on facilitated groups and comparability with F2F, we refer predominantly to online groups held synchronously on video conferencing platforms in this tutorial.

Setting up and delivering support groups for PWA, whether online or in person, requires a person-centered approach, whereby the facilitators must get to know a person deeply (Volkmer et al., 2023). This allows for better matching of group participants, both in terms of interests and communication ability. Importantly, matching group participants carefully has been identified as a key consideration when running groups for PWA (Volkmer et al., 2026), particularly those with Primary Progressive Aphasia (PPA) (Volkmer et al., 2024). PWA or people with PPA and their families may be at differing stages in the journey, both in terms of chronicity and emotional adjustment. It can be beneficial for PWA to hear experiences from others who are further along in their recovery journey, essentially having "walked in their shoes." However, for some individuals, meeting others who are not recovering as hoped with aphasia post stroke or who are

progressing to a level of disability that seems frightening can be harmful (Volkmer et al., 2024, Volkmer et al, 2026). Thus, where possible, meeting PWA individually, prior to attending a group, provides an opportunity to have a conversation, establish their suitability for F2F versus online support groups, and start exploring their needs and goals.

Whilst online support groups have similar goals to F2F groups, they may circumnavigate issues that are problematic for those delivered in person. Online support groups can often provide access to support that PWA or people with PPA are unable to access locally. Given the rarity of PPA, people often have not met another person with the diagnosis, and the goal of attending an online support group may be to access a community of peers with whom they have shared experiences (Camic et al., 2025). Similarly, local long-term support for PWA post stroke is often scarce, and dependent on charitable or not-for-profit organizations. The desire to find and belong to a community which is difficult to access locally in-person can therefore shape the goals for online support groups. Unsurprisingly, this need for community was even more present during the COVID-19 pandemic when social distancing restrictions influenced even in-person groups to recreate themselves online, thereby allowing people to maintain social connections with aphasia communities (Volkmer et al., 2023; Bell et al., 2024).

Whilst online support groups can enhance access opportunities, F2F groups may provide additional opportunities in the communication environment which can influence participants' goals. This may be as simple as aiming for individual connections that happen around the refreshments table, during the journey into the group or other times around the group itself. It is also not uncommon for people with communication difficulties such as aphasia to report increased ease in hearing and comprehension in F2F groups, turn-taking can be more organic,

and can facilitate multiple concurrent conversations rather than just one turn at a time (Wattanabe et al., 2023). Importantly, not all communication aids are usable in online support groups, with the ability to show images/communication books/use gestures limited by camera and screen size, and electronic aids often not being compatible with video conferencing software. Therefore, F2F group goals may focus on participation where online facilities cannot (yet) provide for this.

It should be noted that support groups that cater for carers, although not as the focus of this tutorial article, are also an important aspect to consider for future review and examination. Carer support groups can provide essential emotional, informational, and practical assistance to those caring for PWA, helping to reduce caregiver burden and improve overall well-being. Including and understanding the needs and experiences of carers within the broader context of aphasia support can enhance the effectiveness and accessibility of intervention strategies and should be a key focus in ongoing research and practice development. In summary, there are several different types of goals for people with aphasia and their carers. Support groups may have communication (rehabilitative), support or companionship focused goals. Whatever the goal of the group, all can be considered therapeutic.

Benefits and challenges of online support groups for PWA

Benefits of online support groups for PWA

Online therapy and support groups offer several benefits for service users. Improved access to healthcare is a major advantage, as online sessions can overcome geographical and physical barriers, enabling people with physical limitations and those living in remote areas to access care and support (Almubark et al., 2022). PWA might experience mobility limitations, transportation challenges, or geographic isolation; thus, the implementation of online sessions

can extend the reach of service delivery. Moreover, online delivery provides convenience for both service providers and users, because sessions can be booked flexibly and in a suitable environment. Online therapy and community groups can facilitate the continuity of care and provide regular support, which may contribute to improved long-term outcomes (Almubark et al., 2022; Haleem et al., 2021).

SLPs identified several benefits to online healthcare services, including increased access to health services, lower costs, and enhanced regularity and continuity of therapy (Binkhamis et al., 2024; Boey & Lefevere, 2022; Hao et al., 2021). Service users also identified several benefits to online services, including reduced travel time, fewer in-person visits, and engaging in activities and communities from the comfort of their homes (Alyahya, 2025). Online support groups provide an additional range of advantages for PWA. Group formats provide an additional benefit of peer interaction, social support, and offer opportunities for shared experiences and supportive networks. Participation in group-based activities can enhance language skills, communication, participation, and reduce social isolation. A recent study reported that online group conversation therapy resulted in significant improvements in repetition and picture description tasks among PWA (Dunne et al., 2023). A pilot study also reported increased engagement in communicative activities and a potential improvement in quality of life following holistic aphasia group therapy (Pitt et al., 2019). Findings from these studies suggest that online aphasia support groups can promote meaningful improvements in language function, communication skills, social participation, and quality of life.

Testimonials: Personal accounts from online aphasia support group attendees

The quotations and feedback are drawn from PWA who have been participating in regular aphasia support groups at Aphasia Re-Connect, a UK-based charity that provides vital peer

support, groups, and resources for PWA and their families, helping them combat isolation, rebuild confidence, and reconnect with life through shared experiences, peer befriending, and community building.

Specifically, participating in online support groups can offer a more comfortable environment, often within the familiarity of one's own residence, in contrast to a traditional clinical setting. This format eliminates the need for travel and mitigates the associated stress of navigating crowded public spaces. Moreover, online support groups are accessible regardless of weather conditions—including snow, hail, rain, wind, or heat—thereby removing environmental barriers. Participants have the opportunity to engage in a private, possibly quiet, setting, which minimizes external noise and distractions. Attire is flexible, requiring only that the upper body appears presentable; individuals may choose comfortable clothing such as leggings and slippers, and select their preferred seating, such as a cozy chair.

“Great that it’s online, especially if you can’t get somewhere in-person”

“My computer is there whatever the weather. Even if it’s raining or windy you can sit at your computer”

Additionally, this modality facilitates the use of personal props and materials, which can be displayed to others via the online platform. Participants also have the flexibility to temporarily mute their camera and audio in instances of fatigue, external interruptions, or unforeseen circumstances, without disrupting the overall session. This feature allows for seamless integration of personal responsibilities, such as accepting deliveries, thereby enhancing convenience and accessibility:

“It’s too much, a lot of times I don’t do the (groups) as often as I do, whereas now [it is virtual ...] I can do it every week”

A significant advantage of online support groups is the enhanced opportunity for participants to share a variety of resources, including prepared materials, internet content (such as Google searches), and artifacts from participants' own environments. This mode of engagement is cost-effective, as it eliminates expenses associated with printing and physical materials. The use of digital imagery, particularly in color, can enrich displays and visual aids, leveraging the extensive resources available online. Furthermore, the electronic whiteboard feature enables the real-time presentation of key words and information, facilitating visual communication. The chat function supplements this capability by allowing text-based sharing, although the size of the text may be limited. For participants with limited technical proficiency, a small physical whiteboard can be employed during the online session to display words or numbers, thereby supporting effective communication within the virtual environment:

“The slides are good; it helps to digest the information”

“Enjoy reading the captions on the slide”

“The slides are helpful, and they stimulate the brain and provide a structure to what is in their head”

“[The resource] aids the communication and widens the people you can simultaneously communicate with”

Numerous additional technical advantages are associated with online group formats. Notably, the capacity to divide participants into breakout rooms and subsequently reconvene is more straightforward to manage compared to arrangements in physical settings. Additionally, the ease of recording sessions facilitates various applications, such as supporting student placements, enabling session replays, and providing opportunities for review and reflection:

“Appreciate the break-out rooms, a chance to talk in a smaller less intimidating environment and get to know people better”

“Like small groups. Their speech has improved through attending the group”

“When they split into small groups, you can say. But with bigger group, not everybody can speak”

“I prefer the breaking out group... I think in the smaller groups it’s easier to be able to talk, because for me, because of my aphasia I feel I tend to listen a bit more”

More importantly, the effectiveness of online support groups is enhanced when participants adhere to mutually agreed-upon etiquette and utilize standardized gesture resources or signage to facilitate communication. Once these norms are established and attendance is consistent, a cohesive sense of community can develop, which may be regarded as one of the more unexpected benefits of online engagement. Participants often engage in meaningful, in-depth conversations and share personal stories, fostering a supportive and connected environment:

“Gives me a chance to talk without feeling judged, everyone is accepting and understanding, and I can take my time”

“Varied topics mean I learn new things and think of things from different perspectives”

“So just as ordinary conversations go in different directions, the conversation topic goes in all sorts of different directions... we talk about all sorts of peripheral things and get back to the main topic and we learn, I learn so much about different experiences”

“Make new friends yes definitely, talk with others more definitely”

“A part of this community”

“[It] is my lifesaver basically”

“I love what I have now, and I love everyone”

Challenges of online support groups for PWA

Despite their many benefits, challenges are also an inherent part of online groups, affecting both the professionals delivering therapy and the individuals with aphasia who participate. In related studies on this topic, SLPs have reported several obstacles, including limited technological confidence among users, disruptions in audio or video quality, unstable internet connections, and the financial burden associated with technology access (Binkhamis et al., 2024; Dunckley et al., 2010; Simic et al., 2016; Caute et al., 2022; Pitt et al., 2018).

Additional barriers for PWA accessing online support groups include acquiring, understanding and accessing technology, reduced familiarity with the chosen platform (Caute et al., 2022), and additional communication challenges (Neate et al., 2022). The need for SLPs to provide troubleshooting support for technological breakdowns was also identified as a challenge, adding strain on their therapeutic role (Pitt et al., 2018). Furthermore, some SLPs expressed concerns that telerehabilitation could weaken the therapeutic relationship and reduce opportunities for in-person interaction, thereby limiting the effective use of certain communication ramps (Dunckley et al., 2010; Kearns & Cunningham, 2023). Finally, SLPs noted that participants with aphasia whose communication profiles include pragmatic differences, dominant personalities, or low mood, requiring psychological support, were perceived as particularly challenging to facilitate in online support group formats (Pitt et al., 2018).

