

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

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

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Katie Nicholas. (May 2024). UK: Workforce, Training and Education Knowledge Management  
Team

## Evidence Brief: Stroke plus

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 Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

There are also more detailed [Evidence Briefs](#) on the following topics:

- Stroke
- Stroke Plus – Occupational Therapists (OTs) and Physiotherapists

### Key publications – the big picture

#### [Major conditions strategy case for change and our strategic framework](#)

Source: Department of Health & Social Care

Publication date: August 2023

The model of care which sustained us for the past 75 years must evolve considerably to meet the needs of the public in 75 years' time. We are living longer, but for too many people that life is experienced with many years in poor health.

This major conditions strategy begins with one question: how should our approach to health and care delivery evolve to improve outcomes and better meet the needs of our population, which is becoming older and living with multimorbidity?

We have chosen 6 groups of conditions to focus on: cancers, cardiovascular disease (CVD) (including stroke and diabetes), musculoskeletal disorders (MSK), mental ill health, dementia, and chronic respiratory disease (CRD).

#### [NHS Long Term Workforce Plan](#)

Source: NHS

Publication date: June 2023

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

#### [Recommendations for Integrated Community Stroke Services: Service design, workforce planning & clinical governance requirements for a high-quality service and rehabilitation outcomes](#)

Source: The British Psychological Society

Publication date: April 2023

This briefing paper outlines the British Psychological Society recommendations for the contribution of clinical neuropsychology to stroke care in order to maximise stroke rehabilitation outcomes. This paper will build and expand on the guidance and recommendations disseminated within the RCP National Stroke Guideline, 2016; NICE Stroke guidance, 2013; and within prior BPS guidance (e.g. Briefing paper 19, DoN, 2010).

#### [Delivering Psychological care to stroke survivors in Northern Ireland](#)

Source: Association of Clinical Psychologists and the British Psychological Society

Publication date: ?2022

This briefing paper stemmed from discussions with the Regional Stroke Network, who were keen to understand the scope of existing psychological care across Northern Ireland. It has been written with a view to informing the various subgroups of the Regional Stroke Network and facilitating the planning of future service developments. This paper has been ratified by the Regional Clinical Psychology Stroke Special Interest Group (SIG) and endorsed by the Division of Clinical Psychology for Northern Ireland, British Psychological Society, and the Association of Clinical Psychologists UK.

#### [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.

[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](#)

Source: NHS Long Term Plan

Publication date: 2019

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.

## The Star for workforce redesign

More resources and tools are available by searching "Stroke" in [the 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.

## National Data Programme

Workforce, Training and Education 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

[How do speech and language therapists enact aphasia psychosocial support in Ireland? A cross-sectional online survey informed by normalization process theory](#)

Item Type: Journal Article

Authors: Manning, Molly X.;Cleary, Caoimhe and McCaughey, Caitriona

Publication Date: 2024

Journal: International Journal of Language & Communication Disorders 59(2), pp. 698-714

Abstract: BACKGROUND: Supporting psychosocial well-being in aphasia is necessarily person-centred, interdisciplinary and coordinated. Shortcomings in such support are described in Ireland and elsewhere. Speech and language therapists (SLTs) are integral; and describing current practice and barriers they experience is important for enhancing service delivery., AIMS: To understand how SLTs enact, and are supported to enact, aphasia psychosocial care in Ireland., METHODS & PROCEDURES: This is a cross-sectional, online, self-administered clinician survey targeting SLTs working minimally 1 year post-qualification with persons with aphasia of any aetiology in Ireland. The survey questions were charted against key constructs of the implementation science framework, normalization process theory (NPT), and descriptive statistics

were applied., **OUTCOMES & RESULTS:** A total of 54 eligible datasets were included. SLTs believed psychosocial support to be part of their role, but perceived multiple barriers in enacting it. These included a lack of training, clinical supervision, management support, role recognition, and access to and joint working with mental health professionals and services., **CONCLUSIONS & IMPLICATIONS:** SLTs in Ireland face a range of individual and structural barriers, including care coordination and resourcing. There is a clear need not only for training, upskilling and mentorship, but also for wider changes around access to mental health professionals and clarity around the processes of referral, coordination and integration of aphasia care across settings. These findings comprise preliminary insights into current practices. Further research is needed as well as clarity on best-practice pathways for different aetiologies of aphasia. Articulating current practices using NPT may have utility for developing empirically informed and principled interventions to improve service delivery., **WHAT THIS PAPER ADDS:** What is already known on this subject People with aphasia of all aetiologies are at risk of psychosocial problems. Shortcomings in access and the availability of appropriate support have been documented both internationally and in Ireland. To address this issue, an important first step is to understand how SLTs in Ireland currently enact and are supported to enact aphasia psychosocial care. What this study adds to the existing knowledge The findings describe the potential levers and barriers to progressing aphasia psychosocial care in Ireland. A range of individual, team and structural factors were identified. These were locally contextualized but similar issues are reported in other countries. Linking attitudes with NPT constructs provides a first step for further principled implementation projects. What are the practical and clinical implications of this study? Addressing psychosocial problems is perceived as a legitimate part of the speech and language therapy role. SLTs in Ireland enact a range of therapeutic

approaches but may need opportunities for formal training and supervision, and for better coordination and integration with other mental health services and disciplines. Understanding differences in care pathways across the range of aphasia aetiologies is additionally important given the emphasis on post-stroke aphasia in the literature. Copyright © 2023 The Authors. International Journal of Language & Communication Disorders published by John Wiley & Sons Ltd on behalf of Royal College of Speech and Language Therapists.

[Positive effects of speech and language therapy group interventions in primary progressive aphasia: A systematic review](#) Abstract only\*

Item Type: Journal Article

Authors: Watanabe, Miyuki;Cartwright, Jade and Pierce, John E.

