



# Clinician Perspectives on Delivering Multimodal Communication Treatment plus Discourse and Group via Telepractice (teleMCT+DG)

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## Introduction

### Key Partners in Aphasia Research

- Participants with aphasia (PWA), family members/care partners of those with aphasia (Brice & Hinckley, 2022), and service providers (**speech-language pathologists**) perspectives should be examined (Berg et al., 2019)
- DATA determines if treatment meets client goals, is personalized, and is accessible to clients, as well as feasible and efficient for clinicians.

### Qualitative Approach

- Examine perspectives through qualitative inquiry (Cherney et al., 2011; Off et al., 2022)
- Subjective components that might impact therapy: access to therapy materials, feasibility of telepractice, access to supervisors, scheduling, and the ability to maintain evidence-based practice (Anemaat et al., 2024)

### TeleMCT+DG

- Provides PWA functional strategies to help resolve communication breakdowns (Purdy & VanDyke, 2011)
- Compensatory approach by training verbal and non-verbal modalities (e.g., speaking, gesturing, writing, drawing, communication book) (Purdy et al., 2015; Rebstock et al., 2020)
- Modified to add discourse-level tasks and group therapy (Park et al., 2023, 2025) and telepractice delivery (Park et al., 2025)
- Positive outcomes (increased non-verbal modality use) (Park et al., 2025)
- Participant and caregiver perceptions are positive (Ward et al., 2025)

## PURPOSE: Gather clinician perspectives on delivering teleMCT+DG

**RQ1:** How do clinicians describe their experiences with the teleMCT+DG treatment protocol?

**RQ2:** How did clinicians perceive the use of telepractice for delivering MCT+DG?

## Methods

Table 1 Clinician Demographics

Clinician	C1	C2	C3	C4	C5	C6	C7	C8	C9
Sex, Age (years)	F, 20	F, 22	F, 23	F, 23	F, 46	F, 23	F, 23	F, 23	F, 24
Education Level	UG	G1	G2	G2	SLP	G2	G2	G2	G2
Telepractice Experience	No	Yes	No	No	Yes	No	No	No	No
Aphasia Therapy Experience	No	Yes	No	Yes	Yes	No	No	Yes	No

Note: UG=Undergraduate student, G1=1<sup>st</sup> year Graduate student, G2=2<sup>nd</sup> year Graduate student, SLP=Certified speech-language pathologist

### Materials and Procedures

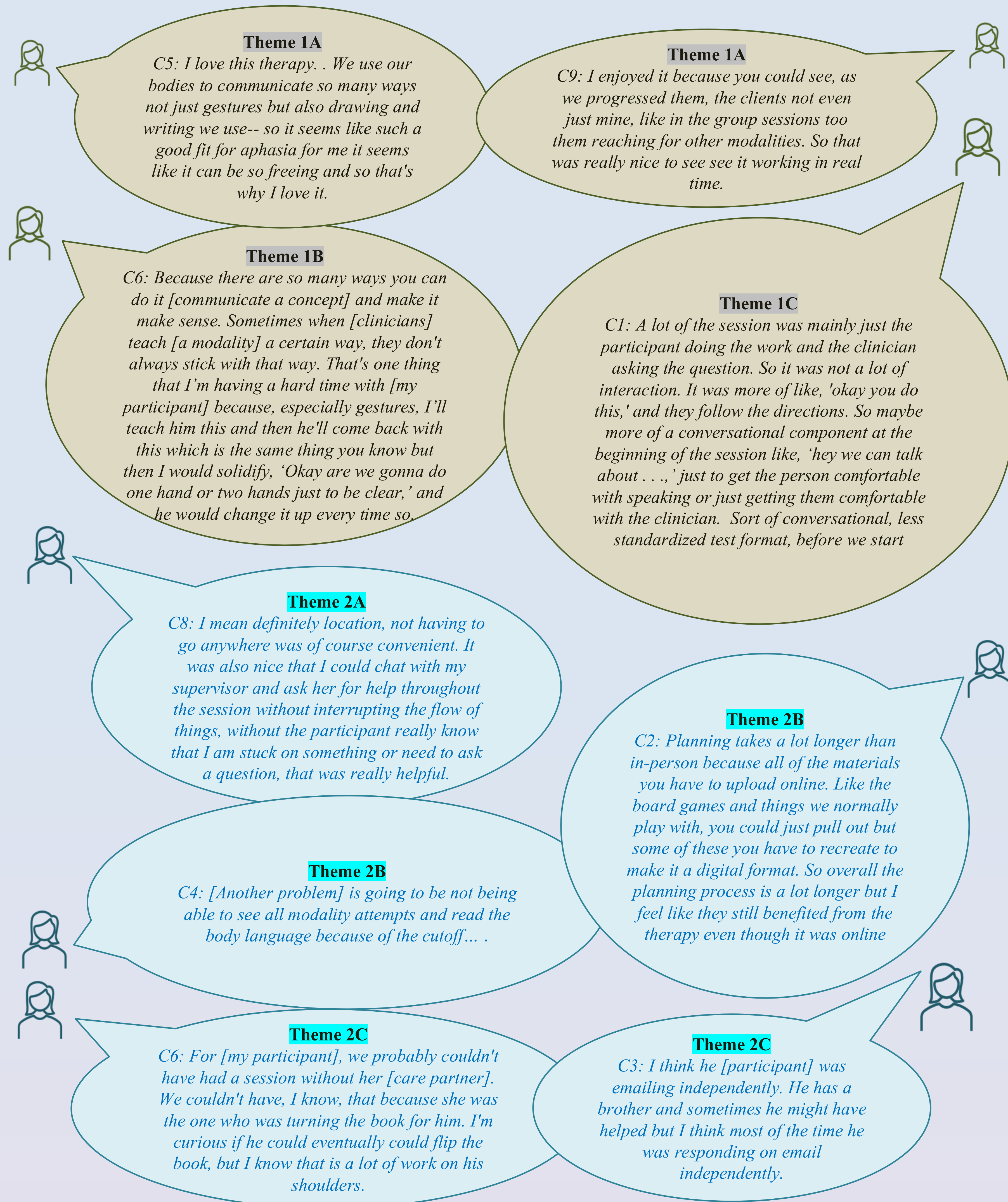
- Zoom©
- Individual interviews conducted by researchers
  - Duration: 30-45 minutes
  - Video-recording manually transcribed for analysis
  - 42 interview questions
  - Likert-scale (1-5) and open-ended questions

