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Original Article

Identifying Communication Partner Skills and Environmental and Emotional Factors that Promote Effective Communication in People with Aphasia

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ABSTRACT

Aphasia is a disorder that affects language comprehension and/or expression. People with aphasia (PwA) require communication strategies to actively engage in everyday life, which can be enhanced with support from a communication partner (CP). It is therefore essential to identify the characteristics of CPs, as well as the emotional and environmental factors that facilitate effective communication with PWA. The Communication Needs Questionnaire for People with Aphasia was employed to this end. This instrument is designed to gather information on verbal, nonverbal, emotional, and environmental aspects that influence communication. The questionnaire was validated by a panel of experts (N = 7) and administered to 18 PwA attending speech-language therapy in healthcare centers in Santiago, Chile. The results revealed verbal strategies used by CPs that were perceived as helpful, such as familiar words, message repetition, and simple phrases. Among the nonverbal strategies, PwA emphasized the importance of sustained eye contact, effective turn-taking, gestures, and pausing during interactions. Regarding environmental factors, participants stressed the importance of engaging in conversation in calm, low-noise environments. In terms of emotional factors, they reported feeling comfortable and supported when communicating, particularly with healthcare professionals. They also reported enjoying conversations despite their difficulties and said they did not feel uncomfortable when asked whether they understood a message. This study identified key verbal, non-verbal, emotional, and environmental characteristics that foster effective communication between PwA and CPs, providing relevant evidence to inform interventions and clinical practice in speech-language therapy.

Keywords:
Aphasia; Communication; Communication Partner Training; Communication Partner; Speech-Language Therapy

Determinación de las habilidades de compañeros de comunicación y características ambientales y emocionales que promueven una comunicación efectiva en personas con afasia

RESUMEN

La afasia es un trastorno que afecta la comprensión y/o expresión del lenguaje, las personas con afasia (PcA) requieren estrategias comunicativas para involucrarse activamente. Estas se ven potenciadas con el apoyo de un compañero de comunicación (CC). Así, resulta necesario identificar las características de un CC, los aspectos emocionales y ambientales que favorecen una comunicación efectiva con PcA. En este estudio, se utilizó el Cuestionario de Necesidades Comunicativas para PcA, diseñado para recopilar información sobre aspectos verbales, no verbales, emocionales y ambientales que inciden en la comunicación. El instrumento fue validado por un panel de expertos (N=7) y aplicado a 18 PcA que asistían a terapia fonoaudiológica en centros de salud de Santiago de Chile. Los resultados mostraron estrategias verbales facilitadoras por parte del CC, como: uso de palabras familiares, repetición de mensajes y frases sencillas. Entre las estrategias no verbales, las PcA destacaron el contacto visual sostenido, toma de turnos efectiva, uso de gestos y pausas en la interacción. Respecto a los factores ambientales, se subrayó la importancia de conversar en contextos tranquilos y con bajo nivel de ruido. En cuanto a los aspectos emocionales, los participantes reportaron sentirse cómodos y apoyados al comunicarse, especialmente con profesionales de la salud; también expresaron disfrutar las conversaciones a pesar de sus dificultades y no incomodarse al ser consultados sobre su comprensión. Este estudio identifica características verbales, no verbales, emocionales y ambientales que favorecen la comunicación entre PcA y CC, aportando evidencia relevante para orientar intervenciones y prácticas clínicas en fonoaudiología.

Palabras clave:
Afasia; Comunicación; Entrenamiento a Compañeros de Comunicación; Compañero Comunicativo; Terapia Fonoaudiológica.

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INTRODUCTION

Aphasia is a communication disorder resulting from injury in language areas of the brain (Helm-Estabrooks & Albert, 2005). This condition significantly impacts the quality of life of people with aphasia (PwA) as well as their close social network. In this context, it is essential to develop intervention strategies that promote social, occupational, and family reintegration.

There are several therapeutic approaches aimed at improving language and communication in PwA. Some focus on restoring linguistic functions, while others provide compensatory techniques that support communication through alternative systems or activity-based practices; these approaches enhance everyday communicative functionality.

In recent years, there has been a greater demand for ecological approaches that consider not only the abilities of PwA but also their environmental demands and supports. The social determinants approach is particularly relevant, as it considers disability a consequence of contextual factors that limit participation (Finkelstein & French, 1993). From this perspective, communication barriers are not solely a function of linguistic deficits but also of social conditions that constrain communication. Therefore, promoting participatory interventions that involve both the PwA and their environment becomes a priority (Rayner & Marshall, 2003).

Communication Partner Training (CPT) stands out within socially oriented interventions. This model views communication as a bidirectional exchange in which information constantly flows between speakers (Kagan et al., 2001). According to this approach, the communication skills of PwA do not only improve through personal strategies but also through the abilities of their closest communication partner(s) (CP).

Communication Partner Training is based on a cognitive-behavioral approach that aims to modify and adapt interactions between PwA and their CPs. Communication partners may include family members, friends, volunteers, or healthcare professionals. Their active participation in developing and implementing communication strategies is considered essential, as their role provides adequate environmental support and facilitates access to communication (Simmons-Mackie et al., 2010). Therefore, CPT addresses communication skills in PwA and CPs, as well as environmental adjustments. To this end, it employs techniques such as conversational analysis and supportive aids and strategies. These actions aim to foster more effective and meaningful communication for PwA (Cruice et al., 2018; Simmons-Mackie et al., 2016).

