

Including People With Aphasia In Rehabilitation Research: Examples From A Home Exercise Program Project

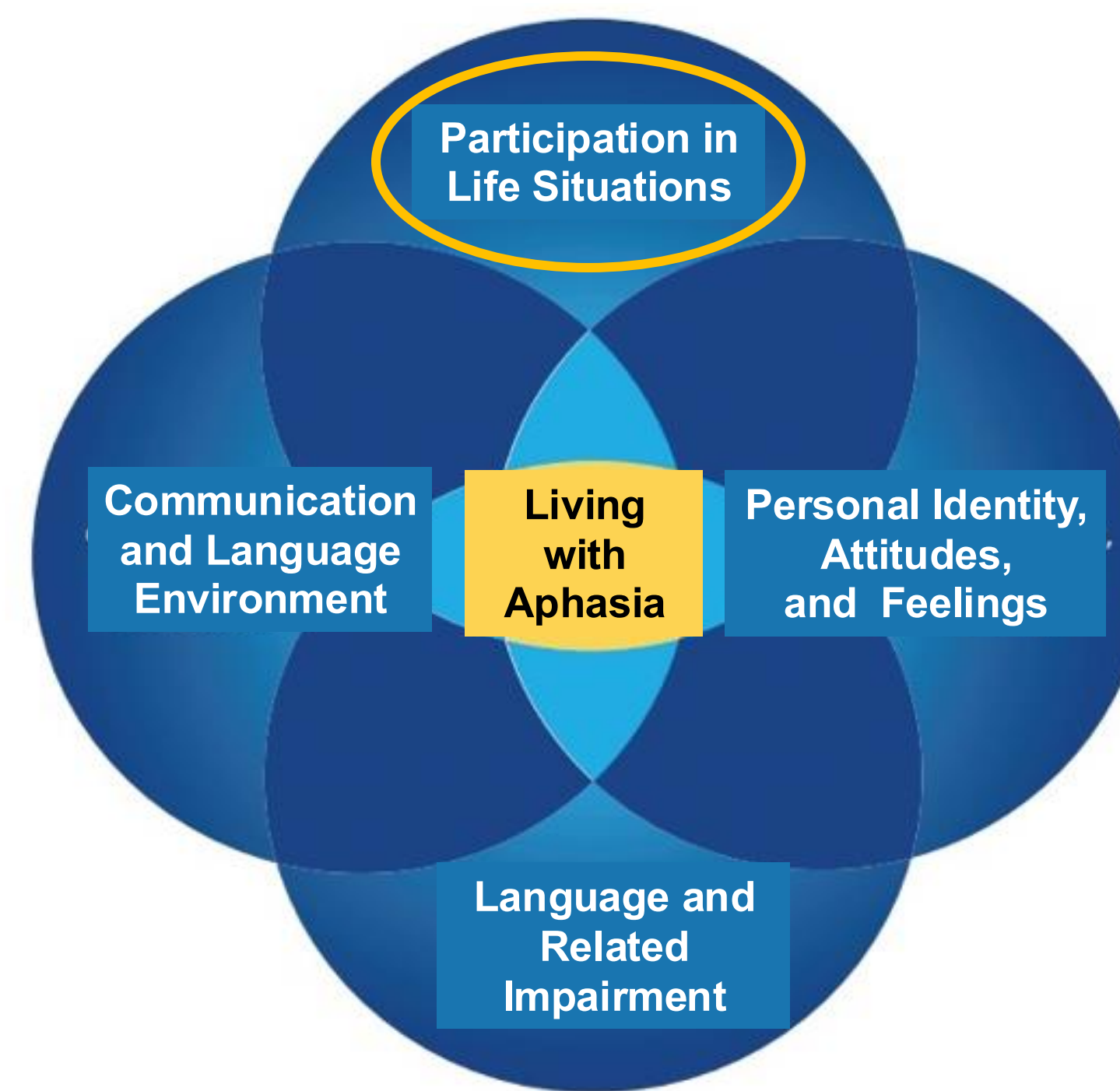
Briana M. Patterson, BA¹; Candace M. van der Stelt, MS¹; Sarah E. Wallace, PhD¹; Elena V. Donoso Brown, PhD²; Jacquelyn Stochel, MS
Samantha Kimbis¹; Sophia Coolsen¹; Rebecca Blemler³; Brooke Foundas²; Seth E. Tichenor, PhD²
¹University of Pittsburgh, ²Duquesne University, ³Encompass Health



INTRODUCTION

- The **Life Participation Approach in Aphasia** (LPAA; Chapey et al., 2000) focuses on the broader consequences of aphasia, rather than aphasia solely as an impairment. Living with Aphasia: Framework for Outcome Measure (A-FROM) highlights the importance of participation (Kagan et al., 2008; Figure 1).
- People with aphasia are frequently excluded** from rehabilitation research due to concerns about impaired understanding of intervention activities (Ali et al., 2014; Kersey et al., 2021; Wray et al., 2018).
- People with aphasia may experience unique challenges in rehabilitation**, highlighting the importance of including their experiences and perspectives.
- In a rehabilitation study aimed at understanding acquired brain injury survivors' adherence to and experiences with Home Exercise Programs (HEPs), we implemented strategies to **facilitate participation of people with aphasia**.