### Analysis

- Descriptive qualitative analysis (Graneheim & Lundman, 2003)
- Code initial 2 interviews to determine key concepts (3 raters, blinded)
- 3 raters agree on concepts for codebook
- Expanded with subsequent interview
- Descriptive themes emerged based on the final codebook and rater agreements

## Results: Clinician Quotes

Research Questions	Themes
RQ1. How do clinicians describe their experiences with the teleMCT+DG protocol?	1A. TeleMCT+DG is easy and enjoyable 1B. Challenges of teleMCT+DG protocols and coding 1C. Recommendations for teleMCT+DG: Training and therapy protocol
RQ2. How did clinicians perceive the use of telepractice for delivering MCT+DG?	2A. TeleMCT+DG is accessible, and technology is beneficial 2B. Limitations of telepractice and challenges of technology 2C. Carepartner assistance with technology was necessary for some participants but not others



## Results: Ratings

Table 2. Clinician Ratings (1=most negative and 5=most positive)

How easy was it to follow protocols for _____?	C1	C2	C3	C4	C5	C6	C7	C8	C9	Mean ± SD
RCT	5	4	4	5	4	5	5	5	5	4.67 ± 0.50
MPP	3	3	4	5	3	3	4	4	3	3.56 ± 0.73
Discourse	3	3	4	4	3	2	4.5	4	5	3.61 ± 0.93
Trivia (Group)	N/A	5	5	5	5	5	N/A	N/A	5	5.00 ± 0
Story Telling (Group)	N/A	5	5	5	5	4	N/A	N/A	5	4.83 ± 0.41
How easy was it to code for the _____ task?	C1	C2	C3	C4	C5	C6	C7	C8	C9	Mean ± SD
RCT	5	4	4	4	4	3	5	5	5	4.33 ± 0.71
MPP	4	5	3	5	1	3	5	3.5	4	3.72 ± 1.30
Discourse	4	5	4	5	1	2	5	5	5	4.00 ± 1.50
How much did you enjoy conducting this therapy?	C1	C2	C3	C4	C5	C6	C7	C8	C9	Mean ± SD
Enjoyment	5	4	4	5	5	5	5	4	5	4.67 ± 0.50
How comfortable were you with telepractice?	C1	C2	C3	C4	C5	C6	C7	C8	C9	Mean ± SD
Beginning of the Treatment	4	4	3	3	2	2	1	3	2	2.67 ± 1.00
End of the Treatment	4	4	3	5	5	5	5	4.5	5	4.50 ± 0.71

## Discussion

### RQ1: Overall positive perspectives with challenges and suggestions

- Enjoyed watching carryover of multimodality use into real-time discourse during group sessions. Provided clinician confidence and fulfillment with their contribution
- Challenges coding responses due to each participant's unique use of multimodal communication or confusion with the coding protocol, which suggests more training is needed for clinicians
- Suggestions to add personal or conversational components, to sustain participants' engagement and ecological validity

### RQ2: Overall beneficial with challenges or limitations

- Less workload due to ease of scheduling, accessibility, and convenience for clinicians. Clinicians reported that telepractice is an acceptable delivery method for multimodal communication treatment.
- Limited view: A decreased view within a camera angle risks communication breakdown or inaccurate data coding
- Technology fluency matters: Some participants were independent with technology; others could not have done therapy without a facilitator/care-partner

### Future Directions

- Themes suggested directions for future teleMCT+DG, such as
  - Enhance training with more models and examples for clinicians
  - Implement conversation protocols in addition to picture storytelling
  - Effectively manage care partner involvement

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