Publication Date: 2024

Journal: International Journal of Language & Communication Disorders

Abstract: **BACKGROUND:** Primary progressive aphasia (PPA) is a neurodegenerative condition characterised by a prominent and progressive deterioration in language abilities, which significantly impacts quality of life and interpersonal relationships. Speech and language therapy plays a crucial role in offering interventions. Group intervention is one mode of delivery that could benefit communication functioning and overall wellbeing of people with PPA (pwPPA) and their care partners. Group interventions are also more efficient than one-to-one intervention and may facilitate peer support., **AIMS:** The aim of this review was to systematically evaluate the current evidence for the effectiveness of speech and language therapy groups for pwPPA and their care partners. Specifically, this paper considered three questions: 1.What evidence-based speech and language therapy groups for pwPPA and their care partners have been reported to date? 2.Are group communication interventions effective in improving quality of life and communication function for pwPPA



and their care partners? 3. Are group communication interventions that are designed for people with communication difficulties of other aetiologies (such as stroke) effective for pwPPA? In addition, this review aimed to describe the structure and content of groups, including aims, disciplines involved, size and frequency of group meetings, and outcome measures., METHODS: MEDLINE, CINAHL and PsycINFO were used to retrieve articles of interest. A total of 10 studies published between 2009 and 2022 met the eligibility criteria and therefore were included in this study. Data were extracted from the articles regarding the structure and content of groups., MAIN CONTRIBUTION: Although evidence is currently limited, results suggest that speech and language therapy group intervention can improve specific linguistic processes, the use of communication strategies and psychosocial well-being. The importance of multidisciplinary input and care partners' involvement in groups was highlighted, along with the benefits of creative non-verbal activities as tools for self-expression. There is also initial evidence that telehealth group provision and one-off group sessions may be feasible and can benefit psychosocial well-being. Lastly, intentional recruitment and explicit education on different aphasia types are described as important when pwPPA participate in groups with mixed diagnoses., CONCLUSIONS: The literature on speech and language therapy group interventions for PPA shows promise of positive effects on communication function and psychosocial well-being of both pwPPA and their care partners. Speech and language therapists can consider these published interventions when designing and implementing similar groups, but more robust evidence is required to confirm the relative effectiveness of this approach., WHAT THIS PAPER ADDS: What is already known on this subject Speech pathology led group intervention shows some promise in benefitting communication functioning and overall well-being of pwPPA and their carers, but there has been no systematic evaluation of all the evidence regarding the efficacy

of speech and language therapy led groups. Establishing feasibility, acceptability and efficacy of speech and language therapy group interventions for pwPPA and their carers may present a valuable addition for managing this progressive language disability. What this paper adds to existing knowledge Although evidence is currently limited, results from this systematic review suggest that speech and language therapy led group intervention can improve specific linguistic processes, the use of communication strategies and psychosocial well-being for pwPPA and their carers. The importance of multidisciplinary input and carers' involvement in groups was highlighted, along with the benefits of creative non-verbal activities as tools for self-expression. There is also initial evidence that telehealth group provision for carers may be feasible and can benefit psychosocial wellbeing. Lastly, intentional recruitment and explicit education on different aphasia types are described as important when pwPPA participate in groups with mixed diagnoses. What are the potential or actual clinical implications of this work? A synthesis of the evidence base for speech and language therapy led PPA groups, as well as a description of the group components and formats, will be valuable for clinical service planning, and will guide future examination of group options for pwPPA and their carers. Speech and language therapists can also consider the research findings from this systematic review when designing and implementing similar groups in their local context. Copyright © 2024 Royal College of Speech and Language Therapists.

[Evidence reviews for computer-based tools for speech and language therapy: Stroke rehabilitation in adults \(update\): Evidence review K](#)

Item Type: Journal Article

Publication Date: 2023

Abstract: Speech and language therapy after stroke is provided in hospitals and in the community to help people with resulting

communication disorders to improve their speech/language impairment, their ability to communicate and participate in their everyday roles and activities. It is generally accepted that improvement requires practice, and that rehabilitation is more effective in higher doses. Providing therapy and practice opportunities in sufficient dose can be a challenge in clinical practice due to limitations on therapy resources and distance between patients and therapists in some community settings. In addition, people with communication needs often wish to continue to work on their speech/language for longer than therapy is available for and look for alternative ways to support them in doing this. A growing number of computer software programmes, apps and online therapy tools are commercially available (see aphasia therapy software finder <https://www.aphasiastsoftwarefinder.org>). These tools are used by some therapists and patients to increase therapy practice opportunities either as home practice between therapy sessions or after face-to-face therapy has ended. Computer tools also offer a large range of practice material, practice material can be personalised, and some tools provide useful feedback. This review has been prompted by publication of new evidence about effectiveness, and by an increasing interest in using computer tools to increase dose and to provide therapy remotely as was required during the COVID-19 pandemic. Copyright © NICE 2023.

[The role of education, concept knowledge, work setting and clinical experience in communication partner training: A survey of Flemish speech and language therapists](#) Abstract only\*

Item Type: Journal Article

Authors: Barberis, Mara and Vandermosten, Maaïke

Publication Date: 2023

Journal: International Journal of Language & Communication Disorders 58(6), pp. 2117-2130

Abstract: BACKGROUND: Aphasia can affect the

communication between the person with aphasia (PWA) and the communication partner (CP). It is therefore necessary to support both the PWA and their CPs. Communication partner training (CPT) focuses on training communication between dyads of whom one person has aphasia. Although there is increasing evidence supporting CPT as an effective intervention to improve communication and reduce the psychosocial consequences of stroke, implementation in clinical practice remains limited., AIM: To understand the mechanisms behind the practice-evidence gap currently hindering CPT implementation, this study investigated the role of (1) education, (2) concept knowledge, (3) work setting and (4) clinical experience in CPT., METHODS & PROCEDURES: Flemish speech and language therapists (SLTs) clinically involved in aphasia rehabilitation were surveyed online regarding CPT. Statistical analyses include descriptive statistics to report survey results and non-parametric group comparisons to investigate the role of the four variables on CPT., OUTCOMES & RESULTS: In this study 72 SLTs were included, of whom 73.61% indicated they deliver CPT but of whom only 43.10% indicated CP presence during therapy. The most frequently identified barriers to CPT delivery were lack of time and CPT-specific knowledge. Other barriers were lack of resources, work setting dependent factors, PWA or CP dependent factors, individual therapy to the PWA being of higher priority, existing CPT methods and interventions being perceived as unclear and feeling uncertain about CPT delivery. Concerning the role of the four variables on CPT delivery, neither education nor concept knowledge had a significant effect on CPT delivery. Work setting and clinical experience did, however, influence CPT delivery. More specifically, CPT delivery and CP presence were higher in the private practice (chronic phase) compared to the other three settings and experienced SLTs deliver CPT more often compared with less experienced SLTs., CONCLUSIONS & IMPLICATIONS: To reduce the practice-evidence gap, we suggest prioritising the two most frequently identified barriers,



