1 in 3 stroke patients have a language impairment called *aphasia*. Some are left unable to speak. Recovery is uncertain. Hope is important, but so are realistic expectations. How do speech pathologists respond when patients ask ‘Will I get better?’

Interview study
We aimed to understand speech pathologists’
- Clinical experiences
- Clinical reasoning
- Clinical support needs

- 25 speech pathologists across Australia
- Working with people with aphasia in Hospital stroke unit Community rehab Private practice
- Maximum variation sampling
- Reflexive thematic analysis

Interview findings

**Theme 1 – Prognostic challenges are shared but not voiced**
Prognostication is inherent in clinical practice
Prognostication is challenging but unchallenged

You are constantly talking about prognosis…just in an inadvertent way
We don’t have a whole lot of really hard data to sort of…articulate what the recovery might look like

**Theme 2 – Truth is there’s no quick fix**
People ask because they look forward to being cured
Understanding aphasia helps people accept its chronicity

As a new grad, you’re like “Ta da! I’m going to fix everyone!”…you come to that realisation that we actually can’t

**Theme 3 – Recovery is more than words**
People feel better when they adjust to living with aphasia
People get better in different ways

Eventually when they accept…or they’ve gone through that journey of grief…they can go forth as well on their journey of recovery
The ICF…that’s a good framework to think about the different prognoses

**Theme 4 – The power of words**
People hold on to words
Talking about prognosis can be therapeutic

If it doesn’t go well, I might leave it and pass that over to the outpatient therapist…it’s all about timing

**Theme 5 – Prognostic competence is implicit**
Prognostication requires advanced clinical reasoning
Prognosis is addressed using interpersonal skills
Prognostic competence is honed through experiential learning

Clinical implications

Prognoses can be realistic and optimistic by looking at recovery holistically.
Conversations about prognosis can be therapeutic.
Prognostic discussion needs to carefully address prognostic uncertainty, emotional adjustment, conditional outcomes.

But…What’s the patient’s point of view?

When no one talks about the fact that this is something that’s most likely to be chronic…who’s really giving them a space to grieve?
If it doesn’t go well, I might leave it and pass that over to the outpatient therapist…it’s all about timing

Sometimes I’ve probably been less wishy washy…with the implicit goal of motivating a person…but it’s a really bloody fine line

Poking the right time…That’s a really soft skill that can’t be taught almost and only comes with experience