



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

Katie A. Strong, M.A., CCC-SLP

Faculty Mentor: Nickola Wolf Nelson, Ph.D., CCC-SLP

Interdisciplinary Health Sciences Ph.D. Program, Western Michigan University

Purpose and Background

Purposes 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.^{1,2} 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.³ Since aphasia alters language, some have argued that it also impacts identity.^{1,2}
- Recent research has identified the important role health professionals may play in supporting people with aphasia in reconstructing their identity through narratives.^{1,4}
- 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;⁵ 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”⁶
- 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”³

Research Questions*

- 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?
- 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 and 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

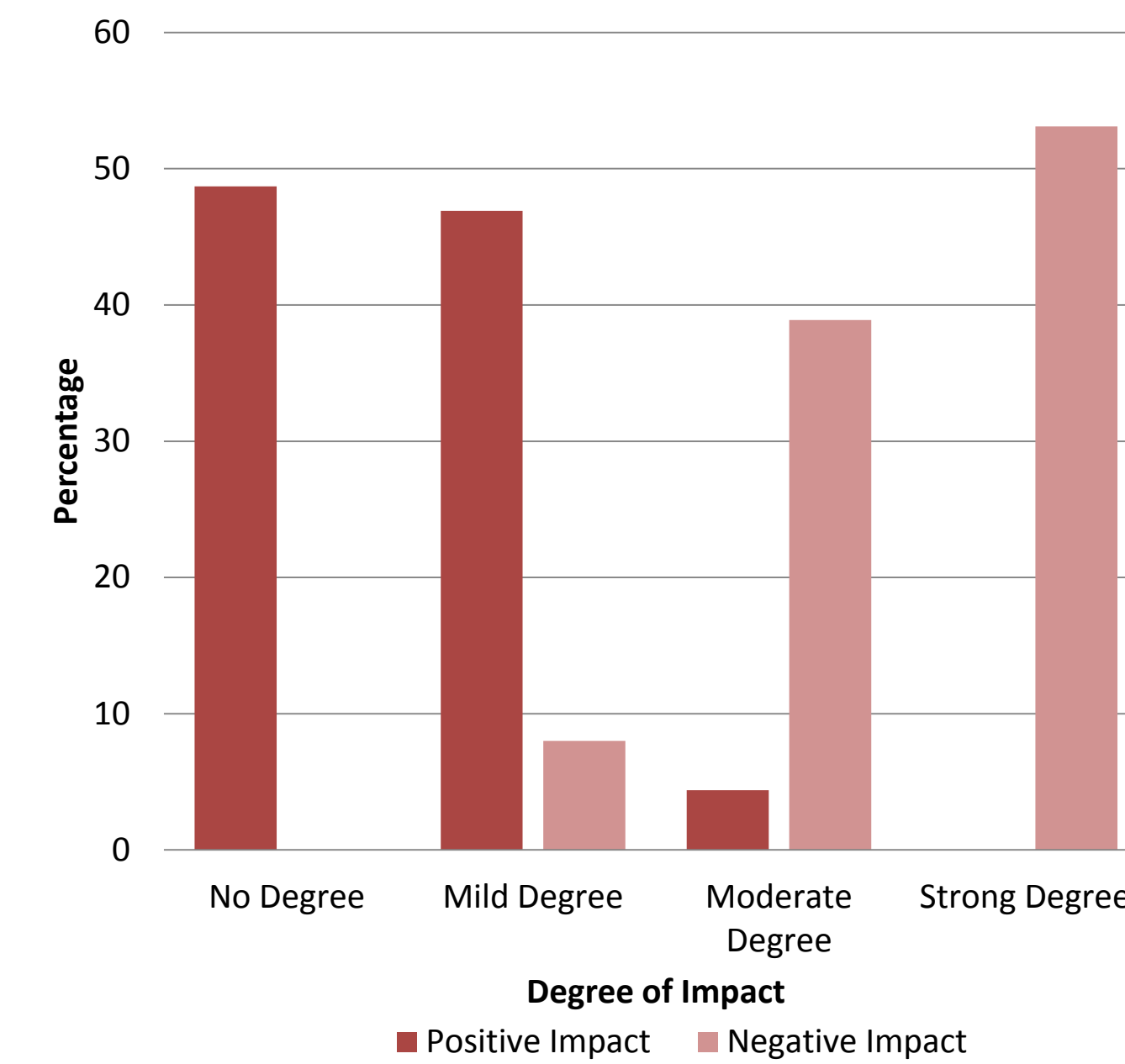
- Descriptive statistics, Chi square, logistic regression using SPSS 18 software

