Supporting Identity in Aphasia: A Survey of Speech-Language Pathologists

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Purpose and Background

Purpose and Problem
- The purpose of this study was to investigate the use of Life Story Personal Narratives (LSPNs) to help people with aphasia work on their personal identity by speech-language pathologists (SLPs) with special interests in adult rehabilitation.
- Identity is gaining attention in the aphasia literature. Language may be a necessary tool for defining one's identity, as we may learn to think of our own identity through a narrative process.
- Recent research has identified the important role health professionals may play in supporting people with aphasia in reconstructing their identity through narratives.
- Research has shown that SLPs have awareness of the use of narratives in functional everyday communication; however, they may be less likely to use narratives for the express purpose of reformulating identity. No studies to date have measured whether SLPs target identity in therapy or have used narratives as a tool for supporting identity.

Definitions
- Identity—"who we are, where we are coming from, and where we are going" (McAdams, 2008).
- Life Story Personal Narrative (LSPN)—a way for "people to [begin] to put their lives together...by reconstructing the past and imagining the future as an ongoing narrative that depicts who they were, are, and will be." (McAdams, 2008).

Research Questions*
1. Do SLPs:
   - view aphasia as having an impact on self-identity?
   - view themselves as having a role in supporting self-identity?
   - report targeting self-identity explicitly?
   - use LSPN in treatment?
2. What factors are associated with explicit targeting of self-identity and reported use of LSPNs? [*Note: Results are color coordinated with corresponding questions]

Methods
- Cross sectional online survey approved by WMU’s Human Subjects Institutional Review Board
- Sample population: Members of ASHA SIG 2 and Facebook group “Adult Rehab Speech Therapy”
- Inclusion criteria: Certified or licensed SLP AND having worked with 10 adults with aphasia in the past two years

Survey Instrument
- An experimenter-designed survey instrument was reviewed by a panel of experts, revised and piloted, resulting in a final survey of 39 questions targeting participants’ perceptions of supporting self-identity in speech-language treatment, perceptions of use of LSPN in treatment, the role of SLPs in developing these stories with their clients, and personal factors and experience.
- Question categories:
  - Demographics (14), Self-identity (11), LSPN (13), Comments (1)

Data Analysis
- Descriptive statistics, Chi square, logistic regression using SPSS 18 software

Participants
- 120 responded. Seven were eliminated due to eligibility or incomplete data.
- Remaining 113 were included in the results.
- Gender was reported as 95.5% female (n=111)
- Race was 90.3% white (n=113)
- Mean age was 45.24 (n=110, SD=12.19, range 26-74)
- Mean years working as SLP was 17.45 (n=112, SD=11.12, range 1-40)
- Mean years working with adults with aphasia was 16.06 (n=112, SD=10.24, range 1-40).
- Estimated percentage of current caseload of adults with aphasia was 39.38% (n=112, SD=38.66, range of 0-100).
- Primary work setting was reported as: outpatient (45.1%), inpatient/subacute rehab (28.3%), acute care (19.5%) and other (7.1%).

Results

Factors Associated with Explicit Targeting of Self-Identity

<table>
<thead>
<tr>
<th>Predictor</th>
<th>β (SE)</th>
<th>Walds x²</th>
<th>df</th>
<th>p</th>
<th>Odds Ratio</th>
<th>95% CI Lower</th>
<th>95% CI Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training 1 (LSPN)</td>
<td>1.09 (.563)</td>
<td>3.71</td>
<td>1</td>
<td>.054</td>
<td>2.96</td>
<td>0.98</td>
<td>8.92</td>
</tr>
<tr>
<td>2+ trainings (LSPN)</td>
<td>3.37 (.735)</td>
<td>20.98</td>
<td>1</td>
<td>.000</td>
<td>29.03</td>
<td>6.87</td>
<td>122.71</td>
</tr>
<tr>
<td>2+ trainings (SL)</td>
<td>-0.83 (.581)</td>
<td>0.95</td>
<td>1</td>
<td>.331</td>
<td>0.44</td>
<td>0.08</td>
<td>2.32</td>
</tr>
<tr>
<td>% caseload with aphasia</td>
<td>0.01 (.008)</td>
<td>1.09</td>
<td>1</td>
<td>.321</td>
<td>1.01</td>
<td>0.99</td>
<td>1.03</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.85 (.498)</td>
<td>13.81</td>
<td>1</td>
<td>.000</td>
<td>0.16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| n=112; Hosmer & Lemeshow x²=3.32; p=.119 |

Factors Associated with Reported Use of LSPN

<table>
<thead>
<tr>
<th>Predictor</th>
<th>β (SE)</th>
<th>Walds x²</th>
<th>df</th>
<th>p</th>
<th>Odds Ratio</th>
<th>95% CI Lower</th>
<th>95% CI Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training in Self-Identity</td>
<td>-0.37 (.645)</td>
<td>0.32</td>
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<td>.573</td>
<td>0.70</td>
<td>0.20</td>
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<tr>
<td>2+ trainings (LSPN)</td>
<td>1.66 (.547)</td>
<td>9.20</td>
<td>1</td>
<td>.002</td>
<td>5.25</td>
<td>1.80</td>
<td>15.34</td>
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<tr>
<td>Work Setting</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient/Subacute rehab</td>
<td>0.51 (.725)</td>
<td>0.49</td>
<td>1</td>
<td>.485</td>
<td>1.66</td>
<td>0.40</td>
<td>6.87</td>
</tr>
<tr>
<td>Outpatient</td>
<td>1.72 (.678)</td>
<td>6.45</td>
<td>1</td>
<td>.011</td>
<td>5.59</td>
<td>1.48</td>
<td>21.09</td>
</tr>
<tr>
<td>% caseload with aphasia</td>
<td>0.00 (.009)</td>
<td>0.26</td>
<td>1</td>
<td>.612</td>
<td>1.00</td>
<td>0.99</td>
<td>1.02</td>
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<tr>
<td>Constant</td>
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<td>1</td>
<td>.000</td>
<td>0.00</td>
<td>0.09</td>
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</table>

Discussion

Key Findings
- SLPs view aphasia as having an overall negative impact on self-identity, as having a role in supporting self-identity, and target self-identity more frequently indirectly vs. explicitly in treatment.
- 33% of SLPs report having 2 or more trainings in LSPN.
- Increased training in LSPN and working in outpatient settings were significant predictors of use of LSPN.
- SLPs who use LSPN were more likely to target self-identity as an explicit goal.

Strengths and Limitations
- Strengths: Noted experts provided consultation for survey content; respondent demographics aligned with ASHA; potential intervention area.
- Limitations: Sample size, response rate and selection bias limit generalizability; definition of LSPN did not allow for separation of self-identity from SLAP.

Research and Training Implications
- Intervention study on impact of using LSPN using identity as outcome measures
- Qualitative study on reflections of person with aphasia on the process of constructing LSPN
- Explore implications for professional training including interprofessional collaboration

Selected References

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