



Theses and Dissertations

---

2024-06-10

## Speech-Language Pathologists' Perspectives on Working With Couples Impacted by Aphasia

Jannelyse Allred  
*Brigham Young University*

Follow this and additional works at: <https://scholarsarchive.byu.edu/etd>



Part of the [Education Commons](#)

---

### BYU ScholarsArchive Citation

Allred, Jannelyse, "Speech-Language Pathologists' Perspectives on Working With Couples Impacted by Aphasia" (2024). *Theses and Dissertations*. 10398.

<https://scholarsarchive.byu.edu/etd/10398>

This Thesis is brought to you for free and open access by BYU ScholarsArchive. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of BYU ScholarsArchive. For more information, please contact [ellen\\_amatangelo@byu.edu](mailto:ellen_amatangelo@byu.edu).

Speech-Language Pathologists' Perspectives on Working With  
Couples Impacted by Aphasia

Jannelyse Allred

A thesis submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of  
Master of Science

Tyson G. Harmon, Chair  
Shawn L. Nissen  
Dallin Bailey

Department of Communication Disorders  
Brigham Young University

Copyright © 2024 Jannelyse Allred

All Rights Reserved

## ABSTRACT

### Speech-Language Pathologists' Perspectives on Working With Couples Impacted by Aphasia

Jannelyse Allred  
Department of Communication Disorders, BYU  
Master of Science

This thesis explores speech-language pathologists' (SLPs) perceptions of, experiences with, and perceived barriers to providing psychosocial support to couples impacted by aphasia. A survey was conducted, with 50 responses analyzed. All participants were licensed SLPs who work in the United States and have people with aphasia (PWA) on their caseload. Participants responded to a portion of survey questions, viewed five short videos of Relationship-Centered Communication Partner Training (RC-CPT), then answered a portion of repeated questions to measure the change in perceived confidence, comfort, knowledge, and experience. Results indicate that SLPs perceive counseling to be within their scope of practice and are aware of the psychological distress experienced by PWA. Additionally, SLPs reported increased confidence in counseling couples impacted by aphasia after watching the RC-CPT video vignettes. However, reported barriers to providing counseling to PWA and their significant others included lack of significant other availability, and time/caseload pressures. SLPs reported greater comfort in tasks such as coaching couples on communication strategies and less comfort on topics such as addressing relationship roles and responsibilities or helping couples set goals regarding relationship roles and responsibilities. These findings have implications for SLP training and practice, emphasizing the importance of addressing the psychosocial needs of both individuals and couples impacted by aphasia. Further research is needed to determine the impact of counseling training for SLPs and the development of effective training to increase SLPs' confidence and comfort in counseling couples affected by aphasia.

*Keywords:* aphasia, speech-language pathologist, counseling, psychosocial needs, communication partner training

## ACKNOWLEDGMENTS

I am so grateful for the large support network who have helped me throughout the process of writing my thesis. There are so many people who helped to make this possible. First and foremost, I want to thank my adviser and chair, Dr. Tyson Harmon. He is the epitome of a patient, kind, and encouraging mentor. He never let me settle for anything less than my best work and found ways to teach difficult and daunting tasks as exciting opportunities to learn.

I'm grateful for the many friends that endured the word "thesis" in our conversations more times than we can count and who listened to me excitedly explain my research, even when they didn't fully understand the meaning of the word "aphasia." I've had many friends text, call, check-in, or keep me company while I typed which made the journey more enjoyable. I'm especially grateful to my mom, her editing skills, and her patient encouragement. She helped me start writing the overwhelming sections I couldn't face and has stayed up late to read drafts of my papers for years.

I'm also thankful for my committee members, Dr. Shawn Nissen and Dr. Dallin Bailey who provided eye-opening insights in preparation for my study. Thank you to Kathryn-Anne Pertab for doing the initial study that allowed for this thesis to happen. Thank you to Madie Christensen who helped develop the videos and survey for this project.

I am grateful for my time and fantastic mentors at BYU. The opportunity to write a thesis gave me a greater appreciation for the intense work behind the research available at my fingertips!

## TABLE OF CONTENTS

TITLE PAGE .....	i
ABSTRACT .....	ii
ACKNOWLEDGMENTS .....	iii
TABLE OF CONTENTS .....	iv
LIST OF TABLES .....	vi
LIST OF FIGURES .....	vii
DESCRIPTION OF THESIS STRUCTURE AND CONTENT .....	viii
Introduction.....	1
Negative Effects of Aphasia .....	1
Psychosocial Needs of PWA .....	4
Counseling Skills are Needed .....	7
SLP Barriers to Meeting Psychosocial Needs .....	9
RC-CPT as a Potential Solution.....	11
Purpose of This Study.....	12
Method .....	13
Participants.....	13
Procedure .....	14
Research Design.....	14
Data Analysis .....	15
Results.....	16
Demographic Data .....	17
SLPs' Clinical Experience and Perceptions on Counseling .....	18

SLPs' Perception of Working With Couples Prior to Video Intervention.....	19
SLPs' Perception of Working With Couples Impacted by Aphasia Following Video Intervention.....	20
Comparison of SLPs' Perception of Working With Couples Following Video Intervention	21
Discussion.....	22
SLPs Perceive Counseling to be in Their Scope of Practice .....	22
Major Barriers Remain to Providing Psychological Support for Couples Impacted by Aphasia .....	24
Training has the Potential to Bolster SLP Confidence Related to Psychological Support for Couples Impacted by Aphasia .....	27
Future Research and Clinical Implications .....	28
Conclusion .....	29
References.....	30
Tables.....	38
Figures.....	46
APPENDIX A: Annotated Bibliography .....	50
APPENDIX B: Institutional Review Board Approval Letter .....	72
APPENDIX C: Consent/Survey .....	73

## LIST OF TABLES

Table 1	<i>Demographic Information and Respondent Characteristics</i> .....	38
Table 2	<i>Clinical Demographic Information</i> .....	39
Table 3	<i>Responses Regarding Clinical Experience and SLP Perceptions</i> .....	40
Table 4	<i>Response Prior to Video Intervention</i> .....	42
Table 5	<i>Responses Following Video Intervention</i> .....	44

## LIST OF FIGURES

Figure 1	<i>Barriers to Referral</i> .....	46
Figure 2	<i>Including PWA Spouse/Partner in Therapy</i> .....	47
Figure 3	<i>Barriers to Delivering Therapy to PWA and Spouse/Partner</i> .....	48
Figure 4	<i>Change in SLP Perception Following Intervention</i> .....	49



## DESCRIPTION OF THESIS STRUCTURE AND CONTENT

This thesis, *Speech-Language Pathologists' Perspectives on Working With Couples Impacted by Aphasia*, follows a hybrid format. The hybrid format brings combines traditional thesis requirements with journal publication standards. The preliminary pages of the thesis meet university submission requirements. The main body of the thesis report is presented as a journal article and adheres to length and style requirements for submitting to academic journals. The literature review is included in Appendix A. Appendix B contains the IRB Letter of Approval to Conduct Research. Appendix C contains the survey sent to participants for this study. This thesis format contains two reference lists. The first reference list contains references included in the journal-ready article while the second list includes all citations used in the annotated bibliography.

## **Introduction**

People who survive a stroke experience a variety of effects during recovery and often live with these effects throughout their lives. Aphasia, an acquired neurogenic language disorder, is one effect that has a particularly profound impact on a survivor's quality of life. In addition to impacting language, aphasia can negatively impact psychosocial health and relationships with friends and family. Because of their expertise in assessing and treating impaired language, speech-language pathologists (SLPs) are on the front lines of helping people with aphasia (PWA). However, SLPs may not always feel comfortable providing the psychosocial support that PWA need. Structured therapy protocols that combine known interventions with counseling strategies may offer one solution. The purpose of the present study is to determine if a relationship-centered communication partner training program (RC-CPT) will meet the needs of PWA and if SLPs feel comfortable performing this type of therapy.

### **Negative Effects of Aphasia**

Aphasia may have negative impacts on a person's quality of life that extend to emotional, social, and relational (i.e. psychosocial) circumstances. On a personal level, PWA often experience the loss of identity and symptoms associated with depression (Azios et al., 2021; Croteau & Le Dorze, 2011; Kauhanen et al., 2000; Simmons-Mackie & Cherney, 2018). Socially, they often lose the friendships and social networks they enjoyed before their stroke (Nätterlund, 2010; Northcott & Hilari, 2011; Sandberg et al., 2021). Spouses or marriages often suffer when a stroke forces the significant other of the PWA to take on the role of caregiver as well as the responsibilities previously managed by the PWA (Lawson et al., 2015; Nätterlund, 2010). Not only do PWA and their spouses require support to regain language functions, but they

also require support for the significant psychosocial adjustments they will experience as they move forward.

At the individual level, PWA experience emotional impacts due to a loss of identity (Croteau et al., 2020; Croteau & Le Dorze, 2011; Simmons-Mackie & Cherney, 2018), lack of independence (Nätterlund, 2010), and increased rate of depression (Nätterlund et al., 2010; Pompon, 2021). For example, PWA may stop participating in activities they previously found fulfilling and considered to be a part of their personal identity. As they recover, PWA may find new or alternate activities they enjoy. However, even with these adjustments, PWA still require significant amounts of care and emotional support from loved ones to participate, preventing them from regaining their independence after a stroke (Nätterlund, 2010).

Loss of personal hobbies and the ability to communicate are only some of the factors that contribute to poor emotional health of PWA. It's also common for PWA to lose their jobs (Manning et al., 2021; Sandberg et al., 2021). This can be devastating for a person who has spent decades developing their career, relies on the social network in the workplace, or finds personal fulfillment in their work (Sandberg et al., 2021). Stroke survivors often find themselves pushed into an early retirement (Manning et al., 2021). This leads to the financial burden being placed on another family member, forcing PWA to be dependent on someone else in yet another aspect of their life. With the loss of identity and independence, PWA are at great risk for depression (Azios et al., 2021; Ashaie et al., 2019; Mitchell et al., 2017). Kauhanen and colleagues (2000) found that the estimated rate of depression among stroke survivors is 29% while the estimated rate of depression among stroke survivors with aphasia rises to 62–70%. This demonstrates the need for improved mental health care for PWA.

The depression rates of PWA can also be impacted by the social well-being of PWA. Social isolation is a common consequence of aphasia and is often not addressed in aphasia intervention (Azios et al., 2021). PWA tend to socially isolate to avoid stressful or unfamiliar situations where their language disorder would prevent them from participating in socially acceptable ways (Sandberg et al., 2021). Family members perceive the PWA as depressed, melancholy, and lagging in conversation, causing them to avoid initiating conversations that would result in deeper and more meaningful relationships (Nätterlund, 2010). Social situations often increase anxiety for PWA, which may lead them to distance themselves from family and friends (Sandberg et al., 2021). The individual emotional impacts combined with the impacts of social isolation exacerbate one another, further increasing the rate of depression and making recovery especially challenging (Ahn et al., 2015).

While aphasia has a powerful impact on the well-being of the stroke survivor, many of these effects also extend to the caregiver. Often, the relationship between PWA and caregiver becomes strained. Like people with aphasia, caregivers are at risk of depression, social isolation, and even injury (Cramm et al., 2012; Hinojosa & Rittman, 2009). Those who live in the same household with a PWA often find their routines upended and have less time to themselves. Additionally, they must find new ways to interact and communicate with their loved one after the onset of aphasia (Nätterlund, 2010).

When a caregiver is a spouse, he or she must navigate a significant shift in marital roles and responsibilities in addition to the worry of caregiving responsibilities (Lawson et al., 2015; Nätterlund, 2010). After about 4 to 6 months, deficits in everyday functioning become particularly apparent to spouses of PWA (Rasmus & Orłowska, 2020). This elicits necessary changes in how a couple navigates the responsibilities in their marriage and family. For example,

the loss of employment may necessitate the caregiver shouldering the burden of managing the role as primary breadwinner in addition to caregiving. If the spouse was not previously employed or is needed as a full-time caregiver to the PWA, this shift in responsibility can feel particularly overwhelming (Nätterlund, 2010; Sandberg et al., 2021). The shift in roles may extend to any variety of responsibilities or tasks in the family unit such as meal preparation, childcare, financial management, medical management, and transportation (Pertab, 2023).

Similarly, aphasia can have a negative impact on marital satisfaction (Croteau et al., 2020; Croteau & Le Dorze, 2011). For example, because the person with aphasia is not able to express himself or herself as they did prior to the onset of aphasia, meaningful conversations with his or her spouse may be less likely (Croteau et al., 2020). Croteau and Le Dorze (2011) found that spouses of PWA perceive their spouses more negatively than those spouses of people without aphasia. Specifically, PWA were perceived as having less endurance and less ambition. Spouses also used less favorable adjectives to describe their partner with aphasia than spouses who described a partner without aphasia. With so many sudden changes to their relationship and the roles and responsibilities in their marriage, PWA and their spouses need significant support to navigate the negative effects of aphasia on emotional, social, and relational health.

### **Psychosocial Needs of PWA**

Despite the psychosocial impacts of aphasia for PWA and their spouses, previous research indicates that these impacts are not being met adequately (Berg et al., 2017; Morrow-Odom & Barnes, 2019; Sandberg et al., 2021). There are a variety of potential reasons for this, including (a) competing therapy priorities, (b) time constraints of healthcare providers, (c) financial constraints of the patient, and (d) lack of cross-provider understanding of critical psychosocial patient needs. One of the first limitations to meeting psychosocial needs of PWA is

competing therapy priorities immediately after a stroke (Baker et al., 2021). For PWA, rehabilitation typically begins in the hospital where a variety of medical professionals are working to meet the needs of the patient. Each professional addresses goals within their scope of practice, but the priority may not always be the patient's psychosocial needs, especially in acute settings (Baker et al., 2021; Berg et al., 2017). For example, an SLP may focus their therapy on the priorities chosen by the patient (such as returning to a solid food diet) leaving limited time dedicated to psychosocial support (Berg et al., 2017).

A second limitation to meeting the psychosocial needs of PWA is the lack of time professionals have to interact with PWA. Stroke patients may stay in the hospital for an average of 9 days up to approximately 7 weeks, severely limiting the amount of intervention that can be provided, especially if the patient chooses to discontinue services when discharged (Lawson et al., 2015; Shafer et al., 2022). PWA and their caregivers or spouse will need continual support as they adjust after a hospital discharge, but this may be prevented by financial limitations and lack of insurance coverage, transportation needs, or a lack of patient motivation to continue outpatient services (Lawson et al., 2015; Nätterlund, 2010; Shafer et al., 2022). In a study performed by Shafer et al. (2022), an SLP reported working with a patient with such severe aphasia they couldn't say their own name. Yet, due to insurance limitations, only 10 sessions with an SLP were covered.

A fourth challenge to meeting the psychosocial needs of PWA is a lack of structured intervention amongst medical professionals (Baker et al., 2021; Jensen et al., 2014; Northcott, Simpson et al., 2016). Is the doctor responsible to explain the long, emotionally taxing road ahead, or is it the doctor's responsibility to focus on physiological healing? Is the SLP best suited to provide psychosocial support or merely ensure the patient can swallow and communicate?

Limited structure amongst medical professionals can also make it difficult for patients to communicate their needs (Jensen et al., 2014; O'Halloran et al., 2012). For example, one nurse may use squeezing hands as a “yes” while a different therapist uses a “thumbs up” (Jensen et al., 2014). In situations like this, it has been beneficial to train other professionals in greater detail about aphasia so that the needs of the PWA can be more clearly communicated and met.

Training nurses or others who are unfamiliar with aphasia helps each medical professional to feel more confident interacting with PWA (Baker et al., 2021; Jensen et al., 2014). Kneebone (2016) suggests a more structured approach to addressing psychosocial needs. In the United Kingdom, *all* stroke patients were given first-level psychological care which included support groups, relaxation training, and music or art therapy performed by all rehabilitation staff. Those patients with more severe psychological needs were provided with additional treatment as needed.

Similar to the lack of structured intervention in a hospital, there is also a lack of support given to non-aphasic relatives when a patient is discharged (Nätterlund, 2010). While caregivers or family members may often be in the hospital as a PWA recovers, SLPs often find it difficult to communicate and interact with the family about the future needs of PWA (Lawson et al., 2015). This leaves caregivers with limited knowledge and support in managing the care of the PWA. A common way for professionals to share information and additional support is through written sources like pamphlets, websites, and support group recommendations. However, a survey of 1774 stroke survivors in the United Kingdom reported that only 20% felt they had received information, advice, or support on the topic of coping emotionally after a stroke, and two-thirds felt their emotional needs were not as well met as their physical needs. While resources are shared with patients and their families, they are not enough alone to help family members of

PWA feel supported (Stroke Association, 2013). Additionally, families need counseling and training to support the psychosocial needs of PWA (Nätterlund, 2010).