Participants

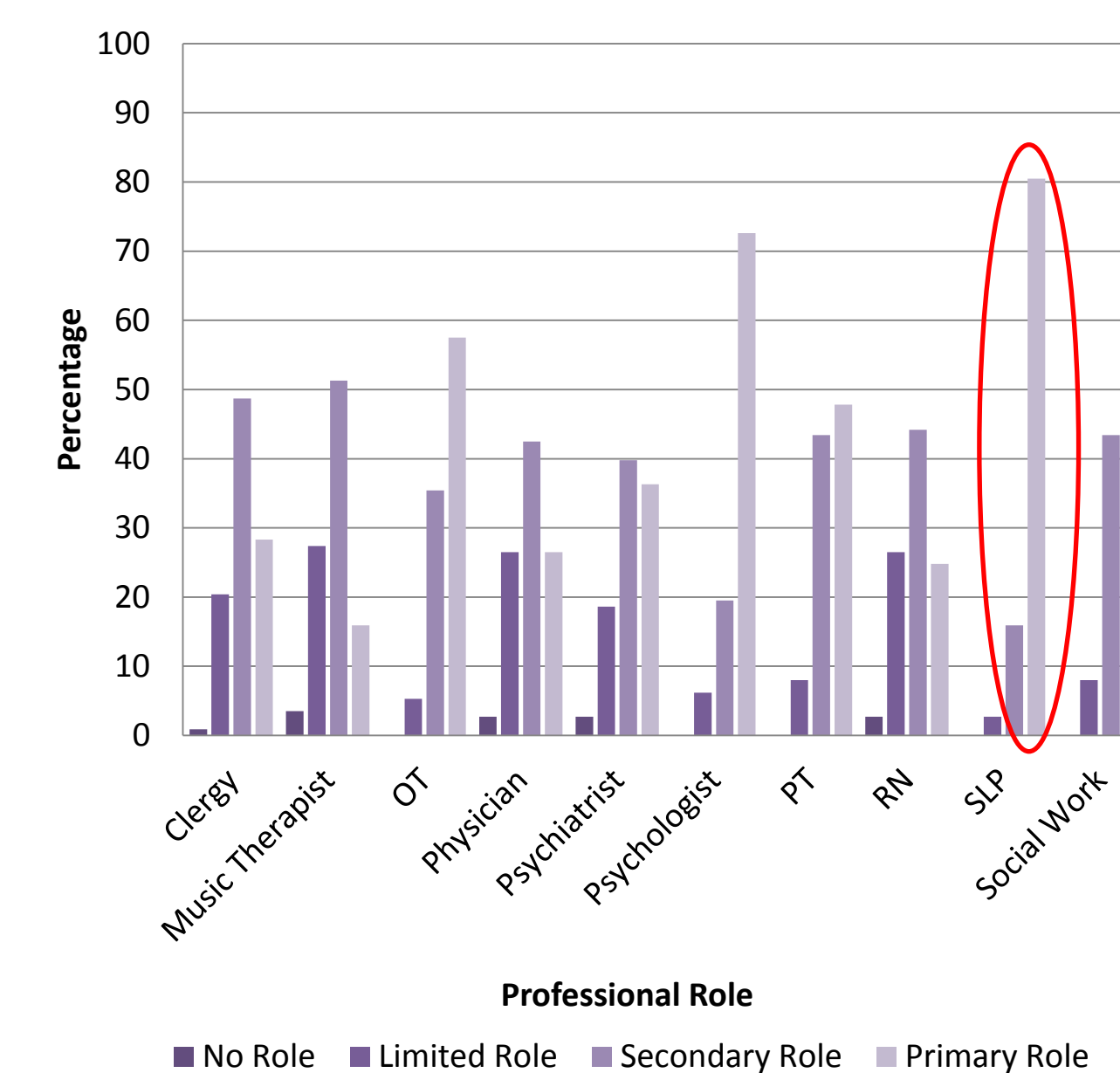
- 120 responded. Seven were eliminated due to eligibility or incomplete data. Remaining 113 were included in the results.
- Gender was reported as 95.5% female (n=111)
- Race was 90.3% white (n=113).
- Mean age was 45.24 (n=105, SD=12.19, range 26-74).
- Mean years working as SLP was 17.45 (n=112, SD=11.12, 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

