Title: How acceptable is Solution Focused Brief Therapy to people with severe aphasia?

Authors: Sarah Northcott¹, Shirley Thomas², Alan Simpson³, Kidge Burns⁴, Shashidan P Hirani⁵, Becky Moss¹, Katerina Hilari¹

¹ Centre for Language and Communication Sciences, School of Health Sciences, City University London
2 Division of Rehabilitation and Ageing, School of Medicine, University of Nottingham
3 Centre for Mental Health Research, School of Health Sciences, City University London
4 Independent Speech and Language Therapist
5 Centre for Health Services Research, School of Health Sciences, City University London

Funding: The Stroke Association Jack and Averil (Mansfield) Bradley Fellowship Award for Stroke Research

Abstract type: completed study
Study type: other study design
Word limit: 250 words

Introduction
People with severe post-stroke aphasia are at risk of becoming depressed yet are excluded from most research exploring psychological therapies. This project aimed to explore the acceptability of Solution Focused Brief Therapy (SFBT), a strengths-based psychological intervention, for people with severe expressive and receptive aphasia; and to describe how the therapy was adapted to make it accessible.

Method
Participants: people with severe post-stroke aphasia, assessed on Frenchay Aphasia Screening Test. Intervention: six SFBT sessions. Participants also took part in in-depth interviews conducted by an independent researcher, analysed using Framework Analysis.

Results
Four participants were recruited; 2 men, 2 women; 3-11 years post stroke. Main themes from the in-depth interviews were that participants found the therapy highly acceptable (‘yes, 10, yes, yes!’ ‘up, up, up!’). They valued having ‘time for me’. They also reported various changes that they had made since starting the therapy, e.g. going out more, starting a voluntary job. A common theme was an increase in self-pride.

Adaptations to the therapy approach included: use of all communication modalities; making the approach as ‘visual’ as possible (e.g. pictures, photos on the participant’s smart phone, co-drawing
scales); no time pressure; simplified question forms; and judiciously focusing on aspects of the approach which required less linguistic-cognitive load (e.g. less time spent on detailed visualisation of hypothetical futures, more time spent on celebrating recent successes).

Conclusion

SFBT typically has a high linguistic load, yet this project has demonstrated that the approach can be adapted for people with severe aphasia.