### **Counseling Skills are Needed**

One way to help meet psychosocial needs of patients with aphasia is through treatment approaches that integrate counseling skills. Medical professionals provide various types of counseling to PWA throughout rehabilitation such as informational counseling, personal adjustment counseling, educating the family, and encouraging self-advocacy. Medical professionals will also need to help PWA and their family navigate feelings of grief, loss, depression, anxiety, and denial (Pompon, 2021; Sandberg et al., 2021).

Because aphasia is a communication disorder, much of the counseling responsibility may fall in the SLPs' scope of practice. According to the American Speech-Language-Hearing Association (ASHA), "The role of the SLP in the counseling process includes interactions related to emotional reactions, thoughts, feelings, and behaviors that result from living with a communication disorder, feeding and swallowing disorder, or related disorders" (American Speech-Language-Hearing Association, 2016). SLPs, for example, are often primarily responsible for helping the patient understand their condition, set realistic recovery expectations, and receive appropriate treatment. In some acute and rehabilitation settings, use of mood screenings to monitor PWA mental health concerns often fall to SLPs (Baker et al., 2021). PWA and their loved ones will be in a particularly vulnerable position having experienced intense amounts of stress and change in a short period of time. SLPs therefore need to have basic counseling skills to respond to strong emotions, listen patiently to PWA and family needs, provide reliable information, and ensure that caregivers and family members are included in the



counseling (Pompon, 2021; Rao, 2003). Despite these needs, few interventions address the psychosocial needs of PWA within the context of family relations.

One intervention that piloted a structured approach to counseling PWA and their spouse was solution-focused aphasia therapy (SFAT; Boles & Lewis, 2013). In this case study, a single couple was instructed to have a short conversation. Afterward, the clinician provided suggestions of communication strategies that could be used to help communicate ideas more effectively. As a result of SFAT, the PWA reported avoiding conversation less, increased ability to ask questions, and increased ability to talk about deeper topics. This case study demonstrated the potential affect that combining elements of counseling with communication partner training could have on a PWA quality of life and relationship with their spouse.

Relationship-Centered Communication Partnership Training (RC-CPT) is a recently developed approach that, like SFAT, integrates counseling and communication partner training (Pertab, 2023). In this intervention, SLPs coach the couple on communication skills and facilitate collaborative goal setting surrounding marital roles and responsibilities after stroke. After the couple sets a goal, the SLP facilitates a communication plan to help the couple accomplish their intended goal. This approach and its potential to support the psychosocial needs of PWA will be discussed in greater detail throughout this study. However, it is important to note the necessity of counseling skills needed for this approach. Both SFAT and RC-CPT naturally bring up sensitive and emotional topics between PWA and their spouses/partners. It is vital for SLPs to have counseling skills to navigate these conversations while supporting PWA communication needs. Quality counseling is necessary to provide quality treatment (Rao, 2003).

## **SLP Barriers to Meeting Psychosocial Needs**

Although SLPs may play a critical role in addressing the psychosocial needs of couples impacted by aphasia, they experience a variety of barriers when attempting to counsel with their patients. For example, previous literature suggests that SLPs often report a lack of general counseling training and education (Atkins, 2007; Brumfitt, 2009; Kaderavek et al., 2004; Nash et al., 2021; Northcott, Simpson et al., 2016), inadequate confidence in their counseling skills (Nash et al., 2021; Northcott, Simpson, et al., 2016), limited resources and evidence-based interventions (Northcott, Simpson et al., 2016; Rose et al., 2014), and time constraints (Brumfitt, 2009; Nash et al., 2021; Northcott, Simpson et al., 2016) as barriers to counseling. Below, we discuss each of these barriers in more detail.

First, the amount of training SLPs receive to meet patients' psychosocial needs varies drastically. In a survey of accredited communication disorder graduate programs in the U.S., only 59% offered a stand-alone course in counseling, and only 52% of those programs required the course to be taken (Doud et al., 2020). Upon graduation, 80% of surveyed SLPs and audiologists reported no counseling credit hours during their graduate education and 20% reported less than 4 hours (Phillips & Mendel, 2008). Not surprisingly, 82% of SLP graduate students have reported needing more counseling training (Kaderavek et al., 2004). Because so few programs require a counseling course, it is assumed that many counseling principles are infused amongst the general required courses. However, having a dedicated course that explicitly teaches counseling skills to new clinicians has shown to be a more effective way to improve SLPs confidence in counseling skills (Johnson & Hall, 2023; Kaderavek et al., 2004; Nash et al., 2021).

Without proper training, practicing clinicians often feel a lack of both skill and confidence needed to address psychosocial needs (Brumfitt, 2009; Nash et al., 2021; Northcott, Simpson et al., 2016; Phillips & Mendel, 2008; Sekhon et al., 2019). While the majority of SLPs report addressing psychosocial needs and feel that it is important (93%), only the minority feel confident in doing so (42%; Northcott, Simpson et al., 2016; Phillips & Mendel, 2008; Sekhon et al., 2019). Unfortunately, this lack of confidence persists even as clinicians become more experienced. In current practice, SLPs have been shown to avoid counseling opportunities during aphasia treatment by focusing on facts and providing additional education, staying on surface level topics that don't address the PWA emotional needs, using humor to deflect emotion, or introducing therapy tasks quickly to re-direct a conversation from emotional topics (Simmons-Mackie & Damico, 2011). SLPs feel uncomfortable in counseling environments and SLPs report that additional training, especially post-graduation training, would enable clinicians to provide better psychosocial care (Brumfitt, 2009; Nash et al., 2021).

Despite the lack of training, clinicians also feel there is no evidence-based protocol or resources to guide counseling PWA and their caregivers (Brumfitt, 2009; Lawson et al., 2015; Nash et al., 2021; Shafer et al., 2022). When asked how often they gather information about the psychosocial wellbeing of their patients, 27% SLPs reported they do not do this routinely. When asked how this information was gathered, SLPs used a variety of resources that suggests a lack of consistent measures and effective tools across the field (Brumfitt, 2009). A structured and evidenced-based approach to treating the psychosocial effects of a communication disorder is needed to help SLPs successfully meet patient needs.

A commonly reported barrier to counseling and caregiver training is related to time constraints (Lawson et al., 2015; Nash et al., 2021; Northcott, Simpson et al., 2016; Rose et al.,

2014). Seventy-two percent of SLPs reported time and caseload pressures as one of the main barriers they experience when attempting to meet the psychosocial needs of their patients (Northcott, Simpson et al., 2016). This is in addition to the barriers of financial and insurance limitations detailed above. All SLPs experience a constant challenge of balancing therapy intervention and psychosocial support. Some clinicians even feel guilty for spending too much time discussing a patient's psychosocial difficulties rather than focusing on measurable objective language goals (Nash et al., 2021). Additional pressure can come from managers who are responsible for making organizational decisions or financial restraints that are dependent on clinicians reaching objective language goals with their patients (Nash et al., 2021). Because of the many barriers SLPs experience, new solutions are needed to help meet the psychosocial needs of PWA.

### **RC-CPT as a Potential Solution**

As mentioned previously, RC-CPT is one recently developed intervention that uses counseling principles to simultaneously improve psychosocial adjustment and communication for couples impacted by aphasia. In a pilot study, this structured approach was deemed meaningful and important to three people with aphasia and their spouses and guided the SLPs approach to topics that are often challenging for SLPs to discuss. Additionally, RC-CPT was shown to have potential for improving both communication as well as the marital relationship (Pertab, 2023). Naturally, as couples are discussing adjustments to the family system after the stroke, other sensitive topics surface. For example, when one couple was discussing their financial management goal, the wife expressed concern that after her husband's stroke, he began to withdraw from family activities and began avoiding conversation even with immediate family

members. It was the SLPs responsibility to support and mediate this conversation while maintaining the purpose of the intervention.

While counseling is part of an SLPs scope of practice, other professionals are also trained to support emotional and relationship difficulties. Mental health professionals (MHPs), for example, are trained to facilitate conversations about psychological concerns. Unfortunately, MHPs lack the confidence and experience in working with people with aphasia. While approximately 85% of MHPs indicate they have heard of aphasia, only 48% had ever provided services for a PWA. Additionally, 46% of MHPs did not feel confident in their ability to provide ethical care for PWA (Morrow-Odom & Barnes 2019). This lack of confidence is also reflected within the SLP field. Forty-four percent of SLPs report that they view MHPs as under-skilled when working with PWA, and 41% of SLPs view MHPs as difficult to access, making SLPs less likely to refer their patients to an MHP (Northcott, Simpson et al., 2016). While both professionals specialize in unique and important aspects of communication, the population of people living with aphasia often land between the SLPs' and MHPs' scopes of practice, leaving the PWA largely underserved. RC-CPT is a potential solution. However, further research is needed to determine if RC-CPT is deemed as acceptable and meaningful to SLPs for addressing both communication and psychosocial adjustment for couples impacted by aphasia.

### **Purpose of This Study**

The aims of this study were to determine (a) if SLPs perceive RC-CPT to be an intervention within their scope of practice and (b) how learning about RC-CPT affects the perceived confidence and comfort of SLPs in addressing both communication and psychosocial adjustment for couples impacted by aphasia. Because RC-CPT is a new type of intervention with a unique emphasis, there is not literature on this particular intervention. The research needed is

primarily about the feasibility of using this in professional practice. It is hoped that by gaining greater insight into SLPs' confidence levels in counseling and how SLPs perceive the limits of their scope of practice that we will be able to develop greater solutions to help meet the psychosocial needs of PWA.

To achieve the purpose of this study, a survey including short video demonstrations of RC-CPT as well as pre and post questions was developed and sent to licensed SLPs throughout the United States. It was hypothesized that SLPs would initially report counseling to be an important aspect of their scope of practice and important to the rehabilitation of PWA but report low levels of confidence and time dedicated to counseling PWA. It was anticipated that SLPs would report similar barriers to providing counseling as mentioned above. After viewing the video example of RC-CPT, we expected SLPs to report greater confidence and acceptance of counseling in their scope of practice.

### **Method**

This study is part of a larger study to assess the feasibility of RC-CPT as a therapy intervention that can be used by speech-language pathologists or marriage and family therapists. A pilot program of RC-CPT was completed previously by a speech-language pathologist and three couples (Pertab, 2023). Video footage from the pilot study was used during this study to help demonstrate key components of RC-CPT. Data and results for this study were collected from a survey sent to speech-language pathologists throughout the United States.

### **Participants**

Surveys were gathered from 50 licensed speech-language pathologists currently residing in the United States. Qualifications for participation included current professional licensure and clinician caseload that included patients with aphasia. Participants were recruited via the ASHA

Aphasia Special Interest Group, other aphasia group email lists, word of mouth, personal contacts, and aphasia-related Facebook groups. The study procedures were approved by Brigham Young University's Institutional Review Board.

### **Procedure**

Participants received an email with an anonymous survey via Qualtrics (qualtrics.com). It was determined that the survey would remain open for approximately 14 weeks, or until at least 50 participants had responded. To increase the response rate, two additional reminder emails were sent out approximately 4- and 8-weeks following the initial invitation. Upon completion, participants could submit their names for a randomized drawing to receive a \$50 gift card, and 20% of participants were selected to receive the gift card. Survey participants also had access to the contact information of the faculty advisor and the primary researcher in case of further questions or interest.

### **Research Design**

The first question of the survey asked for participant consent for their answers to be included in this study. Participants could not continue the survey or see other questions until their consent was given and they indicated the necessary criteria was met. Answering all other questions was optional. Survey questions and order of questions was identical for all participants. Several questions were modified from previous surveys (Northcott, Simpson et al., 2016). Additional questions were written and included regarding SLPs perception of RC-CPT. Both the survey questions and video clips chosen were approved by the team who originally developed the RC-CPT pilot program including an aphasiologist and certified SLP, a licensed MFT, and a graduate student clinician. These individuals provided feedback for the content of the survey,

choice of video clips, length, and organization. Changes from their feedback were made accordingly.

The first portion of the survey included questions regarding demographic information, years of clinical experience and clinical specialties. Next, participants answered a variety of questions about their experience working with couples with aphasia, current intervention methods, and their comfort levels in performing elements of RC-CPT. Questions were written in several formats including multiple-choice, multiple-select, ranking, and free-response questions. Additionally, some questions included an option for a free written response.

Next, participants watched short video segments of the RC-CPT that highlighted key components of the therapy intervention. The video included clips from three couples who participated in the RC-CPT pilot study. The faces and names of these couples were obscured to insure privacy. Before each clip, context was given to explain what the clip highlighted. Over the course of the survey and video, a written outline of the two-session RC-CPT program and steps were given. Following the video, participants were again asked about their comfort level performing components of RC-CPT and if they perceived it as helpful for their patients. Pre-video questions regarding SLP comfort levels in performing components of RC-CPT were then repeated to measure the change after viewing the videos. Additionally, participants were asked if they consider RC-CPT to be within their scope of practice. At the end of the survey, participants were invited to give feedback as to how RC-CPT could be improved.

### **Data Analysis**

Descriptive statistics were used to analyze responses regarding demographic questions and aphasia knowledge. Questions related to barriers, scope of practice, and feedback were analyzed using descriptive statistics and a comparison between responses pre- and post-



relationship-centered communication partner training video education were analyzed. Statistical analyses compared comfort across three areas related to working with couples impacted by aphasia and changes resulting from education. Responses to three areas of comfort (i.e., coaching communication strategies, addressing relationship roles and responsibilities, setting goals related to relationship roles and responsibilities) were compared using a one-way repeated measures analysis of variance (ANOVA).

Changes in confidence, knowledge, experience, and comfort following the video intervention were also analyzed statistically. This comparison was based on identical questions and responses with three exceptions wherein the response options varied slightly. One example of this was the question, "Helping couples impacted by aphasia set goals and make plans related to relationship roles and responsibilities falls within my scope of practice," which included 5 answer options on a Likert scale from strongly agree to strongly disagree before the video vignettes. After the videos, the question was repeated but included only "yes," "no," and "unsure" as answer options. In order to analyze the change in respondent answers, it was determined that all "somewhat agree" or "strongly agree" responses were coded as "yes," all "neither agree nor disagree" responses were coded as unsure and all "somewhat disagree" or "strongly disagree" were coded as "no." Because data were not normally distributed, nonparametric statistics were used to analyze changes before and after intervention. Changes in Likert ratings were analyzed using Wilcoxon signed rank tests. Changes in yes or no response questions related to scope of practice were analyzed using McNemar's Chi-squared test.

## **Results**

Although 358 surveys were initiated, only 50 were determined by the primary researchers to be legitimate responses. During the administration of the survey, an anomaly was detected in

the pattern of responses received. Several large batches of responses were submitted in quick succession on the same day, often within 1 minute of each other, raising concern about the authenticity of these responses. The time taken to complete these responses was often approximately 10 minutes, significantly shorter than the expected 30 minutes it took other respondents. Additionally, free response questions were often answered with irrelevant, non-grammatical and non-sensical responses.

Given these irregularities, it was hypothesized that these responses were likely generated by automated bots rather than human participants. To address this issue, primary researchers conducted regular data reviews throughout the 14 weeks to differentiate between the human and potentially bot-generated responses. To further verify the authenticity of each response, the submission times of the survey were compared to the time stamps of a separate survey where participants could submit their email address for a chance to win a gift card for participation. Cross-referencing the time stamps of survey submissions with the email submission times provided additional evidence to support the identification of human responses.

It was determined to close the survey after approximately 14 weeks regardless of the number of responses. Each response was individually and thoroughly analyzed, and only the responses that were clearly human participants were retained for analysis. Once the survey was closed, the total number of verified human responses amounted to 50.

### **Demographic Data**

Tables 1 and 2 provide detailed descriptions of respondent demographic and clinical information. The majority of respondents were between the ages 30 and 39 years (44%), identified as female (80%), and reported holding a master's degree (82%). Additionally, the majority of respondents reported as non-Hispanic (84%), Caucasian (82%), and fluent in English

(90%). The years of experience among respondents varied with the majority having 1 to 9 years (49%) or more than 25 years (23%) of experience working as an SLP. Forty-two percent of respondents reported 10 or more years of experience working with aphasia. The percentage of patients with aphasia on respondents' caseloads varied with the most respondents reporting that PWA made up 30% to 40% of their caseload (24%). Respondents were located in 22 different states, Utah (24%), and California (10%) being the most common.

### **SLPs' Clinical Experience and Perceptions on Counseling**

Table 3 provides survey responses regarding SLPs' clinical experience and perceptions on counseling. Most respondents considered themselves somewhat to very confident (98%) and knowledgeable (88%) working with PWA. One of the criteria for participation in the survey required PWA to be on the SLP's caseload and most respondents felt they had "some" to "a lot of" experience working with aphasia (98%) with few who felt neutral (2%).

