



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	C 5	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, $G1=1^{st}$ year Graduate student, $G2=2^{nd}$ year Graduate student, SLP=Certified speech-language pathologist

Materials and Procedures

- o Zoom©
- o 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 1A. TeleMCT+DG is easy and enjoyable 1B. Challenges of teleMCT+DG protocols and coding experiences with the teleMCT+DG 1C. Recommendations for teleMCT+DG: Training and therapy protocol protocol? RQ2. How did clinicians perceive the use 2A. TeleMCT+DG is accessible, and technology is beneficial 2B. Limitations of telepractice and challenges of technology of telepractice for delivering MCT+DG? 2C. Carepartner assistance with technology was necessary for some participants

but not others

C5: I love this therapy. . We use our bodies to communicate so many ways not just gestures but also drawing and writing we use-- so it seems like such a good fit for aphasia for me it seems like it can be so freeing and so that's why I love it.

Theme 1B

C6: Because there are so many ways you can do it [communicate a concept] and make it make sense. Sometimes when [clinicians] teach [a modality] a certain way, they don't always stick with that way. That's one thing that I'm having a hard time with [my participant] because, especially gestures, I'll teach him this and then he'll come back with this which is the same thing you know but then I would solidify, 'Okay are we gonna do one hand or two hands just to be clear,' and he would change it up every time so,

Theme 2A

C8: I mean definitely location, not having to go anywhere was of course convenient. It was also nice that I could chat with my supervisor and ask her for help throughout the session without interrupting the flow of things, without the participant really know that I am stuck on something or need to ask a question, that was really helpful.

C4: [Another problem] is going to be not being able to see all modality attempts and read the body language because of the cutoff....

Theme 2C

C6: For [my participant], we probably couldn't have had a session without her [care partner]. We couldn't have, I know, that because she was the one who was turning the book for him. I'm curious if he could eventually could flip the book, but I know that is a lot of work on his shoulders.

Theme 1A

C9: I enjoyed it because you could see, as we progressed them, the clients not even just mine, like in the group sessions too them reaching for other modalities. So that was really nice to see see it working in real

Theme 1C

C1: A lot of the session was mainly just the participant doing the work and the clinician asking the question. So it was not a lot of interaction. It was more of like, 'okay you do this,' and they follow the directions. So maybe more of a conversational component at the beginning of the session like, 'hey we can talk about . . ., ' just to get the person comfortable with speaking or just getting them comfortable with the clinician. Sort of conversational, less standardized test format, before we start

C2: Planning takes a lot longer than in-person because all of the materials you have to upload online. Like the board games and things we normally play with, you could just pull out but some of these you have to recreate to make it a digital format. So overall the planning process is a lot longer but I feel like they still benefited from the therapy even though it was online

C3: I think he [participant] was emailing independently. He has a brother and sometimes he might have helped but I think most of the time he was responding on email independently.

Results: Ratings

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

How easy was it to follow protocols for	?	C1	C2	C 3	C4	C 5	C6	C 7	C8	C 9	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)	1	V/A	5	5	5	5	5	N/A	N/A	5	5.00 ± 0
Story Telling (Group)	1	V/A	5	5	5	5	4	N/A	N/A	5	4.83 ± 0.41
How easy was it to code for the task	k?	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	e?	C1	C2	C3	C4	C5	C6	C7	C8	C 9	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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