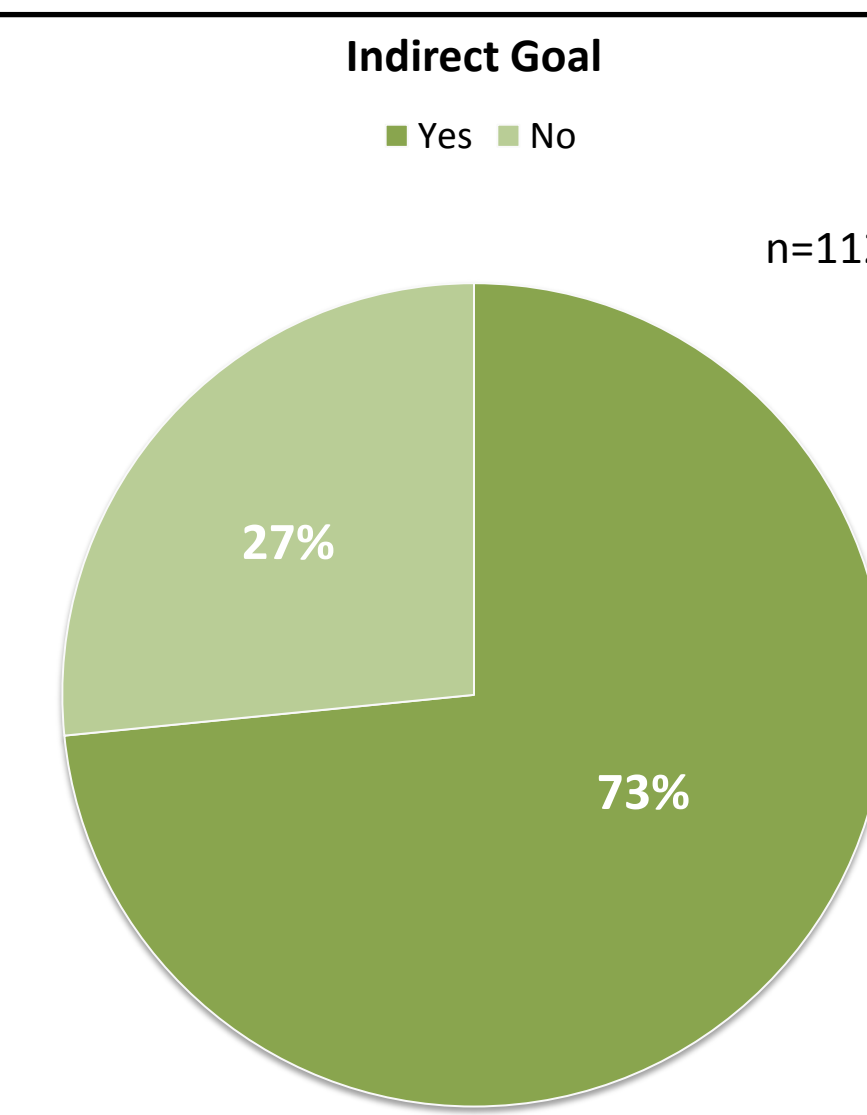
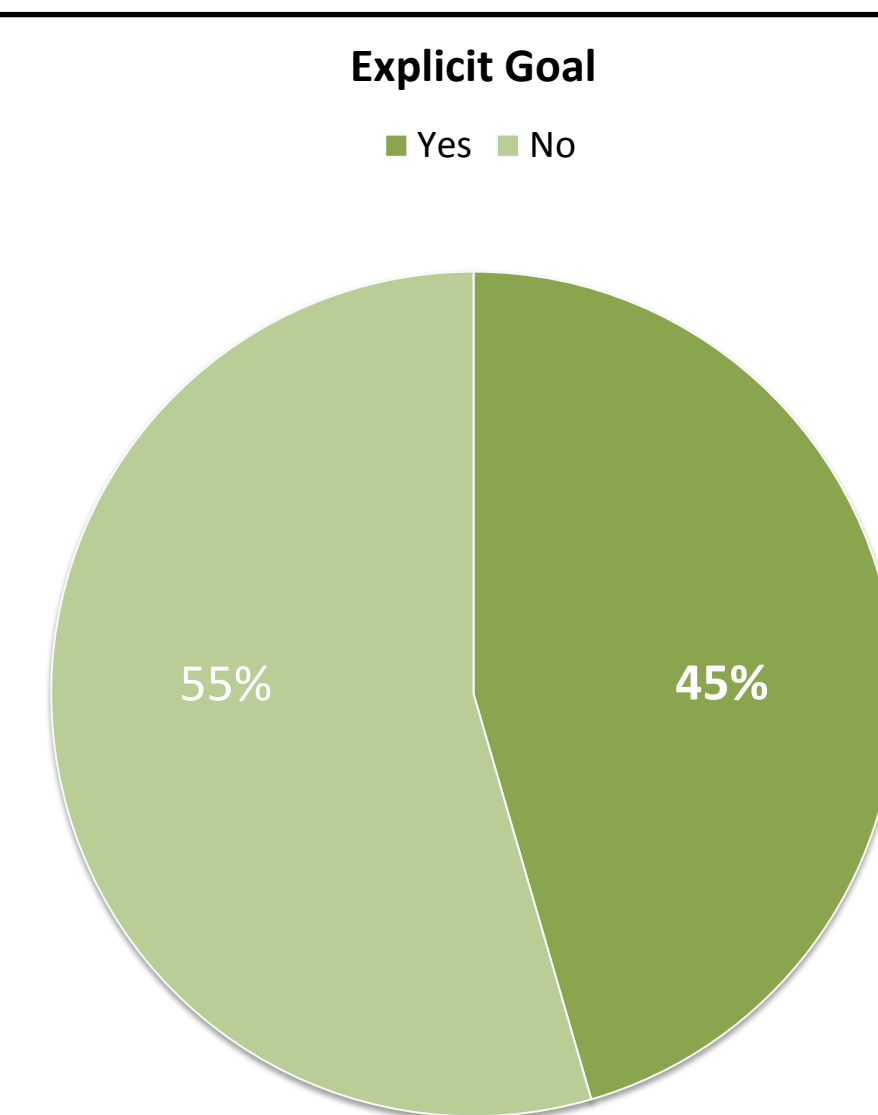
Reported Impact of Aphasia on Self-Identity