The perspectives of PWA regarding online group therapy remain comparatively underrepresented in the existing literature. In a recent study, Bell et al. (2024) interviewed both SLP students and PWA about their experiences in the online *Aphasia Café* versus the in-person *Aphasia Café*. Both groups reported challenges in interpreting nonverbal communication. PWA referred that they communicated more successfully in F2F settings than in online interactions,

while SLP students recognized that turn-taking was particularly affected in the online version. It was also observed that online conversations could exclude individuals with more severe aphasia and that the lack of familiarity with the technology of some PWA was a barrier to attending the online café (Bell et al., 2024).

Additional practical considerations have been outlined by ASHA (n.d.), which notes that telepractice may not be suitable for all individuals. Successful participation requires adequate hearing and vision, sufficient manual dexterity, and physical stamina needed for online sessions. Cognitive and communicative abilities, as well as behavioral and motivational factors, can also affect a person's capacity to maintain attention and navigate digital platforms. Moreover, telepractice often places additional demands on caregivers, who may need to assist with setup, technology management, or ongoing participation.

Cultural variations in the perceptions of group interaction, communication styles, and attitudes toward disability can substantially influence how PWA engage with peers in online communities. For instance, cultural norms that prefer indirect communication or uphold hierarchical social structures may present challenges to active participation in online group discussions (Almubark et al., 2022). Additionally, engagement in online support groups may be limited in socioemotional contexts where technological access is scarce, and digital literacy levels are heterogeneous. Moreover, linguistic diversity complicates group dynamics, as pragmatic nuances and culturally specific idioms may not be accurately conveyed or understood in online communication.

The psychological benefits associated with conducting virtual meetings with PWA

Communication is central to the development and maintenance of relationships and social connectedness and is consequently linked with a person's quality of life. The impact of communication impairment, such as aphasia, can therefore have a profound psychological and social effect on the PWA, their family, and their broader social network (Sherratt, 2023). Lam and Wodchis (2010) found aphasia to have the largest negative relationship with health-related quality of life, when considered in relation to 60 diagnoses and 15 conditions. Stroke survivors with aphasia are particularly at risk of losing contact with friends (Northcott & Hilari, 2011). Social networks are noted to decline for those with post-stroke aphasia (Davidson et al., 2008; Northcott, Marshall & Hilari, 2016), including those with very mild aphasia (Cavanaugh & Haley, 2020). Northcott et al. (2016) found aphasia to be the only stroke-related factor measured at stroke onset that predicted the strength of a person's social network six months later.

Decreased social support and networks, often resulting in loneliness and depression, are a common consequence of aphasia (Wray & Clarke, 2017). Whyte et al. (2004) report that stroke survivors are six times more likely to have symptoms of clinical depression even two years following their stroke. This can result in consequential poor functional rehabilitation outcomes and increased mortality (Nickel & Thomalla, 2017). Stroke survivors with aphasia have a higher risk of developing post-stroke depression than those who had a stroke without aphasia. Kauhanen et al. (2000) reported that 62% of 106 patients still experienced depression at one-year post-stroke. Zanella et al. (2023) reviewed 970 patient records of adults following an ischemic stroke in 2019 and calculated the incidence of depression symptoms in adults with and without post-stroke aphasia and the risk factors for post-stroke depression. They found that having aphasia is considered a risk factor for experiencing symptoms of depression, and stroke survivors with aphasia were 7.408 times more likely to experience post-stroke depression symptoms than those

without aphasia. The severity of aphasia has been found to have a significant association with symptoms of post-stroke depression (Døli et al., 2017; Zanella et al., 2023). The prevalence of anxiety experienced by stroke survivors with aphasia is also reported to be high relative to stroke survivors without aphasia (Morris et al., 2017).

Wray & Clarke (2017) carried out a synthesis of 32 qualitative studies of stroke survivors with communication difficulties (n=518) from nine different countries. They highlight that aphasia presents a ‘unique barrier’ to stroke survivors in their ability to maintain their social networks, which is likely to persist over time. Therefore, stroke survivors with aphasia must be supported in navigating the psychosocial impact of aphasia, which should be reflected in rehabilitation goals. Lee et al. (2022) report that including social support and social interaction as an intervention can facilitate positive social engagement for stroke survivors with aphasia, and what they term as ‘crucial correlates for a meaningful life’ for this population.

Aphasia support groups can support long-term psycho-social wellbeing for PWA. A group setting is a natural platform for communication and humor (Sherratt et al., 2016) and a potential forum for rebuilding a sense of self (Shadden, 2007). Bell et al. (2024) compared a F2F versus an online-supported informal aphasia group and highlighted that with adequate resources, both online and in-person social spaces would enhance the quality of life for PWA. By providing access to those with similar experiences, gains can be made in participation and positive identity and may play a role in preventing social isolation and negative mood (Pettigrove et al., 2022). Group members are known to be effective at supporting each other and sharing ways of adjusting to aphasia (Marshall et al., 2020). Attard et al. (2015) reported that PWA conveyed that their groups reflect empathetic, supportive, and accommodating environments, with the opportunity for laughter. Peer befriending is rewarding for PWA (Northcott & Hilari, 2011), with a positive

impact on well-being (Hilari et al., 2021). Peer-befrienders with aphasia strive to improve the lives of others, while also retrieving elements of their own pre-stroke identities (Northcott et al., 2021).

The use of computer technology can enlarge social networks for those with disabilities (Cook et al., 2005) and provide potential for psychosocial benefits for PWA (Brumfitt, 2006). Cruice et al. (2021) highlight that engagement in online conversation groups increases quality of life and confidence for PWA, using technology to reduce psychosocial impacts of aphasia. The perspectives of PWA and family members in the context of psychological well-being within community aphasia groups is highlighted by Attard et al. (2015). PWA described giving and receiving social support, e.g., peer problem solving, sharing and offering advice, encouragement, and critical feedback. They also describe connecting with others “in the same boat” (Legg et al., 2007) with stronger connections to those also outside of the group, e.g., family (Tamplin et al., 2013). Family members report the sense of not feeling alone through attendance of a community aphasia group, with perceptions of increased support, a reduced sense of isolation and sharing experiences, hope and advice (Tragea & Brown, 2013).

Attard et al. (2015) highlight two specific characteristics of a Community Aphasia Group (CAG) that facilitate psychological wellbeing, (i) the overall environment e.g., feeling ‘emotionally safe’ (Fox et al., 2004), and (ii) a client and group centered approach, providing graded support to meet individualized needs.

Training for group facilitation skills for different stakeholders

Training staff and volunteers with or without aphasia is important for good facilitation of the online CAGs. This section will describe how core facilitation skills can be adapted to online CAGs, what the training of facilitators can contain, and what to bear in mind. The content is

supported by survey answers from a thematic group hosted by the international research collaboration, Collaboration of Aphasia Trialists (CATs). From 2022 to 2024, the group met regularly online to explore how virtual support group was delivered to PWA across different settings (e.g., nonprofit organizations, universities, aphasia centers) in many countries. Recognizing the growing importance of online support groups, especially in reaching isolated people, we conducted a survey to begin explorations for the scope and feel of services provided by over 40 organizations around the world. We considered 18 key elements including training of facilitators and will report some of the results here.

The who and what of training facilitators

SLPs are central in training facilitators as well as being facilitators themselves. The survey mentioned above showed that most online CAGs will have structured and formal training procedures whereas other places would take a more ad hoc approach to their training. Only one of the participating places reported no training of facilitators. Few places provided training refreshers. Some of the formal training procedures included onboarding by an SLP; training in supportive communication strategies (read more below) with some using specific video training related to the supportive communication strategies or other training modules; clinical supervision, mentoring or other continuous support like debriefing of sessions or feedback. In most places SLPs deliver such training or continuous educational support, a few places it is other staff members or volunteers in the organizations.

Both the survey results and the literature (e.g., Archer et al., 2021; Lee & Azios, 2020; Pettigrove et al., 2022) emphasize supportive communication strategies, but depending on who is trained as a facilitator, other content might be needed. For example, student clinicians in Lee &

Azios (2020) are exposed to content related to values of social approaches and aphasia groups, discourse in conversations with PWA, and planning of group activities. Archer et al. (2021) describe different types of training depending on the background of the facilitators, for example, the experienced SLPs did not need further training, whereas a volunteer with no previous experience of communicating with PWA needed extensive training in facilitating conversations. A recent systematic review of characteristics and impacts of CAG facilitation showed that facilitation can be seen as both complex and challenging, and hence significant gaps were identified when training of facilitators has been described in the literature (Pettigrove et al., 2022).

Training core facilitation skills and adaption of facilitation style for online CAGs

Impactful group treatment facilitation techniques for any CAG, F2F or virtual, are rooted in the literature about communication support for adults with aphasia (Kagan 1998; Simmons-Mackie et al, 2013). The overarching goal of which is to acknowledge and reveal the competence in the speaker with aphasia; that is to help the PWA understand and provide information in any conversation (Kagan, 1998). Supportive communication encourages a multimodal approach that includes speaking, writing, gestures and drawing to facilitate interaction. The management of groups of PWA expands on these core facilitation techniques. Simmons-Mackie and colleagues (2007) reviewed aphasia group sessions and suggested that well-managed groups shared several features: establishing a feel of discourse equality; focusing on everyday communication events and genres; using multimodal communication; mediating group communication; calibrating the use of corrections; aiding turn allocation and judiciously employing teachable moments. These techniques foster group harmony and support the group goals of both increasing communicative

effectiveness (i.e., getting thoughts and ideas across) and enhancing confidence in communication.

