

The **A S K** study

Secondary Stroke Prevention Information Program

Therapist Manual

Contents Page

Authors.....	3
The objectives of this manual.....	4
Background.....	4
Secondary Stroke Prevention Information Program (SSPIP)	6
SSPIP principles:.....	6
Who completes the program?	6
Time to complete the program	7
When to commence the first session.....	7
Secondary Stroke Prevention Materials	7
Components in each module.....	14
Overview of program.....	15
Introductory Booklet - "Before We Begin"	15
"Your Needs" Quiz	16
Compulsory Module- "Your Goals"	16
Summing Up	25
Telephone follow-up.....	25
References.....	27

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This program is adapted with permission from the “what you need to know about stroke” booklet developed by Hoffmann, T., Russell, T., & McKenna, K. (2004). Producing computer-generated tailored written information for stroke patients and their carers: System development and preliminary evaluation. *International Journal of Medical Informatics*, 73(11-12), 751-758.

The objectives of this manual

The objective of this manual is to provide a guide for the structure of the Secondary Stroke Prevention Information Program (SSPIP) for patients with aphasia and their families. This manual describes the ways in which the treatment program should be delivered as part of a clustered randomised control trial. This manual should be referred to in order to enhance treatment fidelity.

Background

In 2014 about 51,000 Australians suffered a stroke (National Stroke Foundation, 2010).

After a first stroke individuals are at high risk of stroke recurrence and death.

Approximately 12%-32% of people with first stroke will have a recurrent stroke within five years (Lloyd-Jones, Adams & Brown et al. 2010). This is concerning as many people with stroke have a low level of stroke knowledge (Lloyd-Jones, Adams & Brown et al. 2010). In fact, studies have found that people who have had a stroke have no better awareness of stroke risk factors and warning signs than the general public (Jones, Jenkinson, Leathley, & Watkins, 2010). The percentage of clients with stroke who are able to freely recall at least one stroke risk factor is as low as 13 percent (Croquelois & Bogouslavsky 2006).

As the risk of stroke recurrence is high the provision of information about secondary prevention is important (Eames, 2010), . The National Stroke Foundation Guidelines for Stroke Rehabilitation Management recommends that every person with stroke be assessed and informed of their risk factors for a further stroke, along with possible strategies to modify such factors (National Stroke Foundation, 2010). Provision of such secondary stroke prevention information is best provided through a combination of face to face consultations and telephone follow-up sessions that actively involve patients and provides opportunities for clarification and reinforcement (Eames, 2010). Furthermore the guidelines suggest that all stroke survivors and their families/carers should be provided with:

- information tailored to meet their needs
- that written material in supplement to verbal information.

- information at different stages in the recovery process
- opportunity for clarification or reinforcement.

While no known studies have investigated the adherence of these recommendations for people with aphasia, one study has found that only 36% of people reported to have received written information about stroke (Rose, Worrall, McKenna, Hickson, & Hoffmann, 2007). Furthermore, an audit report by the national stroke foundation in 2009 found that 75% of rehabilitation services did not have or use aphasia-friendly information. Hence, while people with aphasia may be receiving information about secondary prevention it is unlikely that the information is provided in a manner suitable and that people with aphasia recall receiving.

The provision of secondary stroke prevention information should be to increase an individual's knowledge of 1) the signs or symptoms of stroke 2) the appropriate action to take if someone is having a stroke and 3) stroke related risk factors (Eames, 2010). With respect to stroke related risk factors education about both modifiable and non-modifiable factors should be provided (Hoffman, Russell & McKenna 2004). Non-modifiable factors include:

- Older age
- Male gender
- Ethnicity
- Prior stroke or transient ischaemic attack (TIA)
- Family history of stroke

Whereas modifiable factors include:

- hypertension
- diabetes mellitus
- hypercholesterolemia
- heart disease (including atrial fibrillation)
- cigarette smoking
- excessive alcohol intake
- physical inactivity