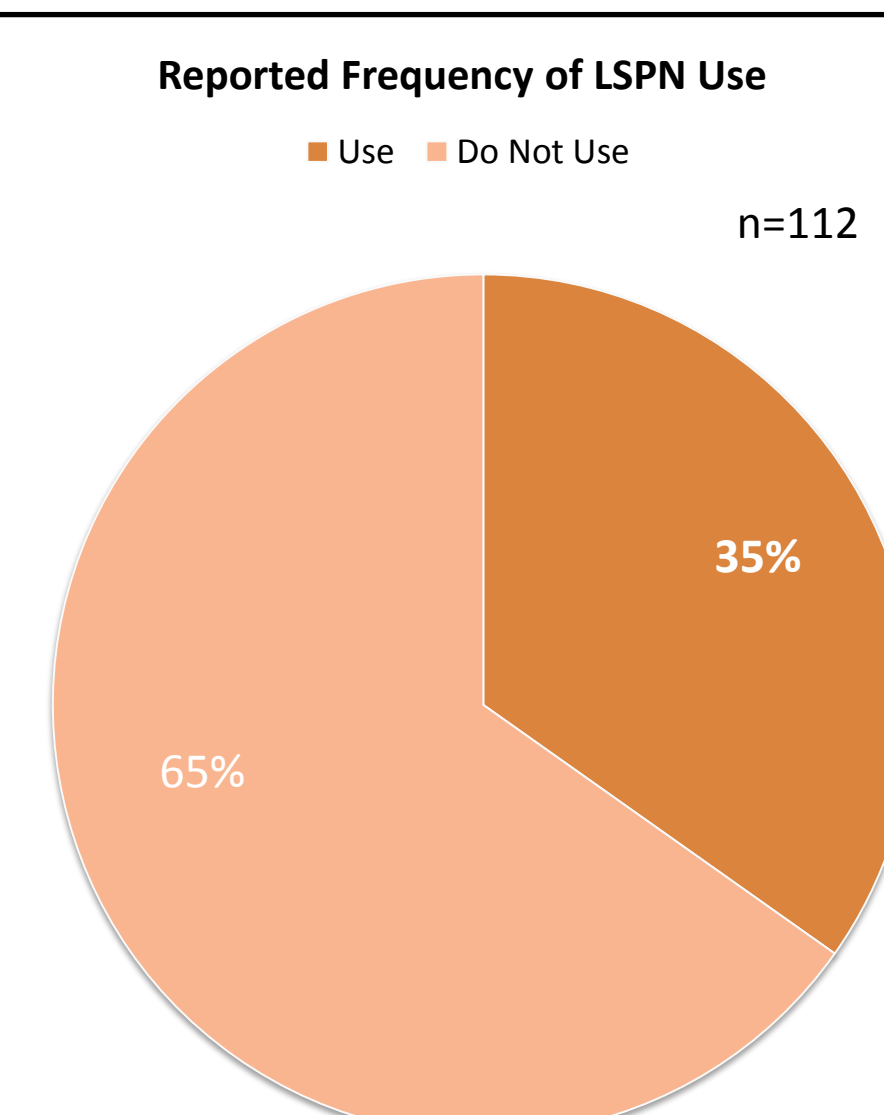
SLPs' Perceptions of Roles in Supporting Self-Identity