Facilitation of online support groups mirror F2F groups in several ways. Azios et al. (2024) reviewed behaviors in conversations from online aphasia book groups and noted that skilled facilitators play a vital role in ensuring each group member receives sufficient opportunities to participate and that members can use these interactions for venues to negotiate positive identities. Virtual groups may also differ from in-person groups to accommodate the unique therapy environment. First, clinicians or other group facilitators may need to modify conversation supports to make them accessible online. However, there are also advantages which may exist only in digital spaces. For example, conference software tools such as the chat, reactions, whiteboards features may be used directly to communicate with members, emphasize aspects documents/materials that are shared on the screen, or use of closed captioning or document cameras to assist with keywording (Azios et al., 2024). Second, given differences among how group members may access virtual group (e.g., computer, phone, tablet), there will be variability for individual members in screen size and configuration, and access/availability of software tools, resulting in variability across member experiences. As such, verbal interruptions between members may occur and require a stronger facilitator role to manage the talk time. Facilitators may need to adjudicate turns more frequently to foster equal turn taking opportunities and/or explicitly set the turn sequence (e.g., *“I am sorry John, Karl was just about to say something, let’s hear from Karl then come to you, John”*). Individual members may join from noisy or busy environments with added distractions to the group. Online facilitators may need to exercise control to minimize these distractions; Azios and colleagues refer to this as

deliberate backgrounding and foregrounding. Table 1 summarizes techniques for groups facilitators and is adapted from the work by Azios et al. (2024).

Insert Table 1 here

A group leader with good facilitation skills who can help make the attendees with aphasia feel comfortable in the online room and support contributions to the joint conversation requires training. In addition to the philosophical background for CAGs, skills in supporting conversation with PWA, providing flow in online support groups, planning content and visual support for it, a CAG facilitator must be aware of the rights of attendees. Some organizations routinely record or take pictures during CAGs, for example for training, research, or marketing purposes, here it must clearly be explained why the session is recorded and how it will be used. The attendees with aphasia should know they can say no to being recorded and still participate and can change their mind anytime. The facilitators must be guided in recognizing necessary protection that respect choices of the attendees with aphasia.

Best practice recommendations for facilitating online support groups

The recommendations outlined in the section were developed through a consensus process conducted by our writing team. This process was informed by a series of meetings and discussions focusing on the "Community of Practice related to online aphasia support," which included reviewing relevant literature, practical experiences, and expert insights. These discussions took place between June 2023 and April 2025 and were summarized to ensure a comprehensive and collaborative approach; and the development process was guided by principles of consensus-building and evidence-based practice.

Online support groups for PWA have become increasingly important, particularly for individuals who are housebound or living in geographically dispersed areas to connect in their natural environment (Weidner & Lowman, 2020). Effective online facilitation requires careful consideration of technological, logistical, and accessibility factors to ensure equitable participation and meaningful engagement. Cultural variation, linguistic diversity among potential participants, and shared interests should also be considered when organizing groups.

This section outlines evidence-based guidelines and practical strategies for managing online support groups, drawing on experiences from the Aphasia and Accessible Voices (AAV) group, and published literature. It is intended to support healthcare professionals, SLPs, and facilitators in developing inclusive, sustainable, and clinically informed online communities for PWA.

Before a meeting

Effective preparation is critical for ensuring all participants can engage fully. Preparatory activities should focus on accessibility, clarity of materials, technology familiarization, and individual support needs.

Accessible materials

Materials should be designed according to aphasia-accessible principles, including a minimum font size of 14, 1.5 line spacing, clear sans-serif fonts (e.g., Arial), high color contrast, plain English (reading grade of 6 or lower), bullet points for key information, bolding of keywords, and visual supports such as images (Herbert, Gregory, & Haw, 2019). Presenters should be encouraged to limit the amount of text per slide and focus on discussion questions. While AAV does not mandate a standard template, staff are guided in pre-meeting consultations

by the Stroke Association's Accessibility Team, who advise on structuring slides with a self-introduction, project overview, and key questions or demonstrations.

Pre-reading sessions

Pre-reading sessions offer group members the opportunity to familiarize themselves with materials and clarify questions prior to the main meeting. AAV schedules these sessions for 30 minutes, typically one hour before the main meeting. These sessions are optional and facilitated by two members of the Accessibility Team. Feedback from AAV suggests such preparatory sessions improve comprehension and confidence among PWA, particularly when materials are complex or abstract.

Session preparation and communication

Members are provided with reminders about meetings in their preferred format. The majority of AAV members receive email notifications, while a subset prefers text messages or voice notes. Facilitators should ensure that Zoom links or other platform details are clearly communicated, and accessibility needs (e.g., hearing, vision, mobility) are considered in advance. For instance, video should be well-lit to support lip-reading, and text or visual aids should be magnified for participants with visual impairments. Furthermore, contingency procedures should include providing a backup phone dial-in option, establishing protocols for facilitator or participant disconnection, offering guidance on optimal lighting, microphone positioning, and headphone use to optimize accessibility and participation (ASHA, n.d.).

Technology onboarding

A higher proportion of people with communication and language disabilities report exclusion from digital society compared with those with other disabilities (Johansson, Gulliksen, & Gustavsson, 2021). New members receive one-to-one sessions with the Accessibility Team to test technology, review expectations, complete membership forms, and address individual needs. Some members may also require additional support, such as access to devices or data, in addition to training. It may be necessary to seek funding to provide practical support, including device loans, data or internet stipends, and partnerships with libraries or community centres, to facilitate access to appropriate technology and connectivity, and to ensure that all members have the necessary conditions to join and participate in the group. Onboarding should also include screening for hearing, vision, dexterity, and attention/fatigue patterns. This process ensures familiarity with the online platform, reduces anxiety, and enables facilitators to tailor support to individual communication requirements.

In some cases, particularly where technology management or communication support is required, involving caregivers in the onboarding process can be important (Pitt et al., 2018). When caregivers are involved, their role during sessions should be clarified in advance, distinguishing between assisting the person with aphasia to participate and speaking on their behalf, which can inadvertently reduce opportunities for independent communication. Brief training in supported conversation techniques, such as allowing additional time for responses, using writing or drawing as communication supports, and verifying understanding, can equip caregivers to provide meaningful support while preserving the autonomy and voice of the person with aphasia within the group (Pitt et al., 2018; Simmons-Mackie et al., 2010).

Cultural and linguistic considerations

PWA cultural and linguistic diversity, as well as their personal interests, should also be considered when planning a group meeting. Considering cultural backgrounds helps group facilitators adapt communication styles and group norms to accommodate varied expectations, while attending to members' interests supports engagement, rapport, and the development of meaningful connections within the group (Pitt et al. 2018). Asking about communication preferences and cultural norms during onboarding can be highly beneficial. In some cases, the use of interpreters or the development of bilingual materials may be necessary to facilitate comprehension and participation.

Group size and scheduling

Group composition should consider communication needs, stage of recovery, and comfort with technology. The majority of aphasia groups have group sizes between two and 10 individuals (Pettigrove et al., 2022). For AAV we have found our optimal group size ranges from six to 10 members to ensure sufficient opportunity for each person to contribute while maintaining manageability and visibility on screen. Dunne et al. (2023) found that telepractice group members had the potential to be monologic in their conversational turns, suggesting that online platforms can reduce the availability of nonverbal cues indicating that another member wishes to speak. Fatigue can significantly affect participation and varies throughout the day, session timing should be responsive to members' energy levels. Given evidence that post-stroke fatigue is variable and closely linked to sleep and daytime functioning (Chen et al., 2023), scheduling sessions earlier in the day may take advantage of periods when members are more rested and better able to engage. For instance, AAV schedules meetings at 10:30 am to allow sufficient time for morning preparation while taking advantage that fatigue is often less pronounced earlier in the day, before many daily demands accumulate. Session frequency and

duration should be consistent but flexible, reflecting the needs of members and the complexity of the focus of the meeting. Tregea and Brown (2013) highlight that in successful peer-led groups, practical factors and meeting logistics were critical, including maintaining consistent meeting days and times and having peer leaders contact members in advance.

During a meeting

During the session, facilitation must balance engagement, comprehension, and technical management.

Group rules

Establishing clear group rules supports respectful and equitable participation. Rules may include listening to others, allowing one person to speak at a time, ensuring everyone has an opportunity to contribute, and maintaining confidentiality. These rules promote psychological safety, which is critical for PWA who may be hesitant to communicate in group settings. Group members should be part of establishing the rules of their group, and it can be beneficial to periodically review the rules with the group.

Facilitator roles

Facilitator behaviors play a critical role in shaping engagement within aphasia groups. Skilled facilitators may employ strategies such as topic elicitors, multimodal communication supports, and techniques to minimize interactional asymmetry (Lee & Azios, 2020). A dual-facilitator model is recommended when possible. One facilitator focuses on running the session and content delivery, while the second manages technical aspects and monitors participation. The second facilitator may prompt quieter members, manage breakout rooms for individual support,

and address technical issues, ensuring the main facilitator can maintain the session's flow and focus. This model reduces disruption and allows for flexible, responsive support. In addition, the lived experience of stroke and aphasia held by one of our facilitators has been highly valuable, as it provides authentic insight into the challenges faced by members and enhances the relevance and credibility of the support offered.

Recognizing and responding to emotional needs

Clear signposting pathways should be established to ensure participants can access appropriate additional support when needed, including mental health services, stroke counselling, and peer support. It is also important to define the boundaries of what the group can and cannot offer, ensuring expectations are explicit from the outset. Facilitators should be trained to recognize signs of emotional distress and respond appropriately, including knowing when and how to refer participants to external services. This requires clear referral criteria and procedures to ensure timely access to specialist support when required.

Pacing and comprehension

Facilitators and presenters should present at a moderate pace with regular pauses, summarizing key points, rephrasing complex concepts, and checking understanding throughout. These strategies support comprehension and reduce cognitive load for members. Facilitators and the strategies they employ have the potential to shape participation in aphasia groups, as engagement and disengagement emerge from the coordinated actions of both facilitators and group members (Lee & Azios, 2020).