- obesity
- poor diet

It is recommended that before therapists implement the SSPIP that they are familiar with the The Stroke Rehabilitation Evidence-Based Review (SREBR) of secondary stroke prevention that can be accessed at:

<http://www.ebrsr.com/evidence-review/8-secondary-prevention-stroke>

E-stroke and the National Stroke Foundation also have a Stroke Prevention Module provides 1.5 hours of educational activity on stroke prevention. This module was developed by the Victorian Stroke Clinical Network. Author: Dominique Cadilhac, Florey Neurosciences Institute, University of Melbourne and Deakin University. The module can be accessed here:

<http://www.estroke.com.au/eLearning+by+Category/Managing+Primary+&+Secondary+Risk/Stroke+Prevention>

Please note you have to apply for a username and log-in to access this module.

Secondary Stroke Prevention Information Program (SSPIP)

SSPIP principles:

1. The person with aphasia and their family and friends are the primary targets of the intervention.
2. All written information has been adapted using aphasia friendly formatting principles.
3. The delivery of the intervention should follow supported conversation principles for people with aphasia.

Who completes the program?

The modules are created to be completed with the patient and their family or friends that are attending the sessions.

Time to complete the program

The intervention package is designed to be completed over a six to eight week period, completing approximately one module per week. Individual needs in terms of intervention length, however, may vary.

