

# Evidence Brief: Stroke plus - Speech and Language Therapists and the Psychological workforce

## Contents

Key publications – the big picture .....	2
Case Studies.....	3
HEE Star .....	3
Statistics .....	3
HEE National Data Programme.....	3
Published Peer Reviewed Research .....	4
Speech and Language Therapists .....	4
Psychological workforce.....	15
Multi-disciplinary team (MDT) working .....	16
Competency Frameworks .....	17
*Help accessing articles of papers .....	18

Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research, and evidence on a workforce-related topic.

**Date of publication:** September 2021

**Please acknowledge this work in any resulting paper or presentation as:**

Evidence Brief: Stroke plus – Speech and Language Therapists and the Psychological workforce.  
Katie Nicholas. (September 2021). UK: Health Education England Knowledge Management Team

There may have been an update to this Evidence Brief - to check you are reading the most current version please see the links below:

- [Complete Evidence Brief list – link for HEE staff](#)
- [Complete Evidence Brief list – link for External staff](#)

### Key publications – the big picture

[COVID-19 Speech and language therapy rehabilitation pathway: Part of the Intensive Care Society Rehabilitation Framework, developed by the Working Party. Deep dive speech and language therapy section](#) July 2020, Royal College of Speech & Language Therapists

Data on the functional outcomes of patients surviving an intensive care unit (ICU) admission for COVID-19 is sparse. However, anecdotal experience across a number of London ICUs indicates that a high proportion has significant physical functional impairment (more than 50 % of those discharged from ICU) and the range of impairments is diverse. There is an immediate need to provide specialist, effective and targeted rehabilitation for patients recovering from the disease to improve functional outcomes and to ensure they make the best possible recovery. The key role of Speech and Language Therapists within ICU is widely recognised (GPICS 2019 <https://www.ficm.ac.uk/sites/default/files/gpics-v2.pdf> NICE CG 83 <https://www.nice.org.uk/guidance/cg83/evidence/full-guideline-pdf-242292349>) and is essential to providing rehabilitation of communication and upper airway functions following critical illness. This guidance informs models and pathways for speech and language therapy services in the provision of high-quality rehabilitation. [1, 2]. Guidance has already been produced, for example by the British Rehabilitation Society.

[COVID-19: Maximising the contribution of the speech and language therapy workforce](#) April 2020, Royal College of Speech & Language Therapists

The RCSLT supports the redeployment of speech and language therapists (SLTs) to any elements of the wider health and social care system to support the national effort on managing the impact of COVID-

19. SLTs have significant skills and expertise to meet the clinical presentation needs of patients with COVID-19 as highlighted in this paper. At the same time, it is essential that everyone with non-COVID-19 communication and swallowing needs (whether neonates, children and young people or adults) continue to be identified and receive the appropriate level of speech and language therapy required to support them, their families and carers, and the professionals working with them.

[What we think about: The stroke workforce](#) 2019, The Stroke Association

A wide range of professionals are involved in caring for patients across the stroke pathway. These include:

- GPs.
- Paramedics.
- Hospital doctors and stroke specialist doctors.
- Nurses.
- Psychologists.
- Physiotherapists.
- Speech and language therapists.
- Occupational therapists.
- Social workers.

Some only treat stroke patients and others will deal with a wider range of conditions. National clinical guidelines are clear that an appropriately staffed and skilled stroke workforce is essential to ensure the best possible care of people with stroke.<sup>1</sup> The number of strokes in the UK is forecast to increase over the next few decades.<sup>2</sup> This will mean more demand for health and social care services and the professionals who provide care for those affected by stroke. However, a shortage of appropriately trained staff is leading to shortfalls in care for many stroke patients and stroke survivors.

[Improving access to psychological care after stroke](#) January 2012, NICE

This national project encompasses both the NICE quality standard for depression in adults with a chronic physical health problem and the NICE stroke quality standard 9 to routinely screen people for mood and cognitive disorders. Assessment and management of psychological disorders after stroke is poorly organised with patients receiving sub optimal services and support (National Audit Office report, 2010 and Care Quality Commission stroke review, 2011). These national projects demonstrate effective improvement in organisation and delivery of psychological care after stroke.

[Psychological care after stroke: improving stroke services for people with cognitive and mood disorders](#) August 2011 (page updated November 2017), NHS Improvement

This publication aims to act as a practical guide to support the establishment and development of services for psychological care of people following stroke in which they can implement evidence based guidance and treatment. It brings together summaries of national guidance, standards, and related evidence and shares the learning from seven national projects to provide a single resource to assist stroke providers to implement and improve these services. The guide should be used in conjunction with existing more comprehensive national clinical guidance, literature and research evidence.

## Case Studies

[Joint care from the Community Stroke Team and Stroke Association's Reablement Service promotes the health and wellbeing of stroke survivors](#) 2019, NHS Long Term Plan Partnership working between the NHS and the Stroke Association's Reablement Service is ensuring that people receive timely community based holistic care and support after a stroke, boosting both their health and wellbeing.

## HEE Star

More resources and tools are available in the [HEE Star](#)

## Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and searching for “**Stroke**”

The [Stroke Association](#) have collated the latest data on number of strokes, stroke prevalence and stroke as a leading cause of death.

## HEE National Data Programme

HEE staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

## Published Peer Reviewed Research

### Speech and Language Therapists

[When interactions are interruptions: an ethnographic study of information-sharing by speech and language therapists and nurses on stroke units](#) 2021, Disability and Rehabilitation

*Abstract only\**

**PURPOSE:** To explore how the information-sharing context influences how speech and language therapy (SLT) and nursing staff interact on stroke units and what they discuss., **METHODS:** Ethnographic methodology was used, with data collected during 40 weeks of fieldwork across three inner city stroke units in the UK. Data comprised field notes collected during 357 h of participant observation and 43 interviews. Interviews were conducted with 14 SLTs, 1 SLT assistant, 24 registered nurses and 4 nursing assistants., **RESULTS:** This paper is focused on informal information-sharing. SLTs and nurses had different experiences of time and space (the temporal-spatial context) with respect to ward presence and proximity to patients, influencing how they interacted, the content of their talk and their relationships. Most interactions had the quality of interruptions, in which SLTs seized moments in between nursing tasks. Conditions were less suited to sharing information about communication than swallowing and SLTs felt more allied to other therapists than nurses., **CONCLUSION:** The temporal-spatial context impeded information-sharing, particularly about patients' communication needs. Consideration should be given to developing relationships between SLTs and nurses as key partners for patient care and raising the profile of communication information in ways that are relevant and useful to nursing work. Implications for rehabilitation Strategic waiting for opportunities to interrupt nurses and gain their attention is

central to how speech and language therapists manage their need to share information informally with nurses. The small "windows in time" available for interaction influence information-sharing, with a limiting effect on information about patients' communication. There is potential to improve information-sharing between speech and language therapists and nurses by considering how the relevance of information for patient care could be made clearer.