Use of visuals

While slides are not compulsory, they can support comprehension by presenting key points, visuals, and bullet lists. Facilitators should balance slides with live conversation to prevent overreliance on text and maintain engagement. Visual supports are particularly important for individuals with aphasia, who may experience difficulties with reading, and for members who speak English as an additional language. Visuals such as line drawings, photos, and videos can be very useful in online support groups, especially if they are designed to be aphasia-friendly (Rose et al., 2003) or supporting reading (Knollman-Porter et al., 2016). These types of visuals can enhance understanding, support communication, and make the group environment more accessible and engaging for PWA. When incorporating visuals, it is important to consider clarity, simplicity, and relevance to ensure they effectively support participants' needs.

Engagement methods

AAV discourages the use of the Zoom chat panel during meetings, since following both spoken and written conversations simultaneously can be challenging and distracting. Participation is facilitated through physical or virtual hand-raising. The second facilitator monitors engagement and ensures that all participants who wish to speak are given enough time to contribute appropriately, enhancing inclusion and confidence. Tregea and Brown (2013) found that within peer-led support groups, a shared understanding of communication difficulties underpinned more supportive interactions, allowing members to aid and encourage each other to speak. Similarly, shared understanding has been observed in AAV sessions.

Session focus

Clear communication of the session's purpose is essential. Presenters are advised to provide a brief self-introduction, explain the project, and outline key questions for discussion. A

concise overview is included in reminder emails, along with relevant accessible materials. Maintaining a clear focus and structured flow facilitates comprehension and meaningful participation.

Suggestions to overcome session challenges

According to Pitt et al. (2018), the attitudes of both SLPs and PWA toward telepractice may improve with greater experience and overtime. In their study, SLPs noted that as their confidence with technology increased, along with that of PWA, they were better able to provide communication support and facilitate conversation among participants. They also noted that PWA developed their own communication support measures, such as allowing more time to talk. The efficient use of technology by PWA facilitated a greater focus on group rapport and communication, while also reducing frustration and stress among group members.

On the other hand, SLPs developed strategies to manage some of the behavioral difficulties reported among PWA. For instance, they used the “mute” function in Adobe Connect to manage turn-taking more equitably. Finally, feedback from SLPs on their perceptions was also valuable for refining technological features and treatment protocols and strengthening communication between clients and clinicians (Pitt et al., 2018).

A group size of no more than four PWA, with participants grouped according to shared interests rather than severity of aphasia, was also identified as an important facilitator of group rapport, fostering friendships and engagement among members (Pitt et al., 2018). The presence of a communication partner to support the PWA in managing technology was also viewed as a facilitator, along with the provision of aphasia-accessible instructions for SLPs and group members, and initial training in Adobe Connect (Pitt et al., 2018). Finally, as technology

continues to advance and internet stability improves, many of the challenges described are expected to diminish (Simic et al., 2016).

Moreover, facilitators of online support groups must be culturally responsive, and adapt session formats and communication strategies to accommodate diverse cultural backgrounds and expectations. Ensuring inclusivity requires not only technological accessibility but also sensitivity to cultural and linguistic variation. Addressing these challenges is essential to maximizing the potential benefits and equity of online aphasia support groups across diverse populations.

After a meeting

Post-session activities ensure members can consolidate their learning, provide feedback, and observe the impact of their contributions.

Feedback and accountability

Feedback loops are critical for motivation and engagement. Staff provide updates on changes implemented based on group input. While timing may vary according to project pace, AAV typically runs feedback sessions every three months, covering multiple projects. This practice aligns with best-practice guidance for co-produced interventions and demonstrates the tangible impact of participant contributions. A concrete example of impact includes the development of a new style of accessible images, informed by multiple AAV sessions and broader consultation with aphasia groups. These images have been incorporated into the Stroke Association's Communication Support Packs, demonstrating the real-world application of member input.

Recording and access

Meetings are recorded, with recordings made available to members on request. This approach was selected over written minutes due to the reading difficulties experienced by some PWA. Members unable to attend can view recordings and provide asynchronous feedback.

Gathering feedback

Members are encouraged to share reflections both during and after meetings. Feedback is collected informally at the session's conclusion, via email, or through text messages. Feedback may lead to additional sessions on specific topics or adaptations to the running of the session, illustrating the iterative and participant-centered nature of the process.

Practical recommendations and remarks

In conclusion, effective online support groups for PWA hinge on thorough planning and structured facilitation to promote equitable participation, comprehension, and engagement. Key strategies include conducting introductory meetings to familiarize members with the technology and individual needs, offering optional pre-reading sessions to boost confidence, and providing personalized reminders and technical support. A dual-facilitator approach ensures content delivery and participant assistance are effectively managed. Maintaining moderate pacing, using visual aids, and implementing structured participation methods like hand-raising help manage group dynamics. Sharing session summaries and encouraging ongoing feedback foster continuous improvement. Additionally, tailoring group size and scheduling to members' energy levels and accessibility needs contributes to an inclusive and sustainable online community.

It should be noted that we have not included specific eligibility criteria for online aphasia groups in our recommendations. The rationale is that eligibility can vary widely depending on the goals of the group, the participants' language and cognitive abilities, and the resources available. Imposing strict criteria might inadvertently exclude individuals who could benefit from participation or limit access for those with diverse needs. Instead, we suggest a more flexible, individualized assessment process to determine suitability, ensuring that each participant's needs and capabilities are appropriately considered. This approach promotes inclusivity and allows facilitators to adapt their groups to best serve their community members.

Similarly, we have not specifically proposed a formal mechanism or framework for evaluating the outcomes of online support groups in our current discussion. The rationale is that the diversity of online aphasia support groups—differing in goals, participant needs, and available resources—makes a one-size-fits-all evaluation framework challenging to implement universally. Additionally, some groups may have limited capacity for formal assessment or data collection, especially if they are community-based or volunteer-led. Instead, we recommend that facilitators adopt flexible, contextually appropriate methods for evaluation, such as simple feedback forms or informal discussions, to gauge participant satisfaction and perceived benefits. This approach allows for meaningful evaluation without imposing rigid structures that may not suit all settings.

Given the high heterogeneity among online aphasia groups, it should be noted that it is not our intention here to propose a rigid, one-size-fits-all protocol. Instead, our aim is to highlight key components and factors that clinicians can consider when setting up their own groups, allowing for flexibility and adaptation based on individual contexts. In line with this approach, the appendix features a checklist or template designed to guide practitioners in

planning and implementing their online aphasia groups. We believe that this practical tool will help clinicians reflect on their specific resources, goals, and participant needs, enabling them to develop tailored strategies rather than following a strict, prescriptive protocol.

Funding to help setup or run these groups

Understanding the local context

Online support groups may operate in a number of different funding contexts, and these will vary by region and by country. It is important to understand the regulations that govern your specific practice setting as there may be restrictions in delivering treatment across geographic borders, or mandatory adherence to reimbursement guidelines. The insights presented herein are primarily drawn from experiences in the United Kingdom and the United States; practitioners should therefore consult their local regulatory guidelines to ensure compliance.

Appropriate and well-documented groups may be reimbursable by third party payers; however, all will delineate specific criteria for coverage, and the documentation requirements may be extensive (Busch, 2007). Groups are generally covered by health plans if they meet the *medical necessity standards*; such that the treatment is reasonable and necessary for the diagnosis and will improve health status. Social and support groups are typically not reimbursable (ASHA, 2015) and most group services are supported by private pay from individuals or charitable grant funding.

Understanding your costs

Facilitators may deliver groups within their paid role as a clinician, charity worker, researcher or educator. When setting up a group, consider what existing structures are available to achieve your goal. Identify the roles required to facilitate the group and the associated costs.

Table 2 lists potential costs and considerations for funding. For each of these components, consider whether these resources can be accommodated within existing provisions or whether you need additional funding. There is a difference between start-up and maintenance costs; be realistic about what is sustainable.

Insert Table 2 here

Potential funders

Utilize the considerations outlined above to determine the funding requirements associated with the provision of online support groups. This process should include calculating the cost per participant or per group for a predetermined number of sessions. Participants may elect to finance their participation independently or seek external funding from sources such as charitable organizations, benefactors, employers, or funding bodies to offset or augment the incurred costs. Additionally, revenue and reimbursement levels may vary depending on the enrollment model adopted—fixed versus rolling enrollment—where the latter allows participants to pay solely for the sessions attended

Use the above considerations to identify funding requirements associated with the provision of online support groups provision. Calculate a cost per member or per group for a block of a fixed number of sessions. Members may choose to pay to take part themselves, or external funding can be sought from a funder, charity, benefactor or employer to cover or supplement the costs required. Revenue/reimbursement levels will differ with a fixed vs rolling enrolment option, where participants pay only for the sessions they attend.

When completing a funding application, it is helpful to include both literature-based evidence to justify the need for a particular online support group, and personal stories from

community members who have benefitted from online support groups provision previously. A short video statement or written or in-person testimonial can be very powerful in illustrating the impact of even small amounts of funding for this purpose. Consideration should be given to the methods by which the success of the support group will be demonstrated to funding bodies at the conclusion of the grant period. Most funders prioritize outcomes and metrics that effectively illustrate the impact of the intervention. Such measures may include qualitative data obtained through interviews or surveys, as well as quantitative data related to the number of individuals served.