that is, lack of time and CPT-specific knowledge. To overcome the time barrier in CPT, we propose implementing automated natural speech analysis to reduce the workload. To enhance CPT-specific knowledge, speech and language therapy curricula should provide more in-depth theory and hands-on practice for CPT. In addition, increased awareness about CPT-specific methods is needed to further support clinical practice., WHAT THIS PAPER ADDS: What is already known on the subject Communication partner training (CPT) is an effective intervention to improve communication and reduce the psychosocial consequences of stroke. Despite this evidence base, a current practice-evidence gap exists. What this study adds This is the first study to characterise CPT delivery in a Flemish cohort of speech and language therapists (SLTs). In addition, on a more international perspective, few studies have investigated the role of education, concept knowledge, work setting and clinical experience in CPT. We found that neither education nor concept knowledge has a significant effect on CPT delivery. CPT delivery and communication partner presence are significantly higher in the private practice compared to the hospital, rehabilitation centre or nursing home settings. Experienced SLTs deliver CPT more often compared with less-experienced SLTs. The two most prominent reported barriers include lack of time and CPT-specific knowledge. What are the clinical implications of this work? This study suggests reducing the practice-evidence gap by alleviating the main barriers identified, that is, lack of time and CPT-specific knowledge. Time-barriers can be addressed by implementing automated natural speech analyses. We additionally advocate for more in-depth theory and hands-on practice for CPT in speech and language therapy curricula. Copyright © 2023 Royal College of Speech and Language Therapists.

### [Healthcare professionals' perceived barriers and facilitators of implementing clinical practice guidelines for stroke rehabilitation: A systematic review](#)

Item Type: Journal Article

Authors: Cormican, A.;Hirani, S. P. and McKeown, E.

Publication Date: 2023

Journal: Clinical Rehabilitation 37(5), pp. 701-712

Abstract: Objective: To identify healthcare professionals' perceived barriers and facilitators to clinical practice guideline implementation within stroke rehabilitation. Data sources: CINAHL, MEDLINE, EMBASE, AMED, Cochrane library, Academic Search Complete and Scopus. Additional papers were identified through hand searching. Review methods: The review followed the Preferred Reporting Item for Systematic Reviews and Meta-Analysis Protocols systematic review approach. Any empirical research that provided qualitative data on healthcare professionals' perceived factors influencing clinical guideline implementation in stroke rehabilitation was included. One reviewer screened all titles and abstract reviews (n = 669). Another two reviewers independently screened 30% of title and abstract reviews, followed by full-text reviews (n = 61). Study quality was assessed using the mixed-method appraisal tool. Result(s): Data from 10 qualitative, six quantitative and six mixed-method studies published between 2000 and 2022, involving 1576 participants in total, were analysed and synthesised using modified thematic synthesis approach. The majority of participants were therapists n = 1297 (occupational therapists, physiotherapists, speech and language therapists). Organisational factors (time constraints, resources) alongside healthcare professionals' lack of knowledge and skills were the most cited barriers to guideline implementation. Contradictory attitudes and beliefs towards stroke guidelines applicability to real-life clinical practice and their evidence base were reported. Organisational support in the form of training, local protocols, performance monitoring and leadership were reported as

perceived facilitators. Conclusion(s): Barriers and facilitators are multifactorial and were identified at guideline, individual, team and organisational levels. There is a need to translate perceived barriers and facilitators into implementation interventions especially addressing organisational-level barriers. Copyright © The Author(s) 2022.

### [Telehealth practice in aphasia: A survey of UK speech and language therapists, with a focus on assessment](#)

Item Type: Journal Article

Authors: Hilari, Katerina; Roper, Abi; Northcott, Sarah and Behn, Nicholas

Publication Date: 2023

Journal: International Journal of Language & Communication Disorders

Abstract: **BACKGROUND AND OBJECTIVES:** Evidence suggests telehealth in speech and language therapy can enhance access to care, cost-effectiveness and satisfaction. However, little is known about use of telehealth in the United Kingdom. Moreover, many assessments/outcome measures for aphasia have been tested for face-to-face administration only, posing challenges to reliable use within the telehealth context. We explored the experiences and views of speech and language therapists (SLTs) working with people with aphasia on using telehealth to conduct assessments/outcome measures, perceived barriers and facilitators in telehealth, and their priorities for research in telehealth aphasia assessment., **METHOD:** We explored views of UK SLTs through an online cross-sectional survey (2021) delivered through the Qualtrics platform. The survey covered three main areas: (i) participant demographics; (ii) experience of using telehealth and doing telehealth assessments with people with aphasia post-stroke during the COVID-19 pandemic; and (iii) plans for telehealth post-pandemic. Response formats included yes/no, multiple choice, 5-point Likert scales and open-ended text responses.

The survey was expected to take no more than 10 min to complete. Survey data were analysed through descriptive statistics and content analysis of open-ended questions., **RESULTS:** One hundred twenty-four SLTs responded to the survey. The majority (>80%) used telehealth during the COVID-19 pandemic and >90% planned to continue to use telehealth in the future. The most used platforms were Zoom, Microsoft Teams and Attend Anywhere. Access to internet and telehealth platforms, and practical problems (e.g., difficulties sharing resources online, limited functionality of telehealth platforms for assessment) were common barriers. Therapists highlighted that training, resources and materials that assist the administration of assessments were important. Most participants responded that there was a need for existing measures to be tested for administration via telehealth (n = 68, 70.8%). Participants overall felt there was a need for online interactive assessments, more online resources that have been trialled for use via telehealth, accessible formats for resources for people with aphasia and clear instructions for how people with aphasia can access resources., **CONCLUSIONS:** This study provides new insights into the current use of telehealth assessment with people with aphasia in the United Kingdom and directions for future research. Barriers and facilitators identified can support the implementation of telehealth assessment in SLT services., **WHAT THIS PAPER ADDS:** What is already known on the subject The use of telehealth in speech and language therapy has advantages in terms of access to care, cost-effectiveness and satisfaction with care. However, little is known about the use of telehealth in aphasia rehabilitation in the United Kingdom, especially in the area of assessment and outcome measurement. What this paper adds to existing knowledge This study identified that the majority (>80%) of aphasia therapists used telehealth during the COVID-19 pandemic and >90% planned to continue to use telehealth in the future. A need was identified for existing measures to be tested for administration via

telehealth and for training, resources (e.g., online interactive assessments) and materials (e.g., accessible formats for people with aphasia). What are the potential or actual clinical implications of this work? To facilitate the successful implementation of telehealth assessment, there is a need for measures validated for use via telehealth and more online resources that have been trialled for use via telehealth.