Strategies include adjusting the CP's conversational style, such as speaking more slowly or using clear, simple sentences. Additionally, it is suggested to give the PwA enough time to respond without interrupting them or completing their sentences. Moreover, it is encouraged to use visual aids and augmentative communication, such as gesturing, communication boards, or apps. These adjustments facilitate interaction, favour the PwA's autonomy and reinforce their right to active participation. (American Speech-Language-Hearing Association [ASHA], 2025; National Institutes of Health (NIH) & National Institute on Deafness and Other Communication Disorders, 2020).

Some CPT programs include education and psychosocial support for the CP to facilitate their relationship with the PwA and strengthen their capacity to provide adequate care. These interventions address common emotional and social issues experienced by PwA, such as anxiety, depression, frustration, or isolation (Parr, 2007; Simmons-Mackie et al., 2016).

Despite international advances in aphasia research, studies on CPT are still scarce (Shrubsole et al., 2023), hindering its standardization. Furthermore, CPT development has mainly occurred in English-speaking and northern European countries, limiting the possibility of creating culturally diverse guidelines and training carers and healthcare professionals working in diverse social settings. These limitations translate into clinical practice, where recommendations for CPs are based on subjective observations and the clinician's prior knowledge of the condition, rather than on structured, validated guidelines. This lack of standardization results in high variability among professionals, impacting the clarity and consistency of CPs' communication patterns (Chang et al., 2018; Shrubsole et al., 2023).

Although there are no precise data in Chile on the prevalence of aphasia, the high incidence of stroke, one of its leading causes, allows us to infer that it is a relevant public health issue. According to the Chilean Ministry of Health (MINSAL), stroke is the second cause of death in the country and one of the leading causes of disability in older adults (MINSAL, 2007). However, access to specialized interventions, such as intensive speech-language therapy, as well as to communication support technology, remains unequal. This is particularly pronounced in rural areas or in areas with limited access to rehabilitation services.

In this context, it becomes urgent to develop interventions for PwA that address local needs and incorporate culturally relevant and accessible practices. However, despite its growing global recognition as an effective tool for participation in PwA, CPT research and practice are virtually nonexistent in Chile. Moreover, as mentioned before, training models have been developed mainly in English-speaking and northern European countries (Shrubsole et al., 2023), which restricts their application in Latin America. Consequently, there is a need for evidence that enables the adaptation of these strategies to the Chilean context. A key step in this direction is identifying the traits that PwA require from a communication partner. This knowledge would allow for recommendations to be standardized and contextualized, making the communication process more understandable, personalized, and efficient (Chang et al., 2018).

This research aims to identify CPs' communication skills from the PwA's perspective, as well as environmental and emotional factors that enable or hinder communication.

METHODOLOGY

Design

This study employed a descriptive, cross-sectional design. People with aphasia (PwA) were recruited from several healthcare centers in Santiago, Chile. The participating institutions were Hospital San Juan de Dios, CRS Cordillera, CCR El Bosque, and Hospital San José.

The research was approved by the Ethics Committee of the Faculty of Medicine at Universidad de Chile (ID No. 078-2015). This article systematizes and expands upon the preliminary findings reported in an undergraduate thesis completed in 2015 (Barahona Fuentes et al., 2015).

Data Collection Instrument

The research team designed *Cuestionario de Necesidades Comunicativas Para Pacientes con Afasia* (Communication Needs Questionnaire for patients with aphasia, henceforth CNQ) for this study. This instrument aims to explore the skills that PwA value in a communication partner (CP), as well as the environmental factors that facilitate or hinder effective communication.

The questionnaire consists of 57 items organized into four domains: verbal skills (use of spoken language and linguistic features that may facilitate or impede communication, such as word type, sentence length, or speech rate); nonverbal skills (non-linguistic elements such as eye contact, gestures, pauses, and turn-taking); environmental aspects (physical and social conditions of the communication setting, including noise, lighting, number of people, or distance between speakers); and emotional aspects (affective reactions and personal perceptions related to communication experiences, such as frustration, anxiety, support, or experiences of discrimination).

The instrument includes statements designed both to identify facilitating factors (e.g., “When people speak slowly, it helps my communication”) and to detect elements that may interfere with the communication process (e.g., "Speaking in a group confuses me and makes communication more difficult"). This structure provides a thorough understanding of PwA's communication preferences, challenges, and needs, considering not only linguistic elements but also interactive, contextual, and emotional dimensions impacting participation. Each item uses a closed, trichotomous response scale: "Yes," "No," and "Does not affect my communication."

Content Validity

The questionnaire underwent content validation through expert judgment. This was conducted via a pilot study with seven speech-language therapists specializing in adult neurological communication disorders. Each expert had more than five years of clinical experience. They were asked to assess every item across the four domains (verbal, nonverbal, emotional, and environmental) using a three-point scale: (1) essential, (2) helpful but not essential, and (3) unnecessary.

When items were rated as “helpful but not essential” or “unnecessary,” experts were required to justify their evaluation using a supplementary form. An observation sheet was also included to collect general comments and suggestions about the instrument. All responses were tabulated and analyzed, allowing for relevant modifications prior to final administration.