Potential sources of funding might include local medical centers, local education centers, crowd funding, and local charities or community groups (such as Lions or Rotary Associations). Each funder will require the responsible use of the resources. Non-researchers seeking to access research findings and summaries can utilize three main types of resources: (1) reputable university-hosted information tailored for lay audiences, such as The University of Hong Kong's library resources in the field of Speech and Hearing Sciences (https://libguides.lib.hku.hk/speech_hearing/links), and City Access Resources for Aphasia (CARA) by City St George's, University of London (<https://cityaccess.org/>); (2) databases endorsed by professional bodies in communication sciences and disorders or speech-language pathology, such as the "What Works" database (<https://speechandlanguage.org.uk/educators-and-professionals/what-works-database/>) endorsed by the Royal College of Speech and Language Therapists; and (3) platforms specifically designed for busy practitioners that provide regular research reviews and updates, breaking down the latest studies into accessible summaries, such as <https://www.theinformedslp.com/>. The Aphasia Research Library (<https://www.aphasialibrary.org>), which generates user-friendly research summaries to support

access to research findings, is also a good and reliable source of information. These resources can help non-researchers stay informed about current evidence and best practices in the field.

Practical recommendations

In short, establishing online support groups necessitates careful consideration of available resources and potential funding needs. Practitioners should evaluate existing assets, identify fixed costs for necessary resources, and remain adaptable by revising budgets as the program progresses. Incorporating personal stories can enhance funding applications, thereby strengthening the case for support. It is essential to assess whether current community resources suffice or if they can be developed over time to sustain future initiatives. By defining the group's needs within fixed timeframes and capacity limits, stakeholders can effectively target specific funding opportunities or develop self-funded models. A flexible and innovative approach is vital to successfully establishing and maintaining such groups.

Conclusion

In conclusion, online aphasia support groups offer a promising and adaptable approach to addressing the communication and psychosocial needs of PWA worldwide. Their success depends on thorough planning, skilled facilitation, and a person-centered approach that considers individual, cultural, and technological factors. While they present numerous benefits, such as increased accessibility, peer support, and community building, they also pose challenges related to technology, engagement, and resource allocation. Addressing these hurdles requires ongoing training, innovative facilitation strategies, and sustainable funding models tailored to local contexts.

It should also be emphasized that by adhering to best practice guidelines and fostering an inclusive, supportive environment, clinicians, researchers, and community organizations, we can optimize the impact of online support groups, ultimately enhancing the quality of life and social participation of PWA. Continued collaboration and research will be essential to refine these practices and expand their reach globally.

References:

- Almubark, B. M., Majrashi, N., Alghusun, N., et al. (2022). Telehealth clinical practice guide for occupational therapy, physical therapy, and speech and language pathology: A Saudi and Middle Eastern guide. *Telemedicine and e-Health*, 28, 636–642. <https://doi.org/10.1089/tmj.2021.002>
- Alyahya, R. S. W. (2025). The satisfaction of clients and caregivers with telehealth speech-language pathology services. *Digital Health*, 11, 20552076241313163. <https://doi.org/10.1177/20552076241313163>
- American Speech-Language-Hearing Association (2015). Medical review guidelines for speech-language pathology Part B services. Retrieved on October 3rd, from <https://www.asha.org/siteassets/uploadedfiles/slp-medical-review-guidelines.pdf>
- American Speech-Language-Hearing Association. (n.d.). Telepractice (Practice Portal). Retrieved October 9, 2025, from https://www.asha.org/practice-portal/professional-issues/telepractice/#collapse_1
- Archer, B., Azios, J. H., Gulick, N., & Tetnowski, J. (2021). Facilitating participation in conversation groups for aphasia. *Aphasiology*, 35(6), 764–782. <https://doi.org/10.1080/02687038.2020.1812030>
- Attard M., Lanyon L., Togher L., Rose M. (2015). Consumer perspectives on community aphasia groups: a narrative literature review in the context of psychological well-being. *Aphasiology*, 29(8), 983–1019. <https://doi.org/10.1080/02687038.2015.1016888>
- Azios, J.H., Lee, J.G., Sigur, A., Archer, B. & Elman, R.J. (2024). Online aphasia groups: Navigating issues of voice and identity. *American Journal of Speech-Language Pathology*, (33), 333–348. https://doi.org/10.1044/2023_AJSLP-23-00186
- Bell, S., Horgan, A., & Kelly, H. (2024). “You’ll find most people who got involved with the Café couldn’t do without it now” – Socialising in an online versus in-person Aphasia Café. *Advances in Communication and Swallowing*, 27(1). <https://doi.org/10.3233/ACS-230006>
- Binkhamis, G., Perugia, E., & Alyahya, R. S. W. (2024). Telehealth awareness, perception, practice, and influence of the COVID-19 pandemic: A questionnaire to speech-language pathologists and audiologists. *Telemedicine and e-Health*, 30, 223–233. <https://doi.org/10.1089/tmj.2023.0208>
- Boey, R., & Lefevere, S. (2022). An evaluation of telepractice use during the COVID-19 pandemic for the treatment of speech and language disorders in Belgium. *International Journal of Telerehabilitation*, 14(1), Article e6411. <https://doi.org/10.5195/ijt.2022.6411>
- Brumfitt, S. (2006). Psychosocial aspects of aphasia: Speech and language therapists’ views on professional practice. *Disability and Rehabilitation*, 28(8), 523–534. <https://doi.org/ucc.idm.oclc.org/10.1080/09638280500219349>

Busch, C. (2007). Reimbursement issues particular to group treatment. In R.J. Elman (Ed.), *Group Neurogenic Communication Disorders: The expert clinician's approach* 2nd Edition (pp 64-69). Plural Publishing, San Diego, CA.

Camic, P. M., Harding, E., Rossi-Harries, S., Hayes, O. S., Sullivan, M. P., Wilson, L., ... & Crutch, S. J. (2025). "A torch, a rope, a belly laugh": engaging with the multiple voices of support groups for people living with rare dementia. *Frontiers in Dementia*, 3, 1488025.

Caute, A., Cruice, M., Devane, N., Patel, A., Roper, A., Talbot, R., Wilson, S., & Marshall, J. (2022). Delivering group support for people with aphasia in a virtual world: experiences of service providers. *Disability and rehabilitation*, 44(26), 8264–8282.
<https://doi.org/10.1080/09638288.2021.2011436>

Cavanaugh, R. & Haley, K.L. (2020). Subjective communication difficulties in very mild aphasia. *American Journal of Speech-Language Pathology*, 29(1S), 437–448. https://doi.org/10.1044/2019_AJSLP-CAC48-18-0222

Chen, W., Jiang, T., Huang, H., & Zeng, J. (2023). Post-stroke fatigue: a review of development, prevalence, predisposing factors, measurements, and treatments. *Frontiers in neurology*, 14, 1298915. <https://doi.org/10.3389/fneur.2023.1298915>

Cook, J. A., Fitzgibbon, G., Batteiger, D., Grey, D., Caras, S., Dansky, H., & Priester, F. (2005). Information technology attitudes and behaviours among individuals with psychiatric disabilities who use the internet; Results of a web based survey. *Disability Studies Quarterly*, 25(2), 223–229. <https://doi.org/10.18061/dsq.v25i2.549>

Cruice, M., Woolf, C., Caute, A., Monnelly, K., Wilson, S., & Marshall, J (2021). Preliminary outcomes from a pilot study of personalised online supported conversation for participation intervention for people with aphasia. *Aphasiology*, 35(10), 1293–1317.
<https://doi.org/10.1080/02687038.2020.1795076>

Davidson, B., Howe, T., Worrall, L., Hickson, L., & Togher, L. (2008). Social participation for older people with aphasia: the impact of communication disability on friendships. *Topics in Stroke Rehabilitation*, 15(4), 325–340. <https://doi.org/10.1310/tsr1504-325>

Døli, H., Helland, T., & Andersen Helland, W. (2017): Self-reported symptoms of anxiety and depression in chronic stroke patients with and without aphasia. *Aphasiology*, 31(12), 1392-1409.
<https://doi.org/10.1080/02687038.2017.1280595>

Dunne, M., Hoover, E., & DeDe, G. (2023). Efficacy of Aphasia Group Conversation Treatment via Telepractice on Language and Patient-Reported Outcome Measures. *American Journal of Speech-Language Pathology*, 32(5S), 2565–2579. https://doi.org/10.1044/2023_AJSLP-22-00306

Dunkley, C., Pattie, L., Wilson, L., & McAllister, L. (2010). A comparison of rural speech-language pathologists' and residents' access to and attitudes towards the use of technology for speech-language pathology service delivery. *International Journal of Speech-Language Pathology*, 12(4), 333–343. <https://doi.org/10.3109/17549500903456607>

Fox, L. E., Poulsen, S., Clark Bawden, K., & Packard, D. (2004). Critical elements and outcomes of a residential family-based intervention for aphasia caregivers. *Aphasiology*, 18, 1177–1199. <https://doi.org/10.1080/02687030444000525>

Haleem, A., Javaid, M., Singh, R. P., & Suman, R. (2021). Telemedicine for healthcare: Capabilities, features, barriers, and applications. *Sensors International*, 2, 100117. <https://doi.org/10.1016/j.sintl.2021.100117>

Hao, Y., Zhang, S., Conner, A., & Lee, N. Y. (2021). The evolution of telepractice use during the COVID-19 pandemic: Perspectives of pediatric speech-language pathologists. *International Journal of Environmental Research and Public Health*, 18(22), 12197. <https://doi.org/10.3390/ijerph182212197>

Hedda Døli, Turid Helland & Wenche Andersen Helland (2017). Self-reported symptoms of anxiety and depression in chronic stroke patients with and without aphasia, *Aphasiology*, 31(12), 1392–1409. <https://doi.org/10.1080/02687038.2017.1280595>

Herbert, R., Gregory, E., & Haw, C. (2019). Collaborative design of accessible information with people with aphasia. *Aphasiology*, 33(12), 1504–1530. <https://doi.org/10.1080/02687038.2018.1546822>

Hilari, K., Behn, N., James, K., Northcott, S., Marshall, J., Thomas, S., Simpson, A., Moss, B., Flood, C., McVicker, S., & Goldsmith, K. (2021). Supporting wellbeing through peer-befriending (SUPERB) for people with aphasia: A feasibility randomised controlled trial. *Clinical Rehabilitation*, 35(8), 1151–1163. <https://doi.org/10.1177/0269215521995671>

Hoover, E., Szabo, G., Kohen, F., Vitale, S., McCloskey, N., Maas, E., Kulkarni, V., & DeDe, G. (2025). The benefits of conversation group treatment for individuals with chronic aphasia: Updated evidence from a multisite randomized controlled trial on measures of language and communication. *American Journal of Speech-Language Pathology*, 34(3), 1203–1218. https://doi.org/10.1044/2025_AJSLP-24-00279

Johansson, S., Gulliksen, J., & Gustavsson, C. (2021). Disability digital divide: the use of the internet, smartphones, computers and tablets among people with disabilities in Sweden. *Universal Access in the Information Society*, 20(1), 105–120. <https://doi.org/10.1007/s10209-020-00714-x>

Jokel, R., & Meltzer, J. (2017). Group intervention for individuals with primary progressive aphasia and their spouses: Who comes first? *Journal of Communication Disorders*, 66, 51–64.