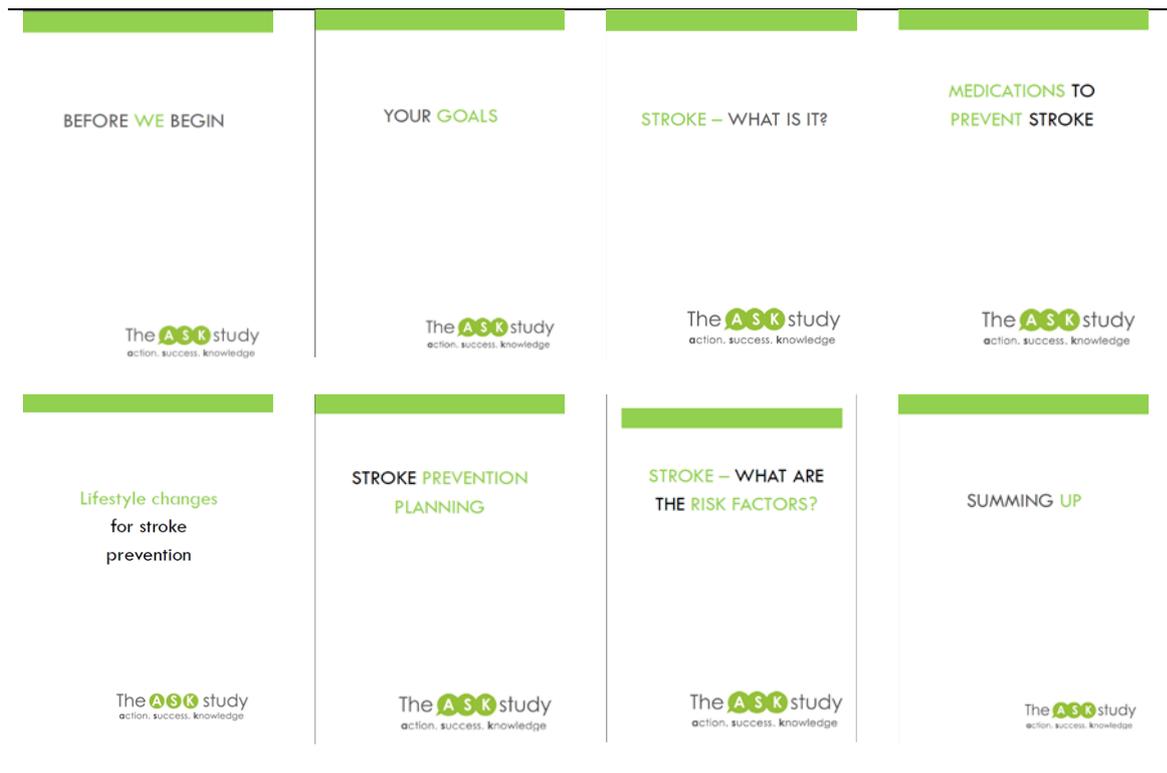
When to commence the first session

The intervention is designed to commence as early as possible after the stroke to fulfil the need of greater education and support in the rehabilitation stage. Factors such as the patient's medical stability, level of fatigue and willingness will impact upon the timing of the program. It is hoped the program will commence alongside the usual care speech pathology services the participant is receiving.

Secondary Stroke Prevention Materials

Eight participant workbooks have been developed for the face to face sessions. **It is important to note the modules do not have to be administered in the order of format presented in this manual.** The workbooks consist of an introductory **"Before You Begin"** booklet. The "Before we begin" booklet is provided to the patient prior to the commencement of the program. The before you begin booklet provides participants with information about the program and a "your needs" quiz that needs to be completed for the first session.

Figure 1. Participant workbooks included in secondary stroke prevention program.



Once providing participants with the before you begin booklet, the first session “**Your Goals**” establishes the goals for the program using collaborative goal setting techniques. A decision making tool is included in the goal setting session to identify which of the content modules each participant would like to complete. **Hence, not all content modules are required to be completed and their completion is left to the discretion of the therapists and participants. Completion of each of the introductory, goal setting, and a summary final session, however, are required.** The content module titles that can be prioritised are:

- “Stroke- What is it?”
- “Medications to Prevent Stroke”
- “Lifestyle Changes for Stroke Prevention”
- “Stroke- What are the Risk Factors”
- “Stroke Prevention Planning”

Prioritising the modules form the basis of the goals that will be covered in future weeks. During this process, the patient and/or their family and friends may bring up other topics or areas they wish to know more about. Whilst the modules cover a wide range of topics, they may not cover every individualised need. The content modules are designed as a guide and

should be incorporated with clinical skill and knowledge to ensure the program is person-centred and modified as needed for each person with aphasia. Upon completion of the content modules that have been prioritised the “**Summing Up**” module is used to review the progress of the participants’ goals. A diagram of the program and how they should be administered as well as overview of each of their aims is provided in figure 2 and table 1, respectively.



Figure 2. Diagram of the secondary stroke prevention program

***Note: The number of modules that the participant completes is left to the discretion of the therapist and the participants. However, participants must be involved in 3 content modules and there must be a minimum total contact time of 3 hours face to face with a therapist for the intervention to be considered completed.**

Table 1: Overview of Secondary Stroke Prevention Information Program (SSPIP) modules.

Workbook name	Overarching Aim of Module	Subsequent Aims of Module	Activities/Resources	What you need to prepare for this module
<p>Before we begin *must be provided to participants before the commencement of the modules</p> 	<p>To introduce the background of the research, the intervention program and its aims.</p>	<ul style="list-style-type: none"> - To introduce clinicians and participants to each other - Reinforce participant timetable/bookings to complete the sessions 	<ul style="list-style-type: none"> - Your needs quiz 	<p>-Folder for participants to keep the modules in week to week</p> <p>-List of appointment times and locations for participants</p>
<p>Your goals *this is a compulsory module for everyone completing the program</p> 	<p>To ensure the program is a proactive, person centred and goal oriented process</p>	<p>For the person with aphasia and their family to:</p> <ul style="list-style-type: none"> - Develop a collaborative relationship between all participants and the speech pathologist. - Develop clear goals and priorities with respect to “increasing knowledge” about secondary stroke prevention 	<ul style="list-style-type: none"> - Your needs quiz (completed in before we begin booklet). - Topics decision aid sheet. - Goal attainment scaling (GAS) framework. 	<p>Ensure the participants have completed the “Your needs” quiz in the before you begin booklet.</p> <p>-Video camera to film session</p>