The majority of respondents perceived that PWA experience psychological distress often or very often (86%). The primary reported barriers to referring PWA to a mental health professional are illustrated in Figure 1. The most commonly reported barriers to referral were patient resistance (70%) and waitlists (44%). The reported frequency of a spouse being present in a therapy session varied from 30–60% of the time (46%) with few respondents reporting less than 10% of the time (4%) or 80–90% (10%; see Table 3 for more details). Respondents reported that, when they do include the spouse in therapy, it is most often to provide caregiver/communication partner training or education (see Figure 2).

Respondents were asked to choose from a list of potential barriers to delivering therapy to a PWA and their significant other, then label them as "major," "minor," or "not a barrier." The most common major barriers included lack of significant other availability (48%), time/caseload

pressure (40%), and lack of insurance coverage (35%). When participants were asked to rank the major barriers they selected, lack of significant other availability was ranked as the number one major barrier by 20% of respondents, time/caseload pressure by 18%, and lack of insurance coverage by 12% of respondents. The most common minor barriers included “not a patient’s priority” (46%), lack of significant other availability (46%), and different patient goals (44%). When participants ranked the chosen minor barriers, lack of significant other availability was ranked as the number one minor barrier by 20% of respondents, patient goals/priorities chosen by 18%, and time/caseload pressures by 16%. The most common selections chosen as “not a barrier” included “I don’t consider it part of my role” (73%), “I worry that I may get out of my depth” (52%), and lack of evidence-based approaches (35%). When ranked, “I don’t consider it part of my role” was chosen as the number one “not a barrier” by 38% of respondents, “not a client priority” by 10%, and lack of insurance coverage by 8% of respondents.

Hours of training in counseling varied across one to 10 hours with most receiving between three to 10 hours (32%) or more than 10 hours of training (32%). All SLPs reported considering counseling as included in their scope of practice and collaborating with or referring PWA to other mental health professionals to some extent. Collaboration with other MHPs was reported as frequent (34%) or often (32%) and referring PWA to an MHP occasionally (44%). The frequency of referral to a marriage and family therapist specifically decreased to occasionally (30%) or never (38%).

### **SLPs’ Perception of Working With Couples Prior to Video Intervention**

Table 4 details survey responses regarding SLPs’ perception of working specifically with couples impacted by aphasia prior to the video intervention. The majority of SLPs reported being somewhat confident (46%), somewhat knowledgeable (52%), and having some experience

(56%) in working with couples impacted by aphasia. Ninety-four percent reported that they considered discussing communication strategies with couples impacted by aphasia to be within their scope of practice, and most reported feeling somewhat to very comfortable coaching couples on communication strategies (90%).

Similarly, the majority of SLPs reported that they considered addressing relationship roles and responsibilities post-stroke to be within their scope of practice (84%) and no SLPs considered it to be out of their scope of practice (0%). Fewer SLPs agreed that helping couples impacted by aphasia set goals related to relationship roles and responsibilities was within their scope (78%) and some strongly disagreed (2%). The majority of SLPs still reported feeling comfortable addressing relationship roles and responsibilities (76%) and a slight numerical drop was seen in SLPs who felt comfortable setting goals related to relationship roles and responsibilities (70%). Others reported feeling somewhat uncomfortable to very uncomfortable (10%). A one-way repeated measures ANOVA showed that respondents reported significantly more comfort coaching communication strategies than addressing relationship roles and responsibilities ( $t[96] = 3.90, p < .001$ ) and helping couples set goals related to their relationship roles and responsibilities ( $t[96] = 4.24, p < .001$ ).

### **SLPs' Perception of Working With Couples Impacted by Aphasia Following Video**

#### **Intervention**

Table 5 demonstrates survey responses from repeated questions after viewing the RC-CPT vignettes. Overall, the majority of SLPs felt that implementing this type of program would fall within their scope of practice (88%) and few did not (6%). There was a slight numerical increase of SLPs who reported feeling somewhat confident (51%), somewhat knowledgeable (61%), and having “some” experience (57%) working with couples impacted by aphasia

following the pilot program videos. Minor numerical increases were seen in respondents who considered discussing communication strategies with couples impacted by aphasia to be in their scope of practice (96%) and the majority again reported feeling very comfortable coaching couples on communication strategies (61%).

The majority of respondents reported that they considered addressing roles and responsibilities post-stroke with couples as within their scope of practice (86%) and reported feeling very comfortable (29%) or somewhat comfortable (55%) doing so. Most SLPs reported feeling very comfortable (37%) or somewhat comfortable (45%) in helping couples set goals related to relationship roles and responsibilities. Still, most respondents agreed that counseling was in their scope of practice (92%) with only few who felt unsure (8%) and no respondents disagreeing (0%). Most considered counseling to be very important (78%) and few felt neutral (6%) with no respondent reporting that it was not important (0%).

### **Comparison of SLPs' Perception of Working With Couples Following Video Intervention**

Figure 4 illustrates the change in respondents' answers before and after watching the RC-CPT video vignettes. To generate this figure, all respondents' answers were categorized as a positive response (e.g. very confident, somewhat confident), or negative response (neutral, not very confident, not confident at all). Minimal to slight changes were seen overall. The only question in which a statistically significant change was found after viewing the video vignette was the question regarding respondents' confidence in working with couples impacted by aphasia, which increased ( $V = 257.5$ ,  $p = .025$ ) with a moderate effect size ( $r = .335$ ). No statistically significant change in knowledge, experience, or comfort were found after respondents watched video vignettes ( $p > .05$ ).

## **Discussion**

The purpose of this study was to discover if SLPs perceive RC-CPT to be an intervention within their scope of practice and determine how learning about RC-CPT affects the perceived confidence and comfort of SLPs in addressing both communication and psychosocial adjustment for couples impacted by aphasia. The findings suggested that SLPs consider counseling both individuals and couples generally, as well as RC-CPT specifically, to be within their scope of practice. A variety of reported barriers continue to prevent SLPs from successfully providing psychosocial support to PWA and their significant others. However, this study found that training has the potential to increase SLPs' confidence in providing counseling to couples impacted by aphasia.

### **SLPs Perceive Counseling to be in Their Scope of Practice**

Findings from the present study suggest that SLPs recognize the need for psychosocial support for PWA, have some counseling training, and consider counseling to be within their scope of practice. SLPs reported psychological distress to be common among PWA and indicated having some experience referring PWA to an MHP. This demonstrates SLPs' awareness of the need for psychosocial support for PWA at the individual level. SLPs also reported having some training (3 or more hours) focused on counseling topics and, consistent with current ASHA scope of practice guidelines (American Speech-Language-Hearing Association, 2016), the overwhelming majority consider counseling to be within their scope of practice. These findings corroborate previous research, which showed that SLPs from the United States, United Kingdom, and Australia also consider the psychological wellbeing of their patients and counseling to be important aspects of their role when working with PWA and their families (Northcott, Simpson et al., 2016; Sekhon et al., 2015).

Similarly, SLPs report feeling that providing counseling support to *couples* impacted by aphasia is within their scope of practice. Having both knowledge and experience working with couples impacted by aphasia, the majority of SLPs considered counseling couples to be in their scope of practice both before and after watching the RC-CPT vignettes. Prior to the videos, there was a small percentage who did not consider counseling to be within their scope of practice but changed their answer to “unsure” after viewing the videos of how counseling may look in an RC-CPT intervention. The findings regarding SLPs perception of counseling and their scope of practice confirms what has been reported in previous literature (Northcott, Simpson et al., 2016; Phillips & Mendel, 2008).

The respondents from this study showed increased comfort in providing counseling services to PWA and their significant others compared to previous research (Northcott, Simpson et al., 2016; Phillips & Mendel, 2008; Sekhon et al., 2015; Simmons-Mackie & Damico, 2011). A similar survey of speech therapist from the United Kingdom showed that SLPs reported feeling under-skilled/lacked training (64%) and worried that they may get out of their depth (40%) as some of the primary barriers to providing psychosocial support (Northcott, Simpson et al., 2016). In the present study, however, these were not reported as major barriers. Phillips and Mendel (2008) found that respondents considered counseling patients and their significant others to be an important part of their role but less than 40% felt comfortable providing the services to couples. Based on comparison with previous findings, it seems that some barriers to providing psychosocial support and working with couples impacted by aphasia are possibly being reduced for SLPs. It is important, however, to note that a large percentage of respondents in the present study had many years of experience working with aphasia, which likely affected their comfort



and confidence. It is, nevertheless, encouraging that respondents seemed to be more comfortable providing counseling as a part of their role than those surveyed previously.

### **Major Barriers Remain to Providing Psychological Support for Couples Impacted by Aphasia**

SLPs experience barriers when attempting to meet the psychosocial needs of PWA and their loved ones. When referring PWA to a mental health professional, SLPs reported barriers such as resistance from PWA, long waitlists, and difficulty finding MHPs who are knowledgeable about aphasia, all of which has been noted in previous research (Morrow-Odom & Barnes, 2019; Northcott, Simpson et al., 2016). Beyond this, there are unique barriers to providing psychosocial support to couples impacted by aphasia including lack of significant other availability, time or caseload limitations, and lack of insurance coverage.

The primary barrier to referring PWA to an MHP reported by our participants was the perceived resistance or hesitancy from PWA themselves. Specifically, 70% of SLPs reported this as a barrier, which was significantly higher than any other barrier. Although this resistance has been reported in previous research, it was more commonplace for respondents in the present study (Sandberg et al., 2021; Sekhon et al., 2015). Additional research investigating the source of PWA resistance would be beneficial. For example, it would be helpful to consider potential causes of this resistance, which may include diverse factors such as (a) stigmatization of mental health services among PWA, (b) overwhelm experienced by PWA and their families because of other medical concerns, (c) lack of awareness by PWA and their families regarding the duration of rehabilitation, (d) discomfort by SLPs when extending referrals, (e) resistance from MHPs who feel under-skilled in providing services for PWA, or (f) lack of insurance coverage for these services.

The second most reported barrier to referring PWA to an MHP was the concern of long waitlists. This barrier has been discussed in previous studies as a result of short hospital stays limiting the time available to address all post-stroke needs (Shafer et al., 2022). If waitlists for mental health services are, it is unlikely that PWA will get the help needed early in their rehabilitation process, which could result in poorer mental health outcomes (Ashaie et al., 2019; Hilari et al., 2010; Tsouna-Hadjis, 2000). Long periods of elevated stress can affect cognition and memory, decreasing the ability of PWA to learn and improve, which may prolong or limit the success patients achieve in rehabilitation (Kristo & Mowll, 2022; Pompon et al., 2019). The Stroke Foundation has developed clinical guidelines to assess and provide psychosocial treatment within days after a stroke, suggesting the importance of timing (Stroke Foundation, 2017). Additionally, lack of continued care upon discharge prevents SLPs from providing support in outpatient settings (Lawson et al., 2015; Rose et al., 2014). If referral to MHPs in hospital settings is unsuccessful, it is even more critical for SLPs to develop the skills and tools needed to implement psychosocial support into their care throughout the rehabilitation process. With these skills, SLPs could provide simple and effective approaches such as stepped psychological care models and short solution-focused therapy (Kneebone, 2016; Northcott, Burns et al., 2016).

The third most common barrier to referral is lack of MHPs equipped to support PWA. SLPs do not feel that MHPs have the training and understanding necessary to appropriately communicate with and provide services for PWA. Literature on MHPs' experience when working with PWA found a common theme in MHPs' lack of training and education on aphasia (Morrow-Odom & Barnes, 2019; Strong & Randolph, 2021). The combination of PWA limited

ability to communicate and MHPs' lack of training in aphasia adds to the complexity of providing psychosocial support to PWA (Ryan et al., 2019).

Although there are barriers to providing psychosocial support at the individual level, there are unique barriers to providing this support to couples impacted by aphasia. For example, many respondents in the present study reported having experience referring PWA to MHPs, but few reported referring PWA to marriage and family therapy (MFT; only 10% reported referring to MFT frequently and 38% reported never referring to MFT). The role of SLPs and their reported comfort with couples impacted by aphasia suggests SLPs are a primary health care professional available to provide counseling to couples. However, it is unclear to what degree SLPs currently provide counseling and how useful this is for the couples impacted by aphasia.

While SLPs may be a logical professional to provide counseling to couples, SLPs reported decreased comfort in providing services beyond communication partner training. Specifically, SLPs reported less comfort in addressing relationship roles and responsibilities post-stroke with couples. When asked how comfortable SLPs felt helping couples to set goals related to relationship roles and responsibilities, SLPs reported comfort was even less. However, SLPs still consider each of these topics to be within their scope of practice. Their lack of comfort in executing therapy related to these topics is evidence that SLPs would benefit from intervention to increase their comfort (i.e. additional training).

In addition to their lack of comfort, SLPs face other barriers to delivering therapy to PWA and their significant others. The most commonly reported barriers were lack of significant other availability, time/caseload pressure, and lack of insurance coverage. If the spouse is not present in the hospital or does not come to outpatient therapy sessions, it is impossible to provide counseling to both PWA and their significant other. This was also the most common barrier seen

in previous literature (Lawson et al., 2015). Time limitations and caseload pressures may be a barrier for a variety of reasons. A patient may have a limited stay in the hospital, an SLP may prioritize other needs during a therapy session, or the number of sessions may be limited by insurance costs. Barriers related to limited time and/or insurance coverage have been discussed frequently in previous studies (Northcott, Simpson et al., 2016; Shafer et al., 2022). When PWA and their significant others already face financial challenges from a hospital stay and need access to multiple health care services long-term, it is challenging to continue mental health care without insurance coverage. Despite these barriers, it is crucial that a solution is found to better address the psychosocial needs of couples impacted aphasia.

### **Training has the Potential to Bolster SLP Confidence Related to Psychological Support for Couples Impacted by Aphasia**

SLPs reported significantly greater confidence in working with couples impacted by aphasia after viewing the RC-CPT video vignettes. The RC-CPT video selections were chosen to demonstrate RC-CPT in a succinct and practical way without providing specific instruction or training. Despite their simplicity, SLP confidence increased. This finding suggests that with a model of RC-CPT, SLP confidence in providing counseling to couples can increase. Previous literature similarly suggests that additional training may have positive impacts on SLPs confidence in counseling (Brumfitt, 2009; Nash et al., 2021).

Prior to the RC-CPT videos, respondents already had high levels of knowledge, experience, and comfort working with couples impacted by aphasia. Because these reported values were high prior to the videos, the reported values after the video increased numerically but showed no statistically significant increase, likely due to the ceiling effect. Future research should investigate changes in experience, knowledge, and comfort using revised questions that

are less likely to elicit responses that predominantly fall on the high end of the scale. This may better capture nuanced changes as the result of similar video vignettes.

### **Future Research and Clinical Implications**

While this study provided helpful information, additional research is needed to better understand SLPs' role in counseling couples impacted by aphasia. This study included only 50 respondents, many of whom had 10 or more years of experience working with aphasia and chose to participate voluntarily (likely because of some interest in the study topic). Associations between demographics (i.e., years of experience, clinical setting, gender, etc.) with confidence and comfort were not analyzed at this time. These associations may be beneficial to examine in future research. Future studies would also benefit from a larger sample that is more representative of SLP professionals across the United States. Regarding the RC-CPT video vignettes, it is important to consider that some respondents may not have watched the videos fully and that short video segments may not have provided a complete understanding of the RC-CPT intervention.

As previously mentioned, another limitation was the scale chosen to measure SLP confidence, comfort, knowledge, and experience with aphasia. A simple 5-point Likert scale did not allow for enough nuance in participants' responses to measure significant changes prior to and after the video intervention. Finally, short answer questions were included in the survey for SLPs who wished to make recommendations and add comments. A qualitative analysis of these responses was not completed at this time but has the potential to guide further research.

The increase of SLP confidence has implications for future training opportunities for SLPs. Because they are one of the few health care professionals trained in aphasia, involved in the early stages of the recovery process, and counseling is considered within their scope of

practice, SLPs may be in an ideal position to provide psychosocial support to PWA. Results of this study suggest that additional models of intervention, such as RC-CPT—wherein SLPs provide psychosocial support to couples—may increase their confidence in providing counseling to couples impacted by aphasia.

To provide psychosocial support and overcome current barriers, SLPs would benefit from continued training in counseling and structured practices that can be efficiently implemented into a typical therapy session such as stepped psychological care (Baker et al., 2021; Kneebone, 2016). However, it is important to note that the respondents of this study had a bias to those with many years of experience with aphasia. Additional research is needed to determine if these results are true for the general SLP population. It is hoped that with additional training, confidence, and more accessible tools that SLPs will be able to help improve the psychological wellbeing of PWA and their families.

## **Conclusion**

It can be concluded that the psychosocial needs of individuals and couples impacted by aphasia continue to be crucial. These findings demonstrate that SLPs are aware of the psychological distress of PWA and perceive counseling both individuals and couples impacted by aphasia to be a part of their role. SLPs' confidence in providing counseling services increased following a video model of RC-CPT. This study also found that SLPs perceive RC-CPT to be an intervention within their scope of practice and would be comfortable implementing these aspects into their intervention. It is recommended that further research be done to develop and enhance the benefits of RC-CPT, and to determine effective training practices to increase SLPs confidence, comfort, knowledge, and experience in counseling couples impacted by aphasia.

