

Mental Health in Aphasia



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"the **psychosocial** needs of people with aphasia are even **greater** than those of the general stroke population"

(Moss et al., 2021, p. 595)

Stroke and aphasia are **traumatic** experiences

(Baker et al., 2020)

A direct threat to a PWA's well-being is in the **acute** event of a **stroke** as well as in the resulting physical, cognitive and communicative **consequences** that persist

(Laures-Gore & Buchanan, 2015)

Evidence

The psychosocial **needs** of people with aphasia are **not being met**

(Sandberg et al., 2021; Strong, 2023; Meredith & Yates, 2020)

Speech therapists are “**communication brokers**” and frontline professionals for PWA and their families.

(Ryan et al., 2020)

PWA and care partners **want** more information and support about mental health

(Baker et al., 2020; Moss et al., 2021; Shafer et al., 2023)

Evidence

Barriers

SLPs

(Simmons-Mackie & Damico, 2011)

enculturated and habituated tendency to exercise **control over the session**

(Northcott et al., 2018)

- **Caseload** and **time** pressures
- Pressures of **outcome driven** services
- **Attitudes** of managers, employers, and co-workers
- PWA with **complex** needs or backgrounds
- PWA **preferences**/family preferences
- Emotionally challenging **nature** of the work
- Difficulty **measuring and documenting** more 'fluid' psychosocial work
- Lack of **training and knowledge**

Barriers

PWA

Care Partners

(Kelleher et al.,
2024)

☐ **Timing**

Acute vs. Chronic

☐ **Setting**

Resources/
Systems

- ***Personal preferences***
- *Who you **trust** and **feel** most comfortable*
- *Recognizing complexities of mood changes and diagnoses*
- *Pathological or part of the journey? (informal vs. formal)*
- *Care Partners more likely and willing to seek and be open*

Research Report

Supporting people with aphasia to ‘settle into a new way to be’: speech and language therapists’ views on providing psychosocial support

Sarah Northcott†, Alan Simpson‡, Becky Moss†, Nafiso Ahmed‡ and Katerina Hilari†

Enabling factors:

