

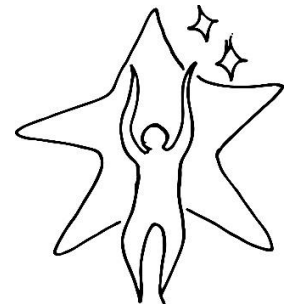
Bringing together learning, clinical practice & research:

Involving students as collaborative partners in
co-designing a novel aphasia therapy

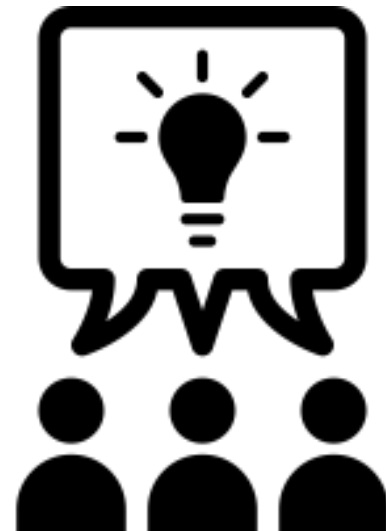
Sarah Northcott, Jamila Nassor, Iqra Nazim, Ayan Omar, Therese
O'Regan, Niamh Devane, Nicholas Behn, Katerina Hilari



Learning at City Conference,
29-30 June, 2023



1. Clinical placements in Speech and Language Therapy
2. The ELA research project
3. Involving students as collaborative partners



My background

Stroke
association

SOFIA

Living well with aphasia



Clinical placements in Speech & Language Therapy (SLT)

How many hours?

150 sessions of practice-based learning (75 days), at least 25% direct client-centred care

Practice Educator's role: provide care to their patients & support student learning (Mooney et al., 2008; RCSLT, 2021)

National campaign to increase SLT student placement offerings (RCSLT, 2021)



What makes a good placement experience in rehab medicine?

Factor rated most important (n=152 students, Hall et al., 2012):

- student relationship with Practice Educator ('easy to relate to'; 'encouraged confidence & independence')



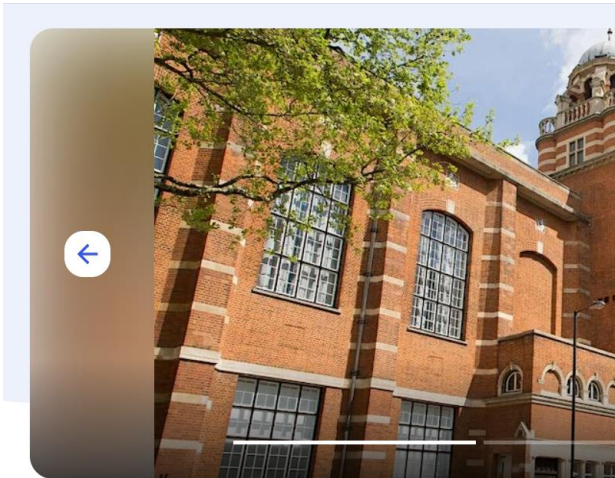
What makes an ideal Practice Educator? (n=810 students, survey, Perram et al., 2016)

- Most important: Non-judgmental (provides a safe learning environment), clarity and feedback
- Non-favoured: unwelcoming; powerplay; inadequate teacher

What might students gain from being involved in a research clinical placement?

- more able to see benefits that research can have to clinical practice;
- more confident to apply research methods/ theory to practice

(Hopkins et al., 2022; Whitehouse, 2017)