Items rated "essential" by at least four experts were retained. Lawshe’s content validity ratio for the total 57 items was 0.64 (Vargas Salgado et al., 2016). This value indicates a moderate level of agreement among experts regarding item relevance.

Participants

Recruitment and Selection

People with aphasia (PwA) were recruited by convenience sampling from clinical centers located in the Metropolitan Region of Chile.

Inclusion criteria were (1) Chilean nationals aged between 30 and 80 years; (2) native Spanish speakers; (3) with a diagnosis of aphasia secondary to a single stroke, confirmed through the *Mini*

Protocolo de Evaluación para Personas con Afasia (Mini-Evaluation Protocol for People with Aphasia [PLEPAF-Mini], González, 2003). This screening instrument was employed to homogenize the assessment process across centers, as their treating speech-language therapist had already administered it. Further inclusion criteria were (4) sufficient language comprehension to follow simple, moderate, and complex verbal commands. This was determined by the auditory comprehension subtest of the PLEPAF-Mini, which includes an abbreviated version of the Token Test. Inclusion was not based on a specific cut-off score but rather on the clinician's professional judgment, complemented by the participant's observed performance. Furthermore, participants were required to (5) be able to complete the CNQ, and (6) have attended at least eight speech-language therapy sessions, ensuring that a minimum of 8 weeks had elapsed since their stroke.

Exclusion criteria comprised (1) the presence of non-linguistic cognitive impairment, assessed using the *Mini-Mental State Examination* (MMSE; Folstein et al., 1975), with a cut-off score below 21 points. Although the MMSE is not generally recommended for people with language disorders, as these difficulties may influence performance (Gallegos et al., 2022; Vigliecca et al., 2012), its use in this study was justified as forming part of the routine screening protocol administered by nursing teams. The MMSE was applied only to participants aged 60 years or older, in accordance with institutional procedures, and was used exclusively to rule out major cognitive impairment not attributable to aphasia. While reduced performance on the test's linguistic items was expected, scores below the threshold were considered potentially indicative of additional cognitive difficulties. In cases where a major cognitive impairment distinct from pure aphasia was suspected, participants were referred for neuropsychological assessment and excluded from the study. (2) Patients with untreated auditory and/or visual sensory impairments were also excluded, as such conditions could interfere with comprehension or task performance.

Participants

The sample consisted of 18 PwA (12 men). Participants' demographic characteristics are presented in Table 1. The sample was categorized according to fluency profile, with equal distribution: 50% presented with fluent aphasia and 50% with nonfluent aphasia.

Procedures

The research team visited each clinical center to invite eligible PwA to participate. Those who agreed to participate were provided with detailed information about the study's purpose and procedures prior to signing an informed consent form.

Assessments were conducted in a single, individual, in-person session lasting approximately one hour per participant. The assessment sequence was as follows: first, participants' clinical histories were reviewed using their medical records; next, aphasia diagnosis was verified using PLEPAF-Mini. The MMSE score, previously administered by the health team as part of their screening protocol, was recorded for participants aged 60 or older. Finally, the CNQ was administered. The entire procedure was supervised by the center's speech-language therapist, the research team, the PwA, and their caregiver.

Table 1. PwA categorization.

Variable	Category	N	%
Gender	Man	12	66.6%
	Woman	6	33.3%
Age	Under 60 years 30 - 39 years 11 months	11	61.1%
	Over 60 years	7	38.9%
Educational Level	No formal education	1	5.5%
	Primary education	6	33.3%
	Secondary education	7	38.9%
	Higher education	4	22.2%
Type of Aphasia	Broca's aphasia	6	33.3%
	Transcortical motor aphasia	1	5.5%
	Anomic aphasia	9	50%
	Mixed nonfluent aphasia	2	11.1%
Severity (Boston Severity Scale)	Grade 5	2	11.1%
	Grade 4	8	44.4%
	Grade 3	8	44.4%

Result Analysis

Participant data were coded to ensure anonymity. Information from the CNQ was analyzed by calculating the percentages of affirmative, negative, and neutral responses for each item. Subsequently, results were grouped into four domains —verbal skills, non-verbal skills, environmental factors, and emotional factors —to identify the main facilitators and barriers to communication from the perspective of PwA.

This analysis identified the facilitators most valued by participants, as well as those perceived as hindering or less relevant. The most frequently mentioned aspects— either facilitators or barriers — were highlighted and compiled into an informational document with considerations for effective communication with PwA. This document was provided to participating PwA and their families at the conclusion of the study (see Appendix).

RESULTS

Questionnaire Variables

For each domain except the emotional, results were divided into two categories: communication facilitators and communication barriers. The tables below present the items in descending order by percentage of affirmative responses, highlighting the most salient aspects from the perspective of PwA. The following sections detail the results obtained for each domain.

Verbal Domain

Among the main facilitators identified by PwA were the use of familiar, everyday words, repetition, and concise information (see Table 2). Participants also valued the use of short and simple words, suggesting a preference for a direct, accessible communication style tailored to their linguistic needs. In contrast, very few participants considered written support a meaningful facilitator. This may reflect functional limitations in writing following a stroke or limited familiarity with this modality as a communication aid.