Kagan, A. (1998). Supported conversation for adults with aphasia: methods and resources for training conversation partners. *Aphasiology*, 12 (9), 816–830.
<https://doi.org/10.1080/02687039808249575>

Kauhanen, M. L., Korpelainen, J. T., Hiltunen, P., Määttä, R., Mononen, H., Brusin, E., Sotaniemi, K. A., & Myllylä, V. V. (2000). Aphasia, depression, and non-verbal cognitive impairment in ischaemic stroke. *Cerebrovascular Diseases*, 10(6), 455–461.
<https://doi.org/10.1159/000016107>

Kearns, Á., & Cunningham, R. (2023). Converting to online conversations in COVID-19: People with aphasia and students' experiences of an online Conversation Partner Scheme. *Aphasiology*, 37(7), 929–953. <https://doi.org/10.1080/02687038.2022.2059803>

Knollman-Porter, K., Brown, J., Hux, K., Wallace, S. E., & Uchtman, E. (2016). Preferred visuographic images to support reading by people with chronic aphasia. *Topics in Stroke Rehabilitation*, 23(4), 269–275. <https://doi.org/10.1080/10749357.2016.1155276>

Lam, J. M., & Wodchis, W. P. (2010). The relationship of 60 disease diagnoses and 15 conditions to preference-based health-related quality of life in Ontario hospital-based long-term care residents. *Medical Care*, 48(4), 380–387. <https://doi.org/10.1097/MLR.0b013e3181ca2647>

Lee, J. B., & Azios, J. H. (2020). Facilitator Behaviors Leading to Engagement and Disengagement in Aphasia Conversation Groups. *American Journal of Speech-Language Pathology*, 29(1S), 393–411. https://doi.org/10.1044/2019_AJSLP-CAC48-18-0220

Lee, Y., Fritz, K., Dagli, C., Nicholas, M.L. & Tabor Connor, L. (2022). Social Support Fully Mediates the Association Between Communication Abilities and Social Participation Among Persons with Post-Stroke Aphasia, *Aphasiology*, 37(7), 980-992.
<https://doi.org/10.1080/02687038.2022.2063792>

Legg, L., Stott, D., Ellis, G., & Sellars, C. (2007). Volunteer Stroke Service (VSS) groups for patients with communication difficulties after stroke: a qualitative analysis of the value of groups to their users. *Clinical Rehabilitation*, 21(9), 794–804.
<https://doi.org/10.1177/0269215507077301>

Marshall, J., Devane, N., Talbot, R., Caute, A., Cruice, M., Hilari, K., MacKenzie, G., Maguire, K., Patel, A., Roper, A., & Wilson, S. (2020). A randomised trial of social support group intervention for people with aphasia: A Novel application of virtual reality. *PloS one*, 15(9), e0239715. <https://doi.org/10.1371/journal.pone.0239715>

Min, S., Lee, B., Shin, N., Kim, D., & Lee, J. (2025). Expanding aphasia support globally: Lessons learned from the Korean Aphasia Community. *Perspectives of the ASHA Special Interest Groups*, 10(6), 1651–1663. https://doi.org/10.1044/2025_PERSP-25-00056

Morhardt, D. J., O'Hara, M. C., Zachrich, K., Wieneke, C., & Rogalski, E. J. (2019). Development of a psycho-educational support program for individuals with primary progressive

aphasia and their care-partners. *Dementia*, 18(4), 1310–1327.

<https://doi.org/10.1177/1471301217699675>

Morris, R., Eccles, A., Ryan, B., & Kneebone, I. I. (2017). Prevalence of anxiety in people with aphasia after stroke. *Aphasiology*, 31(12), 1410–1415.

<https://doi.org/10.1080/02687038.2017.1304633>

Neate, T., Kladouchou, V., Wilson, S. Shams, S. (2022). “Just Not Together”: The Experience of Videoconferencing for People with Aphasia during the Covid-19 Pandemic. *CHI '22: Proceedings of the 2022 CHI Conference on Human Factors in Computing Systems*, 606.

<https://doi.org/10.1145/3491102.3502017>

Nickel, A., & Thomalla, G. (2017). Post-Stroke Depression: Impact of Lesion Location and Methodological Limitations-A Topical Review. *Frontiers in Neurology*, 8, 498.

<https://doi.org/10.3389/fneur.2017.00498>

Hilari, K., Behn, N., James, K., Northcott, S., Marshall, J., Thomas, S., Simpson, A., Moss, B., Flood, C., McVicker, S., & Goldsmith, K. (2021). Supporting wellbeing through peer-befriending (SUPERB) for people with aphasia: A feasibility randomised controlled trial. *Clinical Rehabilitation*, 35(8), 1151–1163.

<https://doi.org/10.1177/0269215521995671>

Northcott, S., & Hilari, K. (2011). Why do people lose their friends after a stroke? *International Journal of Language & Communication Disorders*, 46(5), 524–534.

<https://doi.org/10.1111/j.1460-6984.2011.00079.x>

Northcott, S., Marshall, J. & Hilari, K., (2016). What factors predict who will have a strong social network following a stroke. *Journal of Speech, Language, and Hearing Research*, 9(4), 772-783.

https://doi.org/10.1044/2016_JSLHR-L-15-0201

Pettigrove, K., Lanyon, L. E., Attard, M. C., Vuong, G., & Rose, M. L. (2022). Characteristics and impacts of community aphasia group facilitation: a systematic scoping review. *Disability and Rehabilitation*, 44(22), 6884–6898.

<https://doi.org/10.1080/09638288.2021.1971307>

Pitt, R., Hill, A. J., Theodoros, D., & Russell, T. (2018). “I definitely think it’s a feasible and worthwhile option”: Perspectives of speech-language pathologists providing online aphasia group therapy. *Aphasiology*, 32(9), 1031–1053.

<https://doi.org/10.1080/02687038.2018.1482403>

Pitt, R., Theodoros, D., Hill, A. J., & Russell, T. (2019). The impact of the telerehabilitation group aphasia intervention and networking programme on communication, participation, and quality of life in people with aphasia. *International Journal of Speech Language Pathology*, 21(5), 513–523.

<https://doi.org/10.1080/17549507.2018.1488990>

Rose, T., Worrall, L., & McKenna, K. (2003). The effectiveness of aphasia-friendly principles for printed health education materials for people with aphasia following stroke. *Aphasiology*, 17(10), 947 – 963.

<https://doi.org/10.1080/02687030344000319>

Shadden, B. (2007). Rebuilding identity through stroke support groups: Embracing the person with aphasia and significant others. In R. Elman (Ed.), *Group treatment of neurogenic*

communication disorders: The expert clinician's approach (2nd ed.) (pp. 111–126). San Diego, CA: Plural Publishing.

Sherratt, S. (2023). People with aphasia living alone: A scoping review. *Aphasiology*, 38(4), 712–737. <https://doi.org/10.1080/02687038.2023.2227403>

Sherratt, S., & Simmons-Mackie, N. (2016). Shared humour in aphasia groups: “They should be called cheer groups.” *Aphasiology*, 30(9), 1039–1057. <https://doi.org/10.1080/02687038.2015.1092495>

Simic, T., Leonard, C., Laird, L., Cupit, J., Höbler, F., & Rochon, E. (2016). A usability study of internet-based therapy for naming deficits in aphasia. *American Journal of Speech Language Pathology*, 25, 642–653. https://doi.org/10.1044/2016_AJSLP-15-0030

Simmons-Mackie, N., Elman, R. J., Holland, A. L., & Damico, J. S. (2007). Management of discourse in group therapy for aphasia. *Topics in Language Disorders*, 27(1), 5-23.

Simmons-Mackie, N., Raymer, A., Armstrong, E., Holland, A., & Cherney, L. R. (2010). Communication partner training in aphasia: a systematic review. *Archives of physical medicine and rehabilitation*, 91(12), 1814–1837. <https://doi.org/10.1016/j.apmr.2010.08.026>

Simmons-Mackie, N., King, J.M. & Beukelman, D.R (Eds.) (2013). *Supporting Communication for Adults with Acute and Chronic Aphasia*. Paul H. Brookes Publishing Co.

Tamplin, J., Baker, F. A., Jones, B., Way, A., & Lee, S. (2013). “Stroke a Chord”: The effect of singing in a community choir on mood and social engagement for people living with aphasia following a stroke. *NeuroRehabilitation*, 32 (4), 929–941. <https://doi.org/10.3233/NRE-130916>

Taylor-Rubin, C., Azizi, L., Croot, K., & Nickels, L. (2020). Primary Progressive Aphasia Education and Support Groups: A Clinical Evaluation. *American Journal of Alzheimer's Disease & Other Dementias*, 35, 1533317519895638. <https://doi.org/10.1177/1533317519895638>

Tregea, S., & Brown, K. (2013). What makes a successful peer-led aphasia support group?. *Aphasiology*, 27, 581–598. <https://doi.org/10.1080/02687038.2013.796506>

Volkmer, A., Cartwright, J., Ruggero, L., Beales, A., Gallée, J., Grasso, S., ... & Hersh, D. (2023). Principles and philosophies for speech and language therapists working with people with primary progressive aphasia: an international expert consensus. *Disability and Rehabilitation*, 45(6), 1063-1078.

