

Family-centred aphasia care in the French-speaking part of Belgium: therapists' barriers, needs, and perceived competence in supporting relatives after stroke

TAKE-HOME

Family support is present, but often informal: the clearest gap is moving from involvement to structured communication-partner intervention.

Therapists show interest in family support, but both current providers and interested non-providers report barriers related to time, training and resources.



1 Background & aim

International recommendations support family-centred aphasia care and communication-partner support. Yet implementation in routine services remains difficult.

Aim: describe current practices, perceived barriers and professional needs among therapists supporting relatives of people with aphasia in French-speaking Belgium.

2 Sample

73 professionals in adult neurological rehabilitation

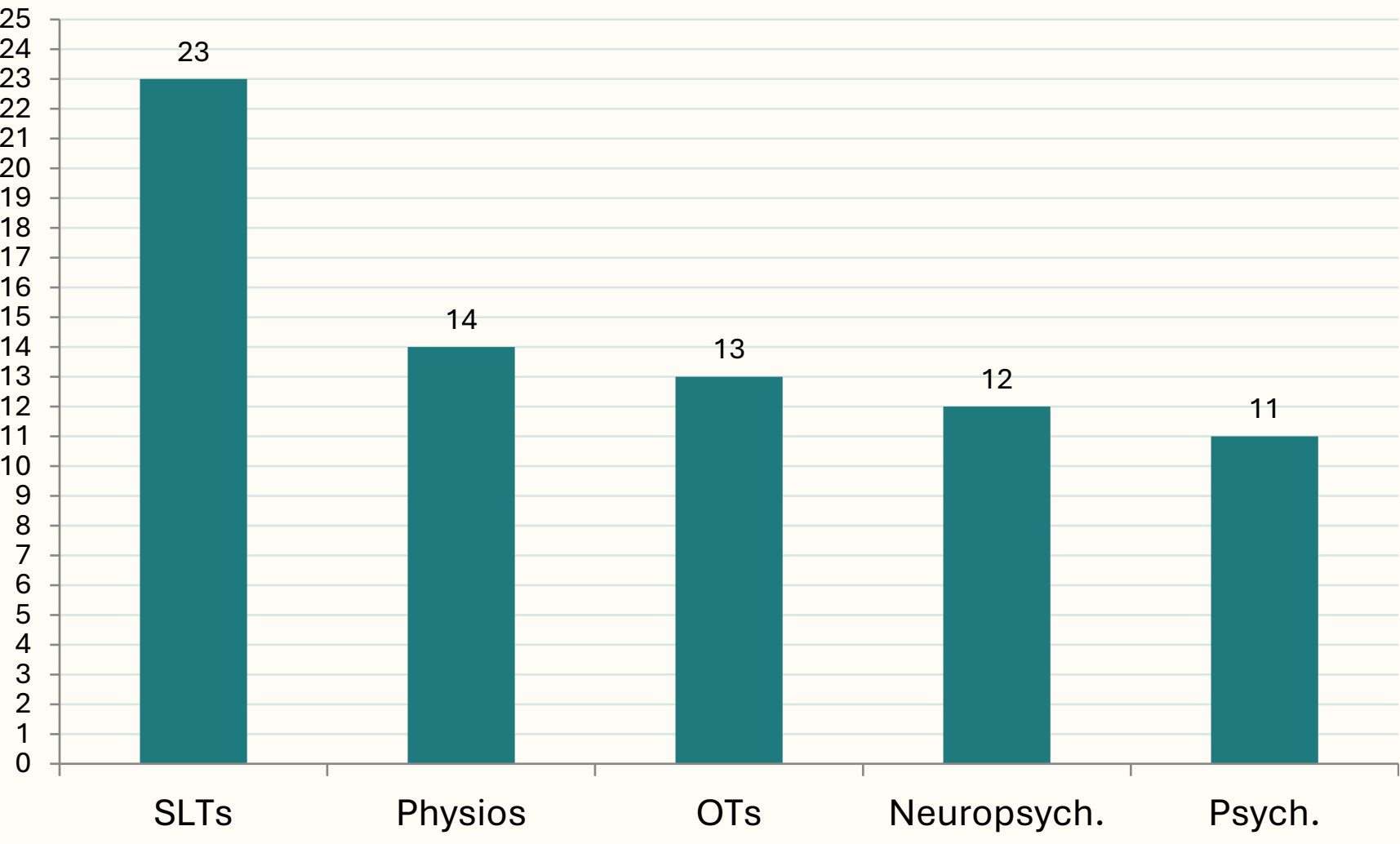
34/73 worked directly with people with aphasia