Barriers were less consistent and less frequently reported by PwA than facilitators (see Table 3). The use of articles and pronouns received the highest number of affirmative responses (44.4% of participants stated finding this aspect confusing). This difficulty may relate to the functional nature of these words, whose processing is often more complex in specific aphasia profiles, particularly nonfluent types. Additionally, 22.2% of participants indicated that speaking more slowly or louder was confusing, suggesting that such adjustments do not always improve communication and should be used cautiously. Finally, only 11.1% reported that the use of verbs and proper names interfered with communication, indicating that these elements are not generally considered barriers.

Table 2. Verbal facilitators of communication (N = 18).

Communication Facilitators:	N (Yes)	% Yes	N (No)	% No	N (No Influence)	% No influence
Use of familiar, everyday words	17	94.44%	0	0%	1	5.56%
Verbal repetition of what the interlocutor said	17	94.44%	0	0%	1	5,56%
Use of short sentences with few details	17	94.44%	1	5.56%	0	0%
Use of few and simple words	16	88.89%	0	0%	2	11.11%
Use of short words	16	88.89%	2	11.11%	0	0%
Speaking slowly	15	83.33%	1	5.56%	2	11%
Use of verbs and proper nouns	14	77.78%	2	11.11%	2	11.11%
Use of articles and pronouns	13	72.22%	5	27.78%	0	0%
Written repetition of what the CP said	9	50.00%	8	44.44%	1	5.56%
Speaking louder	6	33.33%	11	61.11%	1	5.56%
Use of written language	6	33.33%	12	66.67%	0	0%
Use of long, detailed descriptions	2	11.11%	16	88.89%	0	0%

Non-Verbal Domain

Participants identified several non-verbal aspects as important facilitators (see Table 4). Among these, speaking with one person at a time was highlighted by 94.4%, reflecting their difficulties with simultaneous processing in group contexts. Other positively valued strategies included frequent pauses (89%), eye contact (88.9%), gestures (83.3%), and familiar or personally relevant topics (83.3%). Additional beneficial strategies were the use of drawings (77.8%) and comprehension checks through questions (77.8%). In contrast, drawings made by the PwA were less valued (55.6%), possibly due to motor or cognitive difficulties associated with stroke. Lack of interruption was also identified as a facilitator, although with lower consensus (66.7%).

On the other hand, the most frequently reported non-verbal barriers were group conversation, identified as confusing by 88.9% of PwA, followed by abrupt topic changes, reported by 77.8% (see Table 5). Frequent repetition requests were also perceived as barriers by 44.4% of PwA, suggesting that this strategy should be used cautiously to avoid discomfort or frustration. Finally, the use of gestures and pauses was considered confusing by only a minority (16.7% and 11.1%, respectively), which aligns with their overall evaluation as facilitators when applied appropriately.

Environmental Domain

Regarding environmental factors, PwA identified several elements (see Table 6). The most highly valued was in-person conversation, with 94.4% of respondents affirming its relevance, highlighting the importance of direct contact in communication. Other relevant facilitators included quiet locations with minimal background noise (83.3%) and maintaining face-to-face interaction with the CP (66.7%). A favorable trend was also observed toward enclosed spaces (77.8%), whereas open or poorly lit environments were less frequently considered facilitators.

Additionally, 77.8% of PwA reported that talking at a distance hinders interaction. Speaking in very crowded spaces (66.7%) and addressing multiple people simultaneously (66.7%) were also considered barriers (see Table 7). Consistently, the use of the telephone was rated poorly as a communication strategy, with 66.7% of participants disapproving, highlighting the need to promote in-person interactions in controlled environments to facilitate participation in this population.

Table 3. Verbal Communication Barriers (N = 18).

Communication Barrier:	**n (Yes)**	**% Yes**	**N (No)**	**% No**	**n (No influence)**	**% No influence**
Use of articles and pronouns	8	44.44%	10	55.56%	0	0%
Speaking slower or louder	4	22.22%	14	77.78%	0	0%
Use of verbs and proper nouns	2	11.11%	16	88.89%	0	0%

Table 4. Non-Verbal Communication Facilitators (N = 18).

Communication Facilitator:	**n (Yes)**	**% Yes**	**N (No)**	**% No**	**n (No influence)**	**% No influence**
Speaking with one person at a time	17	94.44%	1	5.56%	0	0%
Frequent pauses	16	89%	1	5.56%	1	5.56%
Eye contact	16	88.89%	0	0.00%	2	11.11%
Gestures	15	83.33%	2	11.11%	1	5.56%
Familiar or personally relevant topics	15	83.33%	1	5.56%	2	11.11%
Use of drawings made by the CP	14	77.78%	4	22.22%	0	0%
Use of questions to confirm understanding	14	77.78%	2	11.11%	2	11.11%
Use of drawings by the PwA	10	55.56%	7	38.89%	1	5.56%
Not interrupting	12	66.67%	2	11.11%	4	22.22%

Table 5. Non-Verbal Communication Barriers (N = 18).

Communication Barriers:	**n (Yes)**	**% Yes**	**N (No)**	**% No**	**n (No influence)**	**% No influence**
Group conversations	16	88.89%	2	11.11%	0	0%
Abrupt topic changes	14	77.78%	4	22.22%	0	0%
Frequent repetition of what the PwA said	8	44.44%	7	38.89%	3	16.67%
Use of gestures	3	16.67%	15	83.33%	0	0%
Use of pauses	2	11.11%	16	88.89%	0	0%

Emotional Domain

Regarding the emotional aspects of communication, PwA reported mixed perceptions, reflecting both positive experiences and relational difficulties (see Table 8). Notably, 100% of participants reported feeling understood by healthcare professionals, and 94.4% felt supported and understood by their close social environment, suggesting largely empathetic therapeutic and family relationships. Furthermore, 83.3% indicated that they enjoy conversations despite their difficulties, and a similar proportion noted that their CPs provide sufficient time for them to speak calmly. These findings indicate a generally positive disposition toward communication and active social participation among most participants.