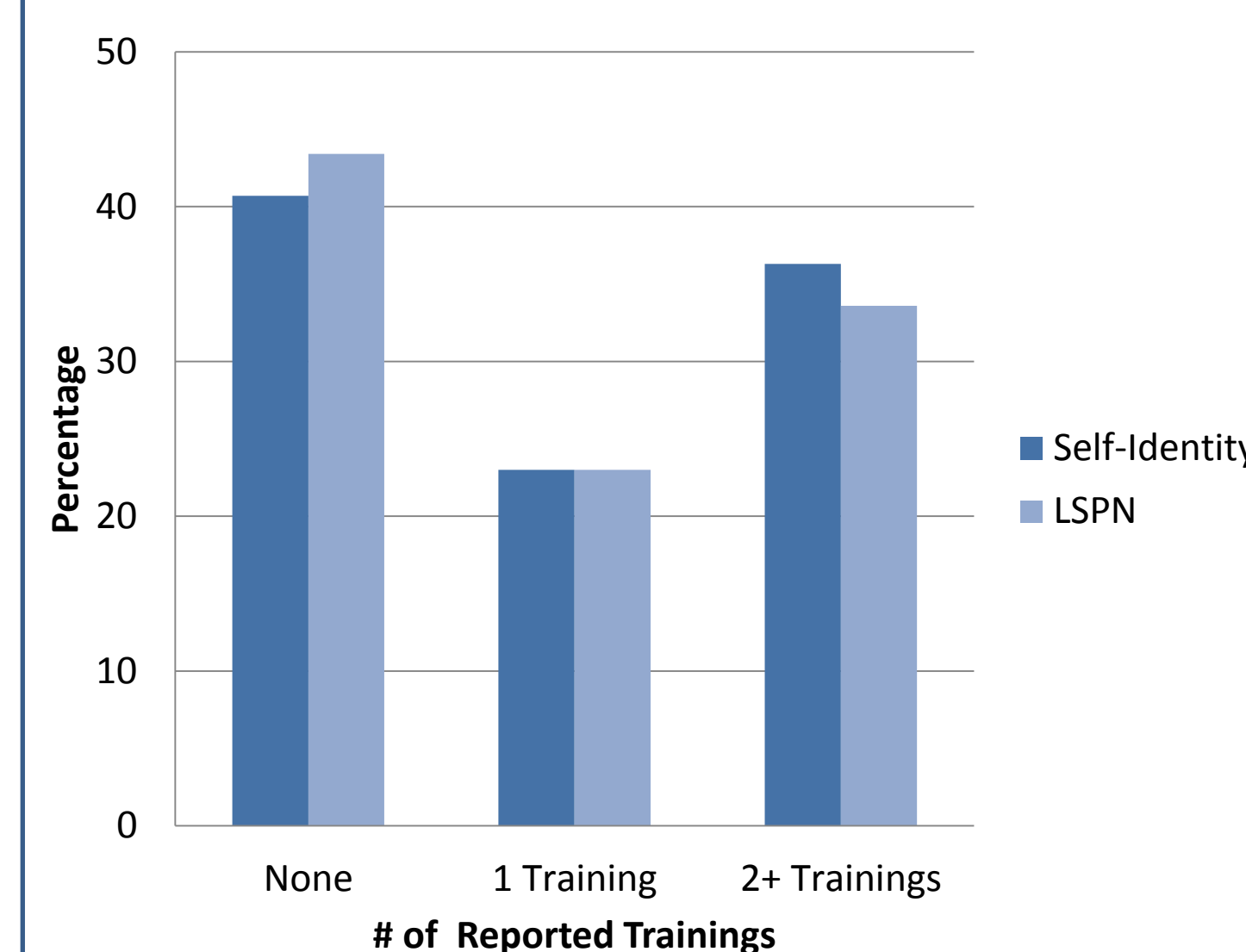
Targeting Self-Identity



Use of LSPN



Reported Training in Self-Identity and LSPN



Likelihood of Using LSPN

	Do not use LSPN	Use LSPN	Total
Do not use self-identity as explicit goal	52	9	61
Use self-identity as explicit goal	20	30	50
Total	72	39	111

- There was a statistically significant association between targeting self-identity as an explicit goal and LSPN use, $\chi^2(1) = 24.682, p < .001$
- The odds of using LSPN were 8.66 times higher if SLPs targeted self-identity as an explicit goal.

Factors Associated with Explicit Targeting of Self-Identity

Predictor	β (SE)	Walds X^2	df	p	Odds Ratio	95% CI	
						Lower	Upper
Training							
1 training (LSPN)	1.09 (.563)	3.71	1	.054	2.96	0.98	8.92
2+ trainings (LSPN)	3.37 (.735)	20.98	1	*.000	29.03	6.87	122.71
2+ trainings (SI)	-.083 (.851)	0.95	1	.331	0.44	0.08	2.32
% caseload with aphasia	0.01 (.008)	0.99	1	.321	1.01	0.99	1.03
Constant	-1.85 (.498)	13.81	1	.000	0.16		
n=111; Hosmer & Lemeshow X^2 3.23, p= .919							
*p<.05							

Factors Associated with Reported Use of LSPN

Predictor	β (SE)	Walds χ^2	df	p	Odds Ratio	95% CI	
						Lower	Upper
Training in Self-Identity							
1 training (LSPN)	-0.37 (.645)	0.32	1	.573	0.70	0.20	2.46
2+ trainings (LSPN)	1.66 (.547)	9.20	1	*.002	5.25	1.80	15.34
Work Setting							
Inpt/Subacute Rehab	0.51 (.725)	0.49	1	.485	1.66	0.40	6.87
Outpatient	1.72 (.678)	6.45	1	*.011	5.59	1.48	21.093
% caseload with aphasia	0.00 (.009)	0.26	1	.612	1.00	0.99	1.02