Volkmer, A., Hausmann, A., Paplikar, A., Battista, P., Jokel, R., & International PPA SLT/P network. (2025). Group interventions for people with primary progressive aphasia and their care partners: Considerations for clinical practice. *Neuropsychological rehabilitation*, 35(6), 1254-1282.

Volkmer, A., Unger, N., Townsend, R., Beckley, F., Rana, M., Feest, E., Hollyer, A., Dixon, L., Watkins, K., & Beeke, S. (Under Review 2026) Better Conversations communication partner

training for progressive and non-progressive aphasia: What can we learn from intensive conversation groups? *International Journal of Language & Communication Disorders*

Watanabe, M., Cartwright, J., & Pierce, J. E. (2024). Positive effects of speech and language therapy group interventions in primary progressive aphasia: A systematic review. *International Journal of Language & Communication Disorders*, 59(5), 1832-1849.

Weidner, K., & Lowman, J. (2020). Telepractice for adult speech-language pathology services: a systematic review. *Perspectives of the ASHA Special Interest Groups*, 5(1), 326-338.
https://doi.org/10.1044/2019_PERSP-19-00146

Whyte, E.M., Mulsant, B.H., Vanderbilt, J., Dodge, H.H. and Ganguli, M. (2004). Depression After Stroke: A Prospective Epidemiological Study. *Journal of the American Geriatrics Society*, 52: 774-778. <https://doi.org/10.1111/j.1532-5415.2004.52217.x>

Wray, F., & Clarke, D. (2017). Longer-term needs of stroke survivors with communication difficulties living in the community: a systematic review and thematic synthesis of qualitative studies. *BMJ Open*, 7(10), e017944. <https://doi.org/10.1136/bmjopen-2017-017944>

Zanella, C., Laures-Gore, J., Dotson, V. M., & Belagaje, S. R. (2023). Incidence of post-stroke depression symptoms and potential risk factors in adults with aphasia in a comprehensive stroke center. *Topics in Stroke Rehabilitation*, 30(5), 448–458.
<https://doi.org/10.1080/10749357.2022.2070363>

Supplemental materials / Availability of data and materials:

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Authors' contributions:

The paper was conceived by APHK, with support from the co-author writing group that was first formed by GP. APHK led the co-ordination of the initial writing process. All other co-authors contributed to writing, editing, and finalizing the manuscript. Co-authors HK, CDR, and SY created the template in the appendix.

Acknowledgements:

Many thanks to Angela Smith and Janet Rockliffe at the Stroke Association (UK) and the Aphasia and Accessible Voices members for their input on the AAV group.

Table 1. Facilitator techniques adapted from Azios et al. (2024)

Technique	Function
Stance-taking question	Allow group members to express ideas and beliefs about particular topics.
Adapted visual supports	Provides access to conversation, particularly for individuals with more severe spoken language materials
Strategic transfer (adjudication) of the conversational turn	Provides turn to specific group member. This may be prompted by observed vocalization or nonverbal communication; may serve to protect the turn of member during overlapping talk time.
Strategic foregrounding or backgrounding of environment	Decision regarding if and how to incorporate environmental elements or additional participants into the virtual space (pets, family members)
Deliberate topic selection based on background of group members	Offers space for group members to share life experiences.
Highlighting naivete	Works to equalize power differential between facilitator and group members and foster group affiliation
Restating members' contributions and/or opinion on topic	Positions group members so that they are fully understood by entire group; may promote crosstalk.
Minimizing own opinions and perspectives	Allows conversational space for group members to agree, disagree and/or expand; may promote crosstalk.
Adjust pace; and allow lengthy pauses	Allows time for members to self-select a turn and enter into the conversation.

Table 2. Service delivery costs and considerations

Item	Considerations for provision of this resource
Staffing	• Does your existing service run in-person groups which might be alternated or extended with online support groups? • Could existing group support be partially re-allocated to support online group provision? • Can student placements support online groups for a fixed period? • Are skilled volunteers with existing experience of online conferencing technologies and/or in-person group facilitation available? • If needed, is training available to develop skills in facilitating online support groups?
Technical support	• Are there existing community resources which offer support for participants to get online and access video calls? For example, AbilityNet in the UK offer this, or local aphasia centers may offer additional support for technology use.
Equipment	• Do your group participants and facilitators have existing technology that they can use to access online support groups (with support if needed)? • Are there one-time funding applications or charitable donations available to support the purchase of user-friendly devices for online support groups?
Internet provision	• Does the target community have sufficient local infrastructure to support internet access without additional intervention or might some members need a device for mobile internet provision (e.g., a Wi-Fi dongle or USB modem)
Ongoing software licensing	• Free-to-access online conferencing platforms may have limits on the duration of calls, capacity of meetings and features that are useful for accessibility. Is this sufficient? • Where groups are larger, more formal, and widely accessible, paid platforms may be most helpful. Does your current service context (charity, healthcare, education) have an existing subscription to a platform that will support your needs? If not, can you pay a one-time fee for a fixed period or is this a subscription cost? • Encryption can add an increase in cost but may be a legal requirement for online provision of some groups. (e.g., Health Insurance Portability and Accountability Act [HIPAA] and General Data Protection Regulation [GDPR] compliance).

Appendix 1

Template prompts for online aphasia support groups

How to use this document: This document is a prompt for running aphasia support groups. Each group will be unique to you and so all of the items below may or may not be suitable for your group. Use the Yes/ No/ Unsure columns to evaluate your group's current practice. The Comments column is for your notes, action steps, or adaptations.

CATEGORY TITLE	Yes	No	Unsure	Comments
Purpose of online group				
<i>Are you clear on the purpose of the group?</i> • A peer-support group. • A safe space to practice communication. • People with aphasia only. • People with other communication disabilities • Family members for IT or communication support only, or can they also contribute to the conversation?				
<i>How have you made the purpose of the group clear to the members?</i> • Invitation of advertisements/flyers. • At the start of the meetings. • Consider preparing the opening script to explain at the start of each meeting which will give regular and new members the lie of the land.				
<i>Are family members permitted to attend the groups?</i> • If for technology support only, make it clear at the outset that this space is for people with aphasia to communicate in their own way and at their own pace. • Consider sending a brief written statement to family members before the first session that sets out expectations for their presence in the meeting.				
<i>Why it matters</i> • <i>Members may incorrectly think you are providing a speech and language therapy program.</i> • <i>Family members will understand the expectations for their attendance.</i> • <i>Even with the best intentions, family members may speak on behalf of, or over, the person with aphasia.</i>				

• <i>Prevents pressure for members to 'perform' so they can focus on the enjoyment of peer support and conversation rather than not making 'mistakes'.</i>				
Referrals for group members				
<i>How do you plan to accept referrals for group members?</i> • Healthcare Professionals. • Self-referrals. • Have you a limit on the number of members? • Is there a set number of weeks each member can attend, or is it an open and/or continuous group?				
Who will be facilitating the groups?				
<i>Will you have volunteer or student helpers?</i> • Will they have training and experience in communication disabilities, e.g., speech and language therapy students? • Will they have experience in facilitating similar groups? • Will you need to provide training before the groups start?				
<i>Why it matters</i> • <i>Volunteers need to understand their role in the meeting, which may be different than their experiences in volunteering for other types of groups.</i> • <i>If needed, training needs to be factored prior to the commencement of the group and should facilitate ongoing mentoring and reciprocal feedback.</i>				
<i>Volunteer/Student Training Protocol</i>				
<i>What should volunteers understand before facilitating or supporting an online aphasia group?</i> • Group guidelines and protocols for opening, managing and closing meetings. • A basic understanding of aphasia and how it affects communication differently for each individual. • Their role as a communication partner, group supporter. • That they should not highlight or correct speech errors, word finding difficulties etc. once the meaning is understood.				

• Understand the principles of supported communication, including, allowing members time to process and formulate communication, use multiple methods for communication, and confirm understanding without condescension. • Recognize nonverbal cues of members and adapt to facilitation accordingly. • How to use the chosen technology platform, including Breakout Rooms, Chat, Whiteboard, and captioning tools.				
Prior to group meeting				
<i>Have you planned a brief individual welcome for new members before they join the group?</i> • Schedule a 10–15 minute one-to-one meeting before each new member's first session. • Learn about their communication preferences — how do they communicate best, and what are their concerns about joining a group? • Confirm they are comfortable with the technology required to join. • Let them know what to expect: format, pace, tone, and that there is no pressure to speak.				
<i>Why it matters</i> • <i>Joining a new group can feel daunting. A personal welcome before the first session reduces anxiety, builds trust, and significantly increases the likelihood that new members will return to meetings.</i>				
<i>What supports have you put in place to ensure inclusivity for all members?</i> • Pre-determined topics? If so, consider sending out to members in advance so they can prepare their contribution to the conversation. • Topic visuals to share on screen (images + 1-3 keywords). • Short written phrases or captions related to the topic. • Clear agenda slide. • Ensure the Whiteboard is enabled. • Ensure Chat function is enabled. • For larger groups, consider planning Breakout Rooms (4-6 people) to ensure everyone has a chance to speak. Explain how long they will				

have and how to see time warnings for coming back into the main group. • Prepare explanations of Whiteboard, Chat function, how to use emojis, etc. • Use a consistent meeting format for each meeting, e.g., welcome, share, topic preview, small groups, share, closing).				
Why it matters • <i>It provides multiple ways of including people into conversations irrespective of aphasia type and severity.</i> • <i>Members may be more likely to engage in conversations when they see that they can use a range of ways to communicate (listen, speak, gesture, type, drawing, emojis, etc.).</i> • <i>It will give members a sense of belonging, connection, and group identity.</i> • <i>Emailing topics before the meeting allows people time to think about what they want to say. If preferred, they can email their opinions to be read to the group, particularly useful for severe aphasia.</i> • <i>Knowing pre-determined topics will reduce the cognitive load of thinking off the cuff during the meeting.</i> • <i>Choice of topic and communication style will make the group relevant and increase sustained engagement.</i> • <i>Providing a consistent and predictable format for each meeting will help new members follow the flow and late arrivals know where the meeting is at as they enter.</i>				
Chosen online platform				
Have you considered the online platform you will use? • Does your license have a time limit or number of members allowed in meetings? • Does it have an easy log in, or do members need to download software? • You could consider embedding the link to the meeting email within a picture which members just need to click on. • Will they be placed in a waiting room or go straight into the meeting?				