## References

- Ahn, D. H., Lee, Y. J., Jeong, J. H., Kim, Y. R., & Park, J. B. (2015). The effect of post-stroke depression on rehabilitation outcome and the impact of caregiver type as a factor of post-stroke depression. *Annals of Rehabilitation Medicine, 39*(1), 74–80.  
<https://doi.org/10.5535/arm.2015.39.1.74>
- American Speech-Language-Hearing Association. (2016). Scope of practice in speech-language pathology. <https://www.asha.org/policy/sp2016-00343/>
- Ashaie, S. A., Hurwitz, R., & Cherney, L. R. (2019). Depression and subthreshold depression in stroke-related aphasia. *Archives of Physical Medicine and Rehabilitation, 100*(7), 1294–1299. <https://doi.org/10.1016/j.apmr.2019.01.024>
- Atkins, C. P. (2007). Graduate SLP/AUD clinicians on counseling: Self-perceptions and awareness of boundaries. *Contemporary Issues in Communication Science and Disorders, 34*(Spring), 4–11. [https://doi.org/10.1044/cicsd\\_34\\_s\\_4](https://doi.org/10.1044/cicsd_34_s_4)
- Azios, J. H., Strong, K. A., Archer, B., Douglas, N. F., Simmons-Mackie, N., & Worrall, L. (2021). Friendship matters: A research agenda for aphasia. *Aphasiology, 36*(3), 317–336.  
<https://doi.org/10.1080/02687038.2021.1873908>
- Baker, C., Worrall, L., Rose, M., & Ryan, B. (2021). Stroke health professionals' management of depression after post-stroke aphasia: a qualitative study. *Disability and Rehabilitation, 43*(2), 217–228. <https://doi.org/10.1080/09638288.2019.1621394>
- Berg, K., Askim, T., & Rise, M. B. (2017). What do speech–language pathologists describe as most important when trying to achieve client participation during aphasia rehabilitation? A qualitative focus group interview study. *International Journal of Speech-Language Pathology, 21*(5), 493–503. <https://doi.org/10.1080/17549507.2017.1413134>

- Boles, L., & Lewis, M. (2013). Working with couples: Solution focused aphasia therapy. *Asia Pacific Journal of Speech, Language and Hearing*, 8(3), 153–159.  
<https://doi.org/10.1179/136132803805576110>
- Brumfitt, S. (2009). Psychosocial aspects of aphasia: Speech and language therapists' views on professional practice. *Disability and Rehabilitation*, 28(8), 523–534.  
<https://doi.org/10.1080/09638280500219349>
- Cramm, J., Strating, M., Nieboer, A. (2012). Satisfaction with care as a quality-of-life predictor for stroke patients and their caregivers. *Quality of Life Research*, 21(10), 1719–1725.  
<https://doi.org/10.1007/s11136-011-0107-1>
- Croteau, C., & Le Dorze, G. (2011). Spouses' perceptions of persons with aphasia. *Aphasiology*, 15(9), 811–825. <https://doi.org/10.1080/02687040143000221>
- Croteau, C., McMahon-Morin, P., Le Dorze, G., & Baril, G. (2020). Impact of aphasia on communication in Couples. *International Journal of Language & Communication Disorders*, 55(4), 547–557. <https://doi.org/10.1111/1460-6984.12537>
- Doud, A. K., Hoepner, J. K., & Holland, A. L. (2020). A survey of counseling curricula among Accredited Communication Sciences and disorders graduate student programs. *American Journal of Speech-Language Pathology*, 29(2), 789–803.  
[https://doi.org/10.1044/2020\\_ajslp-19-00042](https://doi.org/10.1044/2020_ajslp-19-00042)
- Hilari, K., Northcott, S., Roy, P., Marshall, J., Wiggins, R. D., Chataway, J., & Ames, D. (2010). Psychological distress after stroke and aphasia: the first six months. *Clinical rehabilitation*, 24(2), 181-190.



- Hinojosa, M. S., & Rittman, M. (2009). Association between health education needs and stroke caregiver injury. *Journal of Aging and Health, 21*(7), 1040–1058.  
<https://doi.org/10.1177/0898264309344321>
- Jensen, L. R., Løvholt, A. P., Sørensen, I. R., Blüdnikow, A. M., Iversen, H. K., Hougaard, A., Mathiesen, L. L., & Forchhammer, H. B. (2014). Implementation of supported conversation for communication between nursing staff and in-hospital patients with aphasia. *Aphasiology, 29*(1), 57–80. <https://doi.org/10.1080/02687038.2014.955708>
- Johnson, L. W., & Hall, K. D. (2023). Counseling confidence in preservice and early career speech-language pathologists. *Perspectives of the ASHA Special Interest Groups, 1*–12.  
[https://doi.org/10.1044/2023\\_persp-22-00224](https://doi.org/10.1044/2023_persp-22-00224)
- Kaderavek, J. N., Laux, J. M., & Mills, N. H. (2004). A counseling training module for students in speech-language pathology training programs. *Contemporary Issues in Communication Science and Disorders, 31*(Fall), 153–161.  
[https://doi.org/10.1044/cicsd\\_31\\_f\\_153](https://doi.org/10.1044/cicsd_31_f_153)
- 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 (Basel, Switzerland), 10*(6), 455–461. <https://doi.org/10.1159/000016107>
- Kneebone, I. I. (2016). Stepped psychological care after stroke. *Disability and Rehabilitation, 38*(18), 1836–1843. <https://doi.org/10.3109/09638288.2015.1107764>
- Kristo, I., & Mowll, J. (2022). Voicing the perspectives of stroke survivors with aphasia: A rapid evidence review of post-stroke mental health, screening practices and lived

- experiences. *Health & social care in the community*, 30(4), e898–e908.  
<https://doi.org/10.1111/hsc.13694>
- Lawson, S., Rowe, A., & Meredith, Y. Y. (2015). Survey of stroke caregiver training provided by OT, PT, and SLP across practice settings. *Physical & Occupational Therapy in Geriatrics*, 33(4), 320–335. <https://doi.org/10.3109/02703181.2015.1089970>
- Manning, M., MacFarlane, A., Hickey, A., Galvin, R., & Franklin, S. (2021). ‘I hated being ghosted’ – the relevance of social participation for living well with post-stroke aphasia: Qualitative interviews with working aged adults. *Health Expectations*, 24(4), 1504–1515.  
<https://doi.org/10.1111/hex.13291>
- Mitchell, A. J., Sheth, B., Gill, J., Yadegarfar, M., Stubbs, B., Yadegarfar, M., & Meader, N. (2017). Prevalence and predictors of post-stroke mood disorders: A meta-analysis and meta-regression of depression, anxiety and adjustment disorder. *General Hospital Psychiatry*, 47, 48-60. <https://doi.org/10.1016/j.genhosppsy.2017.04.001>
- Morrow-Odom, K. L., & Barnes, C. K. (2019). Mental Health Professionals’ Experiences with Aphasia. *Journal of rehabilitation*, 85(1).
- Nash, J., Krüger, E., Vorster, C., Graham, M. A., & Pillay, B. S. (2021). Psychosocial care of people with aphasia: Practices of speech-language pathologists in South Africa. *International Journal of Speech-Language Pathology*, 24(3), 330–340.  
<https://doi.org/10.1080/17549507.2021.1987521>
- Nätterlund, B. S. (2010). Being a close relative of a person with aphasia. *Scandinavian Journal of Occupational Therapy*, 17(1), 18–28. <https://doi.org/10.3109/11038120902833218>

- Northcott, S., Burns, K., Simpson, A., & Hilari, K. (2016). 'Living with aphasia the best way I can': A feasibility study exploring solution-focused brief therapy for people with aphasia. *Folia Phoniatrica et Logopaedica*, 67(3), 156–167. <https://doi.org/10.1159/000439217>
- Northcott, S., & Hilari, K. (2011). Why do people lose their friends after a stroke?. *International Journal of language & communication disorders*, 46(5), 524-534.
- Northcott, S., Simpson, A., Moss, B., Ahmed, N., & Hilari, K. (2016). How do speech-and-language therapists address the psychosocial well-being of people with aphasia? Results of a UK online survey. *International Journal of Language & Communication Disorders*, 52(3), 356–373. <https://doi.org/10.1111/1460-6984.12278>
- O'Halloran, R., Worrall, L., & Hickson, L. (2012). Stroke patients communicating their healthcare needs in hospital: A study within the ICF framework. *International Journal of Language & Communication Disorders*, 47(2), 130–143. <https://doi.org/10.1111/j.1460-6984.2011.00077.x>
- Pertab, K. (2023). The acceptability of relationship-centered communication partner training for couples impacted by aphasia: A mixed methods pilot study (Order No. 30725905) [Doctorate dissertation, Brigham Young University]. Available from ProQuest Dissertations & Theses Global. (2901811660). <https://byu.idm.oclc.org/login/?url=https://www.proquest.com/dissertations-theses/acceptability-relationship-centered-communication/docview/2901811660/se-2>
- Phillips, D. T., & Mendel, L. L. (2008). Counseling training in Communication Disorders: A survey of clinical fellows. *Contemporary Issues in Communication Science and Disorders*, 35(Spring), 44–53. [https://doi.org/10.1044/cicsd\\_35\\_s\\_44](https://doi.org/10.1044/cicsd_35_s_44)

- Pompon, R. H. (2021). Basic counseling skills: Working with people with aphasia and their families. *Perspectives of the ASHA Special Interest Groups*, 6(5), 1003–1014.  
[https://doi.org/10.1044/2021\\_persp-20-00298](https://doi.org/10.1044/2021_persp-20-00298)
- Pompon, R. H., Smith, A. N., Baylor, C., & Kendall, D. (2019). Exploring associations between a biological marker of chronic stress and reported depression and anxiety in people with aphasia. *Journal of Speech, Language, and Hearing Research*, 62(11), 4119–4130.  
[https://doi.org/10.1044/2019\\_jslhr-l-19-0111](https://doi.org/10.1044/2019_jslhr-l-19-0111)
- Rao, P. R. (2003). Counseling elders with communication disorders and families/related professionals. *Perspectives on Gerontology*, 8(1), 16–21.  
<https://doi.org/10.1044/gero8.1.16>
- Rasmus, A., & Orłowska, E. (2020). Marriage and post-stroke aphasia: the long-time effects of group therapy of fluent and non-fluent aphasic patients and their spouses. *Frontiers in Psychology*, 11, 512533.
- Rose, M., Ferguson, A., Power, E., Togher, L., & Worrall, L. (2014). Aphasia rehabilitation in Australia: Current practices, challenges and future directions. *International Journal of Speech-Language Pathology*, 16(2), 169–180.  
<https://doi.org/10.3109/17549507.2013.794474>
- Ryan, B., Bohan, J., & Kneebone, I. (2019). Help-seeking and people with aphasia who have mood problems after stroke: perspectives of speech-language pathologists. *International journal of language & communication disorders*, 54(5), 779–793.  
<https://doi.org/10.1111/1460-6984.12476>
- Sandberg, C. W., Nadermann, K., Parker, L., Kubat, A. M., & Conyers, L. M. (2021). Counseling in aphasia: Information and strategies for speech-language pathologists.

*American Journal of Speech-Language Pathology*, 30(6), 2337–2349.

[https://doi.org/10.1044/2021\\_ajslp-20-00312](https://doi.org/10.1044/2021_ajslp-20-00312)

Sekhon, J. K., Douglas, J., & Rose, M. L. (2015). Current Australian speech-language pathology practice in addressing psychological well-being in people with aphasia after stroke.

*International journal of speech-language pathology*, 17(3), 252–262.

<https://doi.org/10.3109/17549507.2015.1024170>

Sekhon, J. K., Oates, J., Kneebone, I., & Rose, M. (2019). Counselling training for speech–language therapists working with people affected by post-stroke aphasia: A systematic review. *International Journal of Language & Communication Disorders*, 54(3), 321–346.

<https://doi.org/10.1111/1460-6984.12455>

Shafer, J. S., Haley, K. L., & Jacks, A. (2022). How ten speech-language pathologists provide informational counseling across the rehabilitation continuum for care partners of stroke survivors with aphasia. *Aphasiology*, 37(5), 735–760.

<https://doi.org/10.1080/02687038.2022.2039371>

Simmons-Mackie, N., & Cherney, L. R. (2018). Aphasia in North America: Highlights of a white paper. *Archives of Physical Medicine and Rehabilitation*, 99(10).

<https://doi.org/10.1016/j.apmr.2018.07.417>

Simmons-Mackie, N., & Damico, J. S. (2011). Counseling and aphasia treatment. *Topics in Language Disorders*, 31(4), 336–351. <https://doi.org/10.1097/tld.0b013e318234ea9f>

Stroke Association. (2013). Feeling overwhelmed the emotional impact of stroke. *Stroke Association*, 38.

[https://www.stroke.org.uk/sites/default/files/feeling\\_overwhelmed\\_final\\_web\\_0.pdf](https://www.stroke.org.uk/sites/default/files/feeling_overwhelmed_final_web_0.pdf)

Stroke Foundation. (2017). Clinical guidelines for stroke management 2017. Retrieved from <https://informme.org.au/en/Guidelines/ClinicalGuidelines-for-Stroke-Management>

Strong, K. A., & Randolph, J. (2021). How do you do talk therapy with someone who can't talk? perspectives from mental health providers on delivering services to individuals with aphasia. *American Journal of Speech-Language Pathology*, 30(6), 2681–2692. [https://doi.org/10.1044/2021\\_ajslp-21-00040](https://doi.org/10.1044/2021_ajslp-21-00040)

Tsouna-Hadjis, E., Vemmos, K. N., Zakopoulos, N., & Stamatelopoulos, S. (2000). First-stroke recovery process: the role of family social support. *Archives of physical medicine and rehabilitation*, 81(7), 881-887.

## Tables

**Table 1**

*Demographic Information and Respondent Characteristics*

<b>Age</b> ( <i>n</i> = 50)	<b>Gender</b> ( <i>n</i> = 50)	<b>Ethnicity</b> ( <i>n</i> = 50)	<b>Race</b> ( <i>n</i> = 49)	<b>English Proficiency</b> ( <i>n</i> = 50)	<b>Highest Degree</b> ( <i>n</i> = 50)
20-29 years: (18%)	Female: (80%)	Non-Hispanic: (84%)	Caucasian: (82%)	Fluent: (90%)	Masters: (82%)
30-39 years: (44%)	Male: (16%)	Hispanic/Latino:	Black or African	Proficient: (6%)	Doctorate: (18%)
40-49 years: (10%)	Not Provided: (4%)	(14%)	American: (8%)	Somewhat Proficient:	
50-59 years: (24%)		Not Provided:	Asian: (2%)	(4%)	
60+ years: (4%)		(2%)	Other: (2%)		
			Not Provided: (4%)		

*Note.* All percentages were rounded to the nearest tenth.

**Table 2***Clinical Demographic Information*

<b>Years of SLP Experience</b> ( <i>n</i> = 49)	<b>Years of Aphasia Experience</b> ( <i>n</i> = 50)	<b>Clinical Setting</b> ( <i>n</i> = 50) <sup>a</sup>	<b>Average % of Aphasia on Caseload</b> ( <i>n</i> = 50)	<b>Location</b> ( <i>n</i> = 50)
1-4 years: (24%)	1-2 years: (16%)	Inpatient Rehab: (30%)	10-20%: (8%)	UT (24%)
5-9 years: (25%)	3-4 years: (26%)	Acute/subacute Hospital: (20%)	20-30%: (14%)	AZ (4%)
10-14 years: (16%)	6-10 years: (16%)	Outpatient Clinic: (32%)	30-40%: (24%)	CA (10%)
15-19 years: (8%)	10+ years: (42%)	Skilled Nursing/Nursing Home: (12%)	40-50%: (16%)	IN (2%)
20-24 years: (4%)		Private Practice: (12%)	60-70%: (14%)	GA (6%)
25+ years: (23%)		University: (26%)	70-80%: (2%)	WA (4%)
		Home Health: (12%)	80-90%: (14%)	AL (2%)
		Other (6%)		AK (2%)
				IL (6%)
				WY (2%)
				FL (4%)
				NY (4%)
				NC (6%)
				SC (2%)
				NJ (6%)
				PA (2%)
				ID (2%)
				OH (2%)
				WV (2%)
				MN (2%)
				TX (2%)
				KS (2%)

*Note.* All percentages were rounded to the nearest tenth. <sup>a</sup>Multiple response options were allowed. The written responses for the “other” category of clinic setting included “research,” “non-traditional home health,” and “neuro service program at a college.”



