Speech-Language Therapists' Perceptions and Attitudes towards An Online Aphasia Group

Essop H

Hyland R

Mohamed S

Roberts J

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Department of Speech-Language Pathology and Audiology

Faculty of Humanities

University of Pretoria

Supervisors: Dr B. Pillay & Prof. E. Kruger

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Abstract

Objective: This study aimed to explore the perceptions and attitudes of SLTs towards facilitating an online aphasia group. There is a need for this study due to the lack of information available in healthcare regarding online aphasia group therapy. The results of this study may provide initial insights for SLTs regarding the continuity of care across online platforms, specifically for online aphasia group therapy.

Design and study sample: A 28-item online survey was completed by 25 recently qualified SLTs. Convenience and non-probability sampling were used to recruit respondents for the study. An explorative design was adopted. Descriptive statistics, as well as qualitative content analysis, were used.

Results: Quantitative findings revealed that SLTs felt confident using technology for online aphasia group therapy and they reported on the perceived benefit as well as barriers to PWA. Qualitative findings highlighted strong group engagement supported by strategies such as peer encouragement and structured facilitation. SLTs offered suggestions to improve the delivery of online therapy such as hybrid models, culturally inclusive resources and further training to better support person-centred care.

Conclusions: Newly qualified speech-Language therapists reported that facilitating the online group sessions with persons with aphasia (PWA) was an overall positive experience and offered psychosocial benefits, communication goal attainment, treatment adherence and improved quality of life for PWA. Conversely, SLTs reported technological challenges such as unstable internet connectivity, audio and visual difficulties, however they largely felt positively towards their undergraduate training and towards continuing online aphasia group therapy in future.

Key words: Aphasia, online therapy, speech-language therapist, perceptions

UNIVERSITY OF PRETORIA

FACULTY OF HUMANITIES

DEPARTMENT SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

DECLARATION

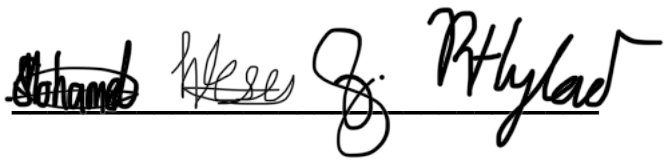
Full name: Joy Roberts, Humairah Essop, Rachel Hyland, Shaziya Mohamed

Student Number: u21434833, u22569899, u22496972, u22834754

Degree: BA Speech-Language Pathology

We declare that this research report is our own original work. Where secondary material is used, this has been carefully acknowledged and referenced in accordance with university requirements.

We understand what plagiarism is and are aware of the University of Pretoria's policy in this regard.



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List of abbreviations

AAC: Alternative and Augmentative Communication

AI: Artificial Intelligence

CILT: Constraint-Induced Language Therapy

LPAA: Life Participation Approach to Aphasia

LSEN: Learners with Special Educational Needs

MCQ: Multiple Choice Questions

MIT: Melodic Intonation Therapy

MS Teams: Microsoft Teams

QOL: Quality of Life

MS Teams: Microsoft Teams

PACE: Promoting Aphasics Communication Effectiveness

PWA: Persons living With Aphasia

QOL: Quality of Life

Qualtrics XM Platform: Qualtrics Experience Management Platform

SFA: Semantic Feature Analysis

SLT: Speech-Language Therapist

SSLT: Student Speech-Language Therapist

UP: University of Pretoria

VAT: Visual Action Therapy

Introduction

Investigating SLT's attitudes towards online group sessions could shed light on how online platforms foster social support and engagement for PWA, as well as identify potential barriers to participation (Caute et al., 2021). It is evident that there is a need for this research due to the lack of information available in healthcare regarding online aphasia group therapy (Dunne et al., 2023). This is especially relevant locally as online group sessions alleviate the cost of transport and the shortage of speech-language therapists (SLTs) (Cao et al., 2021).

Aphasia is an acquired neurological impairment affecting both the reception and production of all language modalities, causing difficulties accessing the stored linguistic representations of language (Hallowell & Brooke, 2023). Aphasia is a lifelong condition and will therefore require ongoing treatment such as attending individual or aphasia group therapy (Klein & Mancinelli, 2019).

Group therapy is a type of speech-language treatment where a small gathering of individuals meets regularly under the guidance of an SLT to discuss their concerns, share experiences, and work through challenges together (Bhatt-Mackin & Leszcz, 2022). Group therapy can focus on various topics such as managing emotions, improving communication skills, building relationships, or coping with specific mental health issues, all of which are areas in which people living with aphasia (PWA) experience difficulty (Bhatt-Mackin & Leszcz, 2022). Group therapy offers unique benefits - members can directly support and learn from one another, fostering a shared environment that facilitates personal recovery outcomes (Paul et al., 2024). However, it is not a one-size-fits-all approach. Some individuals may find their personalities better suited to individual therapy sessions, where they can receive focused attention and maintain complete privacy. Particularly when treating PWA, a notable challenge is the difference in the communication abilities among respondents, which can cause negative emotions and hinder participation (Gibson, 2022).

In-person aphasia treatment offers customised and direct intervention by SLTs, which is focused on person-centered care for PWA. One advantage of in-person

treatment is that it enables SLTs to assess nonverbal cues and subtle aspects of communication, which may be crucial for understanding the individual's progress and needs (Hilari et al., 2024). Unfortunately, scheduling conflicts and transportation challenges may impact regular attendance and progress in treatment sessions, potentially hampering treatment outcomes (Hilari et al., 2024).

With aphasia intervention, there has been a shift from in-person therapy to online therapy. Telerehabilitation, a home-based virtual rehabilitation method provides therapeutic services to persons who have difficulty obtaining healthcare or attending in-person therapy sessions (Karrim et al., 2022). The benefits of group telerehabilitation for PWA include improving participation in events that require communication and social interaction and reducing the impact of aphasia (Kong, 2021). Video conferencing technologies allow PWA to engage in therapy from home while maintaining live contact with their therapist, a feature highly valued by service users (Marshall et al., 2018). Having access to an online platform may gradually have an influence on confidence to communicate with others when a real-world situation arises (Devane et al., 2022).

Understanding the diverse experiences of those living with aphasia is pivotal for informing the development of SLT approaches tailored to address specific needs. PWA overcome hurdles in reading and conversation by adapting communication methods, such as email exchanges, to maintain social contact (Davies & Howe, 2019). Importantly, SLTs are urged to adopt a more person-centred approach, focusing not only on linguistic changes but also on the impact of aphasia on interpersonal communication and family relationships (Davies & Howe, 2019).

SLTs are increasingly recognising the potential of online aphasia group therapy as a valuable alternative to traditional in-person sessions. Initial concerns may arise regarding the transition to online therapy; however, studies have shown that SLTs develop confidence and skills over time, leading to a more positive perception of its effectiveness (Pitt et al., 2018). Technological challenges of online group therapy are exacerbated in low- and middle-income countries where access to reliable internet and appropriate devices may be limited (World Bank, 2021). Additionally, SLTs may require training and support to effectively transition to this modality, which includes

adapting traditional therapy techniques and developing new clinical skills specific to the online environment (Pitt et al., 2018). Therapeutic skills such as building rapport and establishing connections can also be more challenging when online, compared to face-to-face interactions; however, telerehabilitation can complement or even surpass traditional methods (Pitt et al., 2018). Although the findings of this study are from research done in Australia where telehealth systems are more established, the South African context presents with a unique set of challenges like inconsistent internet access, socioeconomic disparities and linguistic diversity. This could impact the feasibility and outcome of online therapy.

Within this context, telerehabilitation emerges as a promising avenue for post-discharge treatment of PWA, with studies evaluating its effectiveness in promoting continuity of care and improving functional outcomes (Karrim et al., 2022). Telerehabilitation involves the use of communication technology and electronic devices to deliver services asynchronously (via voice notes or videos that have been taped), synchronously (through real-time interaction), or through a hybrid approach, thereby offering flexibility for clients and therapists alike (Marshall et al., 2018). By integrating various rehabilitation modes and offering rich virtual environments, immediate feedback, and engaging experiences, telerehabilitation encourages active exploration and intensive practice, thereby enhancing patient engagement and adherence to treatment while potentially reducing healthcare costs (Maresca et al., 2019). While concerns have been raised about treatment content and technological limitations, the crucial bond between the SLT and PWA seems to endure (Marshall et al., 2018).

