

Supportive Listening Through Supported Conversation:

Collaborations Between SLP and Psychology for Aphasia



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Mental Health & Aphasia

- An estimated 60% of people with aphasia experience depression during their recovery period
 - Mental health issues impact the recovery process
 - Low mood and motivation inhibit rehabilitative and communicative progress
 - Challenges to delivering mental health services to people with aphasia include:
 - Debate regarding the role of SLPs in helping to manage this aspect of care
 - SLPs often feel inadequately trained in counseling skills and techniques for addressing patients' psychological and emotional well-being (Sekhon et al., 2019)
 - Mental health providers may struggle to adapt interventions to fit the needs of people with aphasia
 - People with aphasia may be deemed “inappropriate or unsuitable for direct work” with mental health providers or offered only medication (Northcott et al., 2018)
- **Focusing on communication and counseling *together* may be more impactful than the sum of the separate parts** (Schaffer et al., 2021)

Role of Rehabilitation Counseling and Neuropsychology

REHABILITATION COUNSELING

- Assess mood/mental health/acute stress/trauma
- Counseling services; coping strategies
- Adjustment to chronic illness/disability
- Psychoeducation specific to illness/disability
- Return to Work Assistance
- Referral to VR, Independent Living, Assistive Technology, MH Counseling
- Advocate for patients and families

NEUROPSYCHOLOGY

- Assess cognitive, emotional, and behavioral functioning and/or decline
- Diagnostic clarification/confirmation (ex. dementia, cognitive functioning level, etc.)
- Determine eligibility for services (ex. based on diagnosis for Intellectual or Developmental Delay)
- Determine capacity to make specific decisions (ex. capacity to discharge AMA)
- Assist patients and families understand emotional or behavioral changes due to injury/illness

Co-treatment Examples from Acute Inpatient Rehab

- 50 year old female s/p L MCA CVA presenting with non-fluent aphasia and significantly impaired initiation
 - Low mood, frequently inappropriate affect
 - Seen in collaboration with rehab counselor (RC) for emotional support and coping
 - SLP assisted RC with simplifying language, written key words, and tactile cues to select desired choice from a written list
- 39 year old Spanish-speaking female s/p L meningioma resection presenting with non-fluent aphasia most significantly characterized by anomia and perseveration
 - Labile mood, frequently tearful
 - Seen in collaboration with RC for emotional support and coping, specifically regarding concerns for her daughter's well-being
 - SLP assisted RC with response verification, visual supports, and use of communication boards

Outcomes of Multidisciplinary Approach

- Co-treatment for inpatient settings with Rehab Counselors helps facilitate communication and understanding of aphasia and builds skills for easing transition home and return to community
- Co-treatment with Rehab Counselors and/or Neuropsychologists helps bridge the gap of expectations for SLP's to provide counseling interventions with little preparation (Sekhon et al., 2019)
- Development of interventions that are effective in increasing psychological well-being (Andreasen, Johnson, Tranel, 2022) and psychosocial support (Northcott et al., 2018) may assist with community re-entry and connections
- Increasing coping strategies for managing anxiety and depression while improving speech and communication and sense of well-being builds hope for the future (Sekhon et al., 2019)

Future Directions

- Aphasia-friendly versions of:
 - Standardized cognitive batteries
 - Depression screens
 - Other testing accommodations
- Co-led support groups
- Increased education for both SLPs and mental health providers

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