Improving opportunities for expertise and agency-building for people with aphasia through unstructured conversation with speech-language pathologists

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EXPERTISE IN MEDICAL INTERACTIONS

- Medical personnel typically hold expertise in medical interactions (Fairclough, 1992)
- Patient expertise discounted and discouraged (Fairclough, 1992)
- Expressions of patient expertise increase agency (Sanderson & Angouri, 2013), and allows for vital post-disability identity formation (Simmons-Mackie & Elman, 2011; Mackay, 2003)
- Identity and agency building is difficult for people with communication disorders
  - loss of communication, but also
  - "loss of communication as a means by which the disability can be explained or counteracted" (Ferguson, 2008: 62).

What can SLPs do within therapy to increase opportunity for identity and agency building?

RESEARCH QUESTIONS

(1) How do people with aphasia (PWA) construct their medical expertise in telling their stroke narrative within unstructured conversation?

(2) How do SLPs respond to this expertise construction? How do they construct their own medical expertise?

(3) What is the impact of training SLPs on a conversation genre protocol prior to their conversation with the person with aphasia on expertise construction?

METHODS

Participants:

"Mark" Aphasia Quotient (AQ, Kertesz, 2006) = 90.4, mild anomia
"Laura" AQ = 96.3, minimal anomia
"William" AQ = 91.2, mild anomia

Spontaneous Conversations:

- Each PWA held a social conversation with an unfamiliar SLP
- SLPs trained to hold social conversations using the

Social Conversation Collection Protocol (SCCP) *(Leaman & Edmonds, 2021)*

Guidelines to ensure SLP maintains a social environment

SLP To Do: Make comments, tell anecdotes, ask for clarification if authentically needed, give unpressured time, stay engaged

SLP NOT To Do: Semantic/phonemic cues, test questions, plethora of Y/N questions

- Criteria for analysis: **length** (> 50 turns) and **topic** (telling of stroke story)

ANALYSIS

Expertise analyzed using **Critical Discourse Analysis** (Fairclough, 1992)

CDA asks how do features of language create and replicate power within an interaction?

CDA analysis of **linguistic features of expertise**:

Modality/Affinity
The extent to which speakers commit themselves to or distance themselves from a statement
High affinity = high expertise
Low affinity = low expertise

Questions
What kinds of questions are speakers allowed to **ask** and **answer**?
Information seeking = low expertise for asker
Prompting = high expertise for asker

Topic Control
Who controls the narrative? Who can choose new topics and are those choices respected?

FINDINGS

Modality: Both SLPs and PWA combined high affinity and low affinity statements

Example 1
Laura:
high affinity = specific language about event, repetition of events
low affinity = unspecific language as to the location

Laura: And uh they they University Hospital a neurologist. They look they took a look at my body um. Clots are forming insine my um um like um m* my uterus.

SLP: Oh ok. I was gonna say the incision. Ok.

Laura: Oh yeah yeah yeah. Yes. The incisin, the uterus, whatever. And they're forming. And so.

Example 2
SLP:
high affinity = uses professional/medical background
low affinity = minimizes with use of "just" and defers to experiences of others with aphasia

SLP: And I would what I would teach them, just based on my experience talking to people like yourself, um I would teach these students, I'd always say "You know it really takes people about 18 months {to get used to the new normal}."

William: Yeah.

SLP: That's the exact number and I don't think anyone who's lived through a stroke's ever said it to me quite as clearly to me as you just did in terms of yeah* but that's sort of what I've figured out from talking to families, talking to people who've been through this. It really it's a long process.

Questions: Most of the questions in these conversations were posed by the SLPs – a natural conversational move, as these interactions had the PWA as the storyteller, and the SLP as the listener

Majority of question type were *information seeking*

Example 1
Laura: I know. And so um now they went they went up up into my heart when I find out when I I have a hole in my heart as in two centimeters long.

SLP: Di* wait. Was that there from <birth>? ***(low expertise)***

Laura: <No. Yes. Yes>.

Example 2
SLP: How long ago was that, that you saw <that scan>? ***(low expertise)***

William: <It's coming> up on probably a year and a half from here.

A handful were *prompting questions*, a question type that is more typical of a medical interactions

Example 3
Mark: So . But you know I finally started g* g* getting out of it in the s* s* first month* months of the two weeks of the two months s* s* um two months of {w* w*} .

SLP: You mean therapy? ***(high expertise)***

Topic Control: High Expertise by PWA

Personal narratives hold an important role in agency-creation for people with disabilities, and this patient-driven narrative is atypical of medical interaction. However, in these conversations, **the stroke narrative is spontaneously brought up by the PWA, and the story is guided by the PWA themselves,** with the SLP providing feedback with heavy use of minimum response tokens ('mhm', 'yeah', 'okay').

CLINICAL IMPLICATIONS

The SCCP training for the SLP partners contributes to a therapeutic environment where the **voices of the PWA are more easily able to be heard and centered.**

- A challenge to the traditional power balance of therapy
- Environment where **both the SLPs and PWA used a combination of low-expertise and high-expertise features**
- Creates space for:
  - (1) patient expertise to be **heard, acknowledged, and incorporated into the therapy**
  - (2) clinicians to listen to and learn from the deep wealth of knowledge that their patients possess.

The SCCP shows the immense possibility for a person-centered approach that conversation-based therapies embody. The SCCP can be used to guide the SLP to use social interactions in therapy, and is a critical component of ECoLoGiC-Tx, a new therapy for aphasia (Leaman & Edmonds, 2023).

Future Directions

(1) What is the impact of the SCCP on expressions of patient expertise by PWA with more severe aphasia?
(2) Can training with the SCCP assist in conversation between PWA and other medical professionals (e.g., occupational and physical therapists, social worker), and impact PWA's expressions of medical expertise in these interactions?

Scan for poster and references

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