Jun 29

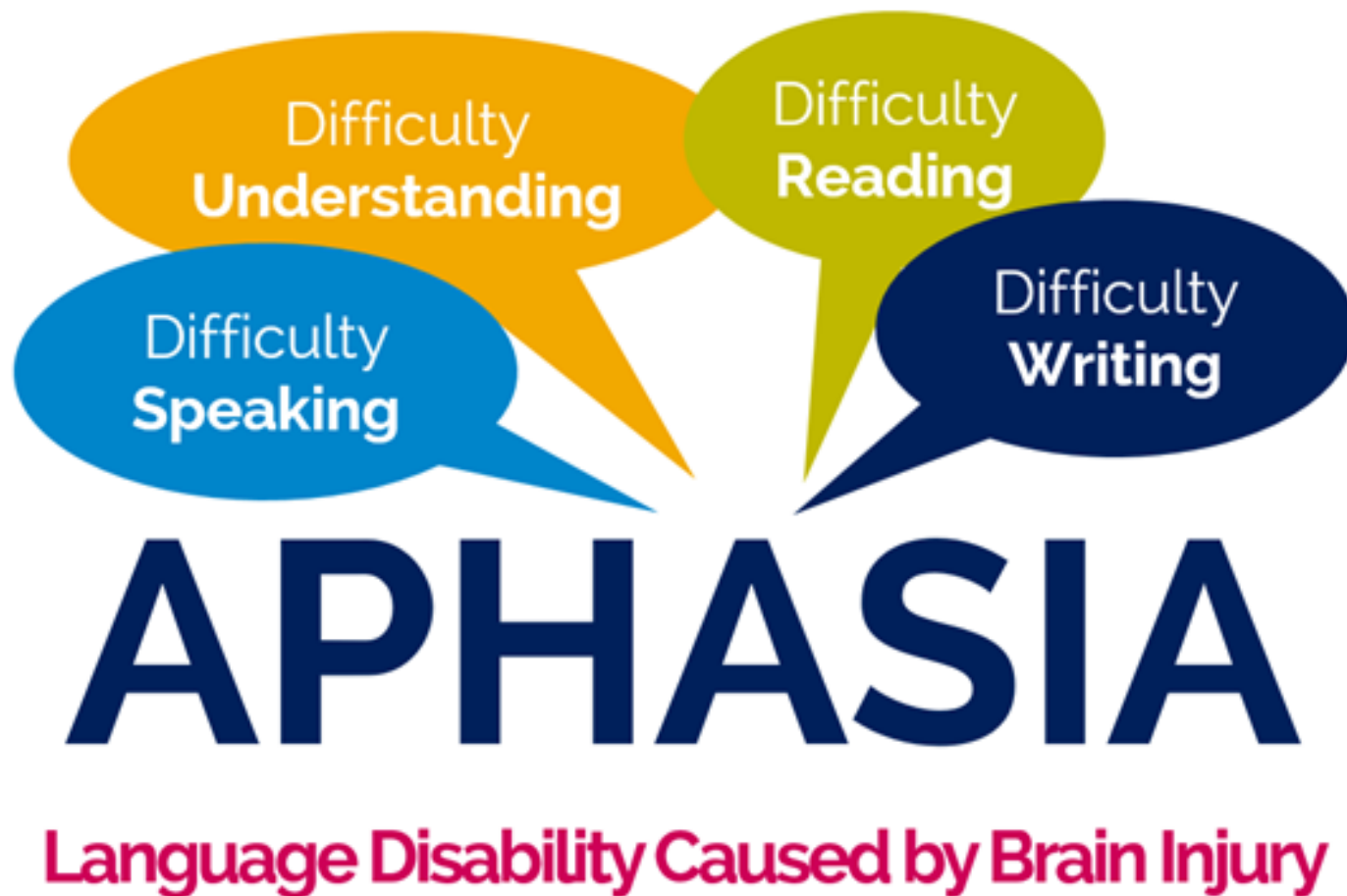
Linking Research to Practice

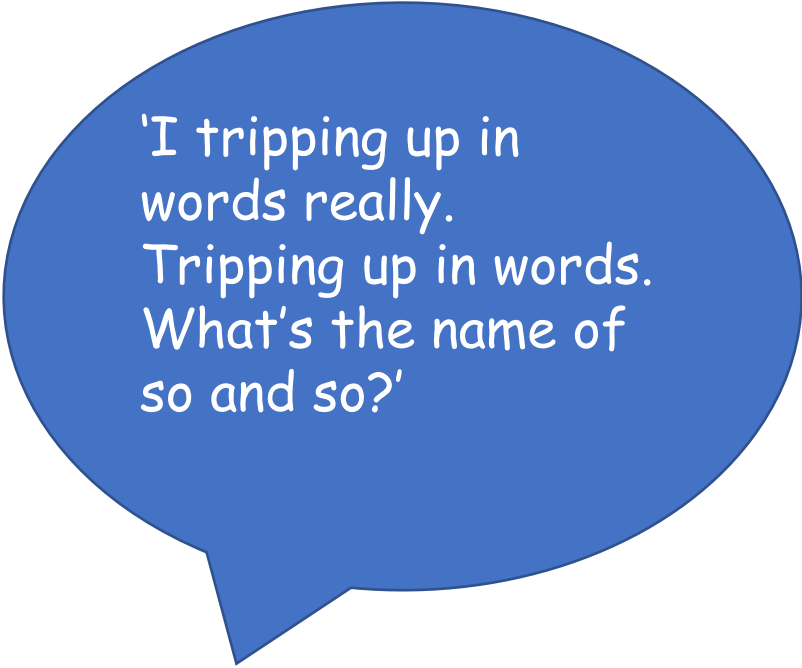
Linking Research to Practice

ELA study:

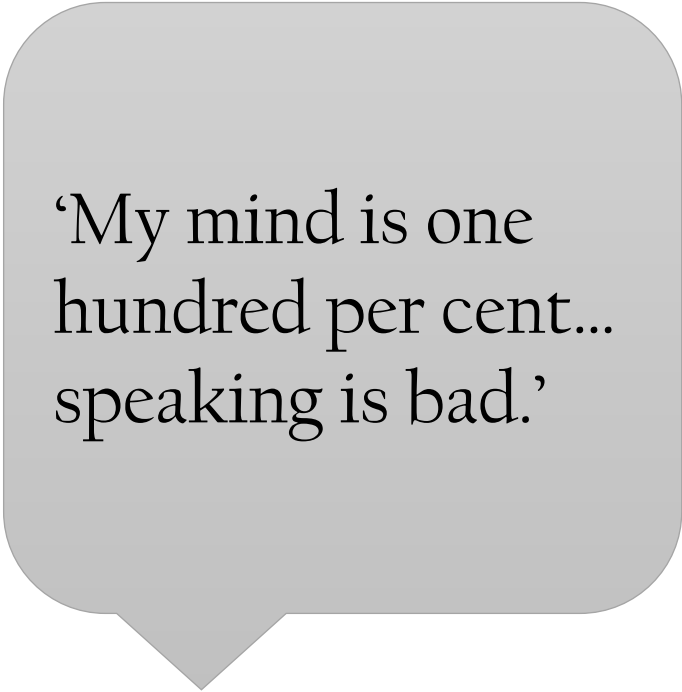
- involving students in a co-design research project
- student voice *shaping* research

One third of stroke survivors will have aphasia; 15% will have aphasia in the long-term





'I tripping up in
words really.
Tripping up in words.
What's the name of
so and so?'



'My mind is one
hundred per cent...
speaking is bad.'

(from 'Talking about aphasia' by Parr, Byng
and Gilpin)

Aphasia does not affect intelligence

Rates of depression after stroke

- **31%** for all stroke survivors (Hackett et al., 2014)



Rates of depression after stroke & aphasia

- **43% to 70%** people with aphasia have depression (Kristo & Mowll, 2021)

Anxiety post stroke and aphasia

44% (n=111)
(Morris et al., 2017)



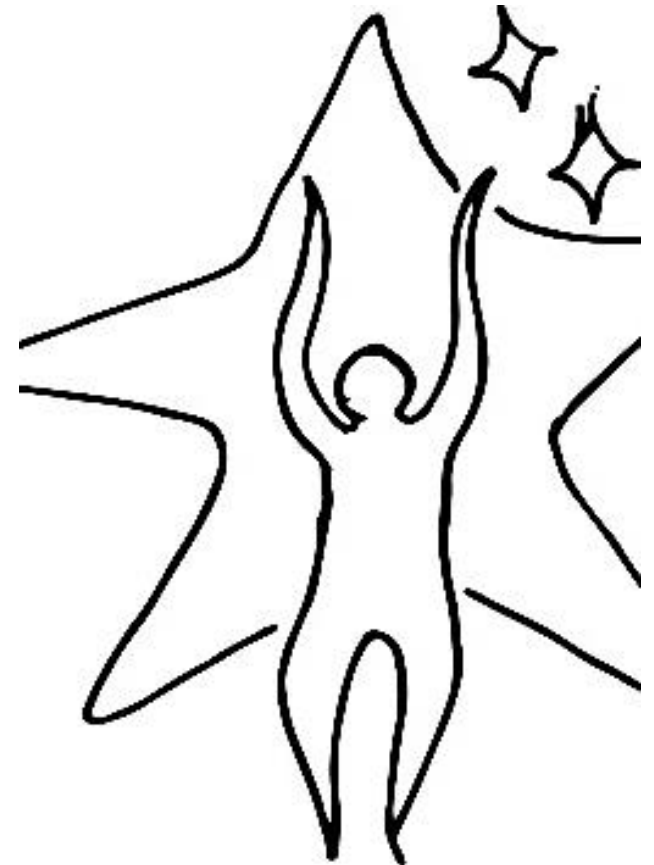
'the brain, yes, yes, good. I, but it's ex, explain difficult and, and because of, panic. It spirals, it spirals. To, to, speak. I can't, I, angry, angry.'