**Table 3***Responses Regarding Clinical Experience and SLP Perceptions*


---

Survey Questions:	Responses:
How <b>knowledgeable</b> do you consider yourself to be when working with people with aphasia? ( <i>n</i> = 50)	Very knowledgeable (70%) Somewhat Knowledgeable (18%) Neutral (12%) Limited Knowledge: (0%) No Knowledge: (0%)
How <b>confident</b> do you consider yourself when working with people with aphasia? ( <i>n</i> = 50)	Very confident: (70%) Somewhat confident: (28%) Neutral (2%) Limited Confidence: (0%) No Confidence: (0%)
How <b>experienced</b> do you consider yourself when working with people with aphasia? ( <i>n</i> = 50)	A lot of experience: (60%) Some experience: (38%) Neutral: (2%) Limited Experience: (0%) No experience: (0%)
How often do your patients with aphasia experience psychological distress? ( <i>n</i> = 50)	Very often: (28%) Often: (58%) Neutral: (8%) Occasionally: (6%) Rarely: (0%)
On average, in what percentage of your therapy sessions do you include the spouse/partner of a patient with aphasia? ( <i>n</i> = 49)	Less than 10%: (4%) 10-20%: (6%) 20-30%: (10%) 30-40%: (16%) 40-50%: (18%) 50-60%: (12%) 60-70%: (12%) 70-80%: (10%) 80-90%: (10%)
How much counseling training have you received since becoming licensed as an SLP? ( <i>n</i> = 50)	Less than hour: (14%) 1-3 hours: (22%) 3-10 hours: (32%) 10+ hours: (32%)

How frequently do you work collaboratively or consult with other mental health professions? ( $n = 50$ )

Very frequently: (20%)  
Frequently: (34%)  
Occasionally: (32%)  
Rarely: (14%)  
Never: (0%)

How frequently do you refer clients with aphasia to some kind of mental health professional? ( $n = 50$ )

Very frequently: (18%)  
Frequently: (26%)  
Occasionally: (44%)  
Rarely: (12%)  
Never: (0%)

How frequently do you refer clients with aphasia and/or their spouse/partner to a marriage and family therapist specifically? ( $n = 50$ )

Very frequently: (2%)  
Frequently: (10%)  
Occasionally: (30%)  
Rarely: (20%)  
Never: (38%)

---

*Note.* All percentages were rounded to the nearest tenth.

**Table 4***Responses Prior to Video Intervention*


---

Survey Questions:	Responses:
I feel confident working with couples impacted by aphasia (i.e., person with aphasia and his or her spouse/partner) ( <i>n</i> = 50)	Very confident: (34%) Somewhat confident: (46%) Neutral: (10%) Limited confidence: (10%) No Confidence: (0%)
I am knowledgeable about working with couples impacted by aphasia. ( <i>n</i> = 50)	Very knowledgeable: (26%) Somewhat knowledgeable: (52%) Neutral: (18%) Limited knowledge: (4%) No knowledge: (0%)
I have experience working with couples impacted by aphasia. ( <i>n</i> = 50)	Very experienced: (26%) Some experience: (56%) Neutral: (10%) Limited Experience: (8%) No experience: (0%)
Discussing communication strategies with couples impacted by aphasia (e.g., gestures, external supports like writing and drawing, verifying understanding) falls within my scope of practice. ( <i>n</i> = 50)	Yes: (94%) Unsure: (6%) No: (0%)
How comfortable would you feel coaching couples impacted by aphasia on communication strategies such as using gestures, using external supports like writing and drawing, and verifying understanding during therapy? ( <i>n</i> = 50)	Very comfortable: (60%) Somewhat comfortable: (30%) Neutral: (4%) Somewhat uncomfortable: (6%) Very uncomfortable: (0%)
Addressing relationship roles and responsibilities post-stroke with couples impacted by aphasia falls within my scope of practice. ( <i>n</i> = 50)	Yes: (84%) Unsure: (16%) No: (0%)
How comfortable would you feel addressing relationship roles and responsibilities post-stroke with couples impacted by aphasia? ( <i>n</i> = 50)	Very comfortable: (34%) Somewhat comfortable: (42%) Neutral: (12%) Somewhat uncomfortable: (12%) Very uncomfortable: (0%)

Helping couples impacted by aphasia set goals and make plans related to relationship roles and responsibilities falls within my scope of practice. ( $n = 50$ )

Strongly agree: (54%)  
Somewhat agree: (24%)  
Neutral: (14%)  
Somewhat disagree: (6%)  
Strongly disagree: (2%)

How comfortable would you be helping couples impacted by aphasia set goals and make plans related to relationship roles and responsibilities? ( $n = 50$ )

Very comfortable: (36%)  
Somewhat comfortable: (34%)  
Neutral: (20%)  
Somewhat uncomfortable: (8%)  
Very uncomfortable: (2%)

Would you consider counseling to be a part of your scope of practice? ( $n = 50$ )

Yes: (92%)  
Unsure: (6%)  
No: (2%)

How important do you consider counseling to be in your scope of practice? ( $n = 50$ )

Very important: (78%)  
Somewhat important: (18%)  
Neutral: (4%)  
Not very important: (0%)  
Not important at all: (0%)

---

*Note.* All percentages were rounded to the nearest tenth.

**Table 5***Responses Following Video Intervention*


---

Survey Questions:	Responses:
Implementing the type of program just presented would fall within my scope of practice. ( <i>n</i> = 50)	Yes: (88%) Unsure: (6%) No: (6%)
I feel confident working with couples impacted by aphasia. ( <i>n</i> = 49)	Strongly agree: (43%) Somewhat agree: (51%) Neither agree nor disagree: (6%) Somewhat disagree: (0%) Strongly disagree: (0%)
I am knowledgeable about working with couples impacted by aphasia. ( <i>n</i> = 49)	Strongly agree: (29%) Somewhat agree: (61%) Neither agree nor disagree: (6%) Somewhat disagree: (4%) Strongly disagree: (0%)
I have experience working with couples impacted by aphasia. ( <i>n</i> = 49)	Very experienced: (31%) Some experience: (57%) Neutral: (2%) Limited experience: (10%) No experience: (0%)
Discussing communication strategies with couples impacted by aphasia (e.g., gestures, external supports like writing and drawing, verifying understanding) falls within my scope of practice. ( <i>n</i> = 49)	Yes: (96%) Unsure: (2%) No: (2%)
How comfortable would you feel coaching couples impacted by aphasia on communication strategies such as using gestures, using external supports like writing and drawing, and verifying understanding during therapy. ( <i>n</i> = 49)	Very comfortable: (61%) Somewhat comfortable: (33%) Neutral: (4%) Somewhat uncomfortable: (2%) Very uncomfortable: (0%)

Addressing relationship roles and responsibilities post-stroke with couples impacted by aphasia falls within my scope of practice. ( $n = 49$ )

Yes: (86%)  
 Unsure: (10%)  
 No: (4%)

How comfortable would you feel addressing relationship roles and responsibilities post-stroke with couples impacted by aphasia. ( $n = 49$ )

Very comfortable: (29%)  
 Somewhat comfortable: 55%)  
 Neutral: (10%)  
 Somewhat uncomfortable: (6%)  
 very uncomfortable: (0%)

Helping couples impacted by aphasia set goals and make plans related to relationship roles and responsibilities falls within my scope of practice. ( $n = 49$ )

Yes: (86%)  
 Unsure: (10%)  
 No: (4%)

How comfortable would you be helping couples impacted by aphasia set goals and make plans related to relationship roles and responsibilities? ( $n = 49$ )

Very comfortable: (37%)  
 Somewhat comfortable: (45%)  
 Neutral: (12%)  
 Somewhat uncomfortable: (6%)  
 Very uncomfortable: (0%)

Do you consider counseling to be a part of your scope of practice? ( $n = 49$ )

Yes: (92%)  
 Unsure: (8%)  
 No: (0%)

How important do you consider counseling to be in your scope of practice? ( $n = 49$ )

Very important: (78%)  
 Somewhat important: (16%)  
 Neutral: (6%)  
 Not very important: (0%)  
 Not important at all: (0%)

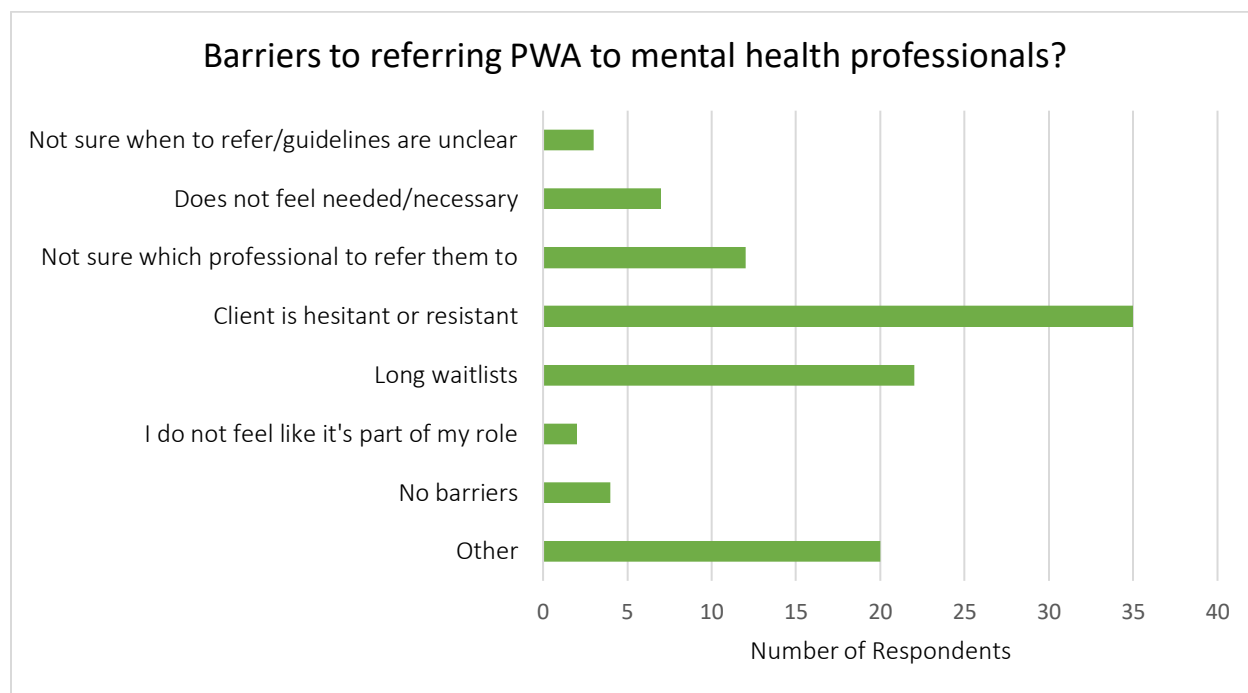
---

*Note.* All percentages were rounded to the nearest tenth. Refer to Figure 4 for a visual of pre/post intervention responses.

## Figures

**Figure 1**

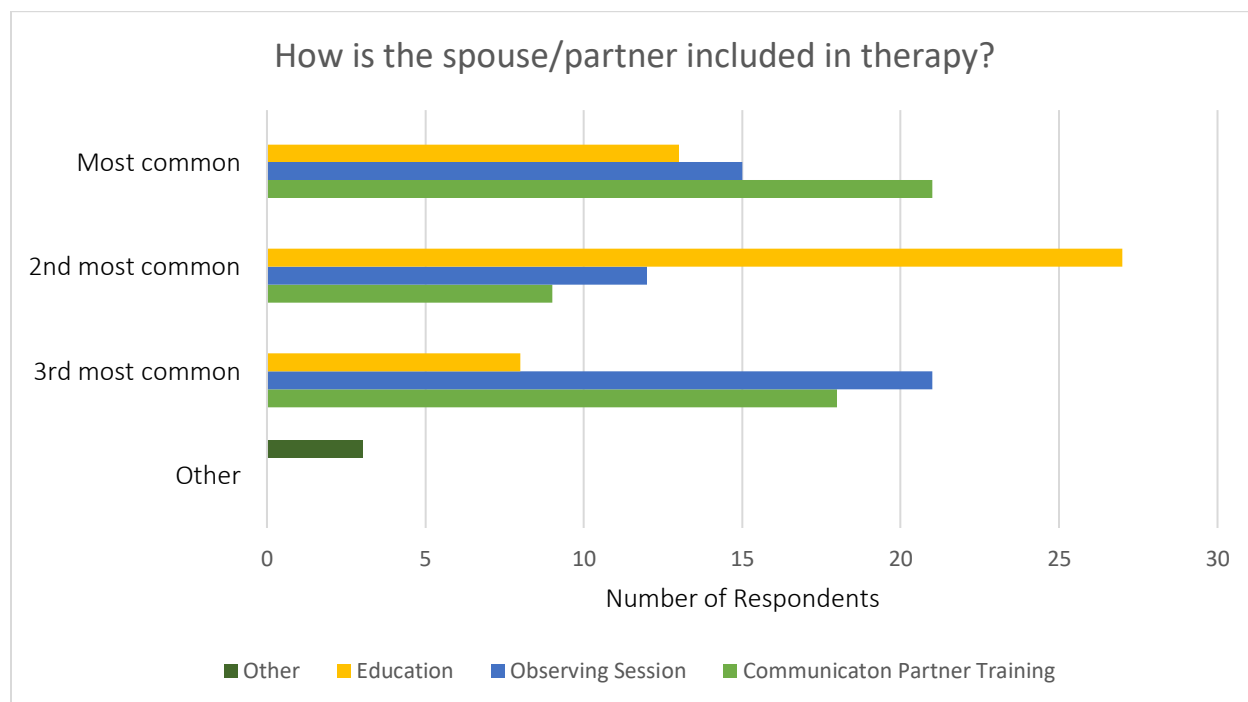
*Barriers to Referral*



*Note.* Responses to the question: “What are the barriers when referring an aphasia patient to a mental health professional?” Respondents were asked to select any barriers that applied. “Other” responses typically fell into one of four themes: Lack of mental health professionals familiar with aphasia ( $n = 11$ ), PWA ability to communicate/navigate healthcare system ( $n = 4$ ), insurance/cost ( $n = 4$ ), mental health not prioritized in hospital setting ( $n = 1$ )

**Figure 2**

*Including PWA Spouse/Partner in Therapy*

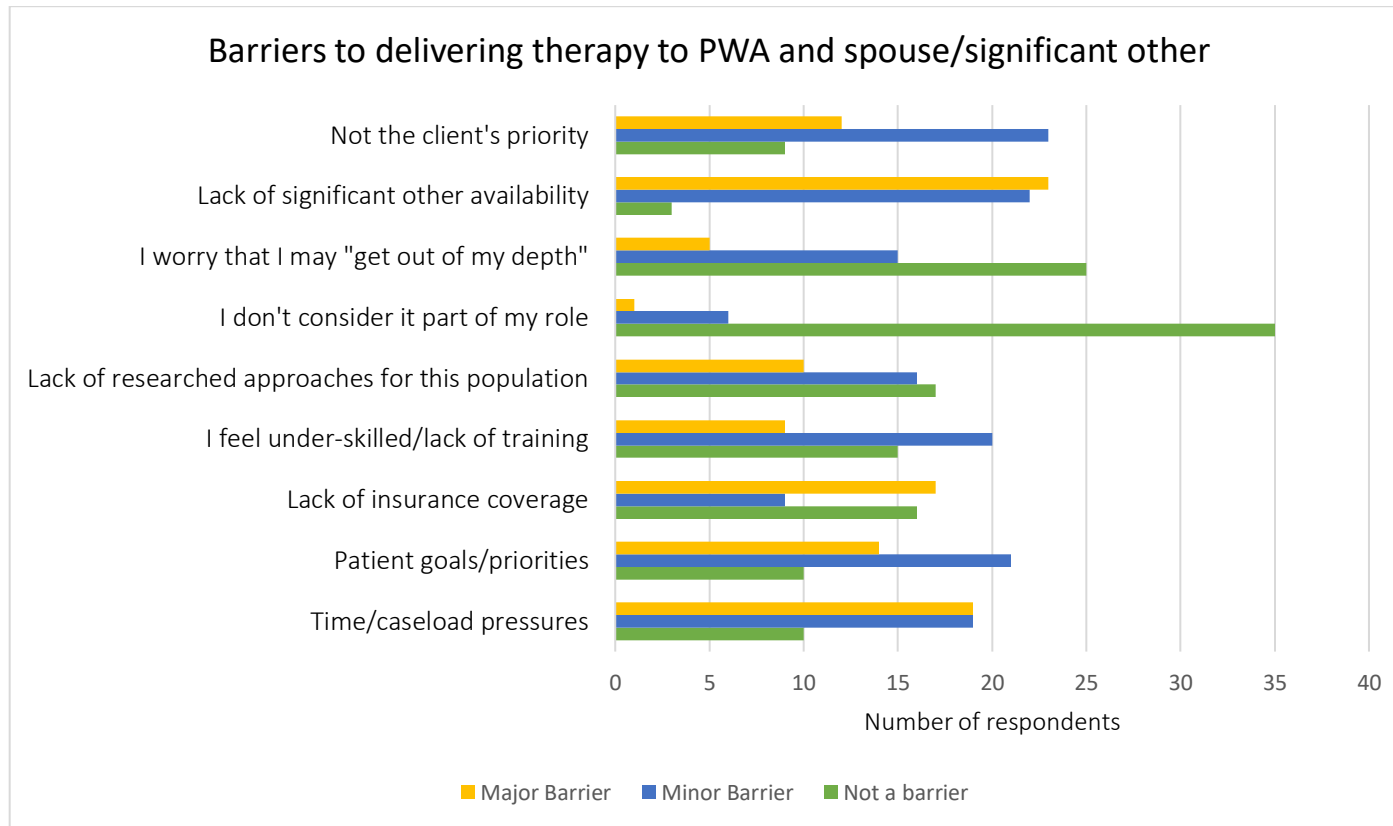


*Note.* Responses to the question: “When the spouse/significant other of the patient is included, how is the spouse/partner typically included?” Respondents were asked to select from the three options in order of frequency. “Other” responses included: “Home program training” and “Encouraging them to use supports & connect w/ ppl of similar situations.”

