

Is This in Our Scope?: The SLP's Role in Supporting Couples Impacted by Aphasia

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Abstract: Targeting friendships within speech therapy has been long accepted as being within our scope of practice. However, the role that the SLP has in supporting romantic relationships has been minimally defined. Being that communication is critical for relationship success, the SLP may play an important role in supporting couples impacted by aphasia. As a result of the roundtable, participants will be able to: 1. discuss and define the SLP's role in supporting couples impacted by aphasia; 2. describe communication strategies, supports, and resources that help to support couples impacted by aphasia; 3. apply their understanding of the needs of couples impacted by aphasia, to their clinical practice.

Discussion Question 1:

Have you ever addressed the topic of romantic relationships with a client with aphasia or a care partner? (10 minutes)

In 2008, the Living with Aphasia: Framework for Outcome Measurement (A-FROM) model for assessing aphasia's impact on a person's quality of and engagement in life was established (Kagan et al., 2008). Designed off of the International Classification of Functioning, Disability, and Health (ICF), this model serves as a nonprescriptive guide for clinicians to be able to employ holistic treatment of their clients with aphasia. Within this model is the subarea of "participating in life situations". This subarea includes the concepts of relationships, communication and conversation, and roles and responsibilities (Kagan et al., 2008). This section supports the concept of person-centered, or relationship-centered care, as outlined by the Life Participation Approach to Aphasia (LPAA) model by Chapey & colleagues (2000). This model encourages the reengagement in life's activities following aphasia through functional rehabilitative treatment and community participation. Both the A-FROM and the LPAA models emphasize the importance of relationships in quality of life and rehabilitative success post-aphasia onset.

Discussion Question 2:

What barriers, concerns, or challenges do you feel would prevent you from addressing the topic of romantic relationships in your practice? (10 minutes)

The topic of relationship and intimacy intervention is not often addressed by healthcare providers due to feeling uncomfortable with the topic or feeling that this is a specialized topic that requires additional training (Dyer & das Nair, 2013). Unfortunately, the responsibility of addressing relationship issues often falls on the patient (Marvel et al., 1999; Detmar et al., 2000; Dyer & das Nair, 2013). The speaking, reading, and writing/typing impairments of aphasia present an additional barrier to accessing health information and resources that they may need to address relationship issues in their life (Rose et al., 2011).

Discussion Question 3:

What do you feel is within the SLP's scope of practice when it comes to addressing romantic relationships? What is outside our scope? (10 minutes)

It has been found that by providing communication training to the non-aphasic spouse, an improvement in communication can help to provide carryover in other areas of the relationship and its satisfaction as well. As stated by Sorin-Peters, focusing on the importance of communication can have an impact on "the expression of emotions and the maintenance and development of marital relations" (2004, p. 973). Additionally, Husak and colleagues identified opportunities for SLPs to provide communication strategies when couples are navigating joint-decision making, a common practice amongst married couples (2024). It has also been proposed that SLPs may be able to support relationship intimacy between partners due to the heavy dependence of intimacy on communication (Stead & White, 2019).

According to the American Speech Language Hearing Association, "the overall objective of speech-language pathology services is to optimize individuals' abilities to communicate and to swallow, thereby improving quality of life" (2016). Additionally, SLPs have a responsibility to provide education and counseling to their clients and care partners including "addressing negative emotions and thoughts related to communication", "provide support and/or peer-to-peer groups for individuals with disorders and their families", and "refer individuals with disorders to other professionals when counseling needs fall outside of those related to communication" (ASHA, 2016).

Case Examples & Closing Thoughts (10 minutes):

Case Example 1:

DB, 55-64 y/o husband & care partner of wife with aphasia, 7 years post-stroke

"They're (SLPs) a **primary source of therapeutic contact** and for them to at least be able to say, hey, just so you know...I'm open to speaking with you both about challenges and opportunities that you may be facing in the relationship. And **if I walk through that door that she just opened** and say, hey, yeah, we're having a problem with this or whatever...probably the professional thing would be to say, I'm I'm happy to talk with you about it, but I'm not trained to provide counseling in that area, but I **have these people to refer you to.**"

Case Example 2:

TC, 55-64 y/o wife & care partner of husband with aphasia, 7 years post-stroke

"You're still going to have issues. I mean, you're still going to have breakdowns. A normal couple has those communication issues and breakdowns. But for us it's a hundred fold, or a thousand fold. But I think if we had the **education in the beginning**, it would have been easier for us as care partners to step back and say, ok, this is how we're gonna work this out. It would have just **better prepared us.**"

Case Example 3:

CO, 55-64 y/o wife & care partner of husband with aphasia, 8 years post-stroke

"I found it useful when I went to the speech pathology, when MO was having speech therapy and I was there too, so that we could...talk about some of the- because some of **those things came up like our challenges in communication with each other**...helping the person kind of specifically with some of the contexts that are likely to come up in a relationship like, **giving them some tools** for when they are **in an argument**, or giving them some tools for ways to **say that they are frustrated** because they **can't take on more responsibility**...if...what was happening in speech pathology **wasn't sort of removed from things**...like skills in ordering something in a restaurant or something, but some of the **skills that could be applied to what happens in relationships**, I yeah, I think that would be helpful."

Case Example 4:

LL, 55-64 y/o wife & care partner of husband with aphasia, 11 years post-stroke

“It’s like trying to find that romance, you have to look for it. You know, a hug goes a long way. We had a fight about it last week. I’m having a bad week. You could hug me...And he’s a good guy and he’s very empathetic and but sometimes that **thought process just is not there**. That, wow she really needs a hug. Or she needs to be told ‘I love you’. And you know, we’ve been together over 40 years. So those things, even at 40 years with no stroke, sometimes get shoved to the side...**The ‘I love you’ goes a long way**. And getting that is a big deal. The **speech therapist can help direct** some of that. It makes a difference.”

Case Example 5:

EB, 55-64 y/o wife & care partner of husband with aphasia, 24 years post-stroke

“I don’t think any professional could have offered me better assistance or advice than our **support group**, because with our support group, it’s peers, it’s **people who are going through it**, it’s people who are dealing with it...it’s to support...the support, that’s like **the basis of everything post-stroke and post- aphasia**. You have to have a support group.”

One final perspective...

“If an accountant has left-sided inattention following a traumatic brain injury, we use accounting ledgers to practice her visual scanning. When I work with a baker with aphasia, we practice calling their supplier to order new cupcake tins. I’m not doing baking therapy or accounting therapy—I’m providing treatment that directly addresses the client’s functional needs” (Wolford, 2021).

Addressing communication between two spouses isn’t marriage therapy. It’s relationship-centered speech therapy and it directly follows LPAA values of providing functional, relevant care to people with aphasia and their care partners.

Thank you for attending!

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