Building on this, video conferencing technologies have become a vital means of delivering teletherapy. Special mentions include Zoom and Microsoft Teams since these platforms offer group members access to interactive features, like breakout rooms for group activities, the chat feature for written communication, and screen sharing to present instructional materials (Tambyraja et al., 2021), which can be valuable aids to therapy. Telerehabilitation has become an increasingly crucial method to provide speech therapy, especially since the COVID-19 pandemic (Dunne et al., 2023). Telerehabilitation has a role in the continuity of care for PWA despite

the restrictions on in-person interactions, however, the challenges and benefits of telerehabilitation are still under-researched (Dunne et al., 2023).

In addition to the technical difficulties of these online platforms, some clients may find it more difficult to remain focused and involved in an online setting (Tambyraja et al., 2021). It can be difficult to recreate some therapeutic procedures in a virtual context that requires demonstration or physical connection (Tambyraja et al., 2021). Although security safeguards on video conferencing platforms have been strengthened, maintaining patient-therapist confidentiality may be challenging. Despite these drawbacks, it has now become more common to adopt a group approach (Caute et al., 2021).

Essentially, online group therapy can be a valuable tool for supporting PWA, but in addition to investigating its effectiveness from experiences of SLTs, it is also important to address technical challenges and provide structured activities to maximize its effectiveness which is a topic that is under researched in contexts like South Africa (Devane et al., 2022). Thus, the research question posed was: What are SLTs' experiences facilitating an online aphasia group?
The study will explore SLTs' views on facilitating an online aphasia group during the final year of their undergraduate degree.

Method

Aim

This research study explored SLTs' experiences and attitudes towards facilitating an online group for persons living with aphasia (PWA) offered at a university clinic during their final year of study.

Research design

The design of the study is non-experimental and descriptive in nature. A non-experimental design involves collecting data without providing intervention or making changes and the researchers are therefore observers (Leedy & Ormrod, 2016). A descriptive design is focused on information gathering from a representative sample of the population. It is appropriate for our research as we are investigating the perspectives of a certain group of facilitators of an aphasia group in a particular

demographic (Brink, 2018). The variables of this design were characterised by respondents' opinions, attitudes, and needs regarding group therapy using an online platform, which therefore made the study authentic (Brink, 2018). This study used a survey designed to obtain data, which is both explorative and descriptive in nature. A survey design was appropriate because it allowed us to obtain information in a structured and systematic manner from SLTs about their perspectives on facilitating online aphasia groups (Cowles & Nelson, 2015).

Setting

The SLTs described their views on an online aphasia group facilitation during their final year of undergraduate study at the University of Pretoria, between the years 2022 and 2024, by completing an electronic survey, which was chosen due to it reaching a wider geographical area and thereby rendering more responses, while simultaneously reinforcing the SLTs' anonymity (Nayak & Narayan, 2019).

The University clinic at the Department of Speech-Language Pathology and Audiology offers weekly sessions supervised by a lecturer with special interest in aphasia rehabilitation. Conversation-based group therapy for persons with mild to moderate aphasia is conducted weekly at the University clinic using the Zoom online platform. Topics are covered over one or two weeks, which aim to encourage interaction and build communication confidence. Each rotation of Student Speech-Language Therapists (SSLTs), who were in their final year of undergraduate study, led the group therapy sessions for six to seven weeks under supervision. Views were thus obtained from SSLTs who facilitated a block of sessions from 2022 to 2024.

Respondents

The respondents in this study were SLTs who were in their final year of study at the University of Pretoria and had facilitated weekly online aphasia group therapy sessions from 2022 to 2024.

Sampling

Convenience sampling is a non-probability sampling method that was used. Non-probability convenience sampling is also known as non-random sampling and is a technique that relies on the researcher selecting elements for samples (Etikan,

2016). Convenience sampling was optimal because of the ease of access to respondents, due to their being selected based on geographical location and availability (Etikan, 2016). The study sample included SLTs who were final-year SSLTs at the University of Pretoria from 2022 to 2024.

Sample size

This study employed a census approach to ensure the inclusion of all eligible respondents (Fowler, 2013). This approach was deemed appropriate as it eliminates sampling error and thus ensures the characteristics of the respondents are adequately represented (Fowler, 2013). SLTs who were in their final year of study in the 2022 to 2024 cohort were invited to participate in the survey. We expected a relatively low response rate (roughly 50%) of the sample size (approximately 35 of the 70 SLTs) as we were cognisant of the fact that the SLTs' were likely to have competing demands on their time, and in the absence of incentives or clear benefits, many would choose to not open or complete the survey (Holtom, Baruch, Aguinis & Ballinger, 2022). Although a lower-than-expected response rate could limit the generalizability of the findings to the broader SLT population, it did not compromise the validity of the census approach (Fowler, 2013). Efforts were made to maximise participation through keeping the survey open for eight weeks with regular reminders sent every 2 weeks, distributing it via easy-to-access WhatsApp groups, and having a visually appealing infographic with the survey link to enable easy access. The total number of responses obtained was 33 out of a possible 70 SLTs who had access to the survey; however, the hit rate was only 25, as some responses had to be excluded due to being incomplete. This constituted a "small" sample size (Faizi & Alvi, 2023).

Inclusion

To meet the inclusion criteria, the SLTs were eligible if they completed their final year of study from 2022 to 2024 at the Department of Speech-Language Pathology and Audiology at the University of Pretoria. The SSLTs had to have facilitated at least a third of the therapy sessions in their practical block of their final year. They had to have had access to a stable internet connection and an electronic device to complete the survey.

Respondent Description

Of the 33 SLTs who attempted the survey, 7 were excluded as they did not finish the survey or go beyond the demographic questions. The responses of the remaining 25 respondents are included in the analysis. Respondents were between 22 and 40 years of age, with the largest set aged 23 years (n=6; 24,0%). All respondents reported proficiency in English, and over a third also spoke Afrikaans (n=16; 34,4%), while others reported isiZulu, Sesotho, Sepedi, Setswana, or another language. Respondents were employed across a variety of clinical and educational settings, the majority being in private practice (n=6;19,4%), hospitals (district, tertiary, or private; n=4;12,9%), and mainstream schools (n=4;12,9%). The majority had less than 1 year of SLT experience (n=15; 60,0%), while other respondents reported 1 year (n=6; 24,0%), 2 or 3 years (n=4;16,0%).

All respondents reported having worked with PWA (assessing, interacting or treating) (n=25; 100,0%). Respondents reported having facilitated online therapy sessions for PWA, with majority reporting ‘yes’ (n=21; 84,0%) and some reporting no (n=4; 16,0%). Of the those reporting ‘yes’, respondents indicated that they used Zoom, MS Teams and other online platforms to facilitate online therapy sessions; however, none of the respondents had facilitated online group therapy for PWA since graduating (n=25; 100,0%).