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### [Tracheostomies and stroke: Speech and language therapy as part of the multidisciplinary management of stroke in the UK](#)

Abstract only\*

Item Type: Journal Article

Authors: Howard, A. and Kadri, W.

Publication Date: 2023

Journal: British Journal of Neuroscience Nursing 19, pp. S6-S10

Abstract: As early stroke management develops, more patients are surviving after a severe stroke and the prevalence of tracheostomies among the stroke population is increasing. Tracheostomy is an opening in the anterior trachea through which a tracheostomy tube is placed to maintain airway patency. Tracheostomy management requires a multidisciplinary approach, with important contributions from nursing and speech and language therapists, as well as other healthcare professionals. The presence of a tracheostomy tube greatly impacts the nature and complexity of the patients care post-stroke. However, current stroke provision in the UK may not be meeting the needs of this population, particularly with regards to prolonged weaning and transfer to post-Acute and community settings. Research is required to understand the current and future needs of this patient group, to ensure that appropriate services are commissioned and clinicians specialising in stroke

have the required knowledge and training to provide quality care. This paper examines the prevalence of tracheostomy among stroke patients within a stroke unit and inpatient rehabilitation unit as a basis for examining this clinical area. Copyright © 2023 MA Healthcare Ltd. All rights reserved.

### [Designing stroke services for the delivery of cognitive rehabilitation: A qualitative study with stroke rehabilitation professionals](#)

Full text available with NHS OpenAthens account\*

Item Type: Journal Article

Authors: Jeffares, Isabelle; Merriman, Niamh A.; Doyle, Frank; Horgan, Frances and Hickey, Anne

Publication Date: 2023

Journal: Neuropsychological Rehabilitation 33(1), pp. 24-47

Abstract: This qualitative study explored the potential to deliver cognitive rehabilitation for post-stroke cognitive impairment (PSCI), with a specific focus on barriers and facilitators to its delivery from the perspective of Irish stroke rehabilitation professionals. Sixteen semi-structured interviews were completed with healthcare professionals in both hospital and community settings. The sample comprised physiotherapists, occupational therapists, nurses, a stroke physician, a psychologist, a neuropsychologist, a speech and language therapist, a dietician, and a public health nurse. Interviews were audio-recorded and analysed in NVivo using inductive Thematic Analysis. Barriers and facilitators to the delivery of cognitive rehabilitation were identified and described under four key themes: (i) Cognitive screening; (ii) Cognitive rehabilitation: no one size fits all; (iii) Psychology: the lost dimension of stroke rehabilitation; and (iv) Joining the dots in the community. Staffing required to deliver cognitive rehabilitation for PSCI was highlighted as under-resourced in the Republic of Ireland. Inadequate resourcing of neuropsychology and stroke-related psychological services, in particular, has had negative implications for the delivery of cognitive rehabilitation. Stroke-

specific cognitive rehabilitation expertise is virtually inaccessible in the community, highlighting an urgent need for investment in specialist rehabilitation teams to deliver cognitive rehabilitation in this setting.

### [Intensive and comprehensive aphasia therapy—a survey of the definitions, practices and views of speech and language therapists in the United Kingdom](#)

Author(s): Monnelly et al.

Source: International Journal of Language and Communication Disorders 58(6)

Publication date: July 2023

Background: Research evidence suggests aphasia therapy must be delivered at high intensity to effect change. Comprehensive therapy, addressing all domains of the International Classification of Functioning, Disability and Health, is also called for by people with aphasia and their families. However, aphasia therapy is rarely intense or comprehensive. Intensive Comprehensive Aphasia Programmes (ICAPs) were designed to address this challenge, but such programmes are not widely implemented. Aims: This study surveyed the views of UK-based speech and language therapists (SLTs) regarding intensive and comprehensive aphasia therapy. It explored definitions of intensive and comprehensive therapy, patterns of provision, views about candidacy and barriers/facilitators. It also investigated awareness of ICAPs and perceived potential of this service model. Differences across UK regions and workplace settings were explored. Methods & Procedures: An e-survey ran for 5 months. Quantitative data were analysed using descriptive and inferential statistics. Qualitative free text comments were analysed using content analysis. Outcomes & Results : Two hundred twenty-seven respondents engaged in the e-survey. Definitions of intensive aphasia therapy did not reach UK clinical guideline/research-level thresholds for most of the sample. Those providing more therapy provided definitions with higher

standards of intensity. Mean therapy delivered was 128 min/week. Geographical location and workplace setting influenced the amount of therapy delivered. The most frequently delivered therapy approaches were functional language therapy and impairment-based therapy. Cognitive disability and fatigue were concerns for therapy candidacy. Barriers included lack of resources and low levels of optimism that issues could be solved. 50% of respondents were aware of ICAPs and 15 had been involved in ICAP provision. Only 16.5% felt their service could be reconfigured to deliver an ICAP. Conclusions & Implications: This e-survey evidences a mismatch between an SLT's concept of intensity and that espoused by clinical guidelines/research. Geographical variations in intensity are concerning. Although a wide range of therapy approaches are offered, certain aphasia therapies are delivered more frequently. Awareness of ICAPs was relatively high, but few respondents had experience of this model or felt it could be executed in their context. Further initiatives are needed if services are to move from a low-dose or non-comprehensive model of delivery. Such initiatives might include but not be confined to wider uptake of ICAPs. Pragmatic research might also explore which treatments are efficacious with a low-dose model of delivery, given that this model is dominant in the United Kingdom. These clinical and research implications are raised in the discussion.