Constant	-2.45 (.009)	12.901	1	.000	0.09		
n=111; Hosmer & Lemeshow χ^2 5.97, p=.651. *p<.05							

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 LSPN.

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

- Shadden, B.B. & Hagstrom, F. (2007). The role of narrative in the life participation approach to aphasia. *Topics in Language Disorders*, 27(4), 324-338.
- Simmons-Mackie, N. & Elman, R.J. (2011). Negotiation of identity in group therapy for aphasia: The Aphasia Café. *International Journal of Language and Communication Disorders*, 46(3), 312-323.
- McAdams, D.P. (2008). American identity: The redemptive self. *The General Psychologist*, 43(1), 20-27.
- Ellis-Hill, C., Payne, S., & Ward, C. (2008). Using stroke to explore the Life Thread Model: An alternative approach to understanding rehabilitation following acquired disability. *Disability and Rehabilitation*, 30(2), 150-159.
- Hinckley, J.J. (2008). *Narrative-based practice in speech-language pathology: Stories of a clinical life*. San Diego: Plural Publishing, Inc.
- Taylor, C. (1994). The politics of recognition. In A. Gutman (Ed.) *Multiculturalism* (pp. 35-73). Princeton, NJ: Princeton University Press.

Acknowledgements

- Survey Consultants: Sandra Glista, Jacqueline Hinckley, Audrey Holland, & Barbara Shadden.
- This work was completed as a part of the requirements for Katie A. Strong's doctoral program in Interdisciplinary Health Sciences at Western Michigan University.