

Communication Partner Training Works, so Why are Clinicians in the US not Training Potential Partners?

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Common CPT programs and targeted partners

- Supported Communication for Aphasia (SCA; Kagan, 1998)
 - family members, health care professionals, community members
 - Acknowledging competence: adopting a natural conversation style, taking on the communicative burden as appropriate, providing encouragement when appropriate
 - Demonstrating competence: using multi-modalities to 1) ensure the PWA is able to understand, 2) ensure the PWA is able to respond, and 3) verify the PWA's intended message
- FRAME (Burns et al., 2017)
 - health care providers
 - Familiarize yourself with how the PWA communicates, Reduce rate of speech, Assist with communication (ex. offering choices), Mix communication methods (ex. multi-modalities), Engage the PWA first (respect autonomy and independence)
- Better conversations with aphasia (Beeke et al., 2014)
 - couples and other dyads
 - Training in turn taking, conversational sequences and repair (ex. the PWA produces more complete turns; the partner produces responses that promote interaction/avoids quizzing); selection and implementation of effective conversational strategies; reflection

Common instructional modalities and techniques (Simmons-Mackie et al., 2016)

- In-person or online
- Lecture, coaching, video-taping, self-reflection
- Role play, integrating PWA into training, integrating partners into events for PWA

Common settings for CPT

- Outpatient, inpatient rehab, acute care
- Continuing education
- Community outreach (ex. transportation drivers)

Potential Barriers to CPT

Survey data and themes regarding CPT implementation (Haley & Hardy, 2025)

- Observation: in UNC goal bank, less than 3% of submitted goals target CPT

- Survey participants: 156 SLPs, 138 graduate students

Response	SLP (%)	GS%	Themes	Codes
a. I train significant others as communication partners <u>routinely</u> and I write goals about this training	26.9	16.7	1. SLPs do offer CPT.	1A. Planned CPT 1B. Incidental CPT
b. I train significant others as communication partners <u>occasionally</u> and I write goals about this training	23.1	22.5	2. Provided treatment differs from documented goals.	2A. Counseling and education are essential extras. 2B. Impairment goals take precedence in documentation. 2C. Vague goals allow treatment flexibility.
c. I train significant others as communication partners, but I <u>do not</u> write goals about this training	46.8	31.1	3. CPT takes many forms.	3A. Modeling 3B. Guided practice 3C. Teach and recall 3D. Handouts 3E. Personal communication experience 3F. Video augmentation 3G. Communication analysis 3H. Published programs 3I. Carryover practice in home programs
d. I do not train significant others as communication partners	3.2	29.7	4. There are implementation challenges.	4A. The problem of reimbursement quagms 4B. The problem of family absence 4C. The problem of family resistance 4D. The problem of conflicting measurement priorities 4E. The problem of insufficient time 4F. The problem of modest outcomes
			5. Education and resources are needed.	5A. Interest in expanding the focus of goal writing 5B. Interest in training and materials 5C. Interest in synchronizing goal writing 5D. Interest in concrete examples

Sample reimbursable goals for CPT

- During a 2-minute interaction, the patient's spouse will use at least 3 strategies (e.g., gesture, multiple-choice options, key words) with minimal verbal cues from the clinician (< 3) in order to facilitate the patient's ability to understand and respond in conversation.
- Per caregiver report, the patient will independently present her aphasia card that lists effective communication supports (e.g., speak slowly, write important words) to a healthcare provider (e.g., neurologist, dentist, physical therapy) in 3 of 4 opportunities in order to increase the patient's ability to participate in healthcare visits.

Other ideas/methods across settings and conversation partners

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