person with aphasia (SOFIA study, Northcott et al., 2021)

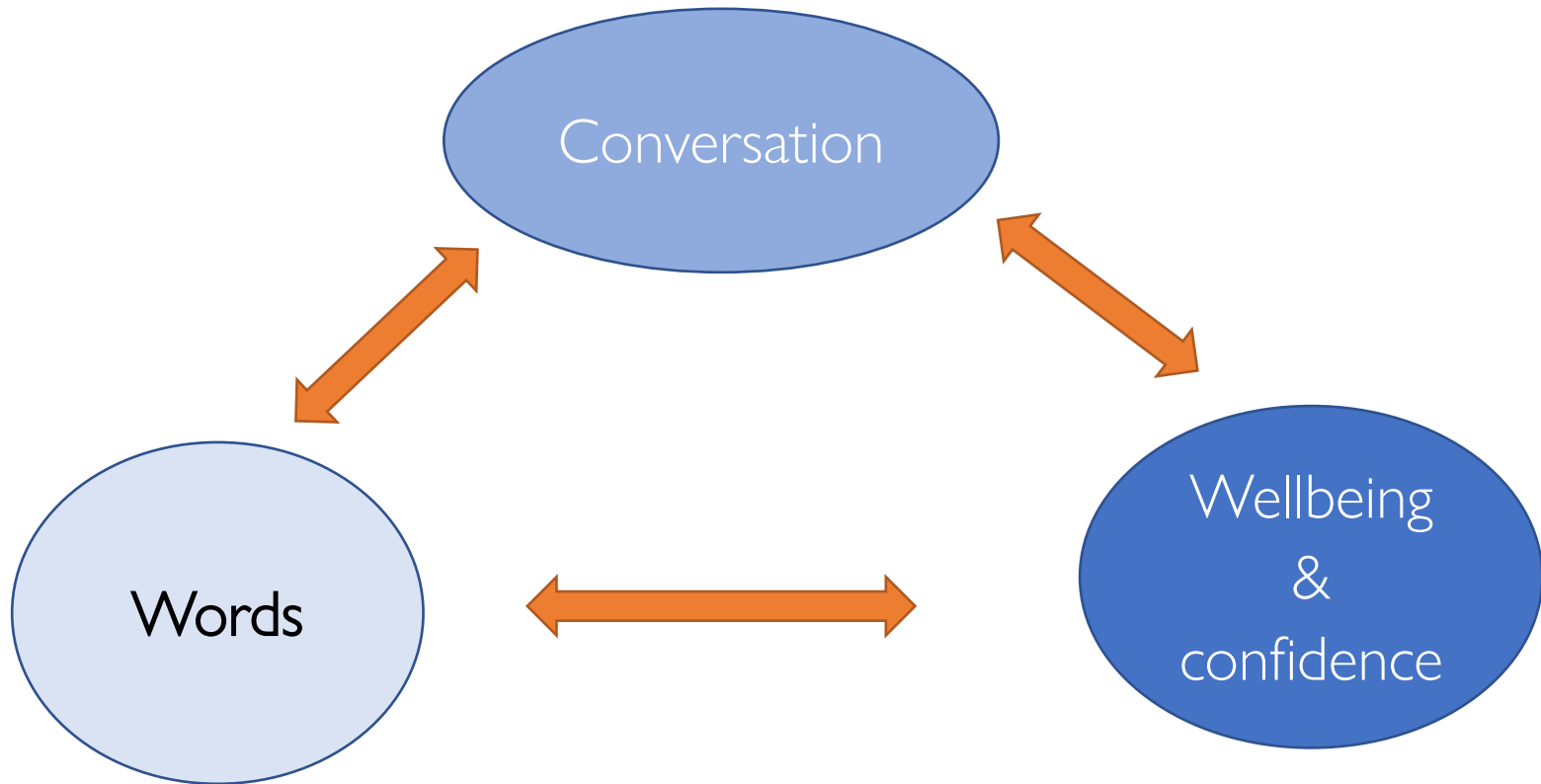
What was the research?