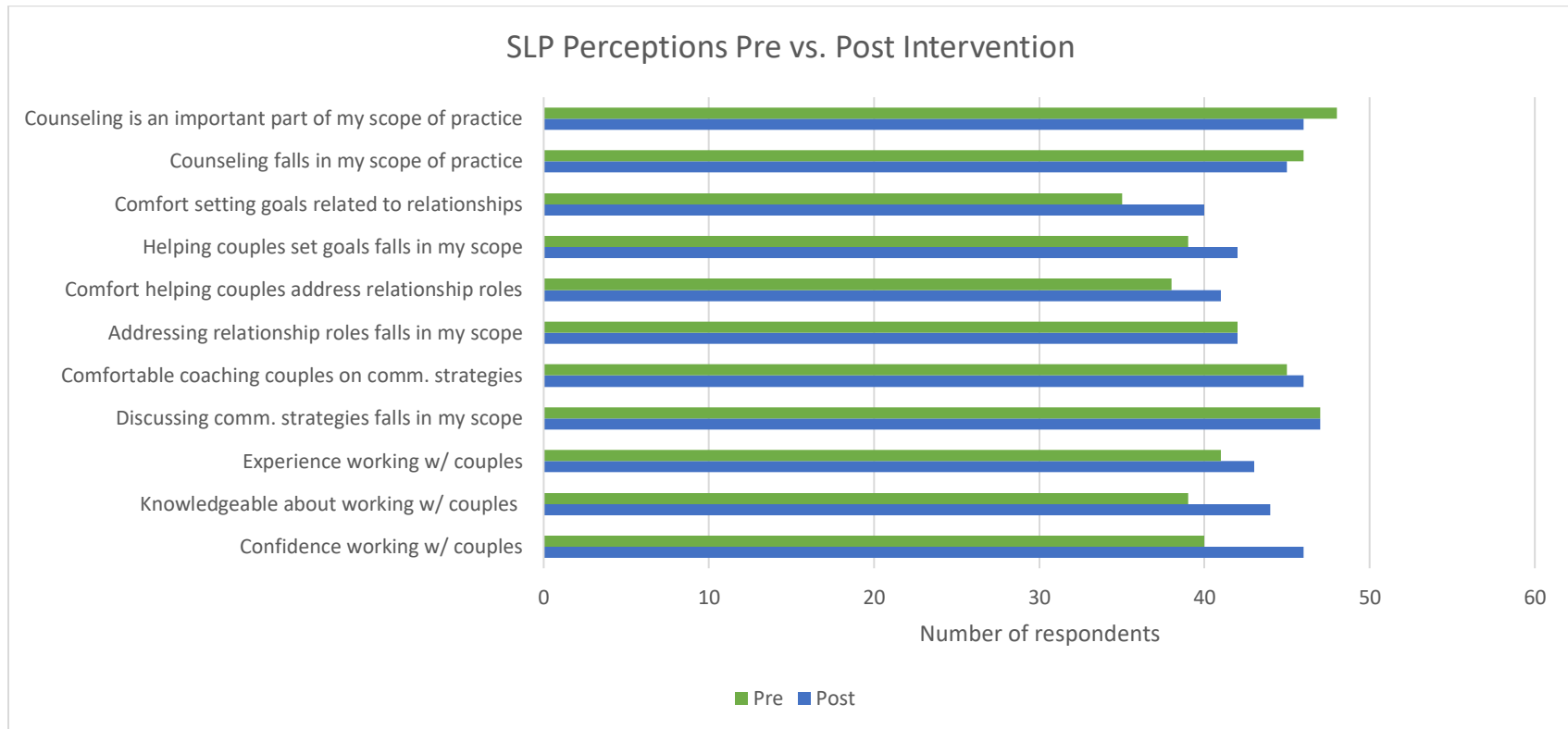


**Figure 3**

*Barriers to Delivering Therapy to PWA and Spouse/Significant Other*



*Note.* The responses to the question: “What are (or would be) the barriers you experience when delivering therapy to a person with aphasia and their spouse together in a session?” Respondents were instructed to choose any answer that applied and to rank each barrier. Refer to results section for additional details on respondent ranking.

**Figure 4***Change in SLP Perception Following Intervention*

*Note.* Many survey answer options were on a 5-point Likert scale. To simplify the data visually, all responses that were considered positive (e.g. very confident, somewhat confident) were considered as “agree” while all negative responses (neutral, not confident, very not confident) were considered “disagree.” See Table 4 and 5 for a more detailed analysis.

## APPENDIX A

**Annotated Bibliography**

Berg, K., Askim, T., & Rise, M. B. (2017). What do speech–language pathologists describe as most important when trying to achieve client participation during aphasia rehabilitation? A qualitative focus group interview study. *International Journal of Speech-Language Pathology*, 21(5), 493–503. <https://doi.org/10.1080/17549507.2017.1413134>

*Objective:* The aim of this article was to determine what SLPs perceive as the most important factor when providing client-oriented participation during aphasia treatment.

*Methods:* A qualitative survey and semi-structured focus group interviews were performed with eleven SLPs. The results were then systematically analyzed.

*Results:* After the interviews, four themes were found: (a) the clinician must be considerate of the client’s vulnerability (i.e. they will do whatever the clinician says rather than voice their opinions because they are in new territory), (b) clinicians need to help introduce clients to rehabilitation and set realistic expectations, (c) SLPs don’t feel confident in their therapy approach due to lack of a structured intervention/lack of research and d) the priority of therapy needs to be meaningful to the client.

*Conclusion:* SLPs recognize the value of client-directed therapy but also recognize that there are some challenges that come with it. With this style, the clinicians are much more of a facilitator, and it requires stronger motivation from the client.

*Relevance:* This article helps outline some of the values that SLPs already have when approaching therapy with their client. It also outlines some barriers that SLPs may experience when attempting to provide more client-centered therapy. It also addresses that more research and resources are needed in addition to increased clinical skill in order

to accomplish this kind of therapy successfully. RC-CPT would likely result in similar barriers and challenges.

Boles, L., & Lewis, M. (2013). Working with couples: Solution focused aphasia therapy. *Asia Pacific Journal of Speech, Language and Hearing*, 8(3), 153–159.

<https://doi.org/10.1179/136132803805576110>

*Objective:* The goal of this paper was to describe solution focused aphasia therapy (SFAT) in a case study of a patient who did the therapy for 4 weeks and was 4 years post-stroke.

*Methods:* A couple (Mark and Louise) participated in SFAT for 4 weeks of twice-weekly therapy. The therapy focused on conversation while the clinician facilitated conversation strategies. Scaled questions were used to measure improvement over the course of the study.

*Results:* While several aspects of the couple's communication improved, the largest gain was the wife's ability to use facilitative gestures in conversation with her husband. Both answered more positively on a rating scale of 1-10 on questions like "How easy is it to ask questions to the other person" and "How easy is it to talk about 'deeper issues'?" Mark in particular saw a lot of gains and seemed to avoid conversation less and connect more.

*Conclusion:* While Mark's aphasic symptoms did not improve (according to the WAB), SFAT seemed to improve his communication while his aphasia remained stagnant.

*Relevance:* This article emphasizes that this therapy treatment doesn't aim to improve a person's aphasic symptoms but rather it is "designed to address

communication in the Activity/Participation stage of rehabilitation.” RC-CPT has similar goals of being a tool patients, families, and clinicians can use to help a person’s ability to communicate improve when their aphasia severity may remain the same.

Brumfitt, S. (2009). Psychosocial aspects of aphasia: Speech and language therapists’ views on professional practice. *Disability and Rehabilitation*, 28(8), 523–534.

<https://doi.org/10.1080/09638280500219349>

*Objective:* The aim of this paper was to survey practicing SLPs about how they view the importance of psychosocial demands on people diagnosed with aphasia.

*Methods:* Surveys were emailed to 521 SLPs. The questionnaire asked questions about the practitioners work setting, attitude towards preparing to work in this area, attitude towards the importance of psychosocial aspects, the perception of time devoted to the psychosocial needs of their patients, methods used to treat psychosocial needs, and open questions.

*Results:* The consensus among professionals is that the psychosocial needs of their patients is important for their wellbeing and for the success of their recovery. SLPs use a wide variety of resources and many of the concerns and barriers to address psychosocial needs more fully were identified.

*Conclusion:* While most SLPs agree that the psychosocial needs of their patient is important, there are a variety of barriers. SLPs report lack of education, training, and experience in handling counseling needs. Some (23%) SLPs also report a lack of time in their intervention to appropriately address emotional needs. It can also be challenging balancing the patient’s psychosocial needs with language interventions. Additionally, there is also a lack of resources to gather information about a patient’s psychosocial

needs as well as resources to address the concerns. Ultimately, there was “no strong association between rated importance and amount of time working on these aspects.”

This implies that though SLPs understand it is important, it is not something they allocate time for in their practice.

*Relevance:* This article looks into how SLPs perceive the psychosocial needs of the patients as well as how they attempt to address those needs. This article also demonstrates that there are several barriers as well as a cultural barrier amongst professionals in the field—if SLPs are to address the psychosocial needs of their patients more effectively, they will have to re-allocate how they spend their time in intervention. Ultimately, this would likely require a shift in the professional culture amongst SLPs.

Croteau, C., McMahon-Morin, P., Le Dorze, G., & Baril, G. (2020). Impact of aphasia on communication in Couples. *International Journal of Language & Communication Disorders*, 55(4), 547–557. <https://doi.org/10.1111/1460-6984.12537>

*Objective:* The goal of this article was to find out how couples perceive the impact of aphasia on their communication.

*Methods:* Nine couples (18 individuals) were interviewed about their perspective on communication within their relationship. The interviews were recorded and analyzed for themes.

*Results:* Three general themes stood out after all of the interviews were collected: (a) limitations in conversation, (b) changed speaking and listening roles, and (c) new emotions and reactions in communication.

*Conclusion:* Though communication was more difficult and different than it had been pre-stroke, the person with aphasia reported still enjoying communication despite

the changes. Their significant others “reported many changes in conversation, including time spent on conversation, topics, behaviors ... and its enjoyment and meaningfulness.” Their discussions were now less often and shorter. Interestingly, none of the impacts seems to correspond with the severity of aphasia. Because of this, many couples found it easier to avoid the hard or long conversations all together due to the communication difficulties which naturally affected the couple’s relationship. However, some couples seem to resign to their new reality and adapt.

*Relevance:* This article gives first-hand perspective to the challenges that couples face when one of them has experienced a stroke. As a therapist approaching couples conversation, it is crucial to understand and be receptive to the experiences and challenges these couples will bring to therapy.

Croteau, C., & Le Dorze, G. (2011). Spouses’ perceptions of persons with aphasia. *Aphasiology*, 15(9), 811–825. <https://doi.org/10.1080/02687040143000221>

*Objective:* The purpose of this article was to deepen the research on how spouses perceive their partner with aphasia.

*Methods:* Twenty-one spouses of people with aphasia and 25 control spouses filled out a questionnaire about how they perceive their spouse. The questionnaire measured how the participant perceives the functional ability level of their spouse using a functional status index. It also measured how the participant perceives their spouse’s personality with an adjective check list.

*Results:* The study found that spouses of the person with aphasia used “less favorable” adjectives to describe their partner compared to the control group. Additionally, the spouses of persons with aphasia judged their husbands less ambitious,

less persistent, less organized, but more empathetic towards others. Husbands and wives perceive the spouse with aphasia differently. However, many spouses also used positive adjectives to describe their spouse with aphasia.

*Conclusion:* People with aphasia are often perceived more negatively because of their loss of ability and independence, lost ability to communicate, and because they aren't able to control their emotions as well as before their stroke. The spouse or caretaker often create a "sick role" as they are helping to care for the person with aphasia.

*Relevance:* There are a variety of factors that cause a spouses to perceive the person with aphasia differently after a stroke. These factors can be helpful to discuss and counsel with the couple during RC-CPT to help them cope and adjust to their new roles in a relationship.

Doud, A. K., Hoepner, J. K., & Holland, A. L. (2020). A survey of counseling curricula among Accredited Communication Sciences and disorders graduate student programs. *American Journal of Speech-Language Pathology*, 29(2), 789–803.

[https://doi.org/10.1044/2020\\_ajslp-19-00042](https://doi.org/10.1044/2020_ajslp-19-00042)

*Objective:* The purpose of this article is to determine the level of counseling curriculum used in accredited SLP graduate student programs.

*Method:* A qualitative survey was sent to accredited programs and the responses were cross-validated with the online listings of their course offerings.

*Results:* Forty-two percent of the surveys were returned. Of those surveyed, 59% of the programs offer a stand-alone course while the online review of the online class listings



reported only 40% offer a stand-alone course. Forty-one percent of the programs do not provide a stand-alone counseling course at all.

*Conclusion:* There is no consistency in accredited programs providing a counseling course nor is there consistency in the content or coursework provided in the course. There has been a decline of counseling courses since the last systematic review in 1983 (McCarthy et al., 1986). There is also variability in whether or not these classes were offered within the department, outside of the department, with communication disorder emphasis, or a general counseling class.

*Relevance:* ASHA has recently (as of 2016) added counseling as an area under an SLP's scope of practice. However, there is no consistency requirement for what these courses provide. This is relevant to RC-CPT because counseling is now included in SLP's scope of practice but it is likely that SLPs are undertrained or underprepared to provide counseling services.

Hallé, M.-C., Le Dorze, G., & Mingant, A. (2014). Speech-language therapists' process of including significant others in aphasia rehabilitation. *International Journal of Language & Communication Disorders*, 49(6), 748–760. <https://doi.org/10.1111/1460-6984.12108>

*Objective:* The purpose of this paper was to investigate whether or not SLPs include the significant others during aphasia rehabilitation and to look for any patterns.

*Methods:* Semi-structured interviews were performed with individual speech pathologists with eight SLPs. The study was performed as part of a doctoral dissertation in Canada. All SLPs were female between the ages of 27-35 and had worked with people with aphasia for between 4-31 years.

*Results:* A model was created to try to understand why some SLPs include the significant others while some don't. Some SLPs viewed including the spouse as a "challenging bonus" while they focused on the aphasia patient, some were influenced by their clinical experience and workplace environment, and others considered it a "feasible necessity."

*Conclusion:* While many SLPs acknowledge that working with the significant other is beneficial and the ideal scenario, there are a variety of barriers. Some significant others are not available to come to therapy with their spouse. SLPs are concerned about adding additional burdens and expectations to a caregiver's responsibilities. Others are uncomfortable with the increase of counseling involved that ranges to the edges of their scope of practice. Some significant others were still grieving the changes to their spouse and were so focused on complete recovery that SLPs "considered this a barrier."

*Relevance:* This article discusses a lot of the barriers that SLPs consider and experience when involving the significant other in intervention. It is interesting that career experience and workplace environment were identified as factors that determine an SLPs comfort in including significant others. It also introduces the idea that if it were widely expected and considered that professionals include the significant others in therapy, professionals would therefore be more willing and prepared to include significant others. In order for RC-CPT to be useful for professionals, it needs to resolve or overcome the barriers mentioned and may need to utilize some of the attitudes suggested to increase significant others' attendance to rehabilitation.

Hallé, M.-C., & Le Dorze, G. (2013). Understanding significant others' experience of aphasia and rehabilitation following stroke. *Disability and Rehabilitation*, 36(21), 1774–1782.

<https://doi.org/10.3109/09638288.2013.870608>

*Objective:* The objective of this article was to study what the significant other experiences during post-stroke treatment period after their significant other has been diagnosed with aphasia.

*Methods:* Twelve significant others of persons with aphasia were interviewed and had been discharged from rehab within three months. Next, the interviews were transcribed and then analyzed using N-Vivo qualitative data analysis software. Similar ideas and repeated experiences were then reported in the article.

