

Spoken production in people with aphasia:

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What do individuals view as important?

Introduction

Aphasia is an acquired communication difficulty which often follows a stroke. Many people with aphasia have difficulties with spoken production, with problems including word finding, sentence production and holding conversation. Speech and language therapists work with people with aphasia to improve their spoken production; therapy needs to focus on what is important to the client.

Aim

To investigate what people with aphasia report as most important about their spoken production in order to inform assessment and treatment.

Method

- <u>Participants:</u> 5 clients with aphasia. The severity of aphasia ranged from mild to severe. All attended a support group.
- <u>Design:</u> Interviews included open questions and the completion of a ranking task. Participants gave their opinion on what they considered important about speaking. They then carried out a semi-structured task, ranking suggested activities as important, not important or in the middle.
- Process of analysis:

Interviews – All 5 interviews were transcribed onto Microsoft Word. Analysis commenced by selecting quotes from each interview which related to 'importance' (explicitly or implicitly), quotes were grouped together into related themes – named 'emergent' themes. The emergent themes were compared across all 5 participants to discover similarities in themes; creating the final 4 unifying themes.

Ranking task – Each ranking task differed in layout as participants were not given instructions to follow. A criteria was devised to convert each ranking continuum onto a standard 8-point Likert scale, whereby 1 = important and 8 = not important. This enabled direct comparison between the 'most' and 'least' important factors between participants. Inter rater reliability was carried out between 3 researchers to assess conversion, following the established criteria, and reach a finalised Likert scale for each participant. In instances where 2 researchers agreed, and the third differing by 1 point, the majority decision was chosen.

References & Acknowledgments

Goodrick, S (2017). Unpublished BSc dissertation. Source of data.

Results

Figure 1 displays the 4 established themes: Support, Ability, Social function and Factors; their sub-grouped themes included within.

Ranking Task:

The more severe clients (P1 and P4) considered 'getting things I need' and 'conversations about life' as most important.

The less severe (P2, P3, P5) considered 'speaking about complex ideas', 'finding the words' 'finding words quickly', 'speaking in more detail' and 'saying names of places and people' as most important.

Support: Communication "I'm alright when "I've got to get on partners, therapy, the family's here with it, if I don't try I support groups, total wouldn't be able to and I'm alright here communication, get on" at the aphasia knowing about group" aphasia **Factors relating Social Function:** "What do you to what's Change to role in think is family, confidence, important: important independence Change to self image, speaking to strangers, memory, trying to about your people/place names, recover, acceptance, speaking?" difficulties, receptive word finding, fluency, aphasia sentences **Ability:** there was a link between ability and "one of the worst "that's important importance. "I can do things answering yes because it's hard that yeah that's okay ... the telephone for a for me to do" it's not important" call to someone you didn't know'

Figure 1 – Results of thematic analysis

Discussion

- Analysis of the interviews revealed an emphasis on SLT techniques, communication partners, social functions of speech and recovering from the stroke.
- There was a distinct link throughout between a participants ability and how they rate the importance of a factor.

Limitations:

- In some cases it was uncertain whether clients were answering in relation to importance or ability.
- Participants with severe
 expressive aphasia had reduced
 spontaneous input in the
 interview; responses could not
 be fully interpreted.
- Analysing audio files meant consideration of total communication couldn't take place. This limits the interpretation of information from a client with more severe aphasia.
- The 8 point Likert scale captured diversity in answers but ultimately quantifies qualitative research.

Future Research:

 Investigation into the impact of the severity of aphasia (using rigorous classification) and what clients report as important.