25/34 currently supported families

25/48 non-providers wanted to support families

10/25 reported having the skills/tools needed

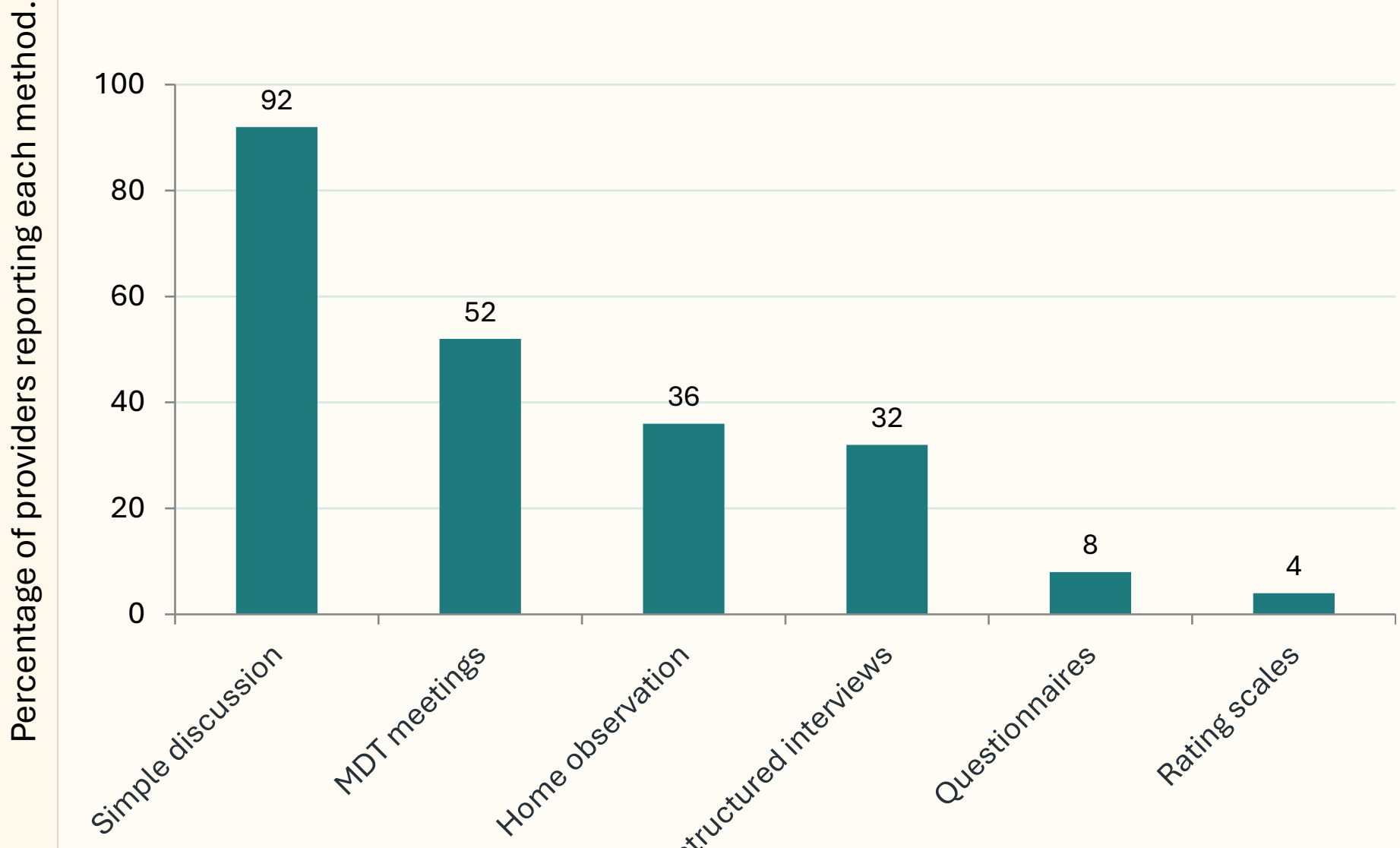
Participants by profession (N = 73)



3 How family needs are identified

Needs are mainly identified informally; structured tools are rare.