[Counselling education for speech-language pathology students in Australia: a survey of education in post-stroke aphasia](#) May 2021, Aphasiology *Abstract only\**

**Background:** Speech-language pathology practice guidelines recommend competency in counselling to support psychological adjustment and well-being in people with communication disability. However, there is limited information about what counselling education speech-language pathology students need or receive to attain this competency. Speech-language pathologists report that they frequently use counselling to support psychological well-being in people with post-stroke aphasia, a patient group particularly vulnerable to mood disorders, but they also report low knowledge, skill, and confidence in this practice. We aimed to describe the content, methods, duration, and evaluation of counselling education currently offered to Australian speech-language pathology students, including education specifically aimed at supporting the psychological well-being of people with post-stroke aphasia. **Methods and Procedures:** Directors of all accredited speech-language pathology programs (N = 21) across 15 eligible Australian Universities were invited to participate in an online survey. **Outcomes and Results:** Responses from 12 of the 21 eligible (57%) programs were obtained. Ten programs (83%) reported offering counselling education with four programs (33%) offering this specifically for people affected by post-stroke aphasia. Most programs provided over 10 hours of

counselling coursework but provided less than 3 hours of counselling observation and practicum. Teaching on a variety of counselling topics was reported, most commonly general principles of counselling, while specific approaches included motivational interviewing and cognitive behavioural therapy. Counselling was taught using a range of methods, most frequently problem-based learning and role-play. Student counselling knowledge, skills, and competence were evaluated by written assignment, review of video/written transcripts of role-play, oral presentation, and problem-based learning (case studies) group discussion. Academics had mixed opinions on graduate competency for counselling. Conclusions: While the majority of university programs reported providing counselling education, few offered education to support the psychological needs of people specifically affected by post-stroke aphasia. Some courses offered no counselling education. Minimum standards of counselling education for speech-language pathology students are required to ensure graduates are competent to provide counselling to support adjustment and well-being in people with communication disabilities.

[The management of patients with functional stroke: speech and language therapists' views and experiences](#) 2021, Disabilities and Rehabilitation *Abstract only*\*

**PURPOSE:** Patients with functional stroke can present with functional speech, language or swallowing symptoms, which are managed by speech and language therapists (SLTs). The aim of this study was to explore SLTs' views and experiences of working with patients with functional stroke., **METHODS:** Constructivist grounded theory approach was used. Semi-structured interviews were the method of data collection. Constant comparative analysis was used to analyse data. Participants were eligible if they were SLTs who thought they had experience of working with functional stroke., **RESULTS:** 12 participants were interviewed. Patients with functional stroke

were a common occurrence on participants' caseloads; yet they felt patients do not receive optimum care. All participants wanted to help their patients, yet felt they were working within a multitude of barriers to effective input. These included: stigma about the diagnosis, lack of pre-qualification training, quick discharge from inpatient settings, lack of access to mental health services and lack of clinical guidelines and care pathways., **CONCLUSIONS:** As healthcare professionals, participants were keen to help their patients. However, they felt they did not have the skills or knowledge to help which caused professional turmoil. Reducing stigma and increasing awareness and knowledge of functional stroke are required to improve patient outcomes.

["Guiding them to take responsibility": exploring UK speech and language therapists' views of supporting self-management of aphasia](#) 2020, Aphasiology *Abstract only*\*

**Background:** Self-management approaches are increasingly recommended after stroke with the aim of supporting longer-term adaptation, adjustment and condition management. Stroke survivors with aphasia (SSWA) have particularly poor longer-term outcomes; however, the suitability of self-management for SSWA is unclear. Speech and language therapists (SLTs) play a key role in the provision of care for this group of stroke survivors; however, UK SLTs views of self-management have not been explored. **Aims:** To explore UK SLTs views of "self-management" as an approach in stroke rehabilitation including its application in practice with SSWA. **Methods & Procedures:** In depth, semi-structured qualitative interviews were conducted with SLTs from five NHS speech and language therapy services. Interview data were analysed using thematic analysis. **Outcomes & Results:** Eighteen SLTs participated in interviews. Many SLTs were not familiar with the term "self-management". However, SLTs were positive about the connotations of this term which aligned closely with the values they held about their

role and the desired outcomes of rehabilitation. SLTs described multiple aspects of their existing practice which they associated with enabling "self-management" (e.g., self-directed practice of therapy tasks, encouraging SSWA to take responsibility for their own rehabilitation, involving family members in therapy). However, some SLTs identified difficulties involving SSWA as active participants in the rehabilitation process and in facilitating "readiness" to take responsibility for managing in the longer-term. Other barriers to enabling self-management were identified including limited session time for speech and language therapy in the community setting, difficulties involving family members in rehabilitation and a lack of access to other services to support self-management (including specialist psychological support). Conclusions: Making the transition to longer-term adaptation, adjustment and condition management is a complex and challenging task which is likely to require tailored support for many SSWA and their families. Supported self-management may help to facilitate this process; however, SLTs require a structured and clearly defined approach and training to assist implementation in practice. Organisational "buy-in" and support for self-management as a therapeutic approach within speech and language rehabilitation will also be required for successful implementation.