Table 6. Environmental Communication Facilitators (N = 18).

Communication Facilitators:	**n (Yes)**	**% Yes**	**N (No)**	**% No**	**n (No influence)**	**% No influence**
In-person conversation	17	94.44%	0	0%	1	5.56%
Quiet location with minimal background noise	15	83.33%	1	5.56%	2	11%
Enclosed spaces	14	77.78%	1	5.56%	3	16.67%
Face-to-face interaction	12	66.67%	1	5.56%	5	27.78%
Open spaces	7	38.89%	8	44.44%	3	16.67%
Well-lit environment	7	38.89%	2	11.11%	9	50%
Poorly lit environment	6	33.33%	4	22.22%	8	44.44%
Addressing multiple speakers	5	27.78%	11	61.11%	2	11.11%
Telephone conversation	4	22.22%	12	66.67%	2	11.11%

Adverse emotional experiences affecting interaction were also reported. A total of 72.2% indicated that some people avoid talking with them, either to avoid causing discomfort or due to their own discomfort. Moreover, 66.7% reported feeling frustrated when their message was not understood, and 61.1% reported being treated like a child, suggesting perceptions of infantilization or condescension. The participants also described significant discomfort when interacting with unfamiliar people (44.4%) and avoidance of social or family events (44.4%). This shows the emotional impact of aphasia on daily life. Furthermore, 38.9% reported being discriminated against by strangers, and 16.7% reported perceived discrimination by their own family.

Table 7. Environmental Communication Barriers (N = 18).

Communication Barriers:	**n (Yes)**	**% Yes**	**N (No)**	**% No**	**n (No influence)**	**% No influence**
Talking at a distance	14	77.78%	3	16.67%	1	5.56%
Speaking in very crowded spaces	12	66.67%	6	33.33%	0	0%
Addressing multiple speakers	12	66.67%	4	22.22%	2	11.11%

Table 8. Emotional Aspects of Communication (N = 18).

Perceived Feelings	n (Yes)	% Yes	N (No)	% No	n (No influence)	% No influence
Understood by healthcare professionals	18	100%	0	0%	0	0%
Feeling understood and supported	17	94.44%	1	5.56%	0	0%
Comfort	16	88.89%	2	11.11%	0	0%
Feeling supported by family	16	88.89%	1	5.56%	1	5.56%
Enjoys conversations despite difficulties	15	83.33%	2	11.11%	1	5.56%
Interlocutors allow time to respond	15	83.33%	3	16.67%	0	0%
Avoided by others	13	72.22%	4	22.22%	1	5.56%
People avoid conversations so as not to cause discomfort	13	72.22%	5	27.78%	0	0%
Frustration with constant repetition	12	66.67%	4	22.22%	2	11.11%
Infantilization	11	61.11%	7	38.89%	0	0%
Speakers are uncooperative or unsympathetic	9	50.00%	9	50.00%	0	0%
Fear of negative comments	9	50.00%	8	44.44%	1	5.56%
Discomfort speaking with strangers	8	44.44%	10	55.56%	0	0%
Avoiding social or family events to avoid speaking	8	44.44%	10	55.56%	0	0%
Discrimination by strangers	7	38.89%	10	55.56%	1	5.56%
Discrimination by family	3	16.67%	14	77.78%	1	5.56%

DISCUSSION

This study aimed to identify the communication skills of communication partners (CP), as well as the environmental and emotional factors that facilitate or hinder communicative interaction from the perspective of persons with aphasia (PwA). To achieve this, the research team administered a questionnaire specifically designed for this population, collecting PwA perceptions about elements that influence their daily communication experiences. The results show multiple factors that PwA perceive as facilitators or barriers to communication, grouped into verbal, non-verbal, environmental, and emotional domains.

In the verbal domain, PwA particularly valued the use of familiar and everyday words as a facilitator, whereas the use of articles and pronouns was perceived as a barrier. These findings are consistent with previous research emphasizing the pivotal role of conversation analysis in CPT. Conversation analysis helps identify word types, topics, and strategies present in daily interactions between PwA and their CPs (Cruice et al., 2018; Simmons-Mackie et al., 2010).

Regarding non-verbal aspects of communication, PwA showed a clear preference for face-to-face interactions with one person, valuing elements such as eye contact, gestures, frequent pauses, and familiar or personally relevant topics. Additionally, strategies such as CP-drawn drawings and comprehension checks via questions were considered useful. These findings underscore the importance of integrating non-verbal dimensions in the design of communication interventions.

It should be noted that several of these elements have been proposed in early literature on conversational support. Specifically, Green (1984) identifies strategies such as speaking slowly, pausing, reformulating, gestures, and shortening sentences. However, these proposals were primarily descriptive and did not provide criteria for prioritizing their use. The present study contributes empirical evidence from the perspective of PwA, identifying strategies perceived as most helpful. This represents a key resource for developing more specific, culturally relevant training programs for CPs in Spanish-speaking contexts.