Figure 1: Living with Aphasia: Framework for Outcome Measurement
[Adapted from Kagan et al., 2008]



METHODS

Participants

- 77 participants total
- Enrolled during admission to a regional Encompass rehabilitation hospital
 - Participants with aphasia:
 - Quantitative study: 10
 - Qualitative study: 6

Procedures

- Quantitative:**
 - Weekly surveys via phone/email tracking HEP adherence
 - Surveys included scales described below
- Qualitative:**
 - 1:1 semi-structured interviews 6 months post-discharge
 - Interviews were transcribed and coded by trained research assistants

To improve inclusion of people with aphasia in our research study, we used three techniques:

Multiple Screening Methods

- Cognitive screening to ensure participants had adequate memory skills for reliable self-report
- Two measures were used:
 - Standard Tool:** Montreal Cognitive Assessment (MoCA; Nassredine et al., 2021)
 - Exclusion Criteria: < 21/30
 - Aphasia-Friendly Alternative:** Cognitive-Linguistic Quick Test+ (Helms-Estabrooks, 2018) Design Memory Subtest
 - Non-linguistic tool for screening memory
 - Exclusion Criteria: < 4/6

Adaptation of Materials

- Multiple scales were used as part of data collection:
 - The modified Exercise Adherence Rating Scale (EARS; Newman-Beinart et al., 2017). We recorded auditory information to provide augmented input
 - The modified Self-Efficacy for Exercise Scale included visuals, a rating scale, and anchors (Figure 2)

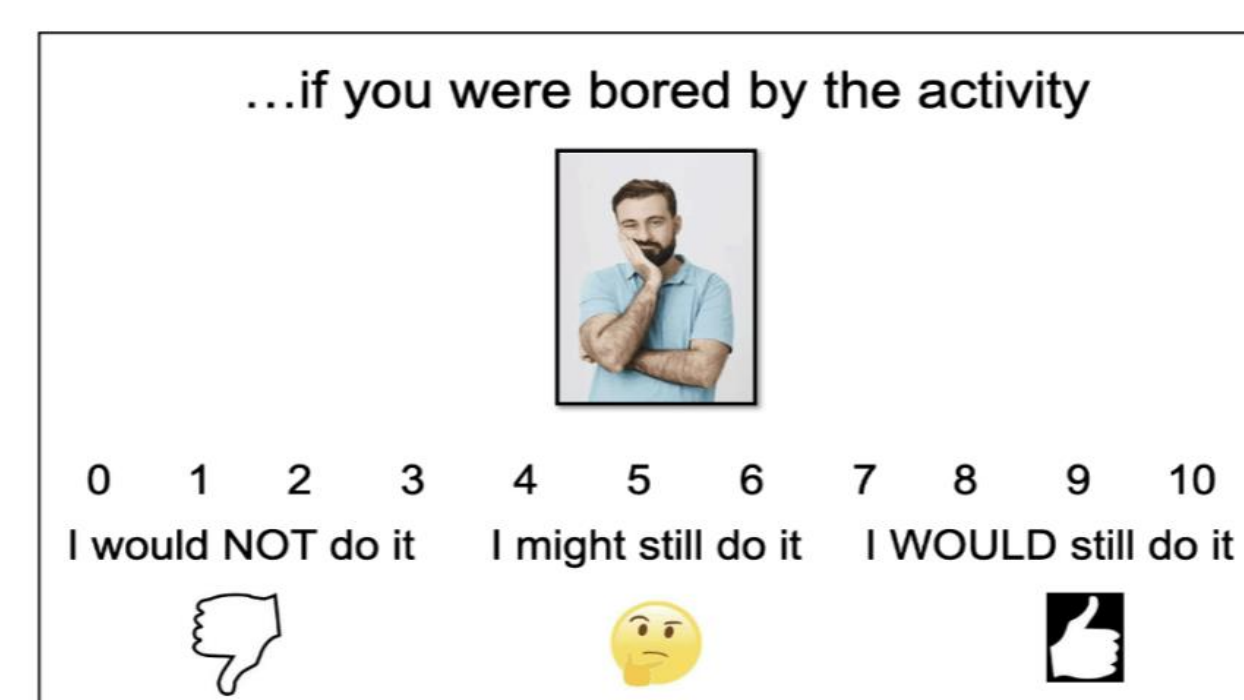


Figure 2: Example rating scale from the modified Self-Efficacy for Exercise Scale