[Better long-term speech outcomes in stroke survivors who received early clinical speech and language therapy: What's driving recovery?](#) 2021, Neuropsychological Rehabilitation *Abstract only*\*

Establishing whether speech and language therapy after stroke has beneficial effects on speaking ability is challenging because of the need to control for multiple non-therapy factors known to influence recovery. We investigated how speaking ability at three time points post-stroke differed in patients who received varying amounts of clinical therapy in the first month post-stroke. In contrast to prior studies, we factored out variance

from: initial severity of speaking impairment, amount of later therapy, and left and right hemisphere lesion size and site. We found that speaking ability at one month post-stroke was significantly better in patients who received early therapy (n = 79), versus those who did not (n = 64), and the number of hours of early therapy was positively related to recovery at one year post-stroke. We offer two non-mutually exclusive interpretations of these data: (1) patients may benefit from the early provision of self-management strategies; (2) therapy is more likely to be provided to patients who have a better chance of recovery (e.g., poor physical and/or mental health may impact suitability for therapy and chance of recovery). Both interpretations have implications for future studies aiming to predict individual patients' speech outcomes after stroke, and their response to therapy.

[A stroke specific speech and language therapy \(SLT\) time in motion audit-recorded throughout eight Greater Manchester \(GM\) hyper acute stroke units \(HASUs\) and district stroke centres \(DSCs\) 2019](#), International Journal of Stroke *Abstract only*\*

Introduction: The current Royal College of Physicians (RCP) and British Association of Stroke Physicians (BASP) recommended staffing levels for SLT do not meet the requirements of patients accessing inpatient stroke care. A better understanding of the demands placed on SLTs is required to inform future guidance on staffing levels and skill mix. Method(s): A stroke-specific SLT time in motion audit was carried out across GM over a 4-week period in September 2018. 3 HASUs and 5 DSCs recorded data in 15 minute time slots, for analysis as percentages of the working month. Result(s): 2895 hours of cumulative data were collected. A stark inequality and variation in SLT staffing and skill mix were identified across GM. Time spent on patient-related tasks was high at 66-95%. However face-to-face time ranged from 31-

48%, demonstrating a significant proportion of the clinical demands placed on SLTs are not patient facing. Therapy time was low ranging from 2-30% and was mostly carried out by therapy assistants due to other demands placed on qualified SLTs. Time spent on instrumental tasks like swallowing assessments was low 0-7%, given the high incidence of silent aspiration among the acute stroke dysphagic population. Conclusion(s): As small teams, SLT services have insufficient time for duties including their own continuing professional development (CPD), demonstrating how clinical pressures detract from the development of a specialist stroke workforce. The audit supports the need for review of recommended SLT staffing levels for inpatient stroke care. Future recommendations must include skill mix and should reflect the multifaceted role of SLTs.

### Counselling training for speech-language therapists working with people affected by post-stroke aphasia: a systematic review

2019, International Journal of Language & Communication Disorders *Abstract only*\*

BACKGROUND: Speech-language therapists use counselling to address the psychological well-being of people affected by post-stroke aphasia. Speech-language therapists report low counselling knowledge, skill and confidence for working in post-stroke aphasia which may be related to a lack of counselling training specific to the needs of this client group., AIMS: To identify current training in counselling for speech-language therapists to address psychological well-being in people affected by post-stroke aphasia. Specifically, the intent was to establish the objectives, content, amount, teaching methods and outcomes of counselling training provided to speech-language therapists working with people affected by post-stroke aphasia., METHODS & PROCEDURES: Eleven databases were searched from inception to January 2018 using terms relating to counselling, psychological well-being, speech-

language therapy, stroke, aphasia and training. Studies using any research methodology and design were included. Nine studies were critically appraised and synthesized as a systematic review using the Search, Appraisal, Synthesis and Analysis (SALSA) framework., MAIN CONTRIBUTION: Information on counselling training came from the UK, United States and Australia. Student speech-language therapists received training in goal-setting and generic counselling skills. After qualification, speech-language therapists received counselling training from mental health professionals within stroke workplaces, from external providers and further education. A range of teaching techniques and counselling approaches were described. Self-report and themes from qualitative data were the primary measures of counselling training outcomes. Moderate correlations were reported between counselling training and levels of speech-language therapists' knowledge, comfort, confidence and preparedness to counsel people affected by post-stroke aphasia., CONCLUSIONS: Research in counselling training for speech-language therapists working in post-stroke aphasia is limited, with a small number of primarily low-quality studies available. Training in generic counselling skills and brief psychological approaches with support from mental health professionals in the stroke workplace enabled speech-language therapists to feel knowledgeable, skilled and confident to address the psychological well-being of people affected by post-stroke aphasia. Evidence about the effectiveness of counselling training on speech-language therapists' confidence and competence in practice and on client outcomes in psychological well-being in post-stroke aphasia is required. Copyright © 2019 Royal College of Speech and Language Therapists.

Speech and language therapists' perspectives of therapeutic alliance construction and maintenance in aphasia rehabilitation post-stroke 2018a, International Journal of Language &

### Communication Disorders

**Background:** Therapeutic alliance refers to the interactional and relational processes operating during therapeutic interventions. It has been shown to be a strong determinant of treatment efficacy in psychotherapy, and evidence is emerging from a range of healthcare and medical disciplines to suggest that the construct of therapeutic alliance may in fact be a variable component of treatment outcome, engagement and satisfaction. Although this construct appears to be highly relevant to aphasia rehabilitation, no research to date has attempted to explore this phenomenon and thus consider its potential utility as a mechanism for change. **Aims:** To explore speech and language therapists'™ perceptions and experiences of developing and maintaining therapeutic alliances in aphasia rehabilitation post-stroke. **Methods&Procedures:** Twenty-two, in-depth, semi-structured interviews were conducted with speech and language therapists working with people with aphasia post-stroke. Qualitative data were analysed using inductive thematic analysis. **Outcomes & Results:** Analysis resulted in the emergence of three overarching themes: laying the groundwork; augmenting cohesion; and contextual shapers. Recognizing personhood, developing shared expectations of therapy and establishing therapeutic ownership were central to laying the groundwork for therapeutic delivery. Augmenting cohesion was perceived to be dependent on the therapists'™ responsiveness and ability to resolve both conflict and resistance, as part of an ongoing active process. These processes were further moulded by contextual shapers such as the patient'™s family, relational continuity and organizational drivers. **Conclusions & Implications:** The findings suggest that therapists used multiple, complex, relational strategies to establish and manage alliances with people with aphasia, which were reliant on a fluid interplay of verbal and non-verbal skills. The data highlight the need for further training to support therapists to forge purposive alliances. Training should develop:

therapeutic reflexivity; inclusivity in goal setting, relational strategies; and motivational enhancement techniques. The conceptualization of therapeutic alliance, however, is only provisional. Further research is essential to elucidate the experiences and perceptions of alliance development for people with aphasia undergoing rehabilitation. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