Module name	Overarching Aim of Module	Subsequent Aims of Module	Activities/Resources	What you need to prepare for this module
<p>Stroke- What is it?</p> 	<p>To increase the participants knowledge of stroke information and where to access more information if needed.</p>	<p>For the person with aphasia and their family to:</p> <ul style="list-style-type: none"> - Understand the causes of stroke - Understand the signs or symptoms of stroke - Understand the appropriate action to take if someone is having a stroke 	<ul style="list-style-type: none"> - Topics quiz - Discuss the causes of stroke - Discuss warning signs 	<ul style="list-style-type: none"> - Pen and paper for communication support -Video camera to film session
<p>Medications to prevent stroke</p> 	<p>To ensure the person with aphasia and their family understands information about medications they have been prescribed to prevent another stroke.</p>	<p>For the person with aphasia and their family to:</p> <ul style="list-style-type: none"> -Understand the rationale for the medications that they have been prescribed. - Understand the side effects of the medication. - Be able to ask their doctor any questions they have. 	<ul style="list-style-type: none"> -Determine the medications the patient is currently taking -Discuss the different types of medications - Identify questions and concerns about any stroke prevention medications 	<ul style="list-style-type: none"> - Pen and paper for communication support -Video camera to film session

Module name	Overarching Aim of Module	Subsequent Aims of Module	Activities/Resources	What you need to prepare for this module
<p>Lifestyle changes for stroke prevention</p> 	<p>To ensure the person with aphasia and their family understands information about lifestyle strategies that can be used to prevent future stroke</p>	<p>For the person with aphasia and their family to understand the importance of:</p> <ul style="list-style-type: none"> - Eating healthy. - Exercise. - Quitting smoking. - Reducing alcohol intake. 	<ul style="list-style-type: none"> - Determine what information participants have received about lifestyle changes they could make - Discuss the different types of lifestyle changes - Identify any questions and concerns about lifestyle changes 	<ul style="list-style-type: none"> - Pen and paper for communication support -Video camera to film session
<p>Risk Factors</p> 	<p>To ensure the person with aphasia and their family understands information about stroke risk factors</p>	<p>For the person with aphasia and their family to understand:</p> <ul style="list-style-type: none"> - non-modifiable risk factors - modifiable risk factors 	<ul style="list-style-type: none"> - Discuss the two different types of stroke risk factors - Discuss the importance of modifiable risk factors - Identify any questions and concerns about risk factors 	<ul style="list-style-type: none"> - Pen and paper for communication support -Video camera to film session

Module name	Overarching Aim of Module	Subsequent Aims of Module	Activities/Resources	What you need to prepare for this module
<p>Stroke prevention planning</p> 	<p>To ensure the person with aphasia and their family understands what different health professionals they should see for stroke prevention.</p>	<p>For the person with aphasia and their family member to know when to see a:</p> <ul style="list-style-type: none"> - A GP - A dietician - A physiotherapist - A OT 	<ul style="list-style-type: none"> - Discuss the different types of stroke risk factors in relation to health professionals who can help - Identify any questions and concerns about risk factors for the different health professionals. 	<ul style="list-style-type: none"> - Pen and paper for communication support -Video camera to film session
<p>Summing up *this is a compulsory module for everyone completing the program</p> 	<p>To review goal attainment progress, review goals for the future and follow up on any gaps.</p>	<p>For the person with aphasia and their family to:</p> <ul style="list-style-type: none"> - Review their goals. - Have time to reflect on the program. - Have any remaining questions answered. - Be provided with resources (if they don't have already). 	<ul style="list-style-type: none"> - Review goals from 'Goal Booklet' - Check resources 	<p>Ensure the 'Goal Booklet' is bought to the session or provide a photocopy of the goals.</p> <ul style="list-style-type: none"> - Pen and paper for communication support -Video camera to film session