Specialist ongoing support

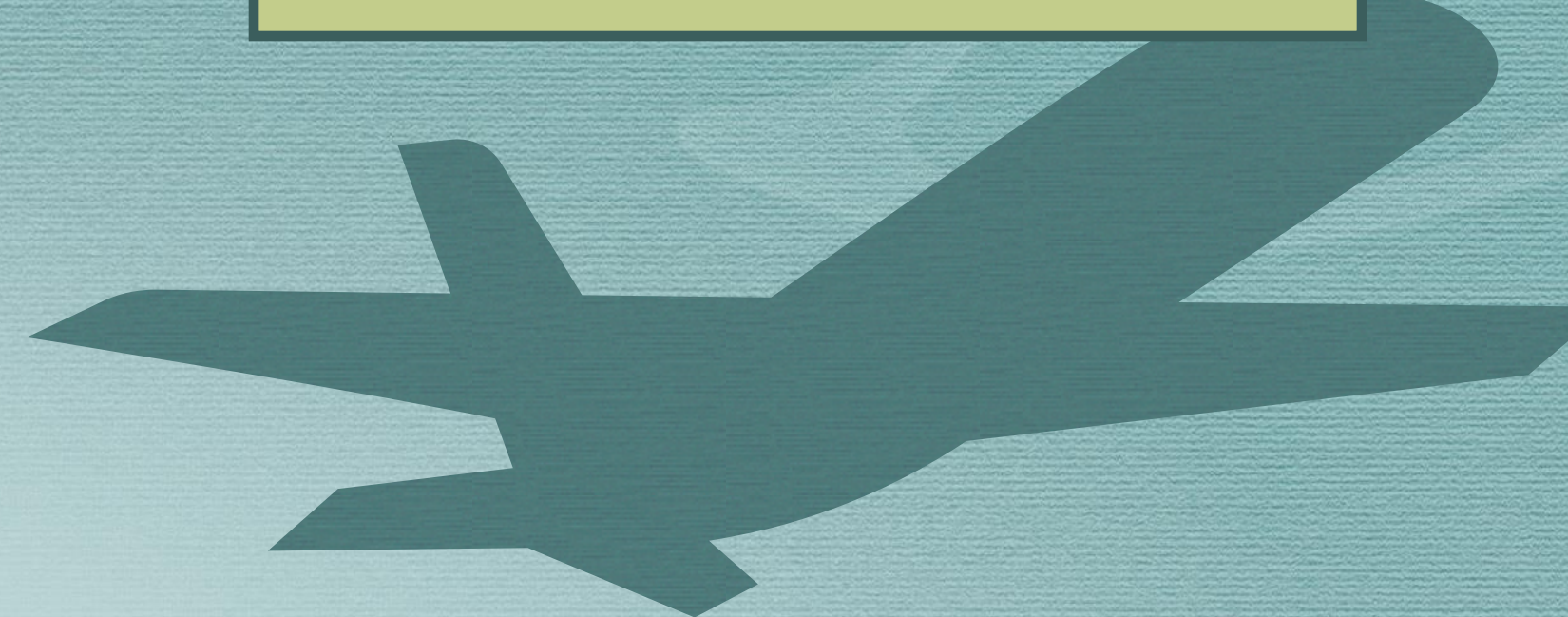
Experience

Peer Support from
colleagues

Support of management

Specialist training

Personal belief



Institutional

- Communication Partner Training for ALL doctors, nurses, family & MHP
- Stepped Psychological Care
- Matched Care Frameworks
- Collaborative Care
- **Policies and resources** to facilitate **bonding** and **mutual supportiveness**
- (example: allowing them to have meals together and take walks and exercise)

Individual

- Person-centered and relationship-centered care
- Supported Communication and conversational support/facilitation
- Repair breakdowns
- Address mood
- Nervous System Focus

Foster relationships with Mental Health Professionals, Caregiver, and PWA

- **Positive** outlook, **positive feedback**
- Celebrating moments of achievement (**joy snacking**)

- [Supported Communication Training](#) – Aphasia Institute
- Biographic-Narrative Therapy
- Motivational Interviewing
- **Solution-Focused** Brief Therapy
- Acceptance & Commitment Therapy
- Cognitive Behavioral Therapy (CBT)
- "Take Charge" (V. Fu – Self-Determination Theory)

Specific Trainings

Accessible Tools



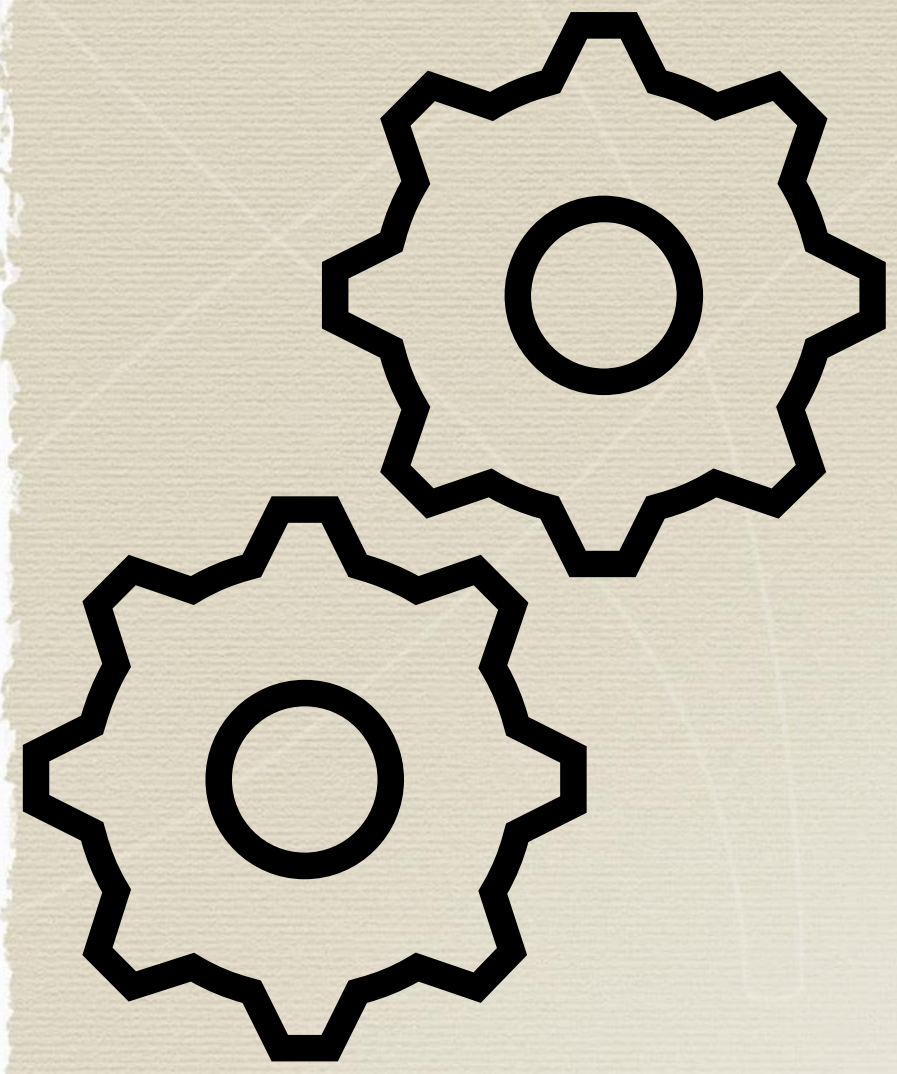
- ✓ **Active** and **Reflective** listening
- ✓ Nervous System **Focus**
- ✓ Self-Determination (Biel & Haley, 2023)
- ✓ **Trauma**-Informed Care
- ✓ Goal Setting
- ✓ ***Story-telling***
- ✓ Targeting **Friendships** / Peer support
- ✓ **Stress** management
- ✓ Routine **assessment** and review of mood