### [Managing ongoing swallow safety through information-sharing: An ethnography of speech and language therapists and nurses at work on stroke units](#) Abstract only\*

Item Type: Journal Article

Authors: Barnard, Rachel; Jones, Julia and Cruice, Madeline

Publication Date: 2022

Journal: International Journal of Language & Communication Disorders 57(4), pp. 852-864

Abstract: BACKGROUND: Speech and language therapists and nurses need to work together to keep patients with swallowing

difficulties safe throughout their acute stroke admission. Speech and language therapists make recommendations for safe swallowing following assessment and nurses put recommendations into practice and monitor how patients cope. There has been little research into the everyday realities of ongoing swallow safety management by these two disciplines. Patient safety research in other fields of healthcare indicates that safety can be enhanced through understanding the cultural context in which risk decisions are made., AIMS: To generate new understanding for how speech and language therapists (SLTs) and nurses share information for ongoing management of swallows safety on stroke units., METHODS & PROCEDURES: An ethnographic methodology involving 40 weeks of fieldwork on three stroke wards in England between 2015 and 2017. Fieldwork observation (357 h) and interviews with 43 members of SLT and nursing staff. Observational and interview data were analysed iteratively using techniques from the constant comparative method to create a thematically organized explanation., OUTCOMES & RESULTS: An explanation for how disciplinary differences in time and space influenced how SLT and nursing staff shared information for ongoing management of swallow safety, based around three themes: (1) SLTs and nurses were aligned in concern for swallow safety across all information-sharing routes; however, (2) ambiguity was introduced by the need for the information contained in swallowing recommendations to travel across time, creating dilemmas for nurses. Patients could improve or deteriorate after recommendations were made and nurses had competing demands on their time. Ambiguity had consequences for (3) critical incident reporting and relationships. SLTs experienced dilemmas over how to act when recommendations were not followed., CONCLUSIONS & IMPLICATIONS: This study provides new understanding for patient safety dilemmas associated with the enactment and oversight of swallowing recommendations in context, on stroke wards. Findings can

support SLTs and nurses to explore together how information for ongoing dysphagia management can be safely implemented within ward realities and kept up to date. This could include considering nursing capacity to act when SLTs are not there, mealtime staffing and SLT 7-day working. Together they can review their understanding of risk and preferred local and formal routes for learning from it., WHAT THIS PAPER ADDS: What is already known on the subject It is known that information to keep swallowing safe is shared through swallowing recommendations, which are understood to involve a balance of risks between optimizing the safety of the swallow mechanism and maintaining physiological and emotional health. There is increasing appreciation from patient safety research, of the importance of understanding the context in which hospital staff make decisions about risk and patient safety. What this paper adds to existing knowledge The paper provides new empirical understanding for the complexities of risk management associated with SLT and nursing interactions and roles with respect to ongoing swallow safety. What are the potential or actual clinical implications of this work? Findings can underpin SLT and nurse discussion about how swallow safety could be improved in their own settings. Copyright © 2022 The Authors. International Journal of Language & Communication Disorders published by John Wiley & Sons Ltd on behalf of Royal College of Speech and Language Therapists.

[Inclusion of stroke patients in expanded cardiac rehabilitation services: a cross-national qualitative study with cardiac and stroke rehabilitation professionals](#) Abstract only\*

Item Type: Journal Article

Authors: Jeffares, Isabelle;Merriman, Niamh A.;Doyle, Frank;Horgan, Frances and Hickey, Anne

Publication Date: 2022

Journal: Disability and Rehabilitation 44(14), pp. 3610-3622

Abstract: PURPOSE: This qualitative study explored healthcare



professionals' views in relation to the potential expansion of cardiac rehabilitation services to include stroke patients, thereby becoming a cardiovascular rehabilitation model., DESIGN AND METHODS: 23 semi-structured interviews were completed with hospital and community-based stroke and cardiac rehabilitation professionals in Switzerland (n = 7) and Ireland (n = 19). The sample comprised physiotherapists, occupational therapists, speech and language therapists, stroke physicians, cardiologists, psychologists, dieticians and nurses. Interviews were audio-recorded and the transcripts were analysed in NVivo using inductive Thematic Analysis., RESULTS: Barriers and facilitators to cardiovascular rehabilitation were captured under four broad themes; (i) Cardiac rehabilitation as "low-hanging fruit," (ii) Cognitive impairment ("the elephant in the room"), (iii) Adapted cardiac rehabilitation for mild stroke, and (iv) Resistance to change., CONCLUSIONS: Hybrid cardiac rehabilitation programmes could be tailored to deliver stroke-specific education, exercises and multidisciplinary expertise. Post-stroke cognitive impairment was identified as a key barrier to participation in cardiac rehabilitation. A cognitive rehabilitation intervention could potentially be delivered as part of cardiac rehabilitation, to address the cognitive needs of stroke and cardiac patients. Implications for rehabilitation The cardiac rehabilitation model has the potential to be expanded to include mild stroke patients given the commonality of secondary prevention needs. Up to half of stroke survivors are affected by post-stroke cognitive impairment, consequently mild stroke patients may not be such an "easy fit" for cardiac rehabilitation. A cardiovascular programme which includes common rehabilitation modules, in addition to stroke- and cardiac-specific content is recommended. A cognitive rehabilitation module could potentially be added as part of the cardiac rehabilitation programme to address the cognitive needs of stroke and cardiac patients.

[Complex speech-language therapy interventions for stroke-related aphasia: the RELEASE study incorporating a systematic review and individual participant data network meta-analysis](#)

Author(s): Brady et al.

Source: Health and Social Care Delivery Research 10(28)

Publication date: 2022

Background: People with language problems following stroke (aphasia) benefit from speech and language therapy. Optimising speech and language therapy for aphasia recovery is a research priority. Objectives: The objectives were to explore patterns and predictors of language and communication recovery, optimum speech and language therapy intervention provision, and whether or not effectiveness varies by participant subgroup or language domain. Design: This research comprised a systematic review, a meta-analysis and a network meta-analysis of individual participant data. Setting: Participant data were collected in research and clinical settings. Interventions: The intervention under investigation was speech and language therapy for aphasia after stroke. Main outcome measures: The main outcome measures were absolute changes in language scores from baseline on overall language ability, auditory comprehension, spoken language, reading comprehension, writing and functional communication.

See also [Plain Language Summary](#)

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

Item Type: Journal Article

Authors: Barnard, R.; Jones, J. and Cruice, M.

Publication Date: 2021

Journal: Disability and Rehabilitation

Abstract: 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.



Method(s): 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. Result(s): 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(s): 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. Copyright © 2021 Informa UK Limited, trading as Taylor & Francis Group.

[The management of patients with functional stroke: speech and language therapists' views and experiences](#) Abstract only\*  
Item Type: Journal Article  
Authors: Barnett, C.; Mitchell, C. and Tyson, S.  
Publication Date: 2021  
Journal: Disability and Rehabilitation  
Abstract: 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. Method(s): 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. Result(s): 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. Conclusion(s): 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. Copyright © 2021 Informa UK Limited, trading as Taylor & Francis Group.

