SOFIA Trial: Template for Intervention Description and Replication (TIDieR) checklist

Item	Description
1: Name	**SO**lution **F**ocused Brief Therapy **I**n post-stroke **A**phasia (SOFIA Trial)
2: Rationale, theory or goal of the intervention	The aim of the intervention is to enhance psychological well-being. Solution Focused Brief Therapy (SFBT) hypothesises that in enabling a client to describe their preferred future, as well as notice their competencies, skills, and instances of success, the client can be supported in building positive change [1, 2].
3: Materials for training and delivery	A therapy manual has been developed to guide the training and supervision of trial clinicians, as well as the delivery of the intervention. The manual describes the basic tenets of Solution Focused Brief Therapy, drawing on established descriptions of the approach, for example, provided by the United Kingdom Association for Solution Focused Practice. It follows the model of Solution Focused Brief Therapy developed by Evans, Iveson and Ratner [1]. Trial clinicians will receive a copy of the manual as well as additional resources such as PowerPoint slides and checklists. No specific materials are required for the delivery of the intervention. However, to ensure that the intervention is accessible to people with more severe aphasia, therapists will use pictorial resources including those developed by Talking Mats ©. In addition, therapists will use paper and pen to facilitate total communication, for example, drawing pictures, diagrams or scales, or writing down key words. They will also use objects in the environment and be responsive to modes of communication/ materials preferred by the participant e.g. use of paper diary or iPad.
4: The Intervention: Procedures, activities, processes	SFBT is a talk-based psychological intervention. It explores how a person would like their life to be and their hopes for the future. It also seeks to enable people to notice their own resources, resilience, and what is already working. As the participant is considered expert in their own lives, the therapist refrains from offering advice, solutions or strategies, and instead seeks to facilitate the client in finding their own way forward. *Key assumptions:* It is anticipated that the therapist will hold in mind certain key assumptions throughout the therapy process. These include: the participant is expert in their own lives thus will direct the shape of the therapy sessions; that all participants have resources, talents, competencies and strengths, and the therapist's job is to enable the participant to notice them; that a 'solution' may be brought about by small steps, hence a focus on noticing the everyday details of a person's life; that the therapist will hear and validate the participant's stories sufficiently to create a context where change can occur. *Key behaviours:* Two behaviours are expected to be present in all sessions: use of the client's words and frames of reference to guide therapist utterances; and the therapist facilitating

	the communication of the person with aphasia so that they can participate fully in the intervention. Other key behaviours anticipated to be present in some sessions include: establishing what the participant is hoping for from the therapy; eliciting preferred future descriptions (enabling a participant to describe the everyday details of their life if they achieved their therapy goals); inviting the participant to notice what is already working and instances of success, for example, through listing what they've been pleased to notice or using scaling questions; eliciting descriptions of interactional sequences and the perspectives of other people in the participant's life; problem-free talk (noticing the person and what's important to them, what gives them joy); and acknowledgement of the stroke, aphasia, recovery and distress.
5: Intervention providers	The intervention is provided by Speech and language therapists with experience of working with people with aphasia. The trial clinicians receive four days 'foundation training' in the core principles and practices of Solution Focused Brief Therapy at the Brief Centre for Solution Focused Practice, London. They additionally receive two days training at City, University of London (led by SN), which focus on adapting the approach for people with aphasia, study procedures, and developing their skills through feedback from members of the SOFIA Aphasia Advisory Group. In addition, they receive training in how to respond to distress and escalate psychological care appropriately (led by mental health nurses, AS and CF). Finally, they receive monthly clinical supervision provided by a Speech and language therapist who is also an expert in SFBT.
6: Mode of delivery	The intervention is delivered face to face and provided individually rather than in a group setting. Participants can choose whether to include family members or friends within the therapy sessions.
7: Location	Participants can choose the location of therapy sessions. It is anticipated this will mostly be their own home or the University Clinic. Seeing people in their own home will mean we can include more isolated and housebound participants.
8: When and how much	Participants will be offered up to six sessions spaced over 3 months. The scheduling and number of sessions is led by the participant. Each session will be approximately one hour long. Although SFBT is typically brief (3-5 sessions [1]) people with aphasia are likely to need additional sessions, as less material can be covered in each session due to the language disability [3].
9. Tailoring	The content of SFBT sessions is individualised for each participant. Within any specific session, therapist utterances follow from what the participant says: as such, there is an inherent flexibility. Nonetheless, it is expected that there will be consistency across all sessions in terms of the underlying assumptions that underpin therapist utterances and key therapist behaviours (see Item 4). The sessions are also individualised to enable people with varying presentations of aphasia to participate. It is likely that not all aspects of the approach will be feasible for people with more severe aphasia (e.g. detailed description of the preferred future or describing extended interactional sequences). As such, it is anticipated that for some participants sessions will focus on aspects of the approach less dependent on complex linguistic structures (e.g. celebrating recent successes using photos on the participant's phone).
10: Modifications	If any modifications are made to the intervention during the project they will be reported in full.

11: Adherence and fidelity (planned)	*Adherence:* Adherence is defined as receiving at least two therapy sessions. We will report on the number of sessions participants choose to receive, how they elect to space the sessions, and any complicating factors reported (e.g. sessions cancelled due to participant or therapist illness). We will also analyse participant and therapist views on dosage and spacing of therapy during the in-depth interviews. *Fidelity:* A fidelity checklist has been developed listing the core assumptions expected to be present in therapy sessions, as well as key observable behaviours. Clinicians will self-rate using the checklist after each session. They will bring the completed checklists to clinical supervision for discussion. It is intended that the reflective process of completing the checklist will enhance the likelihood that the intervention is being delivered as intended. It is also anticipated that fidelity will be enhanced by regular clinical supervision with an expert in the SFBT approach. Additionally, a proportion of sessions (at least 15%) will be either audio or video recorded with participant consent. Each therapist will record a diverse sample of sessions including: initial, middle and final sessions; and sessions recorded at all stages of the project (i.e. when therapists are less experienced near the beginning of the trial; mid-trial; and near the end of the trial). The recordings will then be rated by independent raters using the fidelity checklist to determine the extent to which the intervention was delivered as intended.
12: Adherence and fidelity (actual)	Adherence and fidelity results will be reported at the end of trial.

1. Ratner, H., E. George, and C. Iveson, *Solution Focused Brief Therapy: 100 key points and techniques*. 100 Key Points Series, ed. W. Dryden. 2012, Hove: Routledge.
2. Burns, K., *Solution-focused brief therapy for people with acquired communication impairments*, in *Psychological well-being and acquired communication impairment*, S. Brumfitt, Editor. 2010, Wiley-Blackwell.
3. Northcott, S., et al., *'Living with aphasia the best way I can': A feasibility study exploring Solution-Focused Brief Therapy for people with aphasia.* Folia Phoniatr Logop, 2015. **67**(3): p. 156-67.