[Supporting people with aphasia to 'settle into a new way to be': speech and language therapists' views on providing psychosocial support](#) 2018, International Journal of Language and Communication Disorders *Abstract only*\*

**Background:** People with aphasia are at risk of becoming depressed and isolated. Online surveys have found that the majority of speech and language therapists (SLTs) lack confidence in addressing the psychological needs of people with aphasia. **Aim(s):** To explore how SLTs conceptualize the scope of their role; barriers and facilitators to SLTs addressing psychosocial needs; and SLTs' experiences of specialist training and support, and working with mental health professionals (MHPs). **Methods & Procedures:** Focus groups were conducted in stroke healthcare settings. Purposive sampling was used when selecting sites so as to capture a range of experiences. Results were analysed using framework analysis. **Outcomes & Results:** Twenty-three SLTs took part in six focus groups. Participants' psychosocial work included counselling-type interactions, psycho-education, working with families, facilitating peer support and training other healthcare professionals. There was lack of consensus on the scope of the SLT role. Many expressed a sense of conflict, both perceiving it as valuable to spend time addressing psychological well-being, while simultaneously feeling uneasy if they deviated from 'direct SLT' work. Barriers to addressing psychosocial well-being were: emotionally challenging nature of this work, particularly for



those who felt unsupported; caseload and time pressures; attitudes of senior managers and commissioners; difficulties measuring and documenting more 'fluid' psychosocial work; and the complexity of the needs and backgrounds of some patients. Enabling factors were: specialist ongoing support; peer support from colleagues; experience; support of management; and personal belief. Specialist training was valued. It changed how participants viewed the therapist-client relationship (more client led); the assessment and goal-setting process; and gave them more confidence to acknowledge client emotions. However, many felt that there was a need for ongoing specialist advice, and to be able to see approaches modelled for this client group. In terms of MHPs, a subset of stroke-specialist clinical psychologists worked directly with people with marked aphasia and families, as well as supporting the multidisciplinary team to provide holistic care. However, a main theme was that participants perceived many MHPs did not consider people with aphasia as 'appropriate candidates' for psychological input. Conclusions & Implications: All participants cared about the emotional well-being of their clients; however, they identified a number of barriers to people with aphasia receiving appropriate psychological support. A cultural shift, whereby psychological care for people with aphasia is seen as valuable, feasible and necessary, delivered collaboratively by SLTs, MHPs and the wider team, may improve services. Copyright © 2017 Royal College of Speech and Language Therapists

[What speech and language therapy do community dwelling stroke survivors with aphasia receive in the UK?](#) 2018, PloS

One

BACKGROUND: Speech and language therapy provision for aphasia (a language disorder) post stroke has been studied over time through surveys completed by speech and language therapists. This paper revisits provision based on what was received by 278 patients in 21 UK speech and language

therapy departments in 2014-2016., AIMS: To explore the speech and language therapy received by community dwelling people with post stroke aphasia in the UK., METHODS AND PROCEDURES: A quantitative content analysis was conducted by two speech and language therapist researchers. Therapy goals recorded were coded into categories and subcategories. Descriptive statistics were used to identify the frequency with which goal categories were targeted, average therapy time received, length and frequency of therapy sessions, personnel involved and mode of delivery., OUTCOMES AND RESULTS: Forty-five percent of participants were in receipt of therapy in the three month window observed. Six goal categories were identified. Rehabilitation was the most frequent (60%) followed by enabling (17.2%), review (4.3%), assessment (3.6%), supportive (3.5%) and activity to support therapy (2.8%). The median amount of therapy received in three months was 6.3 hours at an average of one 60-minute session every two weeks. Seventy-seven percent of therapy sessions were delivered by qualified speech and language therapists and 23% by assistants. Ninety percent of sessions were one to one, face to face sessions whilst 9.5% were group sessions., DISCUSSION: In line with previous reports, speech and language therapy for community dwelling stroke survivors with aphasia is restricted. Rehabilitation is a large focus of therapy but the intensity and dose with which it is provided is substantially lower than that required for an effective outcome. Despite this, one to one face to face therapy is favoured. More efficient methods to support more therapeutic doses of therapy are not commonly used in routine clinical services.

[Exploring accounts of collaborative working between speech and language therapists and stroke association communication support coordinators following stroke](#) 2018a, Journal of

Interprofessional Care *Athens log in required\**

In the United Kingdom, speech and language therapists (SLTs)

and Stroke Association communication support coordinators (CSCs) are both employed to provide services for people with communication difficulties following stroke. There is very little literature of this type of collaborative working. This research is unique because it explores collaborative working between SLTs who are employed by the National Health Service and CSCs who are employed by the Stroke Association. Five CSCs and seven SLTs from the East of England participated in a series of in-depth interviews. Data were analysed using thematic analysis informed by an interpretative phenomenological approach. The analysis suggested complex negotiation processes occur at a number of different levels. These levels include negotiation of individual relationships between SLTs and CSCs, negotiating the particular challenges involved in working across organisations and professions, and the need for both roles to negotiate and promote the value of their services at a societal level. The findings of this research are discussed in relation to existing theories and research within the field of collaborative working. Clinical applications are suggested for collaborative working within communication services. We propose that our findings may have relevance to other individuals and organisations delivering services collaboratively.