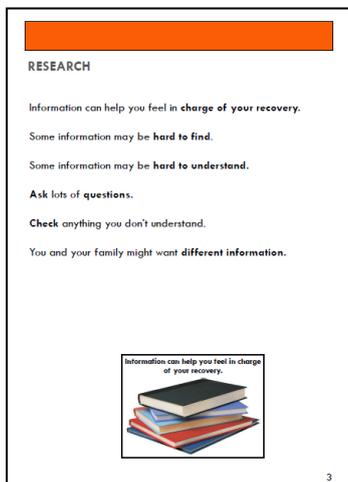
Components in each module

Each module follows a similar format and includes some of the same elements. Each module should contain:

- Objectives for the session
- Structured learning content
- Discussion items, and/or practical exercises.



The objectives of the session are provided at the beginning of each module in the format of a 'This session' and 'By the end of the session' statement. By commencing the session in this way, both the participants and therapist have a shared understanding of the session purpose.



Each module contains research boxes at the start. These boxes provide the scientific background and rationale for the different activities. The amount of time spent focusing on these boxes will be dependent on the needs of the individual and their friends and family. You may want to direct the family and friends to additional information if they wish. These boxes have been deliberately left "Aphasia Friendly" however; some people with aphasia and their family members may want to be directed to further research information and more in-depth resources such as journal articles.



Before commencing each new module please check that all the participants are ready to move on to new material and have an understanding of what was discussed the previous week.

Overview of program

Introductory Booklet - "Before We Begin"

The introductory booklet prepares the patient and their family and friends for the program. It covers aphasia friendly information on; aphasia, what the program will be about, who is invited to participate and a quiz to prepare for the first session. ***You should provide the participants with the 'Before you begin' module after the pre-assessment and consent process but before beginning the program.*** We suggest that prior to giving the patient and their family the introductory booklet, the speech pathologist needs to:

- Be familiar with the booklet and the program in case the participants have any questions.
- Have arranged a place and time for the first session and write this down for the participant.

When providing the patient and their family and friends with the 'Before you begin' booklet it may be good to reiterate that the Program:

- Is aphasia-focused by trying to make the information easy to understand
- Will be run by a speech pathologist
- Will be different to their normal speech pathology sessions
- Will not include language- therapy or speech practice
- Is open to any family or friends that wish to undertake the program with the patient

Discussion of the treatment rationale with participants is an important component of the treatment that sets the framework for all sessions. It is necessary that all participants have a clear understanding of what the secondary stroke prevention intervention is aiming to achieve.

“Your Needs” Quiz

To increase understanding of the participant’s current needs and what they wish to obtain from the Secondary Stroke Prevention Information Program (SSPIP), a pre-program quiz has been developed. This quiz is also designed to prepare the participants for the goal setting session. The participants will need to complete this quiz and bring it with them to the first SSPIP session.

Compulsory Module- “Your Goals”

After welcoming and introducing yourself to all the participants (including family members), the first session should commence by addressing any questions the participants may still have about the program. Take this opportunity to ask the person with aphasia and their family and friends if they have any questions or concerns about the program so far. By flagging these questions early in the session sufficient attention can be given to discussing the answers throughout the module. Every question and concern is important and every participant has valuable knowledge and experience.

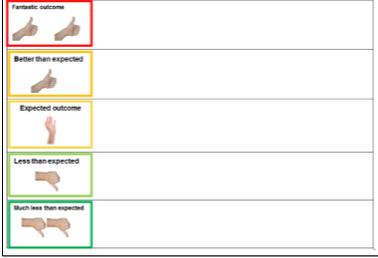
Goal setting is critical to the process of directing rehabilitation efforts towards the achievement of personally relevant goals. This module will focus primarily on establishing goals for the SSPIP program. This process will use the ‘SMARTER’ goal setting approach; a process that is **Shared, Monitored, Accessible, Relevant, Transparent, Evolving and Relationship-centred** (Hersh et al, 2011). By the end of the session, all parties should be clear on the participant’s goals and these documented in the goal attainment scaling (GAS) format. The resources you will need are explained in table 2.