### [Counselling education for speech-language pathology students in Australia: a survey of education in post-stroke aphasia](#)

Abstract only\*

Author(s): Sekhon et al.

Source: Aphasiology 36(12)

Publication date: 2021

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.

### [Better long-term speech outcomes in stroke survivors who received early clinical speech and language therapy: What's driving recovery?](#)

Author(s): Roberts et al.

Source: Neuropsychological Rehabilitation 32(9)

Publication date: 2022

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.

### ["Guiding them to take responsibility": exploring UK speech and language therapists' views of supporting self-management of aphasia](#)

Author(s): Wray et al.

Source: Aphasiology 34(4)

Publication date: 2020

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.

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

Abstract only\*

Author(s): Sekhon et al.

Source: International Journal of Language and Communication Disorders 54(3)

Publication date: May 2019

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.

### [Speech and language therapists’ perspectives of therapeutic alliance construction and maintenance in aphasia rehabilitation post-stroke](#)

**Author(s):** Lawton et al.

**Source:** International Journal of Language & Communication Disorders 53(3)

**Publication date:** January 2018

**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.

[Exploring accounts of collaborative working between speech and language therapists and stroke association communication support coordinators following stroke](#) Full text available with NHS

OpenAthens account\*

Author(s): Scantlebury et al.

Source: Journal of Interprofessional Care 32(4)

Publication date: 2018

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.

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

Author(s): Palmer et al.

Source: PLoS One 13(7)

Publication date: 2018

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.

### [Supporting people with aphasia to 'settle into a new way to be': speech and language therapists' views on providing psychosocial support](#)

Author(s): Northcott et al.

Source: International Journal of Language & Communication Disorders 53(1)

Publication date: June 2017

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. Aims: 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.



### [Dysphagia therapy post stroke: An exploration of the practices and clinical decision-making of speech-language pathologists in](#)

[Australia](#) Abstract only\*

Author(s): Jones et al.

Source: International Journal of Speech-Language Pathology 20(2) pp. 226-237

Publication date: 2017

Purpose: 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](#)

Abstract only\*

Author(s): Kesav et al.

Source: Journal of Neurological Sciences 380 pp. 137-141

Publication date: September 2017

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 15 years of age affecting middle cerebral artery territory within 90 days 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 1 h each in both groups, with an additional 12 h of computer based language therapy in Group B over 4 weeks 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: 52.8 years  $\pm$  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.

### [A survey of speech–language therapy provision for people with post-stroke dysarthria in the UK](#) Abstract only\*

Author(s): Miller and Bloch

Source: International Journal of Language & Communication Disorders 52(6)

Publication date: June 2017

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.

### [How do speech-and-language therapists address the psychosocial well-being of people with aphasia? Results of a UK online survey](#)

Author(s): Northcott et al.

Source: International Journal of Language & Communication Disorders 52(3)

Publication date: September 2016

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](#)

Author(s): Brady et al.

Source: Cochrane Database of Systematic Reviews

Publication date: June 2016

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](#) Abstract only\*

Author(s): Carr and Wallis

Source: British Journal of Healthcare Assistants 10(4)

Publication date: April 2016

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](#) Abstract only\*

Author(s): Archer et al.

Source: International Journal of Language & Communication Disorders 48(3)

Publication date: February 2013

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.

[Knowledge and attitudes of allied health professional students regarding the stroke rehabilitation team and the role of the Speech and Language Therapist](#) Abstract only\*

Author(s): Byrne and Pettigrew

Source: International Journal of Language & communications Disorders 45(4)

Publication date: December 2010

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

[Developing consensus-based clinical competencies to guide stroke clinicians in the implementation of psychological care in aphasia rehabilitation](#) Full text available with NHS OpenAthens account\*

Item Type: Journal Article

Authors: Baker, C.;Ryan, B.;Rose, M. L.;Kneebone, I.;Thomas, S.;Wong, D. and Wallace, S. J.

Publication Date: 2024

Journal: Brain Impairment 25(1), pp. 231-241

Abstract: Background. People with aphasia experience depression and anxiety associated with negative outcomes across a range of time post-stroke. Stroke clinicians are well-positioned to facilitate low-intensity psychotherapeutic interventions after aphasia (e.g. mood screening, behavioural activation, problem-solving therapy, relaxation therapy); however, they self-report a lack of knowledge, skills and confidence to do so. The Theoretical Domains Framework (TDF) provides a lens through which to view and target clinician behaviours and training needs in this area of practice. The aim of this study was to develop and gain consensus on items for a rating scale of clinical competencies in facilitating individual-based, low-intensity psychotherapeutic interventions for people with aphasia. Methods. An e-Delphi methodology using focus groups and survey rounds was used to gain consensus on clinical competencies considered important. Results. Eight stroke clinicians (speech pathologists and psychologists), two people with aphasia and three family members participated in one of four focus groups. Four themes were derived from the data: (1) Communication support, (2) Assessment and therapy structure, (3) Interpersonal skills, and (4) Needs of the significant other (family or friend). Themes informed an initial list of 23 self-rated and observer-rated competency items. Following two rounds of e-Delphi surveys, 11 stroke clinicians (six speech pathologists

and five psychologists) reached consensus (80-100%) for 19 competencies. Conclusions. The Psychological Care in Aphasia Rehabilitation Competency scale offers a preliminary list of items to guide and train clinicians to implement low-intensity psychotherapeutic interventions for people with aphasia. Copyright © 2024 The Author(s) (or their employer(s)). Published by CSIRO Publishing on behalf of the Australasian Society for the Study of Brain Impairment.

[Harnessing insights from a community of practice to progress aphasia psychological care in Ireland: A mixed methods integration study informed by normalisation process theory](#)

Item Type: Journal Article

Authors: Manning, M. X.;Hanrahan, M. and Carolan, A.