[Dysphagia therapy post stroke: An exploration of the practices and clinical decision-making of speech-language pathologists in Australia](#) January 2017, International Journal of Speech-language Pathology *Abstract only\**

A variety of dysphagia management options are available for the treatment of dysphagia following a stroke, however, it is unknown which of these approaches are most commonly utilised by Australian speech-language pathologists (SLPs) and whether particular factors influence decision-making. Method: The aim of this study was to investigate, through an online survey, the treatment practices of SLPs in Australia for the treatment of dysphagia post-stroke and identify the factors

influencing treatment decisions. Result: A total of 118 SLPs completed the online survey. Descriptive statistics identified large variability in the dysphagia treatments utilised, with all 24 therapies listed in the online survey reported as being routinely used. Compensatory therapies were ranked as being utilised more frequently than rehabilitative approaches, with six of the seven highly utilised therapies being compensatory in nature. A client's cognitive capacity was the most prominent factor influencing SLPs' treatment decisions. Conclusion: This study provides insight into the practices of SLPs in Australia for the treatment of dysphagia following stroke and discusses potential for shifts in practice. It highlights the complexity involved in the decision-making process and that clinicians consider evidence, as well as client, clinician and service factors, when selecting between the range of options available.

[Effectiveness of speech language therapy either alone or with add-on computer-based language therapy software \(Malayalam version\) for early post stroke aphasia: A feasibility study](#) 2017, Journal of Neurological Sciences *Abstract only\**

CONTEXT AND AIMS: This study aimed to assess the feasibility of professional based conventional speech language therapy (SLT) either alone (Group A/less intensive) or assisted by novel computer based local language software (Group B/more intensive) for rehabilitation in early post stroke aphasia., SETTINGS AND DESIGN: Comprehensive Stroke Care Center of a tertiary health care institute situated in South India, with the study design being prospective open randomised controlled trial with blinded endpoint evaluation., MATERIAL AND METHODS: This study recruited 24 right handed first ever acute ischemic stroke patients above 15years of age affecting middle cerebral artery territory within 90days of stroke onset with baseline Western Aphasia Battery (WAB) Aphasia Quotient (AQ) score of <93.8 between September 2013 and January 2016. The recruited subjects were block randomised into either Group

A/less intensive or Group B/more intensive therapy arms, in order to receive 12 therapy sessions of conventional professional based SLT of 1h each in both groups, with an additional 12h of computer based language therapy in Group B over 4weeks on a thrice weekly basis, with a follow up WAB performed at four and twelve weeks after baseline assessment. The trial was registered with Clinical trials registry India 2016/08/0120121]., STATISTICAL ANALYSIS: All the statistical analysis was carried out with IBM SPSS Statistics for Windows version 21., RESULTS: 20 subjects 14 (70%) Males; Mean age: 52.8years+/-SD12.04] completed the study (9 in the less intensive and 11 in the more intensive arm). The mean four weeks follow up AQ showed a significant improvement from the baseline in the total group (p value: 0.01). The rate of rise of AQ from the baseline to four weeks follow up (DELTA AQ %) showed a significantly greater value for the less intensive treatment group as against the more intensive treatment group 155% (SD: 150; 95% CI: 34-275) versus 52% (SD: 42%; 95% CI: 24-80) respectively: p value: 0.053]., CONCLUSIONS: Even though the more intensive treatment arm incorporating combined professional based SLT and computer software based training fared poorer than the less intensive therapy group, this study nevertheless reinforces the feasibility of SLT in augmenting recovery of early post stroke aphasia. Copyright © 2017 Elsevier B.V. All rights reserved.

[A survey of speech–language therapy provision for people with post-stroke dysarthria in the UK](#) 2017a, International Journal of Language & Communication Disorders *Abstract only*\*

Abstract: Background: A large number of people who experience a stroke are affected by dysarthria This may be in isolation or in association with aphasia and/or dysphagia. Despite evidence highlighting the psychological and social impact of having post-stroke dysarthria and a number of clinical guidelines that make recommendations for appropriate

management, little is known currently about UK service delivery issues relating to speech and language therapy (SLT) assessment and treatment for this group. Such evidence is necessary in order to plan, develop and research services for people with post-stroke dysarthria. Aims: To gain an overview of SLT practices in the management of people with dysarthria after stroke in the UK. Methods & Procedures: SLTs in the UK were asked to complete an online survey addressing referral patterns, caseload profiles, and their assessment and intervention methods for post-stroke dysarthria. In the absence of a national register of clinicians working with people with acquired dysarthria, a snowballing method was used to facilitate participant recruitment. Results were analysed using descriptive statistics. Outcomes & Results: A total of 146 SLTs responded. The majority were employed by the National Health Service (NHS). Most patients were referred within 1 week post-stroke. Almost half the respondents did not regularly use formal assessments and the use of instrumentation was rare, including the use of video recording. The focus of therapy for mild, moderate and severe dysarthria did not differ significantly for clinicians. A little under half the respondents endorsed non-verbal oral exercises in rehabilitation. The survey demonstrated some appreciation of the centrality of regular intensive practice to effect change, but this was in a minority. Conclusions & Implications: Through this research it became clear that basic information regarding post-stroke dysarthria incidence, prevalence and core demographics is currently unavailable. More embedded NHS SLT reporting systems would make a significant contribution to this area. A more in-depth examination is required of the natural history of dysarthria over the months and years following stroke, of SLT practices in relation to post-stroke dysarthria, with investigations to understand more fully the choices SLTs make and how this relates to available evidence to support their clinical decision-making. (PsycINFO Database Record (c) 2018 APA, all rights

reserved) (Source: journal abstract)

[How do speech-and-language therapists address the psychosocial well-being of people with aphasia? Results of a UK online survey](#) May 2017, International Journal of Language & Communication Disorders *Abstract only*\*

