

Additional Table: Independent-rating checklist

| Observable behaviours | Fully agree (4) | Partly agree (3) | Partly disagree (2) | Fully disagree (1) | Not applicable (0) | Comments |
|--|-----------------|------------------|---------------------|--------------------|--------------------|----------|
| 1. The therapist did her best to facilitate the communication of the person with aphasia (e.g. by paraphrasing / using sounds / using pictures, pictograms or written language). During the main narrative, however, she held back more so as not to interrupt the narrative flow. | | | | | | |
| 2. At the end of each session the therapist asked the participant to give feedback and reflect on their own mood. | | | | | | |
| 3. The therapist focussed on non-judgemental storytelling. | | | | | | |
| 4. The therapist only interrupted the participant if it was unavoidable (e.g. because she did not understand something). | | | | | | |
| 5. The therapist did not correct the participant linguistically. | | | | | | |
| 6. The therapist could stand breaks. | | | | | | |
| 7. The therapist put her own opinion aside and did not provide any solutions. | | | | | | |
| 8. The therapist picked up on disturbances (noise etc.) and only then continued the conversation. | | | | | | |
| 9. The therapist took up statements made by the participant (e.g. by repeating / paraphrasing) and during the main narrative and in the case of immanent questions she has only dealt with those contents that were mentioned by the participant. | | | | | | |
| 10. The content of the session was customised to the individual participant (e.g. by selecting questions from the guide). | | | | | | |
| 11. The participant was encouraged by the therapists questions to report biographical content (specific content such as hobbies). | | | | | | |
| 12. The therapist asked exmanent questions in a way that emphasised the participant's resources. ! This item is only applicable from the point at which exmanent questions are used. Before that, it should be disregarded in the assessment! | | | | | | |
| 13. The therapist addressed all three levels of time (past, present and future) today. ! This item is only applicable when new topics have been introduced with the help of external questions. Before that, it should be disregarded in the assessment! | | | | | | |
| 14. The therapist introduced new topics (e.g. health / illness) in a non-judgemental way so that they could be evaluated individually by the participant. | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| ! This item is only applicable once the terms health / illness have been introduced. Before that, it should be neglected in the assessment! | | | | | | |
| 15. The expectations and wishes of the participant were taken up by the entire group with a basic attitude of acceptance and without judgement. ! This item is only applicable for the group sessions and can be neglected in the evaluation of the individual sessions! | | | | | | |

Assessment of observable behaviour (max. 44 to 60 points)

If items 12-15 are applicable, the total score should be divided by 60.

If three of the items 12-15 are applicable, the total score should be divided by 56.

If two of the items 12-15 are applicable, divide the total score by 52.

If only one of the items 12-15 is applicable, divide the total score by 48.

If none of the items 12-15 are applicable, divide the total score by 44.

The proportional total value (< 1) can be multiplied by 100.

The result describes the percentage of adherence to the *narraktiv* guideline.

An example of the evaluation of a group session after the introduction of the terms health / illness and new topics:

$(40 / 60) \times 100 = 66,7 \%$