

Confidence in Confronting Situations in Recovered Aphasia Individuals

Review Article

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Abstract

Persons with aphasia show recovery mostly due to speech language stimulation and language therapy. Some of these persons may show complete recovery secondary to therapy while few others may show significant language deficits and may not recover completely. People who recover from aphasia also may manifest subtle difficulties on the four communication domains (reading, writing, speaking and understanding). These subtle difficulties may further decrease their communicative confidence.

Methods: The present study involved development of a questionnaire for tapping communicative confidence and the questionnaire was administered on five persons with aphasia.

Results: The results showed that these persons with aphasia may show greater difficulties on writing followed by speaking, reading and understanding domains. The difficulties in these domains perturbed their communicative confidence.

Conclusions: The present study believes that these individuals should be subjected to follow up and the constraints have to be addressed directly.

Introduction

Aphasia is an acquired language disorder caused due to an insult to the brain. Some persons with aphasia may recover within the first few hours or days after stroke, while some individuals recover after months either without any formal therapy through spontaneous recovery or through speech and language therapy [1]. Spontaneous recovery would be seen in a rapid rate in the first three months of therapy and would then attain a plateau. However proponents working on aphasia recovery opine that complete recovery of aphasia through spontaneous recovery is unlikely in at least individuals who have had aphasia for duration of two to three months secondary to stroke [2]. These individuals would require speech and language therapy to re-establish their communicative skills. Through speech and language therapy, recovery may be seen and this process is often time consuming. The prognosis of persons with aphasia may depend on the severity of aphasia and in patients with chronic aphasia; the extent of recovery is relatively less [3].

Irrespective of whether a person with aphasia has recovered full or not, residual symptoms of aphasia assume to prevail. For example a recovered aphasia individual may require a relatively longer duration to name an item or may struggle to retrieve names of infrequent lexical items in routine. The communicative confidence of recovered persons with aphasia is found to be generally low [4,5]. Communication confidence is defined as "a feeling about one's power to participate in a communication situation, one's sense about one's own skills and/or

ability to express oneself and to understand the communications of others [6,7]. Tasks assessing communication confidence generally assesses the beliefs of the person about his/her abilities to understand and express in different communicative situations.

In the past very few studies have been carried out to determine the communicative confidence in persons with aphasia. ASHA-QCL, has a domain to measure communicative confidence in persons with aphasia [8]. The Communication Confidence Rating Scale for Aphasia (CCRSA) is a developed scale to measure the communicative confidence in persons with aphasia which is developed in the lines of the rating scales used to tap communicative confidence in persons with stuttering. This rating scale incorporates questions from routine such as speaking to people in day to day situations and speaking to people over phone etc. Aphasia Impact questionnaire is yet another rating scale used to measure the impact of aphasia on daily living. It uses a four point rating scale to rate about 25 questions related to routine. In Indian context very few studies have been carried out in this direction, only studies on assessing the burden on care givers of persons with aphasia have been carried out. The perspective of these questionnaires is different and does not tap for communicative confidence in the perspective of persons with aphasia.

Need for the study- Many researchers have identified residual deficits in persons with aphasia even after years of therapy. The residual deficits in persons with aphasia can be studied through the usage of rating scales for measuring the communicative confidence in persons



with aphasia. A few attempts have been made in western context to study the communicative confidence in persons with aphasia. However, such rating scales may not be readily used in Indian contexts as their communicative situations may not be apt here and they are culture sensitive when compared to Indian context. The present study aims to develop a rating scale meant to rate communicative confidence in persons with aphasia and administer it on a homogenous group of participants.

Methods

To assess the residual effects of aphasia on the four communicative domains i.e. reading, writing, understanding and speaking, a questionnaire was developed. The questionnaire was developed in Kannada and had 18 questions for each domain. Informed consent was taken from the participants and their caregivers. Helinski's declaration of ethics was followed for the recruitment of participants. All the domains had questions related to daily living. An example each for each of the domains is listed below.

Reading

Are you able to read and understand silently?

Writing

Are you able sign properly?

3.3. Understanding

Are you able to understand others speech in conversations?

3.4. Speaking

Are you able to tell your address?

This questionnaire was subjected to a familiarity check, by circu-

lating the list of questions to 3 experienced Speech Language pathologists having about 10 years of experience in the field, they were asked to rate questions using a 3 point scale, where 3 was strong, 2 was fair and 1 was poor. 10 questions for understanding, reading and writing domains and 15 questions for speaking domains which were rated either strong and fair by both SLP's were consolidated and a final list was made.

It was decided to recruit participants, who were literates (who had studied till PUC at-least) and had a single stroke with a post morbid duration of 2 years or more. It was also ensured that the participants had taken speech and language therapy for a duration 6 months or more. The participants with verbal output only were considered for the study. The purpose of adapting such stringent criterion was to observe, what the residual deficits of aphasia would be on a homogenous group of individuals as the first phase. Five participants with aphasia who matched the criterion were recruited for the study. All these participants dropped out of aphasia therapy and were no long considering therapy for aphasia. The mean age of the participants was 45.24. The questions were read to the participants and were asked to rate on a four point scale where 4 was extremely confident, 3 was fairly confident, 2 was less confident and 1 was not confident.

Results

All the five participants had high rating on the understanding domain followed by reading, speaking and writing domains. Persons with aphasia were extremely confident (78%) and fairly confident (22%) on understanding domain. For reading domain, the percentage values were 40% extremely confident, 35% fairly confident, 19% less confident and 6% not confident. For speaking domain the scores (in the same order) was 25%, 37%, 26% and 12% and for the writing domain the scores (in the same order) was 11%, 20%, 38% and 31%. (see figure 1).