**Background** The psychosocial impact of stroke and aphasia is considerable. **Aims** To explore UK speech-and-language therapists' (SLTs) clinical practice in addressing the psychological and social needs of people with aphasia, including their experiences of working with mental health professionals. **Methods & Procedures** A 22-item online survey was distributed to UK SLTs via the British Aphasiology Society mailing list and Clinical Excellence Networks. Results were analysed using descriptive statistics and qualitative content analysis. **Outcomes & Results** UK SLTs (n = 124) overwhelmingly considered that addressing psychological well-being (93%) and social participation (99%) was part of their role. To achieve this, they frequently/very frequently used supportive listening (100%) and selected holistic goals collaboratively with clients (87%), including social goals (83%). However, only 42% felt confident in addressing the psychological needs of clients. The main barriers to addressing psychosocial well-being were time/caseload pressures (72%); feeling under-skilled/lack of training (64%), and lack of ongoing support (61%). The main barriers to referring on to mental health professionals were that mental health professionals were perceived as under-skilled when working with people with aphasia (44%); were difficult to access (41%); and provided only a limited service (37%). A main theme from the free-text responses was a concern that those with aphasia, particularly more severe aphasia, received inadequate psychological support due to the stretched nature of many mental health services; mental health professionals lacking skills working with aphasia; and SLTs lacking the necessary time, training and

support. The main enablers to addressing psychosocial well-being were collaborative working between SLTs and stroke-specialist clinical psychologists; SLTs with training in providing psychological and social therapy; and ongoing support provided by the voluntary sector. **Conclusions & Implications** The vast majority of SLTs consider the psychosocial well-being of their clients, and work collaboratively with people with aphasia in selecting holistic goals. It is, however, of concern that most respondents felt they lacked confidence and received insufficient training to address psychological well-being. In order to improve psychological services for this client group, there is a strong case that stroke-specialist mental health professionals should strive to make their service truly accessible to people with even severe aphasia, which may involve working more closely with SLTs. Further, improving the skills and confidence of SLTs may be an effective way of addressing psychological distress in people with aphasia.

[Speech and language therapy for aphasia following stroke](#) June 2016, Cochrane Database of Systematic Reviews **Background:** Aphasia is an acquired language impairment following brain damage that affects some or all language modalities: expression and understanding of speech, reading, and writing. Approximately one third of people who have a stroke experience aphasia. **Objectives:** To assess the effects of speech and language therapy (SLT) for aphasia following stroke. **Search methods:** We searched the Cochrane Stroke Group Trials Register (last searched 9 September 2015), CENTRAL (2015, Issue 5) and other Cochrane Library Databases (CDSR, DARE, HTA, to 22 September 2015), MEDLINE (1946 to September 2015), EMBASE (1980 to September 2015), CINAHL (1982 to September 2015), AMED (1985 to September 2015), LLBA (1973 to September 2015), and SpeechBITE (2008 to September 2015). We also searched major trials registers for ongoing trials including

ClinicalTrials.gov (to 21 September 2015), the Stroke Trials Registry (to 21 September 2015), Current Controlled Trials (to 22 September 2015), and WHO ICTRP (to 22 September 2015). In an effort to identify further published, unpublished, and ongoing trials we also handsearched the International Journal of Language and Communication Disorders (1969 to 2005) and reference lists of relevant articles, and we contacted academic institutions and other researchers. There were no language restrictions. Selection criteria: Randomised controlled trials (RCTs) comparing SLT (a formal intervention that aims to improve language and communication abilities, activity and participation) versus no SLT; social support or stimulation (an intervention that provides social support and communication stimulation but does not include targeted therapeutic interventions); or another SLT intervention (differing in duration, intensity, frequency, intervention methodology or theoretical approach). Data collection and analysis: We independently extracted the data and assessed the quality of included trials. We sought missing data from investigators. Main results: We included 57 RCTs (74 randomised comparisons) involving 3002 participants in this review (some appearing in more than one comparison). Twenty-seven randomised comparisons (1620 participants) assessed SLT versus no SLT; SLT resulted in clinically and statistically significant benefits to patients' functional communication (standardised mean difference (SMD) 0.28, 95% confidence interval (CI) 0.06 to 0.49,  $P = 0.01$ ), reading, writing, and expressive language, but (based on smaller numbers) benefits were not evident at follow-up. Nine randomised comparisons (447 participants) assessed SLT with social support and stimulation; meta-analyses found no evidence of a difference in functional communication, but more participants withdrew from social support interventions than SLT. Thirty-eight randomised comparisons (1242 participants) assessed two approaches to SLT. Functional communication was significantly better in people with aphasia that received

therapy at a high intensity, high dose, or over a long duration compared to those that received therapy at a lower intensity, lower dose, or over a shorter period of time. The benefits of a high intensity or a high dose of SLT were confounded by a significantly higher dropout rate in these intervention groups. Generally, trials randomised small numbers of participants across a range of characteristics (age, time since stroke, and severity profiles), interventions, and outcomes. Authors' conclusions: Our review provides evidence of the effectiveness of SLT for people with aphasia following stroke in terms of improved functional communication, reading, writing, and expressive language compared with no therapy. There is some indication that therapy at high intensity, high dose or over a longer period may be beneficial. High-intensity and high dose interventions may not be acceptable to all.

[Speech and language therapy on the stroke unit](#) 2016, British Journal of Healthcare Assistants *Abstract only*\*

The article focuses on the extent of work of the speech and language therapist (SaLT), who provides specialist assessment and support for people with communication difficulties and people with swallowing difficulties. Topics discussed include the role of a rehabilitation assistant, ways to help somebody with communication problems, and the role of a rehabilitation assistant in aspiration pneumonia.

[Dysphagia therapy in stroke: a survey of speech and language therapists](#) 2013, International Journal of Language & Communication Disorders *Abstract only*\*

BACKGROUND: Dysphagia is common after stroke, leading to adverse outcome. There is a paucity of high-quality evidence for dysphagia therapy, thus making it difficult to determine the best approaches to treatment. Clinical decisions are often based on usual practice, however no formal method of monitoring practice patterns exists., AIMS: To determine

speech and language therapists' (SLTs) approaches to direct dysphagia therapy with stroke patients in the UK and Ireland., METHODS & PROCEDURES: A 24-item questionnaire was developed, piloted and delivered in a web-based cross-sectional survey targeting all SLTs working with stroke patients in the UK and Ireland., OUTCOMES & RESULTS: A total of 138 SLTs responded from a range of clinical settings and levels of experience. There was variation in the responses to all questions. Respondents reported treating patients a median of once a day, 3 days a week for 15 min. The most commonly recommended direct exercises were supervised swallow trials (recommended 'frequently or always' by 73%). Despite most respondents having access to an instrumental swallowing assessment, over half reported rarely or never conducting one before recommending exercises. Most (93%) did not use a protocol for systematically progressing patients' exercises and only 37% reported using standardized outcome measures., CONCLUSIONS & IMPLICATIONS: This survey gives valuable insight into the direct dysphagia therapy practices of SLTs based in the UK and Ireland working in stroke. It highlights discrepancies between reported approaches and recommendations from existing evidence and clinical guidelines. The variation in responses indicates a need to develop a consensus statement and further research to guide practice. Copyright © 2013 Royal College of Speech and Language Therapists.