Regarding environmental aspects, participants reported preferring in-person conversations in enclosed spaces with low background noise. Conversely, interactions occurring at a distance or in crowded environments were perceived as barriers. These findings suggest that the quality of the physical and sensory environment significantly influences the communicative experience of PwA, highlighting the relevance of controlled, predictable settings with minimal distractions. This aligns with previous research exploring the impact of environmental factors on communication effectiveness in PwA. For instance, aspects such as noise level, spatial arrangement, and the quality of social support can facilitate or hinder participation (O'Halloran et al., 2012, 2017).

Interventions that incorporate physical elements, as well as visual or written aids in group contexts, have also been shown to improve participants' expression and engagement in conversation (Pimentel & Algeo, 2009). Other authors emphasize the importance of enriched communication environments that can stimulate cognitive reorganization and support language recovery following brain injury (Fama et al., 2016).

Overall, these findings confirm that the physical and social environments are fundamental components of speech-language intervention for PwA. This aspect should be treated as a key variable in the design of communication support, particularly in community or family settings where ideal conditions are not always available. Incorporating these considerations could enhance the effectiveness of CP training by including simple yet highly functional recommendations, such as choosing quiet spaces or promoting face-to-face interaction over telephone conversations.

Regarding emotional aspects, all PwA reported feeling understood by healthcare professionals. This finding is highly positive, especially since the perception of emotional support and validation is an essential component of communicative competence. Additionally, a substantial proportion of participants reported feeling comfortable communicating despite their difficulties, recognizing that their close environment—family members or caregivers—provided sufficient support for communication. However, participants also reported negative experiences: more than 70% indicated that some people avoid talking to them, either out of fear of causing discomfort or because of their own discomfort. Furthermore, a significant number reported feelings of frustration and the perception of being infantilized.

These results highlight the need to address affective factors in the design of communication interventions, as the emotional well-being of PwA directly influences their willingness to participate in social interactions (Brady et al., 2016; Brown et al., 2012). However, as Chang et al. (2018) suggest, emotional aspects are often underrepresented in traditional approaches, despite being significant barriers to participation and communicative self-regulation. Incorporating the emotional component not only improves the quality of the relationship between the PwA and their CPs but also promotes greater adherence to communication strategies and enhances overall quality of life.

The findings of this study offer relevant evidence to advance a more comprehensive approach to CPT, incorporating not only linguistic and contextual aspects but also PwA's emotional perceptions. Additionally, unlike most available research—conducted in English-speaking contexts—this study provides systematic information from a Spanish-speaking perspective, advancing progress toward culturally and linguistically adapted guidelines. In this sense, the results represent a valuable resource for designing interventions that are more contextualized and sensitive to the actual needs of PwA in Spanish-speaking clinical settings.

Based on these outcomes, we can outline a CP profile and more precisely identify which skills and strategies should be prioritized in their training. Furthermore, it is possible to identify minimum conditions—both emotional and environmental—that facilitate effective communication. Therefore, these findings provide concrete guidance for speech-language therapy, promoting the inclusion of communication partners.

Limitations

This study was conducted with a small sample, which limits the generalizability of the results. Moreover, the CNQ, while designed to capture PwA's perspective directly, lacks formal psychometric validation supporting its reliability and validity, which represents an important methodological limitation. Additionally, as a self-reporting instrument, responses may have been influenced by factors such as self-perception, emotional state at the time of assessment, or the presence of a caregiver or CP during administration.

Furthermore, the questionnaire was administered only to participants with sufficient comprehension to participate in the evaluation, thereby excluding PwA with more severe impairments or cognitive comorbidities. This limits the representativeness of the results. Finally, the analysis focused on the frequency of affirmative responses, without incorporating a qualitative dimension to explore the underlying reasons for each choice, which would have enriched the understanding of perceived communication preferences and barriers among PwA.

CONCLUSION

The findings of this research indicate that PwA value verbal strategies such as familiar words and repetition, while written communication is considered less helpful, possibly due to difficulties associated with written language or motor limitations. In the non-verbal domain, facilitators include eye contact, gestures, pauses, one-on-one conversations, and visual support through drawings. In contrast, group interactions and abrupt topic changes are perceived as obstacles.

Regarding the environment, PwA prefer in-person communication in quiet, enclosed spaces with minimal background noise, while telephone or remote communication is generally avoided. At the emotional level, participants reported feeling understood by their healthcare providers and appreciated their communication partners' patience and clarity. However, they also experience frustration when required to repeat themselves frequently or when others avoid interacting with them because of their communication difficulties.

These results provide empirical evidence for designing more contextually and culturally relevant speech-language therapy interventions, contributing to the development of guidelines for CPT in Spanish-speaking contexts. They also underscore the need for a comprehensive approach to communication support that considers linguistic, emotional, and environmental factors.

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Appendix 1

CUESTIONARIO DE NECESIDADES COMUNICATIVAS PARA PACIENTES CON AFASIA

LAS SIGUIENTES PREGUNTAS SE CENTRAN EN ESTABLECER CUALES SON LAS NECESIDADES COMUNICATIVAS DE PERSONAS QUE PRESENTAN UN TRASTORNO DE TIPO AFÁSICO.

