

Supplemental Material S2. Definitions of coding themes.

Complicated logistics of rehabilitation: "The medical model is very complicated and can be, at times, overwhelming."

Units include statements or examples about the logistics of rehabilitation or AAC services related to time, funding, rehabilitation or AAC-related policies, or continuum of care. Units include descriptions about the impact of these logistics on rehabilitation or AAC services.

Time constraints: "My biggest challenges include time constraints."

Units describe SLP experiences with issues related time. Issues discussed involve how time is a positive or negative influence on AAC services, SLPs' workload, patient experiences, staffing, or the general rehabilitation experience. Examples of time-based issues include: length of stay, therapy intensity, limited time in professionals' schedules, and time-based challenges for staff working non-standard shifts.

Funding for AAC services: "Unfortunately, money is usually the bottom line and a thorough discussion of complex communication needs and AAC does not pay the bills."

Units include statements or examples related to issues obtaining funds for rehabilitation or AAC programs or equipment. Issues describe funding availability, processes to obtain equipment or services, funding concerns, funding supports, and reimbursement during the inpatient rehabilitation experience.

The continuum of rehabilitation care: "Making sure referrals are made to appropriate professionals when the patient is discharged."

Units include statements or examples of clinician, family, or patient participation in the rehabilitation continuum of care (e.g., experiences prior to admission to inpatient rehabilitation unit, preparation of patient/family for discharge to outpatient therapy). Statements or examples include description to how AAC service delivery is provided across the rehabilitation continuum. Issues include: patient/family knowledge about condition/communication options prior to inpatient admission, goals to meet patients' immediate needs at the inpatient level, and discharge planning (e.g., referrals for AAC evaluations or communication intervention).

Limited AAC policies: "We too have no formal training or procedures in place for implementation of AAC."

Units include statements and examples about rehabilitation or AAC-related policies that affect the rehabilitation experience or AAC service delivery. Issues include: presence or absence of formal procedures for AAC use/intervention in inpatient rehabilitation, requirements related to the medical model of care, and impact of the current policies on rehabilitation or AAC services.

Centrality of the rehabilitation team: "Without a team approach implementing high- or low-tech AAC isn't possible."

Units include statements and examples of team dynamics in the inpatient rehabilitation setting and/or AAC service delivery. This includes statements, examples, or issues related to: team communication, team collaboration, team consistency, roles of team members (e.g., SLPs, patients, families), and perceptions about how successful rehabilitation teams function.

Teamwork: "A culture of interdisciplinary teamwork."

Units include statements and examples of team dynamics related to the topics communication, collaboration, and consistency delivering general inpatient rehabilitation or AAC services. Statements and examples include how these dynamics affect individual team members or groups. Issues relate to: facilitators or barriers to team communication, collaboration, or consistency; communication methods used among the team; value of communication; rationale for collaborative efforts (e.g., trial AAC systems); examples of co-treatment/consultation; roles of family in team process; and factors that affect strategy carryover.

Changing patient needs: "A patient's presentation often changes on a daily/weekly basis."

Units include statements and examples about patients with CCN, their participation in the rehabilitation process, and facilitators/barriers to patient participation. Issues include: the complex profiles of patients with CCN (e.g., medical, psychosocial, cognitive) that affect communication performance, the changing levels of patient skills during and following discharge from the inpatient setting, the impact of these changes, the reactions of SLPs to these changes during AAC services, the role/impact of patient preferences when recommending AAC strategies, and the need for sensitivity to patient's acceptance of AAC.

Limited inpatient AAC resources, knowledge, and trainings: "We need resources and trainings but I'm not quite sure where to go from here."

Units include statements and examples of issues related use of AAC tools/strategies, AAC knowledge/expertise, or AAC-related trainings (i.e., pre-service, in-service, interdisciplinary) in inpatient rehabilitation. Comments related to team member expertise on the topic of AAC, access to AAC specialists, effects of AAC specialist, and patient roles/characteristics are also included.

A need for AAC resources for all recovery levels: "It is important to provide tools to all people at all levels of recovery."

Units include statements and examples about the type, use, barriers, or supports of AAC tools used in the inpatient rehabilitation environment. Units include examples of low-, no-, or high-tech tools, tool availability, and issues related to implementation on inpatient units.

Limited AAC expertise: "AAC is certainly not my area of expertise."

Units include general comments about the roles of SLPs in inpatient settings and involvement in AAC services. Units include negative statements or examples of perceptions of AAC expertise in themselves or colleagues (e.g., other SLPs, professionals). These units include statements that AAC is not a professional strength, statements of a desire to grow in AAC skills, descriptions of factors that contribute to limited AAC skills in rehabilitation professionals (e.g., occasional use of AAC, lack of confidence), or statements that colleagues need to increase comfort level with AAC or increase knowledge about patient communication skills.

Role of AAC experts: "Having dedicated AAC teams is certainly the way to go, although not always feasible."

Units include statements or examples about the presence of, access to, benefits of, or limitations of rehabilitation professionals with high levels of AAC expertise (e.g., AAC

specialists) in rehabilitation organizations. This includes descriptions of the settings AAC specialists work within and services these individuals provide to staff, patients, and/or families.

Importance of AAC training: "This may by far the most important part of my job: education."

Units include statements and examples about the value, benefits, and/or challenges to AAC/communication training in the pre-service or in-service environments related to rehabilitation professionals or SLPs in general. Units include: descriptions of current training opportunities/practices, future training recommendations for any rehabilitation team member, examples or need for interdisciplinary training opportunities, or SLPs as trainers or trainees.

Influence of SLP attitudes on service delivery: "Often times, the limitations are in us, not in our clients or patients."

Units include statements and examples of SLPs' and professionals' attitudes about the inpatient rehabilitation setting, team members (e.g., families, patients, professionals), and personal AAC skills. These statements include issues related to: reflection about past, present, and future AAC practice (e.g., clinical skills, services) and assumptions about team members.

Unrelated

Conversational messages, filler statements, unspecific agreement to others' posts, and responses not directly related to AAC service delivery in the inpatient rehabilitation setting (e.g., school-based experiences).