• Have you sent out aphasia accessible instructions to follow for joining the group?				
Why it matters • <i>Complex instructions are challenging for people with aphasia, so providing a one-click link simplifies access to meetings.</i> • <i>Family support may be available, but they too may be limited in their IT skills</i> • <i>Online groups have many benefits but can be daunting for new members, e.g., in the waiting room but unsure if they are in the right place, etc.</i>				
Recording and Privacy Policy				
Are you considering recording or taking a screenshot of members? Will you use or allow others to use AI transcription? If so, • Contact members ahead of the meeting about any planned recordings. • This must be in an aphasia accessible format to ensure they are giving informed consent. • Give people time to process the information and ask questions. Tell them: ○ what form of recording you would like to use. ○ exactly what the recording/screenshot will be used for and why, ○ who will be able to see their image/voice. • Consider sending out this information. It is essential to: • Ensure that everyone understands what recording will be taken and why. • Ensure that everyone understands that they do not have to take part in the recording. • Give the option of leaving the meeting or turning off their cameras for the recording. • Get their explicit informed permission for this. • Revisit consent for each meeting recorded.				
During group meetings				
Welcome				
• Welcome members warmly. • Give people the opportunity to introduce themselves if they wish, e.g., name and general area they are living in.				

• Give opportunities to discuss their hobbies and interests which will help you and the other members get to know each other and foster camaraderie. For example, if some members love sports and there is a big game or tournament happening, it will prompt conversation. • Give clear instructions and demonstrate the Whiteboard and Chat functions. • Make it clear that people can contribute as much or as little as they wish, and if they only want to listen, that is perfectly fine. • Explain any group rules, e.g., try not to interrupt others when speaking, maybe put up hand if want to speak if there is not a natural lull. • Allow plenty of time for people to process information. Silences may feel longer on an online platform, but it is important to allow people to process what has been said and formulate their responses.				
<i>Why it matters</i> • <i>Knowing the 'ground rules' will make expectations clear.</i> • <i>Knowing different levels of contributions are allowed may reduce anxiety and provide a space for people to gain confidence and trust in the group.</i> • <i>Providing opportunities for discussion about themselves will allow engagement about topics the members may feel more comfortable/confident speaking about.</i>				
Conversations encouragement				
• Around 90% of communication is nonverbal (e.g., eye-contact, voice tone, body posture) so be vigilant for indications that people want to contribute to the conversation, e.g., facial expressions, leaning forward etc. That said, online nonverbal behaviors can be misinterpreted, e.g., eye-contact is unclear as people may look directly at the webcam or computer screen. Someone leaning forward could mean the topic interests them or they can't hear the conversation. A frown could mean disagreement, focusing to understand the				

discussion, or that their cat has jumped onto their laptop! • Call on people by name to allow them a conversational space. • Ask questions to the group related to the conversation e.g., is it sunny where you are living too? What's the weather like where you are too? • Acknowledge each piece of engagement e.g., thumbs up, nodding or shaking heads, laughter etc. • While you may have planned activities, don't stop the flow of conversation between members. • In everyday conversation, filler words show we are listening (e.g., yeah, OK) but can become distracting online, so instead encourage the use of nonverbal encouragers such as nodding and smiling. • As the purpose of the group is not speech and language therapy, any speech errors, word finding difficulties etc. should not be commented on, once the meaning is understood. Give time and 'train' members to give time too. • Validate everyone's contributions, be encouraging, but not patronizing. • Encourage all ways of communicating – writing, drawing, gesturing, miming – people with aphasia are very skilled at getting their message across using Total Communication. • Shut down any background noise as can be very distracting to people with aphasia processing what they hear and/or formulating what they want to say. So, ensure you know how to mute individual people on your chosen platform. • If members ask about specific advice, bring it out to the group as they will have a lot more advice to offer from their own lived experience. Remember you are not their therapeutic clinician, and you may not know them, their circumstances or communication. • As the group becomes more established, you may wish to allow members to start and guide the conversations, e.g., they may organically start asking about everyone's week. • Decide on how to close the meetings and leave time for people to say goodbye.				
---	--	--	--	--

Some key prompts for Volunteers				
• Your role is to support conversation, not lead it. • Resist the impulse to fill silences too quickly. • Do not speak for or complete the sentences of members with aphasia — wait, encourage, and allow them to communicate in their own way. • Use plain language, short sentences, and speak at a measured pace. • Acknowledge every contribution — verbally, with a nod, or a thumbs up. • If a member is struggling, offer support gently: 'Take your time,' 'Would it help to write it or show us?' • Do not draw attention to speech errors. Focus on the message, not the delivery. • Watch for members who appear to want to contribute but cannot break into the conversation — call on them by name.				
<i>Why it matters</i> • <i>You need to create a safe space for members.</i> • <i>Give plenty of time to this; any planned topics are secondary to people feeling comfortable in the group.</i> • <i>As the group becomes more established, they will find their group identity, which will develop their ability for peer support.</i>				
Breakout Rooms				
• If you plan, Breakout Rooms explain the purpose and how long they will be there before coming back to the main room. • Divide the groups into the Breakout Rooms with due consideration e.g., gender balance, mixed severities of aphasia, etc. • Some people may need support and additional instruction in entering the rooms. • Consider if you will have a volunteer in each Breakout Room or not. • Visit the rooms briefly to check-in with members. • Give a verbal time check across rooms e.g., I will bring you back to the main room in one minute – see you then!				
<i>Why it matters</i>				

• <i>Breakout Rooms will provide the opportunity for people to participate in conversations, who may be quieter, shy in larger groups, or have limited verbal output.</i>				
Following meeting Reflection				
How did everyone engage in the meeting? • Did some people stay quiet? • Did some people hog for the conversation floor? • How did people engage – consider the extent, successes and challenges of all modalities used to communicate. • Were there any technology issues for individuals or from your side? • Which topics were favored by members? • Could future topics relate to members’ hobbies and interests? • Could you ask members to propose their own topics at the end of each meeting for the following meeting? • Did you give space for the conversation to flow more organically without your full control? How did it work? What could you tweak? • Are there some members who are confident in leading the conversation in the main room or Breakout Rooms? Is this ‘accepted’ by the other members? • Get feedback from the members about the Breakout Rooms – were they too long/short? Were there too many/not enough in the meeting? Anything else?				
Attendance • Track who attends, who drops in sporadically or who stops attending. How will you manage this?				
Volunteer Reflection and Feedback • Volunteers should have access to an identified point of contact for questions or concerns that arise from meetings. • Debrief with the lead facilitator after each meeting to find out what worked, what was challenging? • Did volunteers tend to take over and speak too much or lack confidence in supporting the members? • Ask volunteers, ‘how are YOU doing?’				

• Do they have a colleague or supervisor they can debrief with after a challenging meeting? • Ongoing mentoring and peer feedback between volunteers strengthens facilitation skills over time.				
<i>Why it matters</i> • <i>Volunteers are a vital part of online aphasia group delivery, and their positive impact depends on preparation.</i> • <i>Well-trained volunteers create a more inclusive, responsive, and safe environment for members.</i> • <i>Ongoing reflection and feedback ensure continuous improvement and reduces the risk of well-intentioned but unhelpful interactions.</i> • <i>Facilitator well-being is essential to the long-term sustainability of the group. Running groups for people who have experienced significant loss and life change is meaningful work — and sometimes emotionally heavy. Naming this and planning for it is essential for facilitator sustainability.</i>				
<i>Creating Aphasia Accessible Materials</i> <i>Have you adapted all materials to be aphasia accessible? Here are some suggestions:</i> <i>Written Material</i> • Use short sentences: 5–8 words per sentence where possible. • Use one idea per line. • Avoid long paragraphs. • Use images, icons, or symbols alongside written text to support comprehension. Ensure that the pictures add understanding and meaning. • Avoid jargon, complex vocabulary, and multi-step instructions in a single sentence. • Use a minimum font size of 14pt; 16pt or larger is preferred. • Use a clear, sans-serif font such as Arial, Calibri, or Helvetica. • Use high-contrast text -dark text on a plain white or pale background. • Left-align all text - centered or justified text is harder to read with aphasia.				

• Allow generous white space between sentences. • Use bold to highlight the most important word or phrase in a sentence. • Number steps clearly when instructions have a sequence. • Use a consistent layout across all materials so members know what to expect. Alternative Formats • Provide a short voice recording or simple video as an alternative to written instructions. • Provide a one-click joining link embedded in an image rather than a full URL. • Where possible, offer both printed (large print) and digital versions of materials. • Consider pictorial-only versions of key materials (e.g., agenda, joining guide) for members with severe aphasia. Testing and Review • Where possible, test materials with a person with aphasia before finalizing them. • Invite feedback from members about whether materials are clear and useful. • Review materials regularly — what works for one group may not work for another.				
Why it matters • <i>Aphasia affects reading, writing, and language processing — not intelligence.</i> • <i>When materials are inaccessible, the message communicated (unintentionally) is that this space was not truly designed with the person in mind.</i> • <i>Accessible, well-designed materials signal inclusion from the very first contact.</i>				