The ‘Your Needs Quiz’ has been developed to prepare the participants for this goals setting process. Begin by looking through the completed quiz with the participants. Discuss the

areas the participants feel confident in and areas they wish to know more about. Write these down on the first page of the 'Goal Development' handout. Explain that together you will use the information they have given and turn them into goals. The term 'goal' is used throughout this module, however, it is understood that the use of this term may cause confusion for some participants. Please clarify or adapt the use of this term if required.

To help set goals, you may find it helpful to decide what modules the participants are most interested in. Use the decision aid table titled 'Choose your topics' to help the participants select the areas which interest them most. You should identify areas of interest both, for the person with aphasia and for family members. Once they have both chosen areas they both wish to know more about, discuss those that overlap and those that are different. Discuss if each of the different modules are still something they both wish to learn more about it. If so, these modules become the priorities. Discuss the order of them together and come up with a joint decision. ***Family members are targets of the intervention too, so if they wish to know about a topic the person with aphasia does not, this should be respected and addressed in a session specifically for them as family members.***

Table 2 Goal setting resources

Resource name	What it looks like...	Use this to....
The 'Your Needs Quiz'		Prepare the participants for the goal setting process; have an initial understanding of the participants needs.
Choose your topics		Help the participants select the modules that interest them most.
"Goal Development Handout'		<p>Develop goals into the GAS format</p> <p>Keep a record of participants goals during the program</p> <p>Prioritise the order of the modules completed</p> <p>Goals should be documented in a way that is appropriate for the participant with aphasia to understand</p>
My Other Goals		Acknowledge and record goals that may not necessarily be able to be addressed during the program or need to be achieved by seeing a different health professional.

If the participants come up with goals that is not relevant to the secondary stroke prevention program such as “Be able to walk on my own”, or “ talk more” this is fine but needs to be clarified that they will work towards this with the physiotherapist or their usual care speech pathologist. You can acknowledge such goals by using the ‘My Other Goals’ handout, and discussion about, who they want to work on it with and when they want to work on these goals. Encourage the participants to show the ‘My Other Goals’ handout to their other appropriate rehabilitation clinicians. The “My Other Goals” process is optional and is designed to help distinguish the goals appropriate for the secondary stroke prevention program from other rehabilitation goals the participants may have.

The goals that are appropriate for the secondary stroke prevention program are then written down on the ‘Goal Development Handout’. ***Goals should be generated for both the person with aphasia and their family/friends. Some goals may be applicable to both the person with aphasia and their family and thus are shared goals; others might simply relate to one party. Goals that are chosen should promote increased knowledge with regards to secondary stroke prevention. Example*** descriptors that may be written for “knowledge” goals to be achieved by the end of the program may include the following:

- To define
- To describe
- To identify
- To show
- To outline
- To state
- To discuss
- To explain
- To classify
- To summarise

When developing goals it is important to:

Think about whether this goal forming process has been Shared:

- ✓ Have the participants been able to prepare for the session?
- ✓ Have families and significant others been involved?
- ✓ Has the information been presented in way that is understood?

- ✓ Is the information relevant?
- ✓ Is the working relationship a trusting and collaborative one?
- ✓ Have all participants understood the purpose of goal setting?

Think about whether these goals can be **Monitored**:

- ✓ Have the goals been written in a way that allows for continuous evaluation?
- ✓ Have the goals been written in a way that allows for small changes to be measured?
- ✓ Can these goals be used to regularly discuss improvements or lack of improvements?