Among current providers (n = 25)

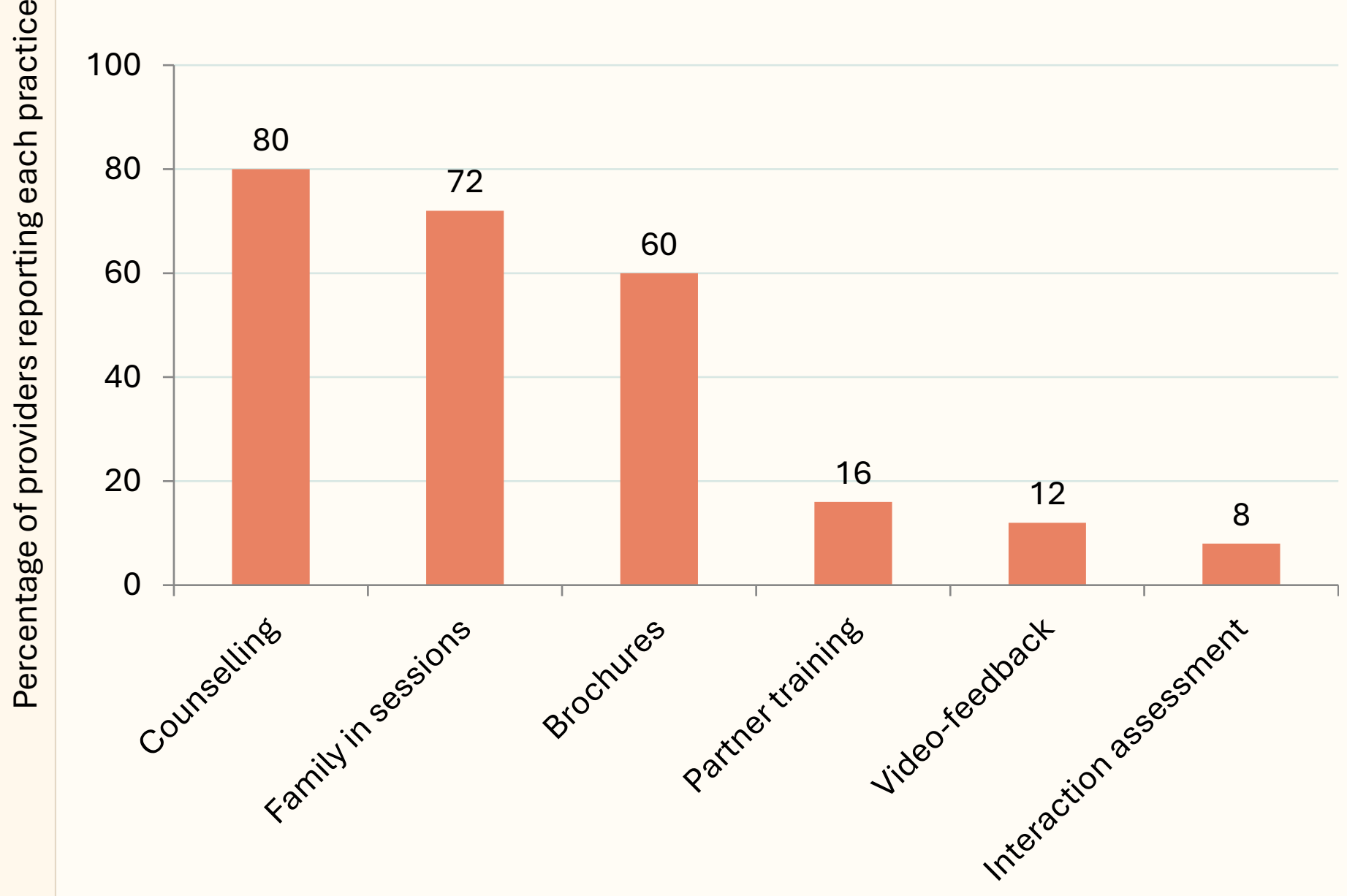


Note. MDT = Multidisciplinary Team meetings

4 Current family-support practices

Counselling, family involvement and brochures are common; active Communication Partner Training-like practices and structured evaluation are uncommon.