Communication Strategies

- To ensure comprehension of study procedures and questions during the interview, researchers used aphasia-friendly communication strategies, including:
 - Response latency
 - Repetition
 - Simple language
 - Multiple choice
 - Recasting to confirm response
 - Acceptance of verbal and nonverbal communication
- Participants could complete interviews using phone or videoconferencing to facilitate communicative preference

OUTCOMES & DISCUSSION

- A team of multidisciplinary researchers successfully implemented aphasia-friendly modifications to a research protocol to determine the experiences and perspectives of people with aphasia within a sample of adults with ABI
 - Improving attention to inclusive methods increased participation for people with aphasia while maintaining efficacy of the original research aim**

Quantitative Analysis (Donoso Brown et al., 2025)

- 63% of adults strongly agreed to understanding the exercises/activities assigned to them
 - 81% of adults understood the rationale for the exercises assigned to them
- The mean modified EARS score was 15.73 ($SD = 4.35$) out 24 total points
 - Participants had relatively high levels of self-reported adherence
- Participants reported an average of 0.82 barriers ($SD = 1.08$, Range = 0–6) per week
- Self-efficacy for exercise & reported number of barriers were predictive of self-reported adherence

Qualitative Analysis

- Participant responses focused on key themes and subthemes of their HEP experiences including:

HEP Experiences and Attitudes

- Understanding, Feasibility, Value, Change, Recommendations

HEP Adherence

- Status, Influencers, Changes to Adherence

Interconnectedness with Rehabilitation

- Funding, Health, Attitudes toward Therapists

APPRAISAL

- While several strategies were used to promote research participation in people with aphasia, there were limitations in the methodology:
 - Select decisions in the methodology (e.g., virtual communication) may have created barriers to participation in people with aphasia
 - Sample is not equipped for a balanced comparison of people with aphasia versus adults with ABI

FUTURE DIRECTIONS

- Determine effectiveness of inclusive research strategies on research participation in people with aphasia
 - Assess outcomes such as reported experience/satisfaction, sample size, and attrition
- Systematic review of inclusive research strategies which promote participation of adults with aphasia

ACKNOWLEDGEMENTS

We would like to thank the therapy team at Encompass Health Rehabilitation Hospital, the Encompass Grant funding, and the participants for their contributions for making this study possible. We are grateful to June Bracken for her assistance with qualitative interview transcription.

REFERENCES

- Ali M., Bath P. M., Lyden P. D., Bernhardt J., Brady M., & VISTA Collaboration. (2014). Representation of people with aphasia in randomized controlled trials of acute stroke interventions. *International Journal of Stroke*, 9(2), 174–182. <https://doi.org/10.1111/ijis.12043>
- Donoso Brown, E.V., Wallace, S.E., Tichenor, S.E., Blemler, R., & Foundas, B.* (2025) Determining predictors of self-reported adherence to rehabilitation home programs for persons with acquired brain injury: A prospective observational study. *Neurorehabilitation*. Advance online publication. <https://doi.org/10.1177/10538135241296736>
- Helms-Estabrooks, N. (2018). Cognitive Linguistic Quick Test. In: Kreutzer, J.S., DeLuca, J., Caplan, B. (eds) Encyclopedia of Clinical Neuropsychology. Springer, Cham. https://doi.org/10.1007/978-3-319-57111-9_9082
- Kagan, A., Simmons-Mackie, N., Rowland, A., Huijbregts, M., Shumway, E., McEwen, S., ... & Sharp, S. (2008). Counting what counts: A framework for capturing real-life outcomes of aphasia intervention. *Aphasiology*, 22(3), 258-280.
- Kersey, J., Evans, W. S., Mullen, K., Askren, A., Cavanaugh, R., Wallace, S. E., ... & Skidmore, E. (2021). Metacognitive strategy training is feasible for people with aphasia. *OTJR: occupation, participation and health*, 41(4), 309-318.
- Nasreddine, Z. S., Phillips, N. A., Bédirian, V., Charbonneau, S., Whitehead, V., Collin, I., ... & Chertkow, H. (2005). The Montreal Cognitive Assessment, MoCA: a brief screening tool for mild cognitive impairment. *Journal of the American Geriatrics Society*, 53(4), 695-699.
- Wray F., Clarke D., Forster A. (2018). Post-stroke self-management interventions: A systematic review of effectiveness and investigation of the inclusion of stroke survivors with aphasia. *Disability and Rehabilitation*, 40(11), 1237–1251. <https://doi.org/10.1080/09638288.2017.1294206>