Free Online Tools

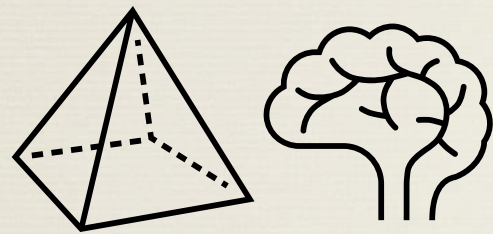
Adapted
from Strong
(2023)

- ✓ LaTrobe University Center for Research Excellence in Aphasia Recovery and Rehabilitation (Aphasia CRE)
- ✓ Aphasia CRE YouTube Channel
- ✓ Just Ask
- ✓ Goal Setting: **LIV Cards** / FOURC Model
- ✓ American Heart Association
- ✓ National Aphasia Association
- ✓ Aphasia Recovery Connection
- ✓ Virtual Connections for Aphasia (F)
- ✓ Peer Befriending
- ✓ Stroke Onward (mental health provider training)
- ✓ Superb (UK)
- ✓ Sofia (UK)

Nervous System Frameworks



D. Siegel, **Hand Model of the Brain** – Name it to Tame it



B.D. Perry, MD, PhD - **Neurosequential Model Network**



Peterson & Seligman - **Values In Action**
(Positive Psychology Tool)



S. Porges -- **Polyvagal Theory**
R. Gobbel – **Baffling Behaviors**

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Tutorial

Counseling in Aphasia: Information and Strategies for Speech-Language Pathologists

Chaleece W. Sandberg,^a  Kristen Nadermann,^b Lauren Parker,^b
Anne Marie Kubet,^a and Liza M. Conyers^b



PERSPECTIVES 

SIG 2

Clinical Focus

Supporting Mental Health in People Living With Aphasia: A Call to Action

Katie A. Strong^a 

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Research Article

How Do You Do Talk Therapy With Someone Who Can't Talk? Perspectives From Mental Health Providers on Delivering Services to Individuals With Aphasia