*Results:* The main take-away from these interviews is that the significant others were solely focused on the aphasic person during the early stages of post-stroke and rehabilitation. Each persons' satisfaction with the rehab experience seemed to be determined by whether or not the significant other perceived that the aphasic person was satisfied. If the aphasic person was satisfied with their care, the significant other felt successful in their role as the caregiver. Few mentioned their personal needs explicitly and if they did, it was with tiredness because they didn't want to turn the focus on themselves.

*Conclusion:* While a significant other may report that they were satisfied with the rehabilitation experience, it did not necessarily mean that their personal needs were met. Rather, they were satisfied with the care their significant other was given because their focus was on the aphasic person. In this article, it concludes that a family-centered care

may be the most beneficial approach rather than being solely centered on the aphasic person.

*Relevance:* Clinically, this can influence how we approach treatment with an aphasic person and incorporating the spouse. It gives more grounds for how including the significant other may be more beneficial and also describes what the significant others are currently experiencing during rehabilitation so we can think about how this has the potential to change. This article suggests that if therapy is more family-centered, the family will experience less stress and more beneficial results.

Lawson, S., Rowe, A., & Meredith, Y. Y. (2015). Survey of stroke caregiver training provided by OT, PT, and SLP across practice settings. *Physical & Occupational Therapy in Geriatrics*, 33(4), 320–335. <https://doi.org/10.3109/02703181.2015.1089970>

*Objective:* The purpose of this study was to learn how OTs, PTs, and SLPs (in the United States) perceive their ability to meet the needs of caregivers of stroke survivors.

*Methods:* A quantitative explorative survey was mailed to therapists. The descriptive data was then analyzed for areas that may be helpful to use in future training programs.

*Results:* Factors that impacted caregiver training included how therapists perceived the caregiver, coordination amongst healthcare professionals, SLPs giving training to caregivers on varying topics, etc.

*Conclusion:* All therapists reported doing some amount of caregiver training though the amount and topics varied. Some of the topics that were minimally addressed by SLPs would have a large impact on the psychosocial well-being of clients. ADL

training was only addressed by 8.8% of SLPs, stress management by 14.5%, and financial management by 20.1%.

*Relevance:* This article outlined a variety of barriers reported by therapists which prevents them from giving better caregiver training. These barriers include things like lack of caregiver presence, lack of resources, reimbursement limitations, difficulty in coordination interdisciplinary teams, time constraints, caregivers' attitude (i.e. in denial, feeling overwhelmed), SLP attitude, lack of systemized training, written resources aren't utilized, limited follow-up, and a lack of well-established guidelines for best practice. These barriers help us to understand what challenges SLPs are facing and which questions to ask to assess whether RC-CPT will resolve any of these concerns.

Nätterlund, B. S. (2010). Being a close relative of a person with aphasia. *Scandinavian Journal of Occupational Therapy*, 17(1), 18–28. <https://doi.org/10.3109/11038120902833218>

*Objective:* The purpose of this article was to gain insight into the experiences of close relatives of a person with aphasia.

*Method:* Interviews were conducted with the spouse or close relative of 14 people with aphasia. Seven individuals were the spouse/partner of the person with aphasia, four were parents, one was a sibling, one child, and one close friend. Each of them was interviewed and the results analyzed using a qualitative content analysis.

*Results:* From the interview, three overarching themes were identified. First the “influence of aphasia in the family,” included anxiety for the present and future, changes in social networks, emotions in daily life, and perception of the aphasic relative's feelings. The second theme of “everyday life,” including topics such as managing daily routine, activities, employment, the importance of training, and communication within

the family. Thirdly and “the meaning of support.” A variety of situations, examples, and more detailed reasons and experiences were discussed throughout the article.

*Conclusion:* Couples with aphasia may benefit from more healthcare support during the rehab phase of recovery. Additionally, they would benefit from more informational support about aphasia, training, or information on how to communicate with their partner, and instrumental support to help find ways to get their significant other back into activities.

*Relevance:* This article helped articulate shared experiences and challenges from the perspective of the significant other. It will help to paint the picture for why therapy interventions that involve the significant other are needed and could be useful.

Northcott, S., Burns, K., Simpson, A., & Hilari, K. (2016). ‘Living with aphasia the best way I can’: A feasibility study exploring solution-focused brief therapy for people with aphasia. *Folia Phoniatica et Logopaedica*, 67(3), 156–167. <https://doi.org/10.1159/000439217>

*Objective:* The purpose of this article was to determine whether or not solution-focused brief therapy (SFBT) affects the psychological well-being of people with aphasia.

*Methods:* Five individuals with aphasia participated in SFBT. SFBT consists of three to five therapy sessions and in in-depth post therapy interview. Adjustments were made to make the therapy more accessible to people with aphasia.

*Results:* After the therapy, participants “described feeling relaxed and enjoying the sessions” and found the therapy to be acceptable. They appreciated having a professional who could facilitate their responses which in turn helped them to feel understood. The participants reported improved mood and communication participation.

However, their perception of social network and connectedness was the same after therapy.

*Conclusion:* Therapy like this may be helpful for other chronic illnesses. This therapy proved to be acceptable and both qualitative and quantitative results showed some improvement in communication participation and mood.

*Relevance:* SFBT has many similar principles to RC-CPT. It could be that RC-CPT is a shorter, cheaper, and more accessible option to help couples with their communication.

Northcott, S., Simpson, A., Moss, B., Ahmed, N., & Hilari, K. (2016). How do speech-and-language therapists address the psychosocial well-being of people with aphasia? Results of a UK online survey. *International Journal of Language & Communication Disorders*, 52(3), 356–373. <https://doi.org/10.1111/1460-6984.12278>

*Objective:* The purpose of this article was to survey UK speech-language therapists about how they meet patient’s psychosocial needs and to discuss the barriers that professionals experience when trying to meet patient needs, refer to mental health professionals, or collaborate with mental health professionals.

*Methods:* A 22-item online survey was sent out to SLTs via email from the British Aphasiology Society mailing lists. The answers from the therapists were analyzed using descriptive statistics and qualitative content analysis.

*Results:* While British SLTs are in agreement that the psychosocial needs of patients are very important, there were a variety of barriers that prevent professionals from meeting these needs. Three main barriers were found among SLT professionals: (a) lack of time due to large caseloads, (b) lack of training, (c) lack of “ongoing support.”

93% of SLT's reported that they address psychosocial well-being, only 42% feel confident in doing so.

*Conclusion:* SLPs consider the psychosocial well-being of their patients to be important. However, many professionals feel they lack the confidence and training needed in order to adequately address and meet their patient's needs.

*Relevance:* This article is directly associated with our own efforts to understand how SLPs attempt to support the psychosocial needs of their patients and how this can be improved. With lack of confidence and training, it is hoped that RC-CPT will provide a structure and the training needed to help professionals more confidently support patient's psychosocial needs. This article includes a variety of survey questions that they asked which would be helpful to consider and re-use.

This article may also add to the discussion about how to improve this large whole in current practice. While 95% considered the psychosocial needs of their patient to be a part of their scope of practice, only 43% felt confident they could do it successfully. These numbers are even higher than some of the research done in the United States. Even with training, the SLPs still only felt 43% confident. This shows that simply giving more training or coursework on the topic of counseling may not be an effective solution. It will likely require more than that.

Phillips, D. T., & Mendel, L. L. (2008). Counseling training in Communication Disorders: A survey of clinical fellows. *Contemporary Issues in Communication Science and Disorders*, 35(Spring), 44–53. [https://doi.org/10.1044/cicsd\\_35\\_s\\_44](https://doi.org/10.1044/cicsd_35_s_44)

*Objective:* This study was designed to research whether or not SLPs and AuD's feel comfortable conducting counseling activities when a clinician begins their clinical



fellowship. Additionally, the questionnaire also asked about how much training was given before graduation.

*Methods:* A 20-item questionnaire was mailed to 28 professionals who were finishing their clinical fellowship.

*Results:* The questionnaire demonstrated that most professionals think counseling is within an SLP or AuD's scope of practice but many of them felt unprepared to provide counseling services. There was a correlation between the number of counseling hours provided and the professional's comfort levels, hours of coursework provided and preparedness to conduct counseling.

*Conclusion:* Professionals agree that counseling is important, necessary, and within their scope of practice. However, many professionals feel uncomfortable and unprepared in conducting counseling sessions.

*Relevance:* This study highlights the challenge that we are trying to resolve with the RC-CPT approach. The concerns and barriers described by the SLPs in this study can be used to draft questions that about SLPs' comfort levels, perception of counseling, and desired training in order to feel comfortable in performing RC-CPT.

Pompon, R. H. (2021). Basic counseling skills: Working with people with aphasia and their families. *Perspectives of the ASHA Special Interest Groups*, 6(5), 1003–1014.  
[https://doi.org/10.1044/2021\\_persp-20-00298](https://doi.org/10.1044/2021_persp-20-00298)

*Objective:* This article is a tutorial on basic counseling skills and how they can be used to navigate challenging conversations with a patient and their family. Example scenarios are also given to demonstrate the described skill.

*Methods:* A variety of counseling skills is described and demonstrated.

*Results:* The following counseling skills are outlined: self-awareness, attending, gathering information, providing information, promoting change,

*Conclusion:* It is critical that SLPs develop counseling skills so that they are prepared to provide the necessary services to patients in their times of need.

*Relevance:* This article describes opportunities in which and SLP would benefit from using a counseling skill. It also outlines a variety of emotions a patient may feel that an SLP may need to respond to. This article justifies the need for SLPs to receive further training in counseling skills.

Rao, P. R. (2003). Counseling elders with communication disorders and families/related professionals. *Perspectives on Gerontology*, 8(1), 16–21.

<https://doi.org/10.1044/gero8.1.16>

*Objective:* The article outlines several models that are helpful for professionals who frequently interact with elderly patients and characteristics that are important for an SLP to have when counseling patients.

*Methods:* The article specifically outlines three models: Maslow's hierarchy of needs, Model of Consequences of Pathology (from WHO), and Aging with a Disability.

*Results:* N/A

*Conclusion:* This article determined that counseling is simply and necessarily part of the SLPs scope of practice. An SLP must be aware of counseling opportunities and the traits the clinician must use. Additionally, they must also be aware of what areas their scope of practice does not include.

*Relevance:* This article helps to expand the picture of why counseling is included in an SLPs' scope of practice. An SLP will counsel the patient, significant others, and

families on the impact a communication disorder may have. They will provide a variety of informational counseling on the disorder, treatment, prognosis, goals, etc. According to Rao, “counseling is treatment and good treatment is counseling.” Rao also suggests that as a general rule (unless patients need otherwise), it is best to include a family member in the therapy sessions because “an experienced SLP will accomplish more in therapy with the family and/or SO than with a patient alone.”

Sandberg, C. W., Nadermann, K., Parker, L., Kubat, A. M., & Conyers, L. M. (2021).

Counseling in aphasia: Information and strategies for speech-language pathologists.

*American Journal of Speech-Language Pathology*, 30(6), 2337–2349.

[https://doi.org/10.1044/2021\\_ajslp-20-00312](https://doi.org/10.1044/2021_ajslp-20-00312)

*Objective:* The purpose of this paper is to discuss the mental health concerns of a person with aphasia and what SLPs do to support a client’s needs.

*Methods:* A case study was used to demonstrate and discuss the mental health challenges faced by a person with aphasia.

*Discussion:* The impact of a stroke and aphasia can impact an individual in a variety of ways. They will likely grieve the lifestyle they used to have and often experience depression and anxiety. It can often affect their marriage and support networks and it may cause social isolation. While working on communication therapy, SLPs can support their mental health needs by teaching the client things like resiliency strategies, to advocate for themselves, teaching compensatory strategies, and referring them to support groups.

*Conclusion:* People who experience aphasia are not having their mental health needs met. There are some solutions that SLPs could be used more often (mental health

screeners, collaboration, inter-disciplinary training) or resources that SLPs can refer clients to. There are also limitations to SLPs' ability to meet mental health needs due to lack of training.

*Relevance:* This article discusses how SLPs are aware of the importance of PWA mental health needs but the SLP is often unable or unequipped to provide the needed help. It suggests some solutions including ideas for counseling workshops to help pre- and post-certification SLPs.

Sekhon, J. K., Oates, J., Kneebone, I., & Rose, M. (2019). Counselling training for speech–language therapists working with people affected by post-stroke aphasia: A systematic review. *International Journal of Language & Communication Disorders*, 54(3), 321–346. <https://doi.org/10.1111/1460-6984.12455>

*Objective:* The purpose of this article was to review the literature to determine what training SLPs have for addressing psychological well-being for people with aphasia.

*Methods:* Eleven databases were searched. Nine studies from the United States, United Kingdom, and Australia were then reviewed and synthesized.

*Results:* One article reported that 80% of clinical fellows ( $n = 15$ ) said they had not completed any counseling training courses while others said they received three to four hours of training. While many programs provide a counseling course, few programs required their students to take it.

*Conclusion:* There are not a lot of quality research studies available about the level training SLPs receive for counseling. The quality, amount, content, and type of counseling training is not consistent across the SLP field. Clinicians suggested more

training, access to specialist supervision, and more time would be helpful in helping them meet the psychosocial needs of their clients.

*Relevance:* This article is key in summarizing the weaknesses in SLP counseling services. The lack of training, experience, confidence and time prevent SLPs from providing quality counseling to their clients. Some articles showed that an SLP's confidence in providing counseling is increased with simple and generic training. Other articles suggest counseling specifically for those with aphasia is needed. This also raises the question of whether or not a confident clinician can meet the psychosocial needs of a client. (Are the psychosocial needs of patient improved if the clinician is confident? Does the clinicians confidence influence the quality of counseling services received by the patient?)

Sekhon, J. K., Oates, J., Kneebone, I., & Rose, M. L. (2022). A phase II randomised controlled trial evaluating the feasibility and preliminary efficacy of an education program on speech-language pathologist' self-efficacy, and self-rated competency for counselling to support psychological wellbeing in people with post-stroke aphasia. *Topics in Stroke Rehabilitation*, 1–23. <https://doi.org/10.1080/10749357.2022.2145736>

*Objective:* To evaluate the “feasibility and preliminary efficacy” of a new online education program on counseling for SLPs that work with patients who have had a stroke and have aphasia.

*Methods:* This was the second phase of the study. The course had previously been through a pilot test. The phase II was a randomized control trial with some participants immediately taking the course and the second group waiting three weeks before taking the course. The course itself was a 7-hour self-directed learning and 3-hour online

workshop to learn about counseling. The participants self-efficacy and self-rated competency were assessed before the program, after the program, and 5 weeks after the program.

*Results:* Eighty-four percent of the participants finished the complete trial. The course increased the confidence and self-efficacy for the clinicians at the end of the program as well as after five weeks.

*Conclusion:* This online program seemed to be a productive and potential solution to fill the gap that SLPs have in their education on the topic of counseling.

*Relevance:* Some of the statistics reported in this study are very relevant to the necessity of the RC-CPT. Only 35% of SLPs in this study reported that they received training in counseling while 90% reported that they do counsel with their patients. SLPs are not given the resources to prepare for counseling situations but this study demonstrates that with additional resources (i.e. an online course or a new therapy intervention), this gap in patient needs can be met.

Shrubsole, K., Power, E., & Hallé, M. (2022). Communication partner training with familiar partners of people with aphasia: A systematic review and synthesis of barriers and facilitators to implementation. *International Journal of Language & Communication Disorders*, 58(2), 601–628. <https://doi.org/10.1111/1460-6984.12805>

*Objective:* The purpose of this article is to determine the barriers of using CPT with familiar partners of people with aphasia using the common theoretical framework and identify potential solutions to the barriers.

*Methods:* This article is a systematic review from four electronic databases. Only English and French articles were included and no dates were limited. Of the 2115 studies were found, 17 were included in the review.

*Results:* Eight key theoretical domains were identified: environmental context and resources, social influences, beliefs about consequences, skills, memory, attention and decision-making, knowledge, belief about capabilities, and reinforcement.

*Conclusion:* The most common barrier under the Environmental subject was “variable access to or attendance of family members.” Other commonly reported barriers were “social influences,” “beliefs about consequences,” and “beliefs about capabilities.” This study found some other common barriers that are less often reported such as “memory, attention, decision making,” and “reinforcement.”

*Relevance:* Many of the barriers to CPT will be the barriers to RC-CPT. This article gives a detailed analysis of the barriers and provides potential solutions. This information can be influential in the questions we write to survey SLPs about their understanding and barriers to using something like RC-CPT.

Simmons-Mackie, N., & Damico, J. S. (2011). Counseling and aphasia treatment. *Topics in Language Disorders, 31*(4), 336–351. <https://doi.org/10.1097/tld.0b013e318234ea9f>

*Objective:* The intent of this article was to look at how often SLPs encounter counseling opportunities with their aphasia clients during therapy and to determine what strategies SLPs use to avoid the counseling opportunities.