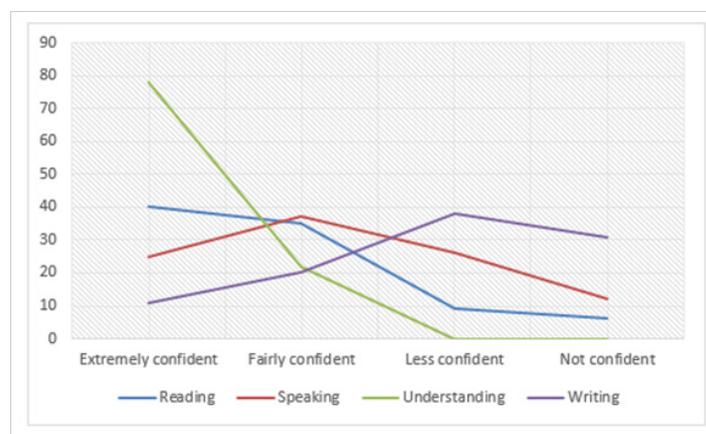


Figure 1: Aggregate of ratings of the participants on the four domains.

It was seen from the results that persons with aphasia who satisfied the above mentioned criterion showed greater deficits in writing. One of the five participants was an outlier and had deficits in speaking, for instance he found it difficult to name a given thing (especially infrequent) when asked. The residual deficits in reading and writing were directly proportional to the usage and profession of participants. In speaking, three out of four participants anticipated that they could miss words between the conversations.

Discussion

Persons with aphasia may be discharged from therapy after they show considerable improvement or they may discontinue treatment assuming that their condition is near normalcy. These individuals are called as persons with recovered aphasia. This label does not include

drop outs of therapy due to lack of significant improvement or persons with aphasia would confront difficulties on the expression domain (ex persons with Broca's aphasia). Persons who show recovery from aphasia may also experience difficulties in their routine this difficulty is viewed as the constraint induced by aphasia (in the past). The study aimed to unveil such factors. A list of questions on the four domains of communication i.e. understanding, speaking, reading and writing were provided to individuals with recovered aphasia and the findings showed that these individuals had difficulties in naming which can be attributed to motor deficits followed by speaking, reading and understanding [4,5]. Difficulty in speaking was seen mainly in spontaneous speech and retrieval of infrequent words. It is noteworthy that the measure on communication confidence has to be standardised and tested on a relatively larger population to increase the generality of findings.

Conclusions

Individuals with aphasia show a lot of variability with respect to the aphasia component and recovery. It is believed that residual deficits persist even after therapy. These residual deficits would decrease the communicative confidence in aphasia individuals. In the present study an attempt was made to study the communicative confidence on 5 persons with aphasia, with a nearly homogenous profile after aphasia therapy. It was seen that these persons had greater deficits on writing domain followed by speaking domain, reading domain and understanding domain. The study can be extended by carrying out the same on neuro-typical individuals and comparing the scores and on persons with aphasia with heterogeneous profiles.

Funding Information

No funding was received for the study.

Data Availability

Data is available on request from the corresponding Author Dr Abhishek BP.

Relevance For Clinical Practice

The current study presents an important topic how persons with Aphasia (an acquired language disorder caused due to the damage to the brain) confront different communication situations on a day-to-day basis.

Conflict of Interest

None

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Appendix 1

Questionnaire For Patients with Recovered Aphasia

Reading

1. Are you able to do silent reading?
2. Do you feel difficulty in identifying any particular letter? If so, which one?
3. How many languages do you know? Do you feel any

difficulty in any particular language? If so, which one?

4. Which material are you comfortable in reading?
a) Book b) Magazine c) News paper
5. Are you able to read messages on your mobile?
6. Are you able to navigate to the application or do required task on your laptop/mobile?
7. Are you able to read your emails?
8. Do you find operating your mobile difficult?
9. Are you able to read at normal pace or are you slow?
10. Are you able to explain the jest after you read

Writing

1. Are you able to write your name?
2. Are you able to do your signature?
3. Are you able to write your address and phone number?
4. Which language are you most comfortable in writing?
5. How many sentences can you write continuously?
A) 1-2 sentences B) 5 sentences C) Upto 10 sentences D) >10 sentences
6. Do you get confused in writing any particular letter of the language you are most comfortable with? If so, which one?
7. Are you able to correctly spell the words that you write?
8. Do you feel difficulty in copying text from another source?
9. Do you feel your writing legible?
10. Are you able to write cheques for bank transactions?

Understanding

1. Are you able to understand others speech?
2. Are you able to understand text messages?
3. Are you able to follow multi-step commands?
4. Are you able to understand novels that you read?
5. Are you able to understand NEWS on Television?
6. Are you able to handle bank transactions on your own?
7. Are you able to understand movies?
8. Are you able to understand what children speak?
9. Are you able to understand English?
10. Are you able to understand the conversation (coherence)?

Speaking

1. Are you able to tell your name?
2. Are you able to tell your age and gender?
3. Are you able to tell your address and phone number?
4. Do you feel difficulty in speaking to strangers?
5. Do you feel tired soon after speaking for a while?
6. Do u experience pain or uncomfortable while speaking?
7. Which language are you most comfortable in speaking?
8. DO you feel that your speech is legible?



9. Are you aware of the errors that occur in your speech?
10. Do you feel anxious or tensed when you speak?
11. Are you able to converse with the shopkeepers?
12. Do you feel any difficulty in counting or telling numbers like in money transactions?
13. Are you able to describe situations?
14. Are you able to narrate stories?