Publication Date: 2024

Journal: Aphasiology 38(4), pp. 667-682

Abstract: Background: A range of individual and systemic barriers to delivering psychological care to people living with aphasia are widely reported. An integrated model of care, stepped care, has been proposed. Integrated aphasia care constitutes a complex intervention that necessitates local adaptation and implementation. Whilst a need for better access to aphasia psychological care has been documented in Ireland; no coordinated approach has been developed or actioned. Aim(s): To discern overarching principles for advancing the implementation of coordinated aphasia psychological care in Ireland by drawing on the perspectives of Speech and Language Therapists (SLTs), Occupational Therapists, and Clinical Psychologists. Methods & Procedures: A convergent parallel mixed methods study comprising qualitative interviews with SLTs; a survey of interdisciplinary stroke professionals; and an integration by triangulation of the interview and survey findings. The implementation science framework Normalisation Process Theory was used as a lens to discern how clinicians make sense of, are enrolled in, and enact aphasia psychological care.



**Outcomes & Results:** Four SLTs were interviewed and there were 40 survey respondents. Empowering clinicians to deliver aphasia psychological care requires training, professional and emotional support, and clarity around the way that care is integrated across settings and disciplines. It is necessary to develop a shared interdisciplinary conceptualisation of such a pathway, and to leverage the apparent desire for change.

**Conclusion(s):** The findings address a lack of empirical knowledge about the ways in which clinicians might be supported to delivering integrated aphasia psychological care in Ireland. The study will inform ongoing research and has relevance for other jurisdictions. Copyright © 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

### [Psychological support after stroke: unmet needs and workforce requirements of clinical neuropsychological provision for optimal rehabilitation outcomes](#)

Author(s): Griffiths et al.

Source: British Journal of Hospital Medicine 2;84(11) pp.1-8

Publication date: November 2023

Stroke services must detect and manage psychological and neuropsychological problems that occur after stroke, such as cognitive and language impairments, post-stroke apathy, post-stroke emotionalism, depression, anxiety, post-traumatic stress disorder, personality changes and suicidality. Stroke neuropsychology plays a key role in the assessment, understanding and management of these consequences of stroke, as well as contributing to complex case management, staff supervision and training. Where these provisions are absent from the stroke rehabilitation pathway, this significantly limits potential rehabilitation outcomes. To manage the scale of psychological and neuropsychological needs post stroke, clinical guidance recommends the use of a matched care system, in which these needs are triaged and matched with corresponding

levels of support. Recent workforce guidelines provide clear professional recommendations for psychological staffing skill mix and threshold requirements for clinical oversight and clinical governance assurances.

### [Designing stroke services for the delivery of cognitive rehabilitation: A qualitative study with stroke rehabilitation professionals](#) Full text available with NHS OpenAthens account\*

Item Type: Journal Article

Authors: Jeffares, Isabelle; Merriman, Niamh A.; Doyle, Frank; Horgan, Frances and Hickey, Anne

Publication Date: 2023

Journal: Neuropsychological Rehabilitation 33(1), pp. 24-47

**Abstract:** This qualitative study explored the potential to deliver cognitive rehabilitation for post-stroke cognitive impairment (PSCI), with a specific focus on barriers and facilitators to its delivery from the perspective of Irish stroke rehabilitation professionals. Sixteen semi-structured interviews were completed with healthcare professionals in both hospital and community settings. The sample comprised physiotherapists, occupational therapists, nurses, a stroke physician, a psychologist, a neuropsychologist, a speech and language therapist, a dietician, and a public health nurse. Interviews were audio-recorded and analysed in NVivo using inductive Thematic Analysis. Barriers and facilitators to the delivery of cognitive rehabilitation were identified and described under four key themes: (i) Cognitive screening; (ii) Cognitive rehabilitation: no one size fits all; (iii) Psychology: the lost dimension of stroke rehabilitation; and (iv) Joining the dots in the community. Staffing required to deliver cognitive rehabilitation for PSCI was highlighted as under-resourced in the Republic of Ireland. Inadequate resourcing of neuropsychology and stroke-related psychological services, in particular, has had negative implications for the delivery of cognitive rehabilitation. Stroke-specific cognitive rehabilitation expertise is virtually inaccessible

in the community, highlighting an urgent need for investment in specialist rehabilitation teams to deliver cognitive rehabilitation in this setting.

[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](#) Abstract only\*

Item Type: Journal Article

Authors: Sekhon, J. K.;Oates, J.;Kneebone, I. and Rose, M. L.

Publication Date: 2023

Journal: Topics in Stroke Rehabilitation 30(8), pp. 842-864

Abstract: Background: Speech-language pathologists (SLPs) utilize counseling to support the psychological wellbeing of people with post-stroke aphasia, however, SLPs receive variable, usually limited, counseling education. Counseling education may be effective in improving SLPs' knowledge, skills, and confidence in counseling in post-stroke aphasia.

Objective(s): We aimed to evaluate the feasibility and preliminary efficacy of a novel online counseling education program for SLPs working with people with post-stroke aphasia. Method(s): Our study was a Phase II, two-arm pilot randomized controlled trial with a waitlist control. Participants (n = 49) were stratified by previous counseling training ( $\geq 1$  day) and co-work with psychologists when addressing psychological wellbeing in post-stroke aphasia, and randomized to either the education program or waitlist control arm. We developed an education program (7-hours self-directed learning; 3-hour online workshop) for the trial. Feasibility outcomes included SLP recruitment, workshop attendance, and participant attrition at follow-up. Participants' counseling self-efficacy and self-rated competency were assessed pre- and post-program (primary endpoint) and at 5-week follow-up. Result(s): Forty-four (90%) participants attended the workshop with forty-one (84%) participants completing the

trial. There was a significant interaction (large effect size) between time and group supporting a positive effect of the program on counseling self-efficacy,  $F(1,44) = 39.402$ ,  $p < .0005$ ,  $\eta^2 = .472$  and self-rated competency for counseling,  $F(1,44) = 31.824$ ,  $p < .0005$ ,  $\eta^2 = .420$ . The effects were maintained at follow-up with self-rated competency scores demonstrating further significant improvement. Conclusion(s): The demonstrated feasibility and preliminary efficacy of this online counseling program warrant a future definitive trial. Copyright © 2022 Taylor & Francis Group, LLC.

[Delivering motivational interviewing early post stroke: standardisation of the intervention](#)

Item Type: Journal Article

Authors: Patel, Kulsum;Auton, Malcolm F.;Watkins, Caroline L.;Sutton, Christopher J.;Benedetto, Valerio;Hackett, Maree L.;Holland, Emma-Joy and Lightbody, Catherine E.