*Methods:* A microanalysis of discourse was performed on video from four aphasia treatment sessions. The sessions were analyzed for counseling opportunities and two of the SLPs were interviewed to obtain qualitative information.

*Results:* SLPs often avoided counseling opportunities using four strategies:

- “Focusing on the facts” and dwelling on the informational side of the clients’ diagnosis.
- Using a “staged conversation” or maintaining a surface level conversation that acknowledged but did not address the emotional need of the client
- Using “humor as an emotion deflector”
- “Introducing tasks” and quickly moving on to therapy intervention instead of dwelling on emotional topics

*Conclusion:* SLPs are well-equipped to help people with aphasia’s emotional needs because they can facilitate conversation and communication when other professionals and family members can’t. However, clinicians often avoid emotional or counseling situations and employ a variety of approaches to avoid difficult topics.

*Relevance:* This article provides helpful data to demonstrate not only that SLPs do indeed avoid counseling opportunities, but also *how* they avoid them. When surveying other SLPs it may be helpful to use these examples so that they can better analyze their own clinical practice and recognize times when they are doing the same thing.



## APPENDIX B

**Institutional Review Board Approval Letter****Memorandum**

To: Tyson Harmon

Department: BYU - EDUC - Communications Disorders

From: Sandee Aina, MPA, HRPP Associate Director

Wayne Larsen, MAcc, IRB Administrator

Date: November 30, 2023

IRB#: IRB2023-247

Title: Speech-language pathologists' and marriage and family therapists' perspectives about working with couples impacted by aphasia

Brigham Young University's IRB has reviewed the modification submitted. The IRB determined that the modification does not increase risks to the research subject, and the study's aims remain as originally approved. The modification has been approved. The revised consent statement and recruiting script have been approved and stamped for your files.

All conditions for the continued approval period remain in effect. Any modifications to the approved protocol must be submitted, reviewed, and approved by the IRB before modifications are incorporated into the study.

## APPENDIX C

**Consent/Survey**

## Pre-Video Questions

Title of the Research Study: Speech-language pathologists' perspectives on working with couples impacted by aphasia

My name is Jannelyse Allred and I am a graduate student clinician at BYU. I am conducting research under Dr. Harmon, from the Department of Communication Disorders. You are invited to participate in a research study about the perceptions of practicing speech-language pathologists (SLPs) regarding contextualizing communication partner training for aphasia within discussions about changing roles and responsibilities in marriage. Participation in this study is optional and 15-20% of participants will be randomly selected to receive a \$50 compensation gift card (distributed via Amazon gift cards). Participants must meet the following criteria in order to participate:

- 1) Currently practicing CCC-SLP in the United States
- 2) Have patients diagnosed with aphasia on their caseload

Participating in this study will take approximately 30 minutes. Participants will be invited to watch five short videos throughout the survey highlighting key components of a brief intervention. This intervention integrated communication partner training for aphasia within discussions about changing roles and responsibilities in marriage. Participants will respond to questions before and after the video. You can skip questions you would prefer not to answer and can complete the survey in more than one sitting. Please do not include any identifying information in your survey responses.

If you have any questions, please contact Jannelyse Allred at [allredj9@byu.edu](mailto:allredj9@byu.edu). If you have questions or concerns about your rights as a research participant, you can call the BYU Human Research Protections Program at 801-422-1461 or [BYU.HRPP@byu.edu](mailto:BYU.HRPP@byu.edu).

If you want to participate in this study, click the Agree button to start the survey.

- a. Agree

Please complete the captcha below to continue.

Are you a currently licensed CCC-SLP currently practicing in the United States?

- b. Yes
- c. No

Do you have patients diagnosed with aphasia on your caseload?

- a. Yes
- b. No

How would you rate your English proficiency?

- a. Not proficient
- b. Somewhat proficient

- c. Proficient
- d. Fluent

What is your age?

- a. Under 20 years
- b. 20-29 years
- c. 30-39 years
- d. 40-49 years
- e. 50-59 years
- f. 60 years or older

What is your gender?

- a. Female
- b. Male
- c. Do not wish to provide

What is your ethnicity?

- a. Hispanic/Latino
- b. Non-Hispanic
- c. Do not wish to provide

What is your race? Select all that apply.

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. White
- e. Native Hawaiian or Other Pacific Islander
- f. Other
- g. Do not wish to provide

In what state do you currently practice

\_\_\_\_\_

What is your highest degree earned?

- a. Master's degree
- b. Doctoral degree

How many years of experience do you have as a CCC-SLP?

\_\_\_\_\_

How many years of experience do you have working with people diagnosed with aphasia?

- a. Less than 1
- b. 1 to 2
- c. 3 to 5
- d. 6 to 10
- e. More than 10

Which of the following best describes your clinical setting?

- a. Acute, sub-acute hospital
- b. Inpatient rehabilitation
- c. Outpatient clinic
- d. Skilled nursing facility/Nursing home
- e. Private Practice
- f. University
- g. Home Health
- h. Other (please explain)

On average, what percentage of your caseload includes patients with aphasia?

- a. 80-90%+
- b. 70-80%
- c. 60-70%
- d. 50-60%
- e. 40-50%
- f. 30-40%
- g. 20-30%
- h. 10-20%
- i. Less than 10%

Please rate the following statements:

How knowledgeable do you consider yourself to be when working with people with aphasia?

- a. Not knowledgeable
- b. Limited knowledge
- c. Neutral
- d. Somewhat knowledgeable
- e. Very knowledgeable

How confident do you consider yourself when working with people with aphasia?

- a. Not confident
- b. Limited confidence
- c. Neutral
- d. Somewhat confident
- e. Very confident

How experienced do you consider yourself when working with people with aphasia?

- a. No experience
- b. Limited experience
- c. Neutral
- d. Some experience
- e. A lot of experience

How often do your aphasic patients experience psychological distress?

- a. Rarely

- b. Occasionally
- c. Neutral
- d. Often
- e. Very often

Please rate the following statements in regards to interacting with couples (“couples” refers to a person with aphasia and his or her spouse/partner) impacted by aphasia.

I feel confident working with couples impacted by aphasia (i.e., person with aphasia and his or her spouse/partner)

- a. Not confident
- b. Limited confidence
- c. Neutral
- d. Somewhat confident
- e. Very confident

I am knowledgeable about working with couples impacted by aphasia.

- a. Not knowledgeable
- b. Limited knowledge
- c. Neutral
- d. Somewhat knowledgeable
- e. Very knowledgeable

I have experience working with couples impacted by aphasia.

- a. No experience
- b. Limited experience
- c. Neutral
- d. Some experience
- e. Very experienced

Discussing communication strategies with couples impacted by aphasia (e.g., gestures, external supports like writing and drawing, verifying understanding) falls within my scope of practice.

- a. No
- b. Unsure
- c. Yes

How comfortable would you feel coaching couples impacted by aphasia on communication strategies such as using gestures, using external supports like writing and drawing, and verifying understanding during therapy?

- a. Very uncomfortable
- b. Somewhat uncomfortable
- c. Neutral
- d. Somewhat comfortable
- e. Very comfortable

Addressing relationship roles and responsibilities post-stroke with couples impacted by aphasia falls within my scope of practice.

- a. No
- b. Unsure
- c. Yes

How comfortable would you feel addressing relationship roles and responsibilities post-stroke with couples impacted by aphasia?

- a. Very uncomfortable
- b. Somewhat uncomfortable
- c. Neutral
- d. Somewhat comfortable
- e. Very comfortable

Helping couples impacted by aphasia set goals and make plans related to relationship roles and responsibilities falls within my scope of practice.

- a. Strongly disagree
- b. Somewhat disagree
- c. Neutral
- d. Somewhat agree
- e. Strongly agree

How comfortable would you be helping couples impacted by aphasia set goals and make plans related to relationship roles and responsibilities?

- a. Very uncomfortable
- b. Somewhat uncomfortable
- c. Neutral
- d. Somewhat comfortable
- e. Very comfortable

On average, in what percentage of your therapy sessions do you include the spouse/partner of a patient with aphasia?

- a. 80-90%
- b. 70-80%
- c. 60-70%
- d. 50-60%
- e. 40-50%
- f. 30-40%
- g. 20-30%
- h. 10-20%
- i. Less than 10%

When the spouse/partner other of the patient is included, how is the spouse/partner other typically included? (Please drag all that apply to the box on the right and rank in order of frequency)

- a. Caregiver/Communication Partner training

- b. Observing session
- c. Education
- d. Other

Would you consider counseling to be a part of your scope of practice?

- a. No
- b. Unsure
- c. Yes

How important do you consider counseling to be in your scope of practice?

- a. Not important at all
- b. Not very important
- c. Neutral
- d. Somewhat important
- e. Very important

How much counseling training have you received since becoming licensed as an SLP?

- a. Less than hour
- b. 1-3 hours
- c. 3-10 hours
- d. 10+ hours

How frequently do you work collaboratively or consult with other mental health professions?

- a. Never
- b. Rarely
- c. Occasionally
- d. Frequently
- e. Very frequently

How frequently do you refer clients with aphasia to some kind of mental health professional?

- a. Never
- b. Rarely
- c. Occasionally
- d. Frequently
- e. Very frequently

What are the barriers when referring an aphasia patient to a mental health professional? (Select all that apply.)

- a. Not sure when to refer/guidelines are unclear
- b. Does not feel needed/necessary
- c. Not sure which professional to refer them to
- d. Client is hesitant or resistant to being referred
- e. Long waitlists
- f. I do not feel like it's part of my role
- g. No barriers
- h. Other

How frequently do you refer clients with aphasia and/or their spouse/partner to a marriage and family therapist specifically?

- a. Never
- b. Rarely
- c. Occasionally
- d. Frequently
- e. Very frequently

What are (or would be) the barriers you experience when delivering therapy to a person with aphasia and their spouse together in a session? Please drag any barriers that you experience to the corresponding groups on the right (major, minor, or not a barrier). Within each group, please rank each barrier with #1 as the most significant.

- a. Time/caseload pressures
- b. Patient goals/priorities
- c. Lack of patient insurance coverage
- d. I feel under-skilled/ lack of training
- e. Lack of research evidence on effective
- f. approaches for this client group
- g. I don't consider it part of my role
- h. I worry that I may get 'out of my depth'
- i. Lack of significant other availability
- j. Not the client's priority
- k. Other

What would help you improve your delivery of therapy to couples impacted by aphasia? (Please drag all that apply into the box on the right and rank in order of significance.)

- a. More training
- b. Access to on-going supervision/support
- c. More emphasis on value of working on psychosocial well-being for couples impacted by aphasia
- d. More emphasis in my role definition encouraging me to address treating couples impacted by aphasia
- e. Having adequate time to address psychosocial well-being
- f. Not a priority for me
- g. Other (please specify)

Please feel free to add any further comments on addressing the needs of people or couples impacted by aphasia.

---

Video Segment:

Next, you will read an outline of a relationship-centered communication partner training program (RC-CPT) that was piloted with three couples impacted by aphasia. Then you will watch 5 short videos of the pilot program. Various clips were chosen to demonstrate key RC-CPT activities,



the role of the clinicians, and how couples may respond. In the future, SLPs may have the potential to receive training and resources to use this intervention in their own practice.

The therapy was performed by a speech-language pathology (SLP) graduate student under the supervision of a certified SLP. During the training, each couple participated in a brief intervention that included two sessions designed to help them learn and practice conversing together about marital roles and responsibilities.

The session tasks are outlined as follows:

#### Session One:

The couple participates in a communication partner training module and practices communication strategies during role-play conversations with the support of the clinician. The couple selects one to two strategies that they will continue to practice throughout the week.

#### Session Two:

1. The person with aphasia (PWA) and his/her spouse individually complete a Relationship Roles Questionnaire regarding how roles and responsibilities in their marriage have changed since the onset of aphasia. The questionnaire includes six different categories: household chores, meal preparation, financial management, childcare and transportation, medical and legal decisions, and relationship and intimacy.

2. The couple is brought together, and the results of their individual surveys are compared. The couple then selects one role/responsibility category that they would like to work on improving. The clinician then guides the couple through a conversation about this responsibility area and helps them establish a goal and communication plan for improvement.

This video demonstrates the person with aphasia (PWA) completing the Relationship Roles Questionnaire. The clinician uses aphasia-friendly visuals to support comprehension for the PWA. (Note: all videos come from session two.)

The clinician then brings the couple together to discuss the results of their individual questionnaires and the couple chooses an area(s) to work on together.

The clinician helps support the couple's conversation by providing and modeling communication strategies. The clinician facilitates a conversation about the changes the couple is experiencing as they relate to aphasia. This video shows a discussion between Couple 1 (husband=PWA) and the clinician about their feelings after filling out the questionnaire. It demonstrates how some emotional and sensitive topics are naturally brought up while participating in RC-CPT.

Once an area is chosen, the couple chooses a goal to work towards. The clinician facilitates conversations about communication strategies and plans that can be established to help reach their goal. This video demonstrates Couple 1 (husband=PWA) discussing ideas about how to improve financial management within their marriage.

As Couple 2 (husband=PWA) was discussing communication strategies for their goal on financial management, the wife brought up concerns about how her husband interacts differently with family after his stroke. She expressed concern that he rarely initiates conversation and

chooses isolating activities rather than spending time with her or their kids. The following clip demonstrates how the clinician gave communication strategy suggestions after observing the discussion between the couple.

Couple 3 (wife=PWA) chose to work on meal preparation because it was an area of concern for both of them as highlighted by the Relationship Roles Questionnaire. After discussing a goal and potential barriers, the couple is asked to make a communication plan. The following clip demonstrates Couple 2 discussing their communication plan for meal preparation.

At the conclusion of the session, the clinician reviews the goals and the topics that were discussed. With guidance from the clinician, the couple then chooses a goal and associated plans to improve distribution, negotiation, and discussion of responsibilities within the selected category. Couples are encouraged to continue use of communication strategies learned and practiced during the first session (not shown in videos). The clinician will follow-up at the next session with the goals that were set and make referrals to other professionals as needed.

### Post-Video Questions

Now that you have seen a potential therapy intervention SLPs could use to address role changes between a PWA and their significant other, please answer the following questions again.

Implementing the type of program just presented would fall within my scope of practice

- a. No
- b. Unsure
- c. Yes

Please rate the following statements in regard to interacting with couples impacted by aphasia *together* in a therapy session (“couples” refers to a person with aphasia and his or her spouse/partner).

I feel confident working with couples impacted by aphasia.

- a. Strongly disagree
- b. Somewhat disagree
- c. Neither agree nor disagree
- d. Somewhat agree
- e. Strongly agree

I am knowledgeable about working with couples impacted by aphasia

- a. Strongly disagree
- b. Somewhat disagree
- c. Neither agree nor disagree
- d. Somewhat agree
- e. Strongly agree

I have experience working with couples impacted by aphasia.

- a. No experience

- b. Limited experience
- c. Neutral
- d. Some experience
- e. Very experienced

Discussing communication strategies with couples impacted by aphasia (e.g., gestures, external supports like writing and drawing, verifying understanding) falls within my scope of practice.

- a. No
- b. Unsure
- c. Yes

How comfortable would you feel coaching couples impacted by aphasia on communication strategies such as using gestures, using external supports like writing and drawing, and verifying understanding during therapy.

- a. Very uncomfortable
- b. Somewhat uncomfortable
- c. Neutral
- d. Somewhat comfortable
- e. Very comfortable

Addressing relationship roles and responsibilities post-stroke with couples impacted by aphasia falls within my scope of practice.

- a. No
- b. Unsure
- c. Yes

How comfortable would you feel addressing relationship roles and responsibilities post-stroke with couples impacted by aphasia.

- a. Very uncomfortable
- b. Somewhat uncomfortable
- c. Neutral
- d. Somewhat comfortable
- e. Very comfortable

Helping couples impacted by aphasia set goals and make plans related to relationship roles and responsibilities falls within my scope of practice.

- a. No
- b. Unsure
- c. Yes

How comfortable would you be helping couples impacted by aphasia set goals and make plans related to relationship roles and responsibilities?

- a. Very uncomfortable
- b. Somewhat uncomfortable
- c. Neutral

- d. Somewhat comfortable
- e. Very comfortable

Do you consider counseling to be a part of your scope of practice?

- a. No
- b. Unsure
- c. Yes

How important do you consider counseling to be in your scope of practice?

- a. Not important
- b. Not very important
- c. Neutral
- d. Somewhat important
- e. Very important

Please describe how this relationship-centered communication partner training might be improved.

\_\_\_\_\_

Please feel free to add any further comments on addressing the needs of couples impacted by aphasia or how this program can be improved.

\_\_\_\_\_

Thank you for taking the time to fill out this survey. Your responses will help us to gain a further understanding of how we can increase collaboration between speech-language pathologists and marriage and family therapists to better help and support couples impacted by aphasia.

If you would like to be entered to win a \$50 gift card (distributed via Amazon gift cards), please use the link below and fill out the contact information form.