



Show Notes - Episode #34

Addressing the mental health consequences of aphasia in a LPAA framework with Ian Kneebone

Jerry Hoepner, a faculty member at the University of Wisconsin – Eau Claire, speaks with Ian Kneebone about our roles in addressing mental health concerns among individuals with aphasia.

Ian Kneebone is head of discipline within the discipline of Clinical Psychology in the Graduate School of Health at the University of Technology – Sydney. Professor Kneebone has made many contributions to clinical psychology and care of older people, specifically with those who experience depression and anxiety after stroke and other neurogenic diseases, including aphasia. In recent years, part of his work has included collaborations with several speech-language pathology researchers in addressing psychosocial consequences and interventions for persons with aphasia. This includes a randomized control trial of the ASK (Action Success Knowledge) psychosocial intervention program for aphasia. As we are increasingly aware, interprofessional collaboration in our clinical and research endeavors is crucial as we learn how to better serve mental health needs among persons with aphasia. Ian draws upon a wealth of clinical and research experiences in such collaborations. This provides a great opportunity to better understand our roles, role boundaries, and overlap with disciplines such as clinical psychology.

In today's episode you will:

- Learn about common mental health concerns among individuals with aphasia.
- Learn about the role of speech-language pathologists and other professionals in the stepped model of care.
- Learn about Ian Kneebone's past and current collaborations with researchers examining mental health and aphasia (e.g., Aphasia Center for Research Excellence, the ASK project).
- Learn how increasing participation in personally relevant and meaningful activities can have positive effects on mood.

*Note, due to occasional connectivity issues in this overseas conversation, there were a few sound problems. We addressed some of the more major sound artifacts by having Ian record a new voice over. We hope this does not disrupt the flow too much but helps to retain key information in the conversation. Thank you for your understanding.



Show Highlights:

- Because people with aphasia experience mood disorders like depression and anxiety, access to basic counseling care is often necessary.
- Professional counseling supports may be necessary but that does not eliminate the need across other providers in the rehabilitation contexts.
- That is the idea behind the stepped model of care, where practitioners such as speech-language pathologists provide the first line of prevention and then identify the need for more counseling.
- When counseling training is provided, practitioners (e.g., SLPs) feel confident to provide basic counseling supports and make referrals.
- The extent of our role in counseling is less about our job title and more about the level of training and competence that one has to deliver the necessary supports.
- If you can improve a person with aphasia's communication, that is going to improve their mood.
- Peer support through groups may be a way to address mood issues such as depression and anxiety.
- Make the connection between mood and life participation. Re-engaging in life seems to have an impact on many factors. Behavioral activation is one way to get people to recognize the value of re-engaging in such activities.
- Working one's way back into meaningful activity given scaffolding is a part of our role in counseling and increasing motivation.
- Some mood screeners and observational scales to consider: the Stroke Aphasia Depression Questionnaire; Dynamic Visual Analog Mood Scales, Depression Intensity Scale Circles and the Behavioral Outcomes of Anxiety scale.

Key Points:

- We all have a role in addressing mood and mental health concerns among individuals with aphasia.
- Qualifications to counsel individuals with aphasia who have mental health concerns is less about one's discipline and more about training and competence to deliver support.
- Speech-language pathologists and related professionals can be trained to deliver specific counseling interventions (e.g., cognitive behavioral therapy, solutions focused therapy, motivational interviewing).
- The stepped model of care allows a team of professionals supporting individuals with aphasia to address mental health needs at a level commensurate with their training and refer to professional counselors as needs dictate.

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