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Citation: Kladouchou, V., Papathanasiou, I., Efstratiadou, E. A., Christaki, V. & Hilari, K. (2017). Treatment integrity of elaborated semantic feature analysis aphasia therapy delivered in individual and group settings. *International Journal of Language and Communication Disorders*, 52(6), pp. 733-749. doi: 10.1111/1460-6984.12311

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Link to published version: <https://doi.org/10.1111/1460-6984.12311>

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Supplemental Material 3. SLT participants' views on ESFA therapy

Survey

Date: _____

Name of respondent: _____

This survey aimed to investigate the views of Speech and Language Therapists (SLTs) who provided Elaborated Semantic Feature Analysis (ESFA) therapy to people with aphasia, during the Thales project, regarding different aspects of the therapy that are related to the treatment integrity (TI) concept. These views will constitute complementary to the objective data obtained through the analysis of therapy videos, and will facilitate the interpretation of findings regarding therapists' adherence to the treatment protocol and in turn the accuracy of therapy delivered.

Specifically, the present survey aims to capture therapists' thoughts in terms of a. facilitation strategies used during the therapy block to optimise the degree of treatment integrity, b. ESFA manual adequacy and usefulness for an accurate and standardised therapy implementation and c. complexity of the ESFA therapy. To achieve this, apart from close-ended questions, open-ended questions are used to allow respondents to describe their opinion on these topics.

The following table provides definitions of key words used in this survey for a common understating of terms by all respondents.

| Aspect | Definition |
|---|---|
| Treatment Integrity (including “therapists’ adherence to the treatment protocol”) | The extent to which essential components of a treatment are implemented in clinical testing as intended by treatment protocols (Dusenbury, Brannigan, Falco, & Hansen, 2003). The term refers also to the strategies that are employed to check and strengthen the consistency and precision of a therapy in order to make certain (a) that it is implemented as planned, but also (b) that over time the participants of a study receive each treatment component in a similar way (Bellg et al., 2004). |
| Facilitation strategies | The strategies that are used to optimize and standardize treatment integrity, <i>i.e.</i> , to ensure that everyone is receiving the same training and support, with the aim that the delivery of the intervention is as uniform as possible. Such strategies include the provision of manuals, guidelines, training, and monitoring and feedback for those delivering the intervention (Carroll et al., 2007) |
| Complex Intervention | <p>Complex interventions are usually described as interventions that contain several interacting or interconnecting components, but they have several complexity dimensions that evaluators should take into account, such as:</p> <ul style="list-style-type: none"> • Number and difficulty of behaviours required by those delivering or receiving the intervention • Number of groups or organizational levels targeted by the intervention • Number and variability of outcomes • Degree of flexibility or tailoring of the intervention permitted <p style="text-align: right;">Craig et al. (2008)</p> |

Questions

A. Facilitation Strategies

1. What facilitation strategies were used to support the accurate implementation of the therapy programme? Tick all that apply:

- ☐ Training
- ☐ Manual
- ☐ Ongoing supervision and support by developer(s)
- ☐ Peer support
- ☐ Other (please specify)

2. For each of the strategies you chose above, please rate their quality on a scale 1-5:

| | | 1 | 2 | 3 | 4 | 5 | |
|---|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| Training | Very poor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excellent |
| Manual | Very poor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excellent |
| Ongoing supervision and support by developer(s) | Very poor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excellent |
| Peer support | Very poor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excellent |
| Other (please specify) | Very poor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excellent |

B. ESFA Manual

3. a. In your opinion, does the manual describe all the essential components of the therapy process?

☐ Yes

☐ No

b. If not, which therapy aspects do you think were not covered in the manual?

4. a. Are there any therapy components included in the manual that you think the therapist should have flexibility on how to implement, rather than follow the manual?

☐ Yes

☐ No

b. If yes, which are they?

5. How would you rate the manual's properties on a scale 1-5?

Ease of use **1 2 3 4 5**
Very poor ☐☐☐☐☐ Excellent

Clarity Very poor ☐☐☐☐☐ Excellent

Comprehensiveness Very poor ☐☐☐☐☐ Excellent

6. How would you rate your adherence to the ESFA manual?

☐ Very low

☐ Low

☐ Moderate

☐ High

☐ Very high

C. Intervention Complexity

7. Taking into account the definition of complex interventions provided above, how would you rate the complexity of the ESFA therapy?

☐ Low (none of the complexity dimensions are applicable)

☐ Moderate (some of the complexity dimensions are applicable) Which ones?

☐ High (all of the complexity dimensions are applicable)

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