Knowledge and attitudes of allied health professional students regarding the stroke rehabilitation team and the role of the Speech and Language Therapist 2010, International Journal of Language & Communication Disorders Abstract only\*  
Background: One of the major barriers to effective team working among healthcare professionals is a lack of knowledge of each other's roles. The importance of understanding Irish healthcare students' attitudes towards team working and each

other's roles led to the development of this study. Aims: The aims were to investigate allied health professional students' perceptions and experiences of the stroke rehabilitation team and the role of the Speech and Language Therapist (SLT). Methods & Procedures: A survey first developed by Felsher and Ross (1994) and further developed by Insalaco et al. (2007) was adapted to the Irish healthcare setting. The survey was administered to final-year Occupational Therapy (n = 23), Speech and Language Therapy (21) students and Physiotherapy (20) students (64 in total) (a 98.5% response rate). Outcomes & Results: Results indicate that students had a good understanding of teamwork in the healthcare setting and the possible benefits and challenges it presents. Students had a strong appreciation for interprofessional collaboration, with the majority (79%) choosing shared leadership as their preferred option for the stroke rehabilitation team. Further to this, the team approaches that students felt were most appropriate for the stroke rehabilitation setting were the more collaborative approaches of interdisciplinary (43.5%) and transdisciplinary (37.1%). The students had clear perceptions of the SLT's role in aphasia, dysphagia, dysarthria, apraxia and auditory agnosia, but were less knowledgeable of the SLT's role in the acquired disorders of alexia and agraphia ( $p < 0.05$ ). More than half of all students perceived that the SLT is involved in the treatment of hemispatial neglect (55.5%), depression (71.5%) and visual agnosia (59.4%). Conclusions & Implications: The results provide valuable information for further developments in interprofessional education at an undergraduate level. Further opportunities should be provided to students to collaborate with each other, particularly in their final year of training as, by then, students have a well-established knowledge of their own roles and would be more capable of sharing this role with other professions. Through this collaboration students would also gain valuable insight into the importance of teamwork, which

they could take with them into their professional careers.

### Psychological workforce

[Using clinical psychologists to upskill occupational therapists in cognitive management after stroke](#) 2020, Clinical Psychology Forum *Free for members or access via the Knowledge Management team\**

Occupational therapists (OTs) working in community stroke teams could be supported by clinical psychologists in conducting initial cognitive screening assessments and in interpreting the results. We trialled such an intervention and found it was acceptable and valued by the OTs. Copyright © 2020, British Psychological Society. All rights reserved.

[All change: a stroke inpatient service's experience of a new clinical neuropsychology delivery model](#) 2019, BMJ Open Quality

Adults presenting to stroke services are frequently faced with the challenge of adjusting to a different life following a stroke. Difficulties often include cognitive impairments, such as memory deficits, attention and language difficulties, and mood disturbances such as anxiety and depression. It has been highlighted that psychological care for this group is just as important as physical rehabilitation. Psychological expertise may therefore be required for the multitude of problems that occur after a stroke. UK National guidelines recommend routine assessment and management of mood and cognition after stroke. The aim of this study was to evaluate a new stroke clinical neuropsychology service developed by the Department of Neuropsychology and Clinical Health Psychology, in order to meet the needs of stroke survivors and their families referred into a large acute hospital. This involved using a different skill mix of staff across one post delivering a service in an acute inpatient stroke unit. This model was evaluated and results

revealed that the model delivered increased patient access to neuropsychological support, an expansion in provision of clinical work, along with positive multidisciplinary team feedback. This finding is key as where resources are limited, clinical services may benefit from adopting a 'skill mix' model to meet the varying needs of their patients in a timely manner. This model serves to raise the value of psychology to medical services.

[Reflecting back to move forward: Introducing team case reflection on an inpatient stroke unit](#) 2017, International Journal of Stroke *Abstract only\**

Introduction: Psychological formulation in teams is increasingly recognised as an efficient way of increasing staff's understanding of serviceusers' difficulties within a psychosocial context, leading to more personcentred and effective interventions (Johnstone, 2014; Onyett, 2007). To date, there is no evidence regarding its use in inpatient stroke rehabilitation settings. The study aimed to evaluate staff's perceptions of monthly team case reflection meetings facilitated by a Clinical Psychologist on an inpatient stroke rehabilitation unit. Method(s): 20 multidisciplinary team members (including doctors, nurses, therapists, health care assistants) who had attended a minimum of 2 case reflections completed a team formulation questionnaire and attended a focus group. Thematic analysis was applied to qualitative data collected during the focus group. Result(s): All staff agreed that team case reflections were helpful in developing a shared understanding of stroke survivors' strengths and difficulties, increasing their understanding of behaviours that challenge and the team's emotional response, as well as improving the team's ability to work collaboratively with stroke survivors on an individualised plan of action. Staff commented that case reflections led to greater team cohesiveness, improved holistic care and better coping with stress at work. Staff were keen to

support nurses and health care assistants who were less able to attend due to work demands. Conclusion(s): When all disciplines are represented, regular case reflection meetings contribute to improved person-centred care, more cohesive team working and increased staff resilience. Case reflection represents an efficient use of psychology resources in a stroke rehabilitation setting.

Identifying implementation and training needs for the provision of psychological support poststroke: A qualitative study 2017, International Journal of Stroke *Abstract only*\*

Introduction: Psychological problems post-stroke can negatively impact stroke survivors. Although general psychological services exist e.g. Improving Access to Psychological Therapies (IAPT)], there remains a lack of support, which may be compounded by communication and cognitive problems experienced post-stroke. Stroke staff report a lack of confidence in managing psychological distress. This study aimed to explore the provision of post-stroke psychological care, challenges to implementation and potential training needs. Method(s): To ensure a range of services and professional roles, purposive sampling was used to recruit staff working in stroke and mental health services in 4 geographical areas. Staff participated in individual (n=39) or group (n=16) semi-structured interviews based on the Theoretical Domains Framework (TDF). Interviews were audiorecorded, transcribed and analysed using the TDF and NVivo 11 software. 3 researchers conducted the analysis; interpretation was validated by 2 researchers independently coding a third of the data. Result(s): Staff roles included stroke-specific (e.g. nurse, physiotherapist, consultant) and psychology-specific (e.g. counsellor, psychological therapist) across acute, rehabilitation, community, IAPT and voluntary services. Most challenges to implementing psychological support related to the 'environmental context and resources' and 'beliefs about capabilities' domains of the TDF.