Co-designing a therapy that:

1. Addresses **communication**, **confidence**, and **wellbeing** for people with post-stroke aphasia
2. Involves **family members**
3. Is **feasible to deliver** in busy clinical settings



Aim of the therapy



Semantic Feature Analysis

Solution Focused Brief Therapy

Co-design: working together

October 2022 to January 2023

6 workshops – people with **aphasia** (n=5)

3 workshops – **family** members (n=3)

3 workshops – **Speech and Language Therapists** (n=4)

Meetings with experts in psychological therapy (n=2)

Analysed using Qualitative Content Analysis (Hseih & Shannon, 2005)

Therapy Manual

Main findings from the workshops & meetings

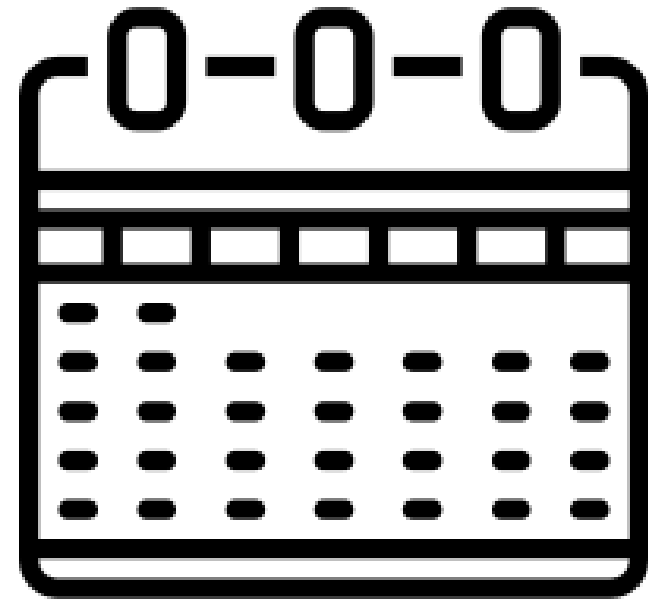


- 1. What's important in therapy?**
- 2. Managing endings**
- 3. Involving family**
- 4. Choosing personally meaningful targets for therapy**



5. Dosage & Delivery

- **Intensive** therapy positive for many
- Desirability of **longer-term** input
- **Challenging** for therapy services to deliver intensive therapy
- **Therapy assistants** – need **supervision** and **clear instruction**
- **Hybrid/ online delivery**
- **Technology/ Apps** – check what people like; support in therapy sessions
- **Family** – not therapy assistants, needs sensitivity
- **Students** – need to be supported and **supervised**, time to **build up relationship**. Give students **‘permission to be human’**



Trialling the therapy with students: February - April

4 students (first
placement)

5 consultants with
aphasia

9 weekly sessions

Intensive summer placement
with n=8 people with aphasia
x3/ week for 7 weeks





Solution
Focused Brief
Therapy

- **Hopes** for the future
- What's **going well**
- Listening to distress

Northcott S, Simpson A, Thomas S, Barnard RA, Burns K, Hirani SP, Hilari K., (2021) 'Now I am myself': exploring how people with post-stroke aphasia experienced Solution Focused Brief Therapy within the SOFIA Trial. *Qualitative health research*. doi:[10.1177/10497323211020290](https://doi.org/10.1177/10497323211020290)

Assumption 1:



The client is the expert in their own life

- It is for the client to know what would be a meaningful outcome from therapy
- Therapist takes a 'not knowing' stance on the best way forward, listens with curiosity

Assumption 2:

All clients have resources, talents, competencies, strengths and skills, even if they are not yet aware of them

- It is the therapist's role to ask questions and listen in such a way that the client and therapist begin to notice them.
- Therapists listen with a 'constructive ear' (Lipchik & de Shazer, 1986)



Assumption 3:



The client needs to feel heard and acknowledged

- The therapist needs to hear and validate the client's account.
- The therapist will listen to what's important to the client, which is likely to include acknowledging the stroke and its impact on their life.

How does SFBT look in clinical supervision?

Practice Educator leading 'from one step behind':

'The supervisor, similar to when working with clients, maintains a belief that the supervisee has competencies, skills & talents, and will often be able to unlock their own way forwards.' (Burns & Northcott, 2023)

How does co-design research look in a placement setting?

Content developed in a collaborative manner, with an assumed equality between the facilitators and experts by experience (people with aphasia, family members, SLTs and students) (Voorberg et al., 2015).

Student perspective - VIDEO

Some take-aways

- Noticing **client expertise** throughout
- Inviting clients to **notice their own progress** – within and between sessions
- Listening to what's important

Students

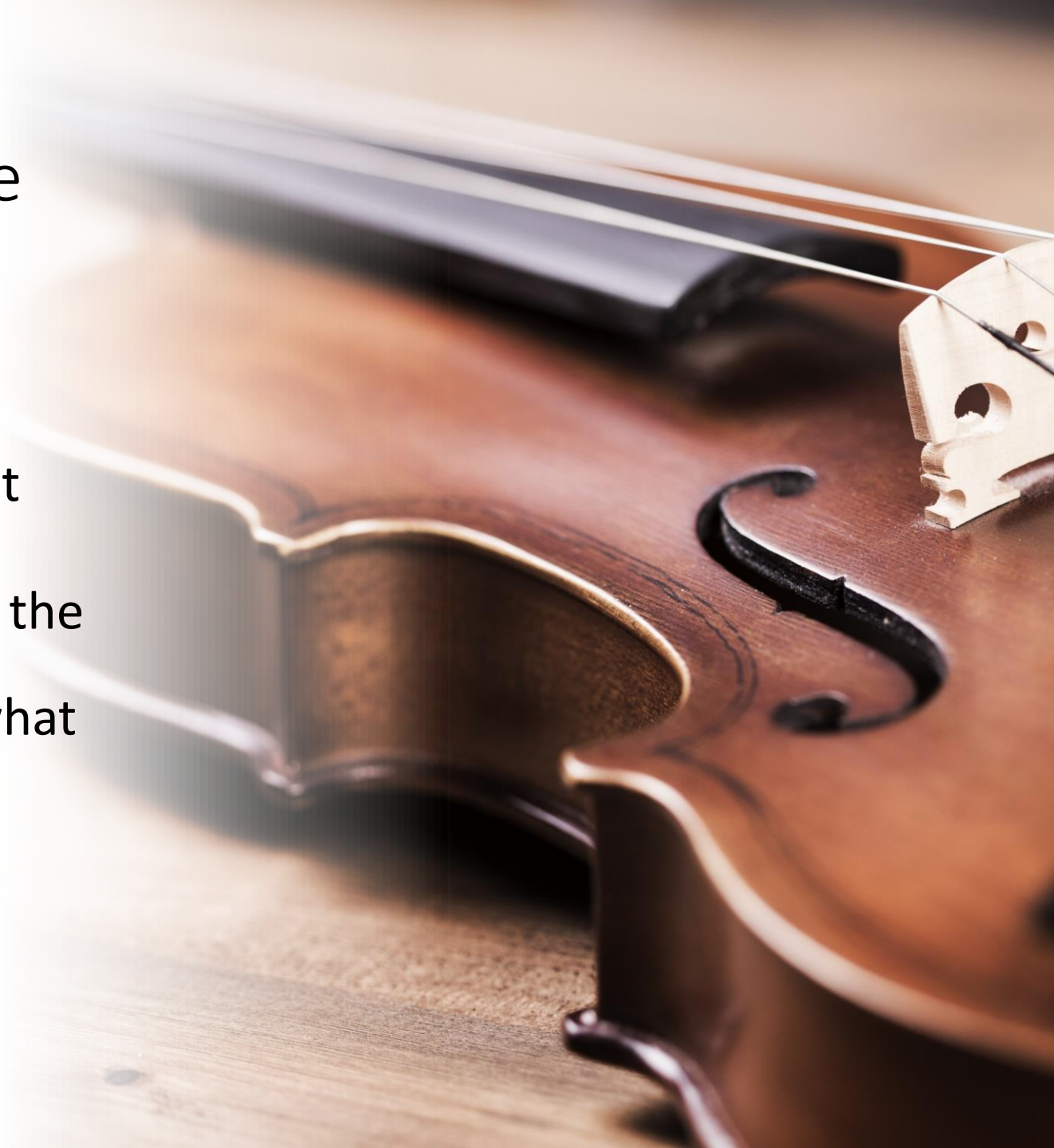


My favourite take-away

First session:

- Learning about each other
- Learning from the client about aphasia and what helps

*meeting the
person not the
diagnosis*



Conclusion: benefits to a partnership approach

- **Involving students** in co-design process **improved the research** & was a positive student experience
- It is **feasible** to integrate a language and a psychological therapy - & for students to deliver this
- ELA: a holistic language therapy, which helps the clinician/ student to **'see the person'**



With thanks to all the people who contributed to creating ELA: the members of the stakeholder workshops, Kidge Burns, Evan George, the clients with aphasia and their family members, co-investigators, City, University pump priming, **and the four students.**