EN ESTE CUESTIONARIO SE REUNIRÁ INFORMACIÓN NECESARIA PARA ESTABLECER CUALES SON LAS CARACTERÍSTICAS QUE DEBE TENER UN COMPAÑERO DE COMUNICACIÓN PARA FAVORECER LA COMUNICACIÓN EFECTIVA CON PERSONAS QUE PRESENTEN UNA AFASIA.

	SI	**NO**	**NO INFLUYE EN MI COMUNICACIÓN**
I.- En relación a aspectos verbales (lingüísticos).			
1.- Utilizar palabras cortas facilita su comunicación.			
2.- Utilizar oraciones cortas sin tantos detalles facilita su comunicación.			
3.- Utilizar detalles y descripciones largas y extensas facilita su comunicación.			
4.- La utilización de artículos (la/el) y pronombres (yo/tu/el) facilita su comunicación.			
5.- La utilización de artículos y pronombres la(lo) confunde durante la comunicación.			
6.- Prefiere comunicarse a través de verbos como quiero, comer , dame y nombres propios como Claudia, Felipe, Jorge			
7.- Los verbos y nombres propios la(lo) confunden y dificultan su comunicación.			
8.- Cuando no comprende bien le ayuda que la persona con la que conversa repita lo que dijo			
9.- Si no logra comprender lo que le quieren decir, prefiere que se lo escriban.			
10.- Si no logra expresar lo que quiere prefiere escribirlo.			
11.- Prefiere que la persona con la que conversa utilice pocas palabras y que sean sencillas para usted.			

	SI	NO	NO INFLUYE EN MI COMUNICACIÓN
12.- Prefiere que las personas usen palabras que usted conozca y que usa cotidianamente.			
13.- Que las personas le hablen lento facilita su comunicación.			
14.- Que las personas le hablen más fuerte facilita su comunicación.			
15.- Que las personas le hablen más lento o más fuerte la(lo) confunde y no ayuda a su comunicación			
II.- En relación a aspectos no verbales.			
1.- Que la(lo) miren a los ojos facilita su comunicación			
2.- La utilización de gestos facilita su comunicación			
3.- La utilización de gestos la(lo) confunde y usted preferiría que la persona no gesticulara tanto durante la conversación.			
4.- Cuando no logra comprender lo que le dicen, le ayuda si alguien dibuja lo que le quiere decir.			
5.- Si no logra expresar lo que necesita prefiere dibujarlo.			
6.- Hacer más pausas durante la conversación le da tiempo de entender lo que le dicen.			
7.- Hacer más pausas durante la conversación la(lo) confunde y le incomoda.			
8.- Es importante que la persona con la que conversa le pregunte si comprendió o si le quedó claro lo que acaba de decirle.			
9.-Es importante que la persona con la que conversa no la(lo) interrumpa.			
10.- Prefiere hablar con una sola persona a la vez.			

	SI	NO	NO INFLUYE EN MI COMUNICACIÓN
11.- Hablar en grupo la(lo) confunden y dificulta su comunicación.			
12.- Hablar de cosas relacionadas a su trabajo e intereses facilitan su comunicación.			
13.- Si la persona con la que conversa cambia bruscamente de tema se confunde y dificulta su comunicación.			
14.- Si la persona con la que conversa le pide constantemente que repita lo que dijo, la(lo) confunden y dificulta su comunicación.			
III.- En relación a aspectos ambientales			
1.- Prefiere establecer una conversación en un lugar tranquilo y con poco ruido de fondo			
2.- Al conversar con alguien prefiere sentarse frente a él/ella en vez de estar al lado			
3.- Los lugares cerrados facilitan su comunicación.			
4.- Los lugares abiertos facilitan su comunicación.			
5.- Los lugares con mucha iluminación facilitan su comunicación			
6.- Los lugares poco iluminados facilitan su comunicación.			
7.- Prefiere conversar con alguien en persona.			
8.- Prefiere conversar con alguien por teléfono.			
9.- Le incomoda conversar con alguien en espacios muy concurridos (calles, restaurantes, malls, etc)			
10.- Hablar con alguien que se encuentre a mucha distancia de usted interfiere en su comunicación			
11.- Le incomoda dirigirse a muchas personas al mismo tiempo			
12.- Prefiere hablarle a un grupo de personas que a una sola persona.			

	SI	**NO**	**NO INFLUYE EN MI COMUNICACIÓN**
IV.- En relación a aspectos emocionales			
1.- Le frustra que le pidan constantemente que repita lo que quiere decir.			
2.- Le incomoda hablar con gente que no conoce.			
3.- Evita reuniones sociales y/o familiares para no tener que conversar con la gente.			
4.- Le gusta conversar con la gente a pesar de sus dificultades.			
5.- La gente con la que conversa habitualmente se muestra comprensiva y le da el tiempo para que pueda expresarse con tranquilidad.			
6.- En ocasiones las personas con las que conversa no se muestran cooperadores ni comprensivos con sus dificultades.			
7.- Al conversar con la gente siente que la(lo) tratan como si fuera un niño(a).			
8.- En ocasiones siente que la gente evita conversar con usted para no incomodarle.			
9.- Cuando las personas le preguntan si comprendió bien el mensaje, se siente más cómodo con la conversación.			
10.- Siente que las personas entienden su problema y la(lo) apoyan en su comunicación.			
11.- Siente que la gente evita hablarle para no sentirse incómoda con su dificultad.			
12.- Los profesionales con los que se atiende en los servicios de salud entienden su dificultad y logran comunicarse con usted sin dificultad.			
13.- Cuando trata de pedir ayuda o información a alguien que no conoce siente que la(lo) discriminan.			