Katie A. Strong^a and Jenna Randolph^{a,b}

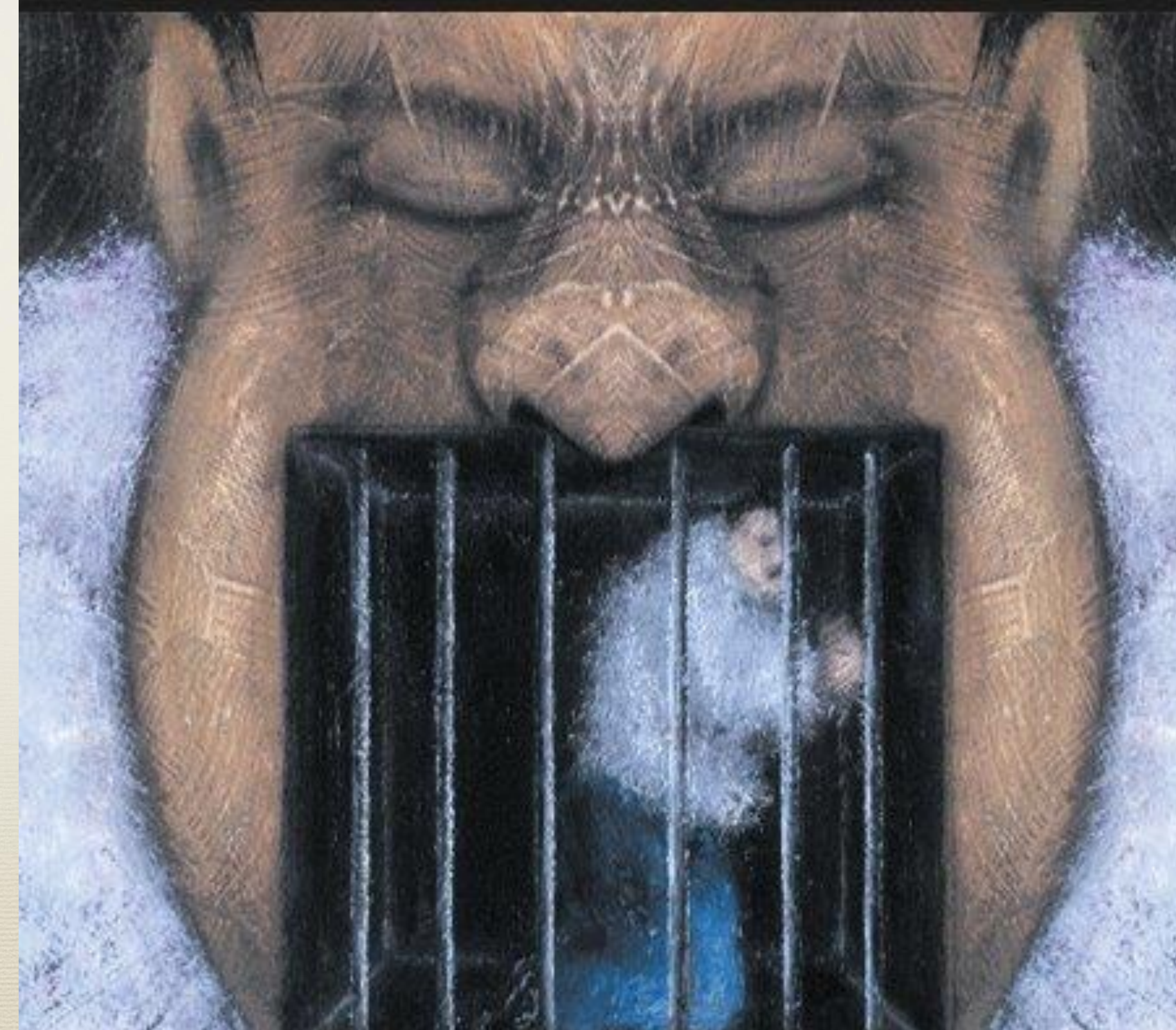
THE NEURO-DISABILITY & PSYCHOTHERAPY SERIES
SERIES EDITOR: GILES N. YEATES

ROUTLEDGE

Psychotherapy and Aphasia

Interventions for Emotional Wellbeing and Relationships

Edited by Kate H. Meredith and Giles N. Yeates



Research Report

Speech–language therapists’ process of including significant others in aphasia rehabilitation

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STROKE CAREGIVING

Difficult Times, Resource Use, and Needs During the First 2 Years

ABSTRACT

Despite high levels of distress among stroke caregivers, research on resource use and unmet needs is limited. The major purposes of this study were to identify the most difficult times, unmet needs, and advice of caregivers during the first 2 years of caregiving; and to examine resource use and perceptions of resource importance. Qualitative and quantitative methods were used. The hospitalization period and first months at home were most difficult for 76% of caregivers. Unmet needs were related to caregiver preparation, promoting the survivor's function, and sustaining the self and family. Although 50% or more of caregivers rated most resources important, only home health care was used by 50% of caregivers. Findings can aid clinicians in educating and counseling caregivers to reduce distress.

ROSEMARIE B. KING, PhD, RN, AND PATRICK E. SEMIK, BA

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