Think about whether these goals are **Accessible**:

- ✓ Are they written in an aphasia-friendly format?
- ✓ Does extra time or support need to be provided to allow the participants to understand?
- ✓ Do the participants understand that they can add to their goals if they think of new ones?

Think about whether the goal setting process has been **Transparent**:

- ✓ Are the participants clear about which goals can be achieved through the Secondary Stroke Prevention Program?
- ✓ Has a clear link be established between the goals the participants selected and how these goals can be achieved?
- ✓ Have the participants been able to influence what they will learn about during the program based on their current needs and goals?

Think about whether the participants are aware that this process is **Evolving**:

- ✓ Are the participants aware that they can revisit and revise the goals?
- ✓ Are the participants aware that they can change which modules they would like to do during program if they like?

Think about whether the goal setting process has been **Relationship-centred**:

- ✓ Have the goals been client-centred?
- ✓ Has rapport and trust been developed between the participants and speech pathologist?

The identified goals are then prioritised as to their level of importance and written in a GAS format. There is space provided for 5 goals. A participant can do more or less depending on what is achievable for them. Encourage the participants to add to their goals as they think of

new ones. Examples of goals and how they might be put into the GAS format are provided in figure 2 and figure 3. It is acknowledged that sometimes the goal setting process may be more difficult with some participants than others. Often participants report that they don't know what to expect. In the early stages of recovery, and where clients are unfamiliar with their goal needs, therapists may need to lead the goals that are chosen for the program. However, goals should always be relevant to individual needs and based on the priorities of the participants. People with aphasia and their families may need to hear the importance of setting goals several times and at several stages in recovery before they are able to identify with the goal setting process... A reason it may be difficult to complete goal setting is that the participants may feel that it would not be useful to set or write goals down. It is important to reiterate that having goals recorded will be helpful for everyone to make sure you stay on track and once finished identify what you have achieved. It might be helpful to discuss what other people with aphasia and their families have said about goals. Many people are surprised about how valuable the goal setting component was once the program is concluded. Comments made by family members from the pilot ASK trial about goal setting included:

'I think it was good to have the goals and concentrate on those goals as you went through. I think without them we'd be at a loss, so it was good because we had the conversations with people and up top and – what was next?.. No. I would think it was quick and they – the conversations we had about each of the goals was important and relevant.'

"The goals are excellent...at the beginning it seemed a bit stupid to us, but when you get to the final one and you actually compare where you are now to the goals and things that you set and where you thought you would be, that was very beneficial because you actually understand better the advances that you did make."



Goals should be documented in a way that is appropriate for the participant with aphasia to understand. Keep a photocopy of the written goals to revisit during the summing up module.

Figure 1 Example Goal breakdown: “improved knowledge of stroke”

Aphasia **ASK**

<p>Fantastic outcome</p> 	<p>Able to discuss two specific causes of stroke (ischaemic stroke/ artery is blocked) AND (haemorrhagic stroke/ artery is burst) with communication support as necessary with a friend.</p>
<p>Better than expected</p> 	<p>Able to discuss one specific cause of stroke (ischaemic stroke/ artery is blocked) OR (haemorrhagic stroke/ artery is burst) with communication support as necessary with a friend.</p>
<p>Expected outcome</p> 	<p>Able to discuss a general definition of stroke (blood supply to the brain is stopped) with communication support as necessary with a friend.</p>
<p>Less than expected</p> 	<p>Unable to discuss a general definition of stroke with communications support to a friend.</p>
<p>Much less than expected</p> 	<p>Unable to recognize the word stroke nor identify a cause.</p>

Figure 2. Example Goal breakdown: “to understand how to reduce the risk of a second stroke”

Aphasia ASK	
Fantastic outcome 	Able to identify all modifiable risk factors of stroke and outline how to reduce the risk.
Better than expected 	Able to identify 2 modifiable risk factors of stroke and outline how to reduce the risk.
Expected outcome 	Able to identify 1 modifiable risk factors of stroke from a list and outline how to reduce the risk.
Less than expected 	Unable to identify any modifiable risk factors of stroke from a list.
Much less than expected 	Unaware that there are modifiable risk factors.