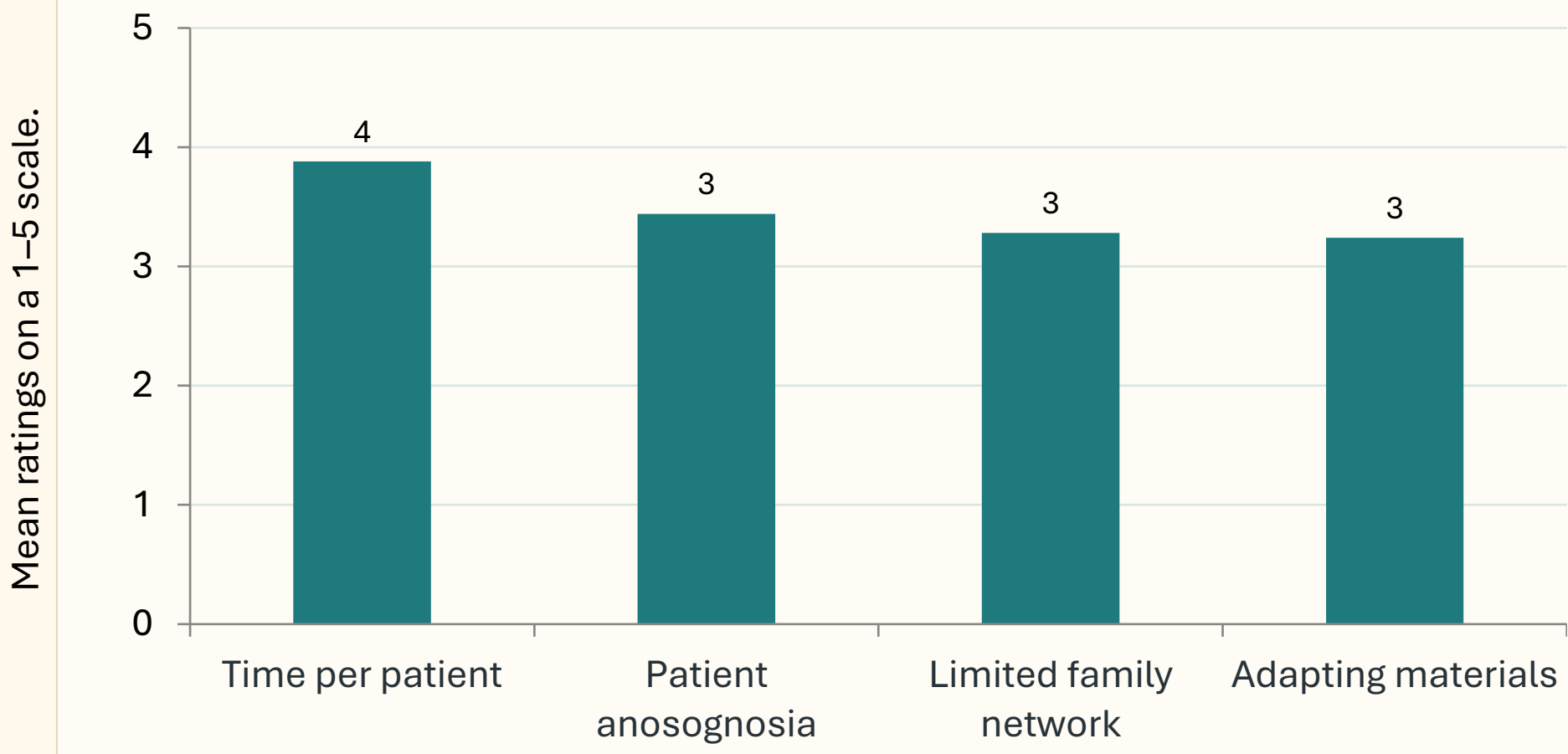
What providers report doing with families (n = 25)



5 Barriers among current providers

Barriers were multifactorial, involving time, patient/family factors and material adaptation.

Highest mean-rated barriers (n = 25; scale 1–5)