Table 1: Demographic information of respondents (n=25)

Variable	Category	Number of respondents (n) (%)
Age (years)	22	4 (16,0%)
	23	6 (24,0%)
	24	5 (20,0%)
	25	4 (16,0%)
	26	3 (12,0%)
	27	1 (4,0%)
	29	1 (4,0%)
	40	1 (4,0%)
Languages spoken	English	25 (49,0%)
	Afrikaans	16 (34,4%)
	isiZulu	2 (3,9%)
	Sesotho	2 (3,9%)
	Sepedi	1 (2,0%)

	Setswana	1 (2,0%)
	Other	4 (7,8%)
Current workplace	Private practice	6 (19,4%)
	Mainstream school	4 (12,9%)
	Public hospital (district)	4 (12,9%)
	Public hospital (tertiary)	4 (12,9%)
	Private hospital (district)	4 (12,9%)
	Primary healthcare clinic	3 (9,7%)
	Tertiary institution	2 (6,5%)
	LSEN school*	1 (3,2%)
	Rehabilitation unit	1 (3,2%)
	Other	2 (6,5%)
Years of SLT experience	Less than a year	15 (60,0%)

	1 year	6 (24,0%)
	2 years	2 (8,0%)
	3 years	2 (8,0%)

**LSEN- Learners with Special Educational Needs*

Materials and Apparatus

The survey

The survey was custom designed for the gathering of in-depth, detailed data that was tailored to our objectives (Fowler, 2013). The questions were sourced from literature (e.g., Øra et al., (2018)), and a detailed justification for their inclusion is provided in Appendix D. The final version consisted of four sections: demographic information, experiences facilitating an online aphasia group, techniques and strategies gained, and SLTs' confidence and attitudes towards facilitating online aphasia group therapy. The questionnaire consisted of 26 closed-ended questions and 2 open-ended questions (Appendix A). Closed-ended questions included yes/no, multiple-choice, and Likert scale type questions (Brink, 2018), with three text boxes included for elaboration where appropriate. These allowed respondents to choose from a limited set of options, which was useful in our research context as it reduced the cognitive load of the SLTs due to the majority of the survey being easier to complete (Desai & Reimers, 2019).

The inclusion of open-ended questions allowed respondents to respond as they deemed appropriate, providing richer and more diverse responses (Brink, 2018). This enabled a more individualised insight into the SLTs' experiences of online aphasia group therapy. A balance of both question types was important to mitigate the drawbacks of closed-ended questions, such as the possibility of overlooking important responses, eliciting superficial answers, or causing frustration due to limited options (Brink, 2018). The mixture of question formats likely provided both quantitative depth and qualitative richness, contributing to a more comprehensive understanding of respondents' responses (Dillman et al., 2014).

Procedures

Once ethical clearance was granted, a pretest of the survey was conducted. This was done to determine the clarity of the questions to readers and whether the essential aspects of the custom-designed survey were present, to ensure both validity and reliability (Brink, 2018). Two staff members of the Department of Speech-Language Pathology and Audiology commented on the content and flow of the survey. They provided feedback on the clarity, flow, and overall user experience of the survey. The survey was then edited according to the suggestions. It was determined that the survey had redundant phrasing on several questions, and there were grammatical errors that were attended to. It was suggested that the survey be numbered, and answer options expanded in certain questions, with limited response options, for example, instead of allowing respondents to answer with a text-based answer, they were only allowed to select one answer. Another recommendation was to provide clearer instructions on answering the survey, and it was required that the survey be edited to make all questions compulsory.

Once the survey had been modified based on this feedback, the final version was distributed via an infographic (Appendix C) with an active link, which directed the SLTs to the Qualtrics XM platform. The previous final year undergraduate SLTs received the infographic via supervisors' personal networks (established WhatsApp groups of which the supervisors were members). When prospective respondents followed the active link, they would find the information letter on the landing page of the survey and then be directed to indicate consent by clicking the relevant option, after which they could begin answering the survey. Respondents were made aware of the anonymous nature of their responses, and they had the option to withdraw their consent up until the point of submission of the survey. The survey remained open for eight weeks, after which it was no longer available to be completed.

Results

Data analysis

The data was analysed using statistical analysis methods such as descriptive statistics. Descriptive statistics indicate what the data set looks like by explaining and summarising data. The data was converted and condensed into an organised visual representation so that the data has meaning to readers (Brink, 2018).

Considering the number of responses obtained was 25, this small set size would benefit from descriptive statistical analysis (Faizi & Alvi, 2023). Data was condensed into an organised manner by describing observable relationships between variables (Kaur et al., 2018). Descriptive statistics allowed us to analyse the data into variables such as measures of frequency, dispersion, central tendency, and position, which will allow readers to gain more insight from the findings.

Regarding qualitative questions, content analysis was utilised to better understand the results, as well as identify and interpret meaning from the results (Stemler, 2015). We analysed the questions of our survey into four categories, as outlined in the development of the survey. This ensured that the results could be clearly defined by the themes presented from respondents' perspectives. Inter-rater reliability was ensured by having the results independently analysed by one researcher and cross-checked by another researcher. This process allowed both the frequency of themes and their underlying meanings to be identified, thereby ensuring that the qualitative data was systematically linked to the research aims (Kleinheksel et al., 2020).

Quantitative Results

Table 2: Experiences facilitating online aphasia groups (n = 25; 100,0%)

For clarity in reporting, the 'very uncomfortable' and 'uncomfortable' and the 'very comfortable' and 'comfortable' responses were combined into a single category.

When asked about their current caseload of PWA, most respondents (n = 14, 56,0%) reported managing one to five clients per week, while six respondents (n=6; 24,0%) reported none, two respondents (n=2; 8,0%) reported six to ten clients per week, two respondents (n=2; 8,0%) reported more than ten clients per week, and one

respondent selected 'other' (n=1; 4,0%). In addition, three respondents (n=3; 12,0%) reported that they still conduct group therapy for PWA in their current work setting.

Variable	**Category**	**Number of respondents (n) (%)**
Received undergraduate training, including theory or practical training in facilitating therapy for PWA	Theoretical and Practical Training	21 (84,0%)
	Theoretical Only	2 (8,0%)
	Practical Only	1 (4,0%)
	No Training	1 (4,0%)
Experience with Technology		
Level of comfort using technology prior to starting online group aphasia therapy at the UP clinic	Comfortable	14 (56,0%)
	Neutral	6 (24,0%)

	Somewhat Comfortable	1 (4,0%)
	Uncomfortable	2 (8,0%)
Level of comfort with the technology and equipment used for online group therapy with PWA at the University clinic	Uncomfortable	2 (8,0%)
	Neutral	2 (8,0%)
	Comfortable	21 (84,0%)
Experience with PWA		
Overall experience working with PWA in online group sessions at the UP clinic	Positive	24 (96,0%)
	Negative	1 (4,0%)

The elaborations highlighted the nature of practical training experiences, such as facilitating group sessions with PWA, applying theoretical knowledge when working with clients with complex communication difficulties, and receiving constructive supervisor feedback during placements in clinical and community-based settings.

Overall, respondents reported that the online aphasia group sessions with PWA were valuable and an interactive learning opportunity. SLTs felt there was increased accessibility for clients who are unable to attend in person and the creation of a supportive community. However, some respondents mentioned challenges like connectivity issues and difficulty measuring therapy outcomes (n=4, 16,0%).

Table 3: Techniques and strategies most frequently used in online group sessions (n = 25)

Question	Variable	Frequency (n) (%)
Techniques most frequently used in online group therapy sessions at the University Clinic	Semantic Feature Analysis (SFA)	19 (76,0%)
	Script Training	17 (68,0%)
	Promoting Aphasics' Communicative Effectiveness (PACE)	16 (64,0%)
	Melodic Intonation Therapy (MIT)	5 (20,0%)
	Visual Action Therapy (VAT)	4 (16,0%)
	Other (specified)*	2 (8,0%)
	Constraint Induced Language Therapy (CILT)	1 (4,0%)

**One respondent noted the need to integrate a variety of approaches within group therapy due to the differing levels of severity among clients, ensuring that all respondents were adequately supported. Another respondent reported using response elaboration training in conjunction with a life participation approach to aphasia.*

Additional tools or strategies used to enhance engagement in online group therapy	Screen-sharing to display therapy materials	22 (88,0%)

sessions at the University clinic		
	Videos or multimedia aids	16 (64,0%)
	Interactive applications or games	15 (60,0%)
	Digital worksheets or handouts	6 (24,0%)
	Virtual whiteboard for drawing/writing	3 (12,0%)
	Other (specified)*	2 (8,0%)

**One respondent reported making notes on PowerPoint slides to highlight key concepts and keep group members orientated, while the second respondent explained that sharing presentations on aphasia and its effects helped members better understand their disorder.*