Figure 3. Example Goal breakdown: “to understand the different medicines I’m taking”

Aphasia ASK	
Fantastic outcome 	Able to state/identify all the medications for stroke prevention I’m taking and outline the purpose of each (e.g., stop blood clots).
Better than expected 	Able to state/identify all medication for stroke prevention I’m taking and outline the purpose (e.g., stop blood clots).
Expected outcome 	Able to state/identify 1 medication for stroke prevention I’m taking and outline the purpose (e.g., stop blood clots).
Less than expected 	Able to recognize the names of medication for stroke prevention I’m taking but not the purpose.
Much less than expected 	Not able to recognize the names of medication for stroke prevention I’m taking.

Summing Up

The purpose of this module is to discuss how well the SSPIP has been able to achieve the participants goals set at the beginning of the program. It allows an opportunity to reflect on the SSPIP experience and discuss any unfilled gaps or remaining questions the participants may have. Progress towards agreed goals should be regularly discussed. Goals often change with time, as recovery occurs and as priorities change. To allow for changes in circumstances, goals should be regularly revisited and revised. (Hersh et al, 2011). As part of the 'SMARTER' goal setting process, it is critical that goal are reflected back upon and discussed with the participants. It is acknowledged that some goals have change or evolved and some skills may have been learnt that were not previously identified as goals. Start by reflecting back on the SSPIP with the participants. Use their 'Goal Booklet' as a guide for discussion. For each goal rate on the participants GAS table where they feel they are in relation to achieving their goals. Mark these results on your own copy of their goals. This will need to be kept as a record for outcome measures.

If the participants report unmet goals discuss further what they would still like to achieve. Brainstorm with the participants how this can be brought about.

It is hoped that achievable options can be presented to the participant's to assist them in continuing to work towards their goals. This may include:

- Having an extra SSPIP session to work on unmet areas of interest for the participants
- Enabling the participants to continue working towards their goals with their family or friends
- Helping the participants locate resources or information that may assist in answering questions
- Encourage the completion of goals during the follow-up telephone sessions.

Telephone follow-up

Follow-up monthly phone calls or visits (which ever method is suitable for the participants) will be made until 12 months post stroke. The follow up calls should find out how the participants needs are going, revisit the participant goals set during the program and provide additional information and resources where necessary. Calls should be made

monthly upon completion of the face to face sessions. If there is a crisis or severe symptomology expressed during a telephone call, clinicians are able to call more than once during a month as part of their duty of care and recommendations of further support should be made as appropriate. If a person with aphasia does not have a support person and are not able to be follow-up by phone, they are able to come in for a face to face session but this needs to be documented.

Follow-up Telephone Treatment (optional prompts)

Greeting and Introductions

Hello my name is XX from XX hospital and I'm calling about SSPIP study that you completed with me.

How are you and XX going?

How have you and XX been since I last saw you?

If client feels that are not doing well, find out and address the primary area of concern but do not provide more than usual care services/duty of care if out of scope of this intervention.

'I'm sorry to hear that you haven't been doing so well. What are you having the most problems with?'

Why do you think you are having trouble?

"Do you feel like you need more support or information?"

"What do you feel you need most to help?"

Revisiting information that has been provided about secondary stroke prevention

I'm calling to check on about the information we have been talking about to prevent another stroke.

Do you feel like you need more support or information?"

Have you accessed/did you receive the information we talked about last time?

Would you like more information about x?

Would your family member like any more information?

Additional resources for participants if needed can be found at:

<https://strokefoundation.com.au/prevent-stroke/preventing-second-stroke/>
http://strokefoundation.com.au/site/media/UnderstandandPreventStroke_web.pdf

Thank you for your support with this research program!

For any questions or quires regarding the ASK study please contact:

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