	SI	NO	NO INFLUYE EN MI COMUNICACIÓN
14.- Le atemoriza que la gente haga comentarios negativos acerca de usted, por su dificultad para comunicarse.			
15.- Se siente apoyado y comprendido por su familia.			
16.- Se siente discriminado e incomprendido por su familia.			

Appendix 2

Manual de habilidades necesarias en un compañero de comunicación, los factores ambientales y aspectos emocionales que propician una comunicación efectiva con personas que viven con afasia

Propósito

El objetivo de este manual es entregar una herramienta que sirva como guía y apoyo a los compañeros de comunicación de personas que presenten afasia.

Introducción

Los trastornos de la comunicación producen una situación de discapacidad importante en la sociedad. La principal causa de este estado se debe a los accidentes cerebro-vasculares (A.C.V), que producen un daño neurológico que altera las capacidades cognitivas y lingüísticas de la persona. Entre estos trastornos comunicativos se encuentra la afasia, un trastorno del lenguaje causado por una lesión en las áreas del cerebro que controlan la producción y comprensión lingüística.

La Afasia supone un problema tanto para la persona que la experimenta como para quienes la rodean, ya que necesitan generar nuevas estrategias o métodos para lograr comunicar sus necesidades. Por lo tanto, es de vital importancia que existan métodos alternativos de comunicación que sean una estrategia que facilite la inserción o reinserción tanto social, laboral y familiar a nivel comunicativo. Una de estas estrategias de apoyo tiene relación con entrenar a compañeros de comunicación para que cuenten con determinadas habilidades que permitan potenciar y utilizar de la mejor manera posible todos los recursos comunicativos que poseen, para así facilitar el intercambio de información con una persona con afasia.

A continuación se describen las habilidades comunicativas que debe tener un compañero de comunicación, de acuerdo a las necesidades que presentan las personas con trastorno de la comunicación de tipo afásico.

Habilidades verbales

Se refiere a las habilidades que tiene una persona relacionadas con el uso del lenguaje para poder comunicarse. Se enfoca directamente en los aspectos lingüísticos de la comunicación, ya sea el uso de palabras, oraciones, frases, entre otros.

Al comunicarse con un usuario con afasia:

- Expresarse por medio de palabras que sean conocidas por la otra persona y de uso cotidiano.
- Utilice oraciones cortas y con poco detalle.
- Intente repetir cuando la persona no logre entender lo que usted le dice.
- Intente usar verbos (como comer, llamar, pasar) y nombres propios (como Sebastián, Claudia), como también artículos (como la casa, el lápiz) y pronombres (como él, ella).
- Evite usar palabras de largas, detalles y descripciones extensas y detalladas al comunicarse
- Evite hablarle en un tono más alto al adecuado cuando no sea pertinente.
- Evite solicitarle que escriba cuando esto sea dificultoso para él/ella.

Habilidades no verbales

Hace referencia a las habilidades que debe utilizar una persona para comunicarse sin hacer uso del lenguaje verbal, sino que es el poder apoyarse en gestos, dibujos, pausas, entre otros, para poder complementar el mensaje que se quiere entregar.

Al comunicarse con la otra persona:

- Use pausas y mantenga el contacto ocular durante la conversación
- Apoyese de gestos y dibujos hechos por usted para darse a entender con la persona.

También considere que los usuarios con afasia:

- Prefieren hablar con una persona a la vez.
- Prefieren usar temas de conversación conocidos y de su propio interés.
- Prefieren no cambiar bruscamente de tema
- Se confunden cuando deben participar en conversaciones en grupo.

Aspectos Ambientales

Hace referencia a las características del contexto donde se desarrolla la interacción comunicativa y que pueden interferir en ésta, ya sea favoreciéndola o afectándola. Se relaciona con aspectos del lugar como ruido ambiental, iluminación, entre otros.

Al establecer una conversación con la otra persona:

- Procure que sea en persona y no por teléfono
- Que se realice preferentemente en un espacio cerrado, que sea tranquilo y con poco ruido de fondo.
- No entable una conversación a distancia, ni tampoco en espacios que sean muy ruidosos.
- Evite que el usuario con afasia se dirija a muchas personas a la vez.

Aspectos Emocionales

Se refiere a los aspectos relacionados con los sentimientos del usuario con afasia al enfrentarse a diversas situaciones comunicativas, el cómo se ve afectado por su dificultad comunicativa. Se enfoca directamente en las emociones que tiene la persona, como frustración, incomodidad, vergüenza, entre otros.

Al relacionarse con usuarios con afasia:

- Promueva que asistan a los Servicios de Salud, ya que se sentirán comprendidos y apoyados por los profesionales que ahí trabajan.
- Intente entregar apoyo y comprensión, sobre todo si es un familiar cercano.
- Procure siempre conversar con ellos, ya que los usuarios disfrutan de las conversaciones a pesar de su dificultad.
- Pretenda preguntarle si entendió bien el mensaje
- Dele tiempo para que pueda expresarse con tranquilidad.