









"My story" – Storytelling in het onderwijs: meerwaarde voor student en beroepspraktijk

Sabine Corsten¹, Bianca Spelter^{2,3}, & Rianne Brinkman^{4,5,6}

¹Catholic University of Applied Sciences Mainz, ²Rheinisch-Westfälische Technische Hochschule Aachen, Medizinische Fakultät, Klinik für Psychiatrie, Psychotherapie und Psychosomatik ³Hochschule für angewandte Wissenschaft und Kunst Hildesheim/Holzminden/Göttingen, Fakultät Ingenieurwissenschaften und Gesundheit, Gesundheitscampus Göttingen ⁴Research Center Innovations in Care, Rotterdam University of applied sciences, Rotterdam, the Netherlands

⁵Care Ethics, University of Humanistic Studies, Utrecht, the Netherlands 6Research Center Healthy Ageing and Allied Nursing

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Team



Sabine Corsten



Katie Strong



Bianca Spelter



Sarah Northcott



Rianne Brinkman



Barbara Shadden











Agenda

1. Background

- Quality of life in aphasia
- Storytelling: narraktiv & 'My Story' and existing Training programs

2. Method

3. Preliminary Results

4. Discussion & Outlook

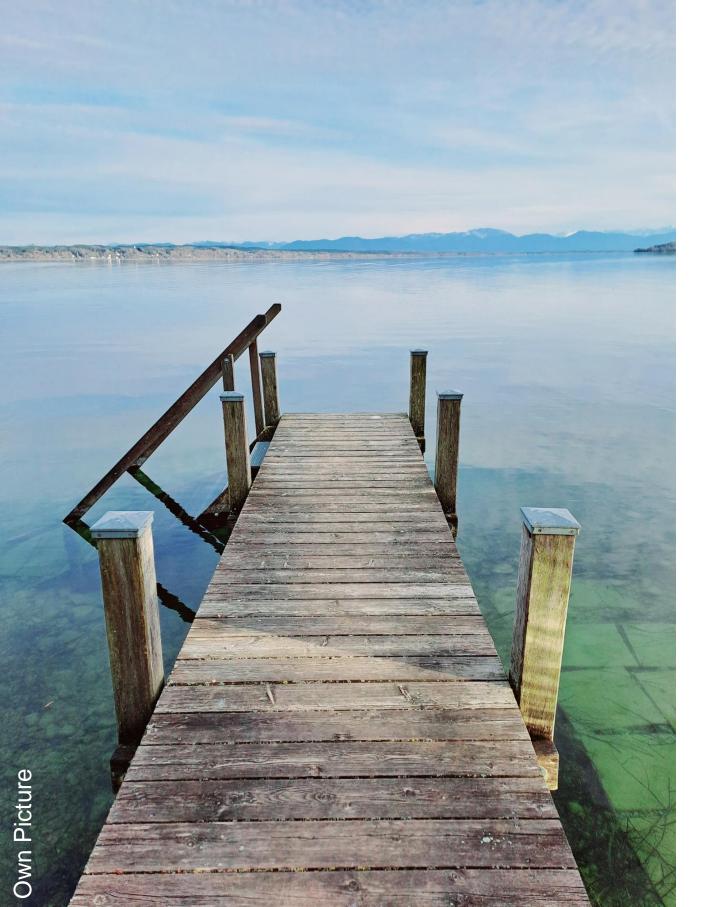