Useful strategies for initiating communication during sessions at the University Clinic	Encouraging peer feedback	22 (88,0%)
	Personalising the discussion	20 (80,0%)
	Directing the facilitator's role to a group member	15 (60,0%)
	Requesting members to	15 (60,0%)

	generate a topic	
	Passing the question	13 (52,0%)
	Addressing a member's participation level	11 (44,0%)
	Facilitator scaffolding or cueing	11 (44,0%)
	Peer scaffolding or cueing	7 (28,0%)
	Other- use of ice breakers as a strategy to initiate conversation during sessions.	1 (4,0%)

Useful strategies in promoting exchange of information during interactions	
Typing of keywords or phrases	19 (76,0%)
Graphic choices (pictures or photographs)	18 (72,0%)
Encourage sharing of images or items	11 (44,0%)
Communicative resources	10 (40,0%)
Graphic attempts or drawings	4 (16,0%)
Natural gestures	3 (12,0%)
Other- use of mindmaps,spidermaps or roadmaps*	1 (4,0%)

Strategies used to enhance communication and participation from the clients during online sessions at the University clinic	Frequent use of visuals (e.g., flashcards, pictures)	25 (100,0%)
	Allowing extra time for client responses	25 (100,0%)
	Simplified verbal instructions	22 (88,0%)
	Using a combination of spoken and written cues	20 (80,0%)
	Incorporating gestures and facial expressions	7 (28,0%)
	Other humour to enhance participation and communication during the online group sessions	1 (4,0%)

Table 4: Challenges faced when using specific aphasia therapy techniques during online sessions (n=25; 100,0%)

Question	**Challenge**	**Number of respondents (n) (%)**
Challenges faced when using specific aphasia therapy techniques during online sessions at the	Inconsistent internet connection affecting communication flow	18 (72,0%)

University clinic		
	Difficulty monitoring progress and giving immediate feedback	15 (60,0%)
	Difficulty implementing structured therapy techniques online	12 (48,0%)
	Limited client interaction	11 (44,0%)
	Managing multiple therapy materials during a session	7 (28,0%)
	Other*	2 (8,0%)

**Two respondents reported further difficulties. One respondent reported challenges with people joining sessions late and occasional technical difficulties, while the second respondent highlighted time constraints as a barrier.*

Respondents reported a range of technical glitches during online aphasia group therapy sessions. The most noted challenge was unstable internet connectivity (n=18, 72,0%), which often caused lagging audio or video and interrupted the flow of sessions. This was linked to load shedding (n=10; 40,0%), which prevented devices from being charged. Many respondents also reported audio difficulties (n=9; 36,0%), such as PWA forgetting or struggling to mute/unmute themselves, microphones not working, delayed/distorted sound. Screen sharing and media playback issues (n=7; 28,0%) were also reported, especially when attempting to play videos or music with sound. In addition, respondents mentioned device or setup problems (n=6, 24,0%), including slow laptops, incorrect settings, and difficulties logging in or accessing the platform. Less frequently, respondents reported late joining or navigation difficulties (n=2; 8,0%).

Table 5: Level of Confidence, Attitudes, and Perceived Impact of Online Aphasia Group Therapy (n=25; 100,0%)

Question	Response options/Confidence level	Frequency (n) (%)
Confidence in the ability to deliver online aphasia group therapy	Not confident	2 (8,0%)
	Very confident	11 (44,0%)
	Fairly confident	12 (48,0%)
Adequate supervision and guidance during clinical training in managing clients with aphasia	Strongly Agree	23 (92,0%)
	Strongly Disagree	2 (8,0%)

Attitude toward continuing online aphasia group therapy	Very positive	18 (72,0%)
	Neutral	5 (20,0%)
	Somewhat Negative	2 (8,0%)
Most respondents reported a somewhat positive attitude toward continuing online aphasia group therapy (n=12, 48%), with six respondents reporting a very positive attitude (n=6; 24,0%). One respondent noted that they prefer interaction in a physical session but would conduct online therapy if members had no other way of receiving services.		
Feelings of the impact of online aphasia group therapy on QOL of persons with aphasia	Significantly improves QOL	17(68,0%)
	Somewhat improves QOL	8(32,0%)
Effectiveness of online group therapy in addressing the communication goals on PWA compared to in person therapy	Effective	18 (72,0%)
	Less effective	7 (28,0%)

Most respondents felt that online aphasia group therapy 'significantly improved' the QOL of PWA (n=17; 68,0%), while the remainder felt it 'somewhat improved' QOL (n=8; 32,0%). One respondent elaborated that it improved QOL because PWA had the opportunity to hear others' experiences, which encouraged them in their own journey and helped them not feel discouraged; "*Based on reports from respondents in our sessions, they said they felt part of a community and felt like they were finally being seen and heard. They enjoyed learning about their fellow respondents' stories*." (R17)

Respondents highlighted that online aphasia group therapy created a sense of belonging, allowed members to share experiences and strategies, promoted engagement and peer learning, and improved accessibility for those unable to attend in-person sessions. Challenges included technical difficulties, reduced ability to read body language, and online group dynamics; *"It's great when they can't come in but really are still wanting to be in rehabilitation and it helps a lot in South Africa with not everyone having access to transport."* (R6). *"They interacted a fair amount when we facilitated interaction or when a good topic was chosen."* (R9)

Qualitative data analysis

'How much do you think the persons with aphasia (PWA) interacted during the online group therapy sessions and what do you think the PWA experienced or felt in the online group therapy sessions during your time facilitating the sessions at the University clinic?'

Theme 1: Facilitators of engagement and participation

Most SLTs reported that PWA engaged actively during the online sessions. Engagement was particularly strong when topics were personally relevant and when respondents felt confident; *'I think they were quite engaged when the topic was of interest to them and when they gained confidence to share and talk to other group members*' (R1). Several SLTs noted that interaction increased as the group members became familiar; *'[*Interacted*] A lot as soon as they got comfortable with one another'* (R3).

Respondents commented that while engagement varied depending on the severity of aphasia and the individual's personality, even those who were more withdrawn participated when they were provided with support; *'They actually interacted a lot, even the people who were more reserved because the others would encourage'* (R7). Others highlighted the importance of facilitation and relevant activities; *'They interacted a fair amount when we facilitated interaction or when a good topic was chosen'* (R9).

Importantly, participation took on more than verbal forms. One facilitator noted that interaction included; *'verbal contributions, gestures, facial expressions, use of AAC, or written responses in the chat'* (R12). Over time, engagement often became more consistent and regular attendance led to increased engagement; *'Most respondents were regularly present and contributed consistently to the online sessions'* (R10).

Overall, these findings suggest that while interaction varied, most PWA engaged actively, and engagement was improved by relevant topics, peer support, and facilitation strategies, contributing to stronger group cohesion and a sense of community.

Sub theme: Using facilitation strategies enhanced participation

The interaction of PWA was often enhanced by facilitation strategies such as selecting personally relevant topics, prompting quieter members and directing questions, structuring turn-taking, and encouraging the use of multiple communication modalities (e.g., gestures, AAC, chat option). For example, one respondent noted; *'We mediated this by calling on each person to respond'* (R11), while another explained that *'because you can prompt other people to talk, it allows equal time with everyone'* (R6). *'Some [*PWA*] initially contributed less but increased their participation as they grew more familiar with the group and format'* (R12).

Theme 2: Social & Emotional Benefits for PWA

In terms of experience, SLTs reported that PWA generally felt positive and valued the sessions. They often described the PWA as experiencing a sense of connection and belonging, which stemmed from being part of a group where they were understood and supported. One respondent observed; *'They felt welcome and part of a support network. They felt understood, respected and comfortable to share their daily struggles with the rest of the group'* (R4). This sense of community reduced feelings of isolation and gave PWA the confidence to share their experiences. As one respondent explained; *'Based on reports from [*PWA*] in our sessions, they said they felt part of a community and felt like they were finally being seen and heard'* (R17). Another echoed this sentiment, highlighting that members not only connected but also resonated with each other's challenges: *'They felt a sense of connection and being understood by others'* (R10).