Publication Date: 2022

Journal: Disability and Rehabilitation 44(14), pp. 3453-3458

Abstract: BACKGROUND: We applied Motivational Interviewing (MI) techniques, early after stroke, to facilitate psychological adjustment to life post-stroke. In our trial, MI-plus-usual-care increased the likelihood of normal mood at 3-months post-stroke, compared to usual-care alone. Whilst appropriate training, manuals, and supervision may increase adherence to core principles of this complex intervention, unintended variability in implementation inevitably remains. We aimed to explore the impact of variability on participant outcome., METHODS: Using our trial data (411 participants), we explored variation in MI delivery, examining: therapist characteristics (stroke care expertise/knowledge, psychology training); MI content (fidelity to MI techniques assessed with Motivational Interviewing Treatment Integrity code, describing therapist behaviours as MI-consistent, MI-neutral or MI-inconsistent); and MI dose (number/duration of sessions)., RESULTS: The four MI

therapists (two nurses/two psychologists) had varying expertise and MI delivery. Across therapists, mean average session duration ranged 29.5-47.8 min. The percentage of participants completing the per-protocol four sessions ranged 47%-74%. These variations were not related to participant outcome. There were uniformly high frequencies (>99%) of MI-consistent and MI-neutral interactions, and low frequencies (<1%) of MI-inconsistent interactions., CONCLUSIONS: Variation in therapist characteristics and MI dose did not affect participant outcome. These may have been tolerated due to high fidelity to MI principles. IMPLICATIONS FOR REHABILITATION Motivational Interviewing (MI) can help reduce depression in stroke survivors when delivered early after stroke. The effectiveness of our MI intervention depends on the delivery of high quality MI; in particular, interactions with low levels of MI-inconsistency, and high global MI ratings, ideally delivered over more than one session, each lasting at least 30 minutes. Provided high quality MI is being delivered, the intervention can still have a beneficial effect on participant outcome, even with flexibility and variation in therapist characteristics, and duration and number of sessions, which may be inevitable in a clinical context.

[Barriers and facilitators to implementing stepped psychological care for people with aphasia: Perspectives of stroke health professionals](#) Abstract only\*

Item Type: Journal Article

Authors: Baker, C.; Rose, M. L.; Ryan, B. and Worrall, L.

Publication Date: 2021

Journal: Topics in Stroke Rehabilitation 28(8), pp. 581-593

Abstract: Background Concomitant aphasia and depression after stroke is highly prevalent, but there is a lack of psychological care in stroke rehabilitation for people with aphasia and family members. Evidence-based frameworks such as stepped psychological care may be viable, but the barriers and facilitators to translating this framework into aphasia rehabilitation practice

are unknown. Aim The aim of this study was to identify, from the perspective of stroke health professionals, the barriers and facilitators to implementing stepped psychological care for depression after post-stroke aphasia. Method Five semi-structured focus groups of stroke health professionals were conducted (n = 39) across the stroke care continuum. Verbatim transcripts were analyzed using Interpretive Description. Results Barriers and facilitators were identified within three core themes: knowledge, skills, and attitudes have the most impact on implementing stepped psychological care; the physical environment impacts on managing depression and communication disability for people with aphasia; and the support and leadership of the health organization influence change in any implementation of a stepped psychological care approach. Barriers included: no experience with stepped psychological care; limited understanding of aphasia and communication support; lack of adequate physical space and resources; lack of psychologists. Facilitators included: specialist training; enhancement of physical spaces; communication tools; leadership; funding; specialized staff. Conclusion Addressing the identified barriers and facilitators to stepped psychological care will improve the viability of implementing this evidence-based framework after post-stroke aphasia. Change may be driven through specialist training for health professionals in communication support; mood assessment and treatments; modification of physical space; and accessible resources. Copyright © 2020 Taylor & Francis Group, LLC.

[Association between Poststroke Depression and Psychological Crisis: A Retrospective Cross-Sectional Study](#)

Item Type: Journal Article

Authors: Hsieh, Han-Chin; Yang, Pei-Jin; Huang, Yu-Chi; Lee, Yan-Yuh; Yang, Tsung-Hsun; Wu, Szu-Ying and Chen, Po-Cheng

Publication Date: 2021

Journal: BioMed Research International 2021, pp. 6698521

**Abstract:** **OBJECTIVE:** To investigate the association between poststroke depression (PSD) and psychological crisis in patients who have experienced a stroke within 6 months., **METHODS:** This was a retrospective cross-sectional study that enrolled patients within 6 months after stroke onset. The investigators reviewed medical charts to obtain patients' baseline characteristics, and a psychologist evaluated each patient for depression using the Taiwanese Depression Questionnaire (TDQ) and for psychological crisis using the Triage Assessment System (TAS). A generalized linear model (GLM) was used to analyze the association between the results of the TDQ and TAS., **RESULTS:** Ninety-seven patients with stroke were included. Age ( $p = 0.003$ ), time since onset of stroke ( $p = 0.041$ ), diabetes mellitus ( $p = 0.004$ ), hypertension ( $p = 0.016$ ), heart disease ( $p = 0.005$ ), and TDQ score were significantly different between the hemorrhagic stroke group and the ischemic stroke group. The TDQ score was significantly lower in the hemorrhagic stroke group ( $p = 0.012$ ). The TDQ score was associated with the TAS total score and each domain score, and the presence of heart disease was associated with poorer TAS score in the behavioral domain ( $p = 0.016$ )., **CONCLUSION:** PSD is likely an important component of psychological crisis in stroke patients. For clinicians, a comprehensive psychologic evaluation is necessary to optimize treatment. Copyright © 2021 Han-Chin Hsieh et al.

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

Author(s): Kontou et al.

Source: The British Psychological Society Clinical Psychology Forum Issue 325

Publication date: 2020

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.

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

Author(s): Boakye et al.

Source: BMJ Open Quality 8(1)

Publication date: 2017

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.



### Multi-disciplinary (MDT) working

[Conference abstract: Mindfulness training for a multidisciplinary staff in a community stroke team](#) Abstract all available

Author(s): Corlett and Breuer

Source: International Journal of Stroke

Publication date: 2018

See item 267 p. 63

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](#) Abstract only\*

Author(s): Tyson et al.

Source: Clinical Rehabilitation 28(12)

Publication date: 2014

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.



# Competency Frameworks

## [Dysphagia Training and Competency Framework](#)

Source: Royal College of Speech & Language Therapists

Publication date: 2014

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](#)

Source: NHS Scotland

Publication date: 2013

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.

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