These included limited specialist psychology support, emphasis on physical recovery, and staff wanting more training to manage patients' psychological distress and guidance on adapting psychological therapy. Conclusion(s): Staff identified that formal psychological support poststroke is limited and not prioritised. Whilst staff were willing to provide support, they did not believe they had the skills to do so, and felt they needed additional training.

### Multi-disciplinary team (MDT) working

Mindfulness training for a multidisciplinary staff in a community stroke team 2018, International Journal of Stroke See item 267

Introduction: The benefits of mindfulness (e.g. reductions in worry and depression) are widely known, and mindfulness is now recommended for those experiencing poor mental health (e.g. NICE guidelines for depression, 2018). The stepped care model for psychological interventions after stroke states that for those with mild/moderate symptoms of impaired mood, interventions can be delivered by nonpsychology stroke specialist staff, supervised by clinical psychologists. Therefore, it was decided to upskill MDT staff in the community stroke team in using mindfulness skills. Method(s): Staff completed a mindfulness knowledge questionnaire. They then attended training session led by the psychologist which provided an explanation of mindfulness and taught them basic skills in facilitating mindfulness sessions. Everyone was then asked to identify someone from their caseload with whom they could utilise these skills. Result(s): Pre/post questionnaires showed that staffs' knowledge of mindfulness, thoughts about the usefulness of mindfulness for patients, confidence in explaining and confidence in demonstrating mindfulness and awareness of mindfulness exercises to use with patients all increased. Their thoughts around the usefulness of mindfulness for them personally remained static. Qualitative feedback about staff



experience will be gathered soon. Conclusion(s): This demonstrates that facilitating mindfulness training increases staff skills and confidence in using mindfulness with patients. It is hoped that staff experience of using mindfulness with patients will be positive, which will be ascertained at follow-up. The up-skilling of staff in the service helps bring it in line with the stepped care model for psychological care after stroke.

Multi-disciplinary team meetings in stroke rehabilitation: An observation study and conceptual framework 2014, Clinical Rehabilitation *Abstract only*\*

Objective: To explore how multi-disciplinary team meetings operate in stroke rehabilitation. Design: Non-participant observation of multi-disciplinary team meetings and semi-structured interviews with attending staff. Setting and participants: Twelve meetings were observed (at least one at each site) and 18 staff (one psychologist, one social worker; four nurses; four physiotherapists four occupational therapists, two speech and language therapists, one stroke co-ordinator and one stroke ward manager) were interviewed in eight in-patient stroke rehabilitation units. Results: Multi-disciplinary team meetings in stroke rehabilitation were complex, demanding and highly varied. A model emerged which identified the main inputs to influence conduct of the meetings were personal contributions of the members and structure and format of the meetings. These were mediated by the team climate and leadership skills of the chair. The desired outputs; clinical decisions and the attributes of apparently effective meetings were identified by the staff. A notable difference between the meetings that staff considered effective and those that were not, was their structure and format. Successful meetings tended to feature a set agenda, structured documentation; formal use of measurement tools; pre-meeting preparation and skilled chairing. These features were often absent in meetings perceived to be ineffective. Conclusions:

The main features of operation of multi-disciplinary team meetings have been identified which will enable assessment tools and interventions to improve effectiveness to be developed. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

## Competency Frameworks

Dysphagia Training & Competency: Framework Recommendations for knowledge, skills and competency development across the speech and language therapy profession 2014, Royal College of Speech and Language Therapists

Assessing and managing patients/clients with dysphagia (eating, drinking and swallowing disorders), resulting from a range of aetiologies, is a core role of the speech and language therapist (SLT). Speech and language therapists also play an important role in alleviating pressure on hospitals by reducing exposure to risk of aspiration pneumonia, hospital mortalities and avoidable hospital admissions. Speech and language therapists are key professionals in supporting patients/clients with dysphagia across the patient/client age range, from neonates to end of life, regardless of presenting conditions. Dysphagia can result from many conditions and can be defined by the following quotation: "Eating and drinking disorders [which] may occur in the oral, pharyngeal and oesophageal stages of deglutition. Subsumed in this definition are problems positioning food in the mouth and in oral movements, including sucking, mastication and the process of swallowing" (Communicating Quality 3, 2006). Dysphagia is always secondary to a primary psychological, emotional, neurological or physical condition. Dysphagia can result in, or contribute to, crucial, negative health conditions, including chest infections,

choking, weight loss, malnutrition and dehydration, sometimes with serious adverse clinical effects.

### Stroke Competency Toolkit (SCoT) Specialising Competencies for Speech & Language Therapists working in Stroke Care

April 2013, NHS Scotland; NHS Education for Scotland; Chest Heart & Stroke Scotland

The SCoT Specialising Competencies for Speech & Language Therapists are a progression from core level of the Stroke Competency Toolkit. While following the model of the Core Competency Framework (2005), the specialising competencies have been written to address specific knowledge & skills in stroke care for the Speech & Language Therapist. The competencies are designed for Speech & Language Therapists who have demonstrated core competency in stroke care, who work independently (or are working towards independent practice) and wish to progress in their clinical professional development (CPD). All of the specialising competencies are aligned to dimensions within the NHS Knowledge and Skills Framework (KSF) to assist the user in achieving KSF indicators in their personal development plan. Once the toolkit is completed it can also be submitted for evidence for Health Care Professions Council (HCPC) portfolio requirements.

## \*Help accessing articles of papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can self-register [here](#).

If you need help accessing an article, or have any other questions, contact the Knowledge Management team for support [KnowledgeManagement@hee.nhs.uk](mailto:KnowledgeManagement@hee.nhs.uk)