Theme 3: Challenges and Limitations

Sub theme: PWA's challenges with the online medium

Challenges were also highlighted, particularly those experienced by the PWA. These included frustrations with internet connectivity and the absence of non-verbal communication cues, which sometimes limited communication: *'Some [PWA] may have been frustrated by technical difficulties or miscommunications due to not being able to gauge others' body language and facial expressions'* (R11). In addition, SLTs perceived that some PWA experienced stress and anxiety; *'… whilst I believe others loved it and maybe even gave them a sense of belonging'* (R20).

'What changes/improvements would you like to see in online aphasia group therapy platforms to better meet the needs of PWA?'

Theme 1: SLTs' need for supported technology use, design and adaptations

SLTs suggested a range of improvements to online aphasia group therapy platforms. Technological adaptations were frequently mentioned, including the need for more reliable internet connectivity, simplified aphasia-friendly user interfaces, and integrated communication support. Integrated communication support refers to

alternative ways for PWA to express themselves when speech fails. For example, combining spoken and written cues, use of gestural supports, or AAC support (Wallace et al., 2019). Respondents emphasised that platforms should be designed with the communication needs of PWA in mind; *'Simplified, Aphasia-Friendly User Interface. Many platforms are not designed with cognitive or language impairments in mind. A streamlined, visually intuitive interface with large buttons, clear icons, and minimal text could reduce confusion and improve independence'* (R12). Another suggested; *'Features such as built-in picture symbols, visual schedules, text-to-speech, and easy access to AAC tools would significantly enhance communication for those with expressive language difficulties'* (R18). A further improvement highlighted was the provision of immediate technical and communication assistance during sessions; *'Having an easy way to access immediate help, either through a "tech helper" in the session or a quick-access support button, would minimise frustration and reduce barriers to participation'* (R18). There is evidence that major meeting platforms now include AI assistants (e.g., Zoom AI Companion). These tools can provide in-session support and more interactive features. However, there is little evidence on their use as real-time 'tech helpers' for PWA (Gregory et al., 2023). Structural changes such as smaller group sizes, grouping PWA by needs, and ensuring consistent attendance were also highlighted; *'Perhaps small groups of 3–4 patients only, a camera on policy, more interactive activities'* (R11). *'Try have people on similar levels so that the people who are on higher levels do not overtake those who are still processing and need extra time'* (R7). Another factor was the recognition of cultural and emotional needs; *'Resources that are inclusive of all cultures and languages'* (R4), while another suggested that sessions should allow time for emotional support: *'Tailor some sessions to their struggles and allow time for counselling'* (R25).

Sub theme: Interactive online resources and session content

Respondents stressed the importance of interactive, functional resources to enhance engagement, explaining that static materials such as PowerPoint slides were often insufficient. Instead, they recommended incorporating more dynamic resources, including games, videos, and real-life scenarios that encouraged active participation. For example, one respondent emphasised the value of multimedia, calling for a

'seamless flow of playing videos or other material' (R13). Respondents also highlighted the potential of functional, real-world practice activities: *'I would like to see more discussions on how to handle real-life situations facilitated by the SLP but led by PWA members'* (R23). One respondent noted the need for PWA's increased engagement and interaction: *'Everyone should have the camera on … I think online groups work well but in person groups should still be incorporated every so often so that we are comfortable with each other and can catch up properly in real life*' (R14).

Theme 2: Hybrid approach

Several respondents advocated for hybrid approaches that combined the convenience of online sessions with the relational benefits of in-person contact. Some respondents stressed the importance of periodic face-to-face meetings to strengthen rapport and reduce the sense of distance; *'Having an in person meet every month'* (R5).

Theme 3: In-person technical training and support

PWA: Others recommended initial in-person training to help respondents become familiar with the technology before moving fully online: *'Maybe if possible first some in-person sessions to teach clients how to use Zoom on their computers and phones e.g., where to find the mic button'* (R20).

SLTs: Some SLTs noted the need for a demonstration session to model effective evidence-based practices, with one respondent suggesting: *'Practical example sessions of how ideal sessions would look like delivering evidence-based practice'* (R16).

Discussion

This study explored newly qualified SLTs' experiences and attitudes towards facilitating online aphasia groups in the fourth year of their undergraduate degree. By investigating SLTs' perspectives, the survey sought to shed light on how online platforms may foster social support and engagement. The findings of this study provided insight into facilitators' experiences delivering online aphasia group therapy, highlighting both the opportunities and challenges associated with this mode of service delivery.

Respondents in this study indicated that online sessions made therapy more accessible, especially since clients did not have to navigate the financial or time demands of travel. Online group therapy offers a practical way to address barriers as it allows PWA to participate from home while still engaging meaningfully in therapy, as suggested by Govender et al., (2022). Furthermore, these platforms help to ease the strain caused by the shortage of SLTs by enabling one facilitator to reach several clients at once, while also encouraging peer interaction within the group. In this way, online therapy not only supports communication progress but also promotes fairer access to services in contexts where resources are limited (Govender et al., 2022).

Most respondents rated their overall experience of working with PWA in online group sessions as positive, aligning with findings from previous studies that report favourable perceptions among SLTs regarding online group interactions for PWA (Caute et al., 2021). These quantitative results are reinforced by qualitative reports from SLTs describing positive group interactions and a shared sense of engagement among respondents. SLTs reported that PWA engaged most when topics were relevant to their lives. Engagement was not immediate for all respondents, but often grew as group familiarity developed. These findings align with research by Fama et al., (2016), where it was evident that group therapy created a social context for recovery, with PWA engaging more in conversation and benefiting from peer interaction. Hersh et al., (2023) also reported that PWA in online aphasia groups valued the sense of voice and identity created in the group, mirroring the findings in this study, where there is a sense of an online community amongst group members.

Importantly, interaction was multimodal and not confined to verbal exchanges. Respondents reported that using modes such as talking, gestures, facial expressions, AAC, or written responses in the chat were helpful. Over time, participation became increasingly regular, indicating that consistent attendance was a structural enabler of interaction. This aligns with findings from Pierce et al. (2024), who reported that group-based, multimodal aphasia treatments effectively employed modalities like gestures, drawing, and reading to enhance engagement.

Several SLTs noted that sustained participation was achieved through active facilitation strategies, including prompting quieter members, structuring turn-taking, and integrating multiple communicative modes. These strategies reflect the importance of scaffolding interactions so that participation is shared rather than dominated by more confident speakers. Similarly, Fama et al., (2016) observed that participation increased over time, especially among members who were initially quiet, mirroring the findings in this study. More recently, Hersh et al., (2023) emphasised how facilitation strategies in online aphasia groups helped shape participation and identity, reinforcing the relevance in digital contexts. Similarly, the Life Participation Approach to Aphasia (Chapey et al., 2001) underscores the importance of personally meaningful and relevant content to sustain engagement and promote participation. Nash et al., (2022) also advocates for person-centred care that integrates functional outcomes into therapy planning, thereby emphasising the relevance of these frameworks for online group therapy contexts.

These findings reflect patterns noted in global literature. Hersh et al., (2023) expressed that online aphasia groups can reduce social isolation and support communication when facilitators provide adequate scaffolding and opportunities for identity expression. Similarly, Hilari et al., (2024) reported that structured facilitation is essential for maintaining engagement in telehealth contexts, echoing the importance of topic relevance and guided turn-taking for group members. Together, these findings reinforce the psychosocial and communicative benefits of online groups depending on the quality of facilitation, not merely on the availability of a platform (Nash et al., 2022). Contrastingly, Lo et al. (2023) cautioned that when group programmes are not well adapted to respondent needs, barriers to engagement may

limit psychosocial benefits, suggesting that facilitation alone does not guarantee positive outcomes.