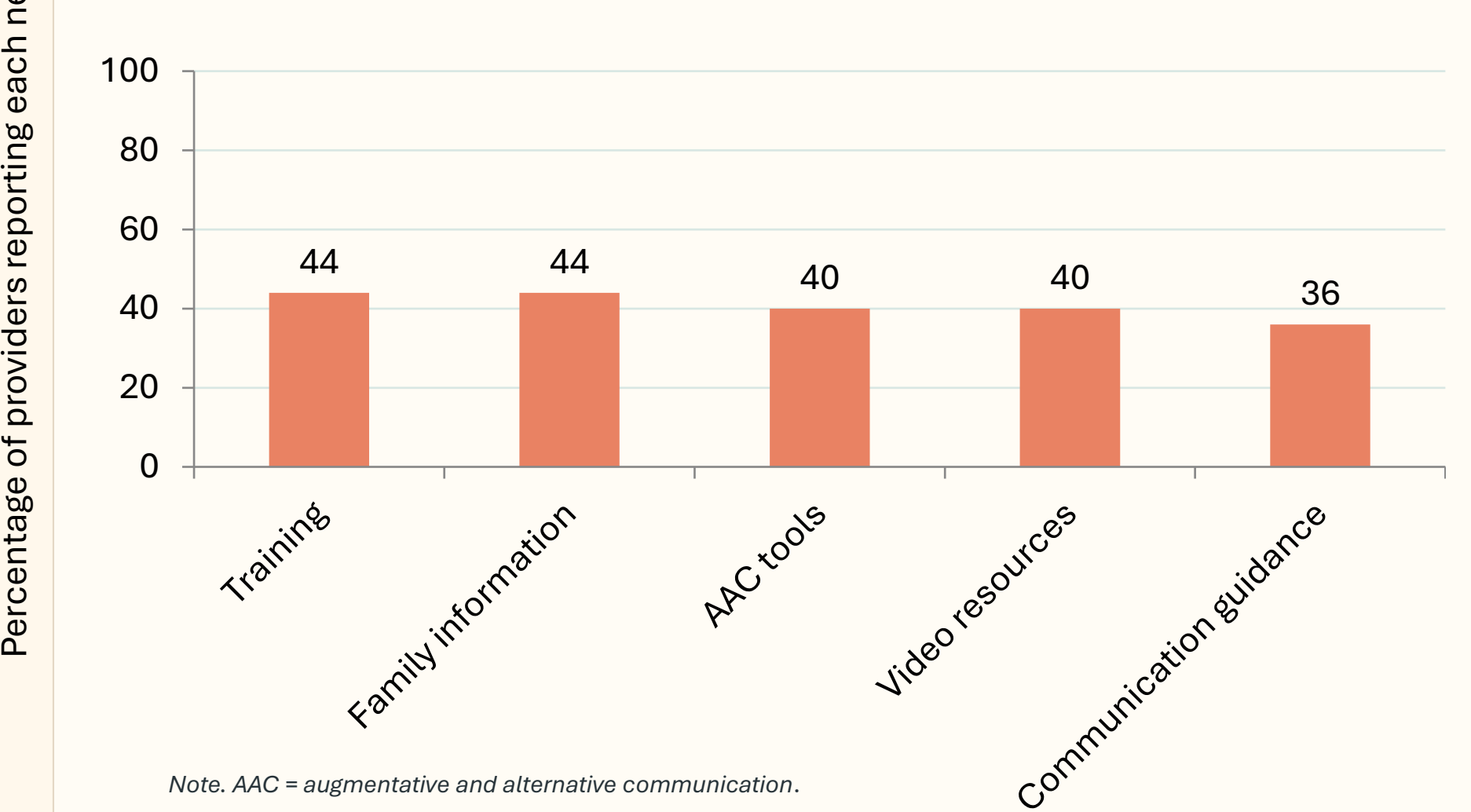


Only 10/25 current family-support providers felt they had the necessary skills/tools.

Higher perceived barriers were associated with lower perceived competence (*point-biserial* $r = -.51$, $p = .009$).

6 Professional needs

Reported needs among providers (n = 25)



Note. AAC = augmentative and alternative communication.

7 What blocks interested non-providers?

Willingness exists, but training and materials are barriers.

Among non-providers who wanted to support families (n = 25), mean ratings were highest for **lack of specific training** (3.96/5), **insufficient competence** (3.72/5), **lack of materials** (3.36/5), and **lack of dedicated time** (3.00/5).

8 Recommendations vs practice

Recommended

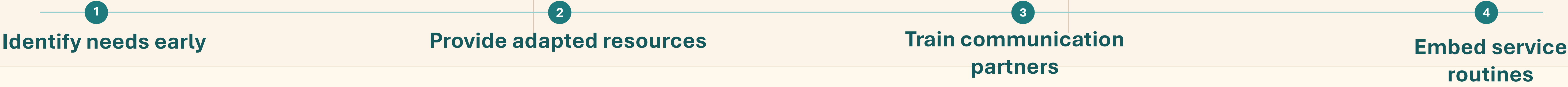
Family-centred care, aphasia information and communication-partner support.

Observed

Family involvement is present among providers, but structured partner training and structured interaction assessment are rare.

Implication

The issue may be less recognition than feasibility: time, tools, training and routines.



CONCLUSION Family-centred aphasia care is recommended internationally, yet routine implementation remains challenging. The clearest signal is a gap between family involvement and structured communication-partner intervention. Priority: make evidence-based family-centred care feasible, not only recommended. Family-centred care requires time, funding, skills and service structures.