Psychological care of people with aphasia and their families: The speech pathologist’s role in collaborative practice

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Stroke and aphasia

- Psychological wellbeing is essential to health (WHO, 1948)

- Emotional and psychological problems are common in stroke survivors and can negatively impact on function and rehabilitation outcomes including risk of mortality (Carota et al., 2002; Lincoln, N., & Kneebone, I., 2012)

- People with post stroke aphasia are more at risk of psychological ill health (Kauhanen et al., 2000)

- Stroke and aphasia guidelines recommend for psychological wellbeing to be addressed (Kagan et al., 2008; NSF, 2010)
Jack had a stroke

Jack, 63yrs (depression, hypertension)

Enjoyed movies and sport

Independent (including driving)

Friends

Regular physical exercise

Jill

Work
Post stroke impairments

• Moderate to severe receptive and expressive (fluent) aphasia
• Mild right upper limb weakness
• Headaches and fatigue
• ? Cognition – insight
• ? Depression prevention; distress (Jill)
Jack’s stroke rehabilitation journey

- Bed based services (acute and inpatient)
- ~18 weeks
- 12 days
- Community rehabilitation including:
  - Early Supported Discharge and Community Rehabilitation Program
- Outpatient clinics (neurology, rehab medicine clinic), GP
- Community health, exercise groups (outside of network)

Communication and language environment

Personal identity, attitudes and feelings

Participation in life situations

Language and related impairments

Severe difficulty with all communication

Could not understand health professionals;
They could not understand him;
Questions unanswered;
Disengaged with health professionals

Fearful, frustrated, angry;
“no one is listening to me”

SF 36 QOL:
Poor overall health … physical and emotional problems interfered ‘extremely’ with social activities ‘most of the time’

Loss of independence;
Angry at health services.

Fluctuating mood,
Emotional outbursts;
?depressed;
Struggling to cope

Group conversation overwhelming;
Declines friends visiting

Jill is stressed;

Severe difficulty with all communication

Stepped care model for psychological care after stroke (NHS – Improving Quality, 2011)

Level 3 – Severe and persistent disorders of mood / or cognition. Intervention by clinical psychology, neuropsychology or psychiatry.

Level 2 – Mild to moderate symptoms of impaired mood / cognition. Psychological care may be provided by non psychology stroke staff supervised by specialist psychologist or neuropsychologist.

Level 1 - Sub threshold psychological problems common to many or most people with stroke. Psychological support provided along side discipline specific therapy, by peers or multidisciplinary stroke staff.
Psychological care approaches used with Jack

• Personally meaningful engagement (Grohn et al., 2012)

• Educational counselling (NSF, 2014), Supportive counselling (active listening, positive regard, understanding); Family counselling (NSF, 2014)

• Development of a positive outlook by counselling (Grohn et al. 2012)

• Identity negotiation (Brumfitt, 1993)

• Sharing stroke story (Grohn et al.; 2012),

• Self management (Holland, 2007; Shadden et al., 2008), Relaxation (Kneebone, 2016)

• Maintenance of social resources; providing communication partner training to family and close others) (Grohn et al., 2012)

• Group therapy (Hilari et al.,2012); aphasia support groups (Lanyon et al., 2013)

• Problem solving counselling approach (NSF, 2014)
Collaborative intervention including psychological support

- Safe return to exercise;
- Independence;
- Volunteer drivers;
- To have my health questions answered; Not to have another stroke.

Exercise physiologist

Movies

Friends

Speech pathologist

Jill

Adjust, cope, psychological wellbeing

External psychologist

Speech pathologist

Social worker

Manage fatigue

Occupational therapist

Speech pathologist

Peers with aphasia

Speech pathologist

Effective communication

Medical, GP


La Trobe University
Outcomes (A-FROM, Kagan et al., 2000)

- Good conversations with Jill and friends
- Adjusted to aphasia, happy to be back into exercise routine, independence with activities
- SF 36 QOL:
  - Good overall health … physical and emotional problems interfered ‘somewhat’ with social activities ‘a little of the time’.
- Moderate aphasia, increased endurance for conversations, functional communication for daily needs, community activities
- Able to educate others, use strategies, problem solve in novel conversations, understands communicative abilities and limitations;
Conclusions and recommendations

• People with aphasia and their families suffer emotional and psychological difficulties after stroke.

• Speech pathologists work collaboratively to provide psychological care to people with aphasia and their families.

• Psychologists should be available to support the multidisciplinary team in providing appropriate psychological care, particularly for clients with mild to moderate emotional difficulties.

• Health care professionals need to know how to communicate with people with aphasia, to ensure access to their services.
Questions?

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References


References continued...


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