The data shows clear evidence that online group therapy delivered psychosocial as well as communicative benefits. The results are reinforced by the facilitation strategies that were used by all respondents to support participation, where many reported that the use of visual aids allowed for extra time, which indicates that SLTs intentionally created accessible spaces that likely supported psychosocial outcomes. Qualitative data clarify how these outcomes were achieved. Respondents linked these psychosocial gains to concrete group processes (peer encouragement, familiar topics, and scaffolded facilitation), which helped reduce isolation and increase confidence to communicate. Facilitation strategies have been shown to support psychosocial as well as communicative benefits: for example, the SUPERB trial demonstrated that peer-befriending interventions supported by facilitation reduced depressive symptoms and increased social participation among PWA (Brady et al., 2021).

These results mirror findings in the aphasia and telehealth literature that emphasise psychosocial benefits of group work and the important role of SLTs in supporting emotional needs. Nash et al., (2022) described the importance of psychosocial care in South African SLT practice and highlighted that SLTs recognise emotional and social support as core elements of aphasia rehabilitation. Similarly, Hersh et al., (2023) reported that well-facilitated online aphasia groups can decrease isolation, improve participation, and provide therapeutic value through group membership itself.

The most prominent hurdle reported was poor connectivity, a major barrier to communication flow during online therapy sessions. Other challenges included loadshedding, which was the potential cause of devices not being sufficiently charged or had a negative impact on internet availability. This would also place a greater financial burden on SLTs and group members alike to provide extra mobile data to present or participate in the sessions, thereby reducing group interaction, which can be seen as a barrier to the achievement of communication goals. This also impacted the flow of sessions due to lagging audio or video feedback, which can be disheartening to respondents. These challenges echo findings from Hilari et al.

(2024), who reported that SLTs delivering telehealth services often encounter difficulties with connectivity, platform functionality, and sharing resources, which can impede engagement and communication effectiveness. Technological adaptations were mentioned as a solution to address these challenges, including the need for more reliable internet connectivity, simplified aphasia-friendly user interfaces, and integrated communication support - combining spoken and written cues, use of gestural supports, or AAC support for those who may benefit.

Addressing this barrier, along with the absence of non-verbal communication, is critical because effective communication is fundamental to psychosocial care, which SLTs recognise as an integral part of their role (Nash et al., 2022). To address these challenges, studies have recommended using multimodal communication strategies like combining gestures, visual support and chat functions during the session. These strategies have been shown to facilitate interaction and increase engagement during telerehabilitation (Pitt et al., 2018).

Despite foundational training, respondents still emphasised the need for more evidence-based demonstration sessions and resource adaptations. Demonstrations may help SLTs apply the theoretical learning to a practical session, thereby gaining more real-world knowledge and better application of skills (Wolford et al., 2024). Dynamic, functional therapy resources and games, multimedia, and real-life scenarios may be used to promote active participation from group members. This recommendation is consistent with evidence that functionally meaningful activities facilitate neuroplasticity and communication gains (Cherney & Van Vuuren, 2012).

Respondents highlighted the need for technology that is specifically designed for PWA, focusing on aphasia-friendly interfaces to support participation, since some PWA tend to have difficulties in narrative processing (Coderre, 2020). Qualitative feedback described the value of a visually intuitive interface to reduce cognitive load and promote independence. PWA mentioned wanting technology to be simple enough that they can use it on their own with minimal support from their SLT, caregiver or partner (Asghar, Egaji & Griffiths, 2021).

Artificial Intelligence (AI)-assisted technologies can facilitate these supports by providing adaptive text-to-speech, automated visual schedule generation, and

predictive AAC functions (Des Roches & Kiran, 2017). Emerging AI features on videoconferencing platforms may partially meet the needs of PWA (Gregory et al., 2023), but empirical research on the efficacy for people with communication disabilities remains limited (Adikari et al., 2023).

According to Nash et al., (2022), psychological difficulties could be compounded by the nature of remote communication, especially for individuals already experiencing compromised communication abilities. Respondents advocated for counselling opportunities and explicit time for emotional support within sessions, reinforcing Nash et al's., (2022) argument that psychosocial care is integral to SLT practice. Addressing these emotional needs may require greater interprofessional collaboration with mental health professionals, as SLTs often report limited confidence in providing counselling (Hersh et al., 2023). Northcott et al., (2017) promote collaborative efforts between healthcare professionals, particularly in a multidisciplinary team to provide holistic care to PWA.

One SLT also mentioned time constraints as a barrier to effective communication, which Nash et al., (2022) also highlighted as a challenge when providing psychosocial support to PWA. This is related to the pressures felt in South African health delivery systems for SLTs and other healthcare professionals alike, with many reporting unrealistic workloads and insufficient staffing, which can negatively impact patient care (Royal College of Speech and Language Therapists [RCSLT], 2025).

Hybrid approaches may mitigate the limitations of purely online therapy, such as reduced access to non-verbal cues and difficulty monitoring progress while preserving the accessibility advantages that many SLTs identified. However, it must be mentioned that there are practical challenges in implementing hybrid models in contexts where long travel distances, limited transport options, and unequal access to in-person treatment are factors that may inadvertently disadvantage PWA living in remote or under-resourced settings (Gallant, Watermeyer, & Sawasawa, 2023).

Given South Africa's multilingual context, respondents suggested that resources should include diverse languages and cultural representations. This aligns with the South African Speech-Language-Hearing Association's (SASLHA, 2021) call to

transform current patterns of service delivery by promoting an inclusive culture that recognises and values all backgrounds, voices, and contributions.

While overall findings were informative, some limitations may have impacted the quality of these findings. These included a small sample size (Faizi & Alvi, 2023) of only 25 responses, which meant that there was a limited diversity of opinions from respondents. Accurate representation of experiences could also have been impaired as a result of the survey being administered completely online. Further research could be conducted using interviews that require respondents to answer more in-depth questions as this may offer more detailed insights (Braun et al., 2020).

Overall, SLTs acknowledged both the benefits and challenges of online aphasia group therapy for PWA. While perceptions were somewhat varied, there was consensus that if SLTs are provided with adequate clinical training, their delivery of online aphasia group therapy could be a valuable alternative to in-person aphasia therapy.

Conclusion

This study explored newly qualified SLTs perceptions and attitudes toward facilitating online aphasia group therapy, providing insight into the opportunities and challenges of implementing such interventions within the South African context. Qualitative findings demonstrated that most SLTs felt confident using technology and perceived online aphasia group therapy as effective in addressing communication goals and improving QOL for PWA. Qualitative findings complemented this by revealing that PWA actively engaged in online sessions, particularly when topics were personally relevant and supported by facilitation strategies. SLTs reinforced the value of online group therapy as an accessible and valuable intervention that promotes participation and social connection.

Several barriers were identified, which occasionally hindered communication flow and rapport. Despite these limitations, the research question was answered in that, SLTs viewed online aphasia group therapy as a valuable addition to in-person sessions, particularly in resource-limited settings. The study highlights the importance of improved technological infrastructure, aphasia-friendly interfaces, and

continued training in online facilitation techniques to optimise therapeutic outcomes. Clinically, these findings support the integration of hybrid models and person-centered approaches to ensure that telerehabilitation remains both inclusive and effective. Future research should focus on larger, more diverse samples and longitudinal studies to evaluate sustained outcomes and develop context-specific frameworks for online aphasia group therapy in South Africa.

Appendices

Appendix A – survey

1. What is your age?

   _____

2. Which of the following languages are you proficient in? (Select all that apply)

- □ English
- □ Afrikaans
- □ isiZulu
- □ isiXhosa
- □ Sepedi
- □ Tswana
- □ Shona
- □ Venda
- □ Ndebele
- □ Chewa
- □ Southern Sotho
- □ Oshiwambo
- □ Nyanja
- □ Bemba
- □ Other: _____

3. Which year were you a final year speech-language pathology student?

- □ 2021
- □ 2022
- □ 2023
- □ 2024

4. Where do you currently work?

- □ Private hospital

- □ Public hospital (District)
- □ Public hospital (Tertiary)
- □ Primary healthcare clinic
- □ Mainstream school
- □ Learners with Special Education Needs (LSEN) school
- □ Rehabilitation unit
- □ Private practice
- □ Other: _____

5. How many years of work experience do you have as a Speech-Language Therapist (SLT)?

- □ Less than a year
- □ 1 year
- □ 2 years
- □ 3 years
- □ 4+ years

6. Have you ever worked with (interacted with, assessed and treated) persons with Aphasia (PWA)?

- □ Yes
- □ No

If yes, please specify: _____

7. What is your current average caseload of persons with aphasia (PWA) per week?

- □ None
- □ 1-5 clients per week
- □ 6-10 clients per week
- □ More than 10 clients per week

Other: _____

8. Do you offer group therapy services for aphasia in your current work setting?

- □ Yes
- □ No

Please elaborate: _____

9. Have you facilitated any online speech-language therapy sessions (in general)?

□ Yes

□ No

If yes, please elaborate: _____

The following questions are related to your experience facilitating an online aphasia group during your final year at the University of Pretoria.

10. In your undergraduate training did you have theoretical and/or practical training in either or both in-person, online group therapy, specifically with regards to aphasia?

□ Theoretical only

□ Practical only

□ Theoretical and practical

□ No training

Please elaborate: _____

11.

	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very comfortable
How comfortable did you feel with using technology prior to starting online group aphasia therapy?	1	2	3	4	5

12.

	Very uncomfortable	Somewhat uncomfortable	Neutral	Somewhat comfortable	Very comfortable
How comfortable were you with using the technology and equipment required for online group therapy sessions with PWA?	1	2	3	4	5

Please elaborate: _____

13. How effective did you find online group therapy in addressing the communication goals of persons with aphasia compared to in-person therapy?

- □ Very effective
- □ Effective
- □ Neutral
- □ Less effective
- □ Not effective

  Please elaborate: _____

14. How would you rate your overall experience working with persons with aphasia in online group sessions at the University clinic?

- □ Very positive
- □ Positive
- □ Neutral
- □ Negative
- □ Very negative

  Please elaborate: _____

15. Which specific aphasia therapy techniques did you most frequently use in online group therapy sessions facilitated at the University clinic? (Select all that apply)

- □ Semantic Feature Analysis (SFA)
- □ Constraint Induced Language Therapy (CILT)
- □ Script Training
- □ Melodic Intonation Therapy (MIT)
- □ Visual Action Therapy (VAT)
- □ Promoting Aphasics Communicative Effectiveness (PACE)

Other, please specify: _____

16. What additional tools or strategies did you use to enhance engagement in online aphasia group therapy during your time facilitating sessions at the University clinic? (Select all that apply)

- □ Screen-sharing to display therapy materials
- □ Interactive applications or games designed for aphasia therapy
- □ Videos or multimedia aids
- □ Digital worksheets or handouts
- □ Virtual whiteboard for drawing and writing exercises

Other, please specify: _____

17. Which strategies were useful for initiating communication during your time facilitating sessions at the University clinic? (Select all that apply)

- □ Directing the facilitator's role to a group member
- □ Passing the question
- □ Requesting members to generate a topic
- □ Addressing a member's participation level
- □ Peer scaffolding or cueing
- □ Facilitator scaffolding or cueing
- □ Encouraging peer feedback
- □ Personalising the discussion

Other, please specify: _____

18. Which strategies were most useful in promoting exchange of information during interactions during your time facilitating sessions at the University clinic? (Select all that apply)

- □ Graphic attempts or drawings
- □ Graphic choices (pictures or photographs)
- □ Natural gestures
- □ Communicative resources
- □ Typing of keywords or phrases
- □ Encourage sharing of images or items (i.e. photographs or personal items)
- □ Other, please specify: _____

19. Which strategies did you use to enhance communication and participation from clients during online sessions during your time facilitating sessions at the University clinic? (Select all that apply)

- □ Frequent use of visuals (e.g., flashcards, pictures)
- □ Simplified verbal instructions
- □ Incorporating gestures and facial expressions
- □ Allowing extra time for client responses
- □ Using a combination of spoken and written cues

Other, please specify: _____

20. What challenges did you face when using specific aphasia therapy techniques during online sessions at the University clinic? (Select all that apply)

- □ Difficulty implementing structured therapy techniques online
- □ Limited client interaction
- □ Managing multiple therapy materials during a session
- □ Inconsistent internet connection affecting communication flow
- □ Difficulty monitoring progress and giving immediate feedback

Other, please specify: _____

21. Please elaborate about any technical glitches that you may have experienced during online group therapy sessions during your time facilitating sessions at the University clinic?

_____

_____

_____

22.

	Not confident	Somewhat confident	Fairly confident	Confident	Very confident
How confident do you feel in your ability to deliver online aphasia group therapy at this point in your career?	1	2	3	4	5

23. I feel that I had adequate supervision and guidance during clinical training in managing clients with aphasia during my time facilitating sessions at the University clinic:

□ Strongly disagree
□ Disagree
□ Agree
□ Strongly agree

If you disagree, please justify: _____

24. Have you facilitated any online group therapy sessions with PWA since graduating from the University of Pretoria?

□ Yes
□ No

Other: _____

25. What is your attitude toward continuing online aphasia group therapy at this point in your career?

□ Very positive
□ Somewhat positive
□ Neutral
□ Somewhat negative
□ Very negative
If negative, please specify why: _____

26. How do you feel about the impact of online group aphasia therapy on the quality of life (QOL) of persons with aphasia?

□ Significantly improves their QOL
□ Somewhat improves their QOL
□ It has no impact
□ It somewhat reduces their QOL
□ It significantly reduces their QOL
Please elaborate: _____

27. In your opinion, a), how **much** do you think the person with aphasia (PWA) interacted during the online group therapy sessions and b), what do you think the PWA **experienced or felt** in the online group therapy sessions during your time facilitating the sessions at the University clinic?

_____

_____

_____

28. What changes/improvements would you like to see in online aphasia group therapy platforms to better meet the needs of PWA?

_____

_____

_____

Appendix B – information leaflet and consent form

Informed Consent

By participating in this survey, you agree to the following:

You understand the purpose of the research and that participation is voluntary.

Your responses will remain anonymous and confidential.

You may withdraw from the study at any time.

After submission, your response cannot be withdrawn due to the anonymous nature of the survey.

The duration of the survey will be 15-20 minutes.

There are no known risks associated with participating in this research.

Data will be stored electronically for a minimum of 10 years after the submission of the research. All collected data will be stored securely and backed up regularly to ensure its preservation.

Data will be processed anonymously and confidentially, and only researchers with authorised access will have the ability to view it.

○ I consent to participate.

Appendix C – infographic

Calling all SLTs who completed their final year of study at the University of Pretoria between 2022 and 2024!

We need your VOICE in our research on:
"Perceptions and Attitudes towards Online Aphasia Group Therapy"

Share your experiences and help shape the future of online speech therapy for those with aphasia.

Survey link: (insert link here)

Only takes 15-20 minutes!

Your insights = Better therapy outcomes.
Add your voice!

Any queries, please contact:

Bhavani Pillay -
bhavani.pillay@up.ac.za
Esedra Kruger -
esedra.kruger@up.ac.za
Humairah Essop -
u22569899@tuks.co.za
Rachel Hyland
Shaziya Mohamed
Joy Roberts

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Appendix D – justification table

Question asked:	**Rationale:**
What is your age?	Including age allows the researcher to promote research validity and this helps examine whether the results are influenced by generational factors or life stage. This ensures more precise generalisations and understanding of the population being studied (De Vaus & De Vaus, 2013).
Which of the following languages are you proficient in?	Language proficiency directly impacts how SLTs communicate with clients in therapy sessions for PWA where communication is already affected. Therapist's proficiency in the client's first language can influence the impact of therapy outcomes (Rose et al., 2013).
Which year were you a final year speech-language pathology student?	Knowing the academic year of respondents allows researchers to segment their data meaningfully. This can reveal trends or shifts over time, such as curriculum changes or evolving perceptions of clinical preparedness. While specific literature on SLP surveys may not always mention this exact question, survey design guidelines emphasize the importance of gathering demographic or background characteristics for interpreting findings (Leendertz et al., 2015).
Where do you currently work?	This demographic question helps researchers understand how the context in which an SLT works influences the approach to aphasia group therapy, as each location has distinct resources and client populations (Worrall et al., 2011).

How many years of work experience do you have as a Speech-Language Therapist?	Years of experience often correspond with the level of expertise and confidence in managing complex cases (Davidson et al., 2008).
Have you ever worked with (interacted with, assessed and treated) persons with Aphasia (PWA)?	This question confirms whether the SLTs participating in the survey have direct experience with aphasia and provides insight into their clinical exposure to aphasia (Dipper et al., 2020).
What is your current average caseload of persons with aphasia (PWA) per week?	Caseload data can provide insight into the demand for aphasia services (Foster et al., 2014).
Do you offer group therapy services for aphasia in your current work setting?	This data can help researchers assess how direct experience with group therapy influences perceptions on its advantages and disadvantages in treating PWA (Elman &Bernstein-Ellis, 1999).
Have you facilitated any online speech-language therapy sessions (in general)?	Understanding the particular advantages and difficulties of online platforms requires prior experience with online speech-language therapy. SLTs with experience leading online sessions are presumably knowledgeable about the ins and outs of teletherapy, including how to keep clients actively participating, use of technology and deal with connectivity difficulties (Cherney & Van Vuuren, 2012).
In your undergraduate training did you have any theoretical and/or practical training in either or both in person, online group therapy, specifically with regards to aphasia?	This response will provide the researchers with information regarding how well they are able to manage clinical situations, specifically with regards to aphasia.
How comfortable did you feel with using technology prior to starting online group aphasia therapy?	Comfort with technology directly influences an SLTs ability to effectively deliver online therapy (Guglani et al., 2023).

How comfortable were you with using the technology and equipment required for online group therapy sessions with PWA?	Understanding SLTs' comfort levels with technology for online group therapy is crucial as the success of online group therapy depends on the therapist's ability to manage digital tools effectively to allow for optimal therapy goals to be achieved (Guglani et al., 2023).
How effective do you find online group therapy in addressing the communication goals of PWA compared to in-person therapy?	While some research supports the usefulness of online therapy, there is still a need for further evidence particularly from the perspective of the SLTs themselves who have been exposed to both settings. The SLT's insight is key in evaluating whether the clients are able to reach their communication goals through online platforms and are vital for shaping future guidelines and best practice (Sharrief et al., 2023)
How would you rate your overall experience working with persons with aphasia in online group sessions at the University clinic?	Understanding SLTs' personal experiences helps in identifying gaps in training, support and technology. It will provide feedback on how well technology is aiding or limiting therapeutic interactions (Cherney & Van Vuuren, 2012).
Which specific aphasia therapy techniques did you most frequently use in online group therapy sessions facilitated at the University clinic?	SLTs are encouraged to use evidence-based practice (EBP) in therapy, so posing this question about specific techniques and strategies can provide insights into which EBP interventions are being applied in online group therapy sessions (Cherney & Van Vuuren, 2012).
What additional tools or strategies did you use to enhance engagement in online aphasia group therapy during your time facilitating sessions at the University clinic?	This question can explore which tools are most often used to tailor therapy especially in a group setting where different clients may require different levels of support (Bhatt-Mackin & Leszcz, 2022).

Which strategies were useful for initiating communication during your time facilitating sessions at the University clinic?	Establishing rapport through empathetic listening and a person-centered attitude is foundational. These approaches foster trust and cooperation, essential for successful therapeutic outcomes. Building a strong therapeutic relationship begins with initial greetings and continues throughout the session (ASHA, n.d.).
Which strategies were most useful in promoting exchange of information during interactions during your time facilitating sessions at the University clinic?	Effective communication is directly linked to improved clinical outcomes. By identifying and implementing strategies that enhance information exchange, clinical educators can foster environments that support better client care and more successful therapy outcomes (Sharkiya, 2023).
Which strategies did you use to enhance communication and participation from clients during online sessions during your time facilitating sessions at the University clinic?	It is essential to understand how SLTs adapt their techniques to maximise client engagement and effectiveness in online group aphasia sessions (Bhatt-Mackin & Leszcz, 2022).
What challenges did you face when using specific aphasia therapy techniques during online sessions at the University clinic?	Limited client interaction during online therapy because of either technical issues or the nature of the online platform, makes it more difficult for SLTs to gauge comprehension, participation and engagement during the online session (Bhatt-Mackin & Leszcz, 2022).
Please elaborate about any technical glitches that you may have experienced during online group therapy sessions during your time facilitating sessions at the University Clinic?	Understanding the types of technical glitches that therapists experience can help identify patterns or common challenges that affect the service delivery of online group therapy (Guglani et al., 2023).
How confident do you feel in your ability to deliver online aphasia group therapy at this point in your career?	Confidence levels can reflect how prepared SLTs feel in dealing with the challenges of online aphasia group therapy. Therapists who lack confidence may struggle to

	engage clients effectively or therapy techniques properly (Guglani et al., 2023).
I feel that I had adequate supervision and guidance during clinical training in managing clients with aphasia during my time facilitating sessions at the University clinic.	Sufficient supervision during clinical training is essential for ensuring that student SLTs receive constructive feedback learn effective therapeutic techniques and develop confidence in managing complex cases such as aphasia (Watermeyer et al., 2023).
Have you facilitated any online group therapy sessions with PWA since graduating from the University of Pretoria?	Understanding whether SLTs have engaged in online group therapy with PWA can help provide understanding into their real-world application of skills learned during their studies. Experience is critical in building competence and confidence in managing the unique components of online platforms (Watermeyer et al., 2023).
What is your attitude toward continuing online group aphasia therapy at this point in your career?	SLTs attitudes towards online group aphasia therapy can reflect their views on its effectiveness in achieving functional goals for PWA via this online platform (Watermeyer et al., 2023).
How do you feel about the impact of online group aphasia therapy on the quality of life (QOL) of persons with aphasia?	If SLTs respond with positive effects on QOL, it suggests that these therapy techniques can be effective in addressing not only communicative needs of PWA, but also their overall life satisfaction and social engagement (Cherney & Van Vuuren 2012).
In your opinion, a), how **much** do you think the person with aphasia (PWA) interacted during the online group therapy sessions and b), what do you think the PWA **experienced or felt** in the online group therapy sessions during your time	Research indicates that a strong therapeutic alliance and positive client experiences are crucial for achieving favourable outcomes in therapy (Cherney & Van Vuuren, 2012).

facilitating the sessions at the University clinic?	
What changes/improvements would you like to see in online group aphasia therapy platforms to better meet the needs of PWA?	Feedback from therapists on desired platform improvements can lead to changes that increase client interaction and motivation (Guglani et al., 2023).

Appendix E – Ethical clearance & Ethical considerations

Ethical considerations

According to the research by Leedy and Ormrod (2016), ethical considerations were divided into five main categories all of which were considered in this study:

Permission

Ethical clearance was granted by the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria (Appendix E).

Informed consent

An information leaflet and informed consent form (Appendix B) was included at the start of the survey which was shared digitally.

Confidentiality and privacy

Privacy and confidentiality were maintained throughout the research process by assigning numerical codes to each respondent, excluding personally identifiable information from the survey and by including non-identifying questions about place of occupation and personal information. We ensured that the data was stored securely on a password-protected computer with limited access throughout the entire data collection process for 10 years following the study.

Protection from harm

The respondents were informed of the aim and procedures of the study, and they were assured that their participation was voluntary and that they could withdraw at any time without any negative consequences.

Honesty with professional colleagues

The research study and the analysis of the results thereof were carried out in an honest manner in accordance with ethical guidelines and by adhering to the principles of non-maleficence and beneficence.

We adhered to the ethical principles which gave the respondents the right to participate willingly, which ensured freedom from coercion. Our study was conducted in line with the Helsinki declaration of 1946 (Brink, 2018). Respondents had the right to withdraw up until the point of submission and the right to be informed of what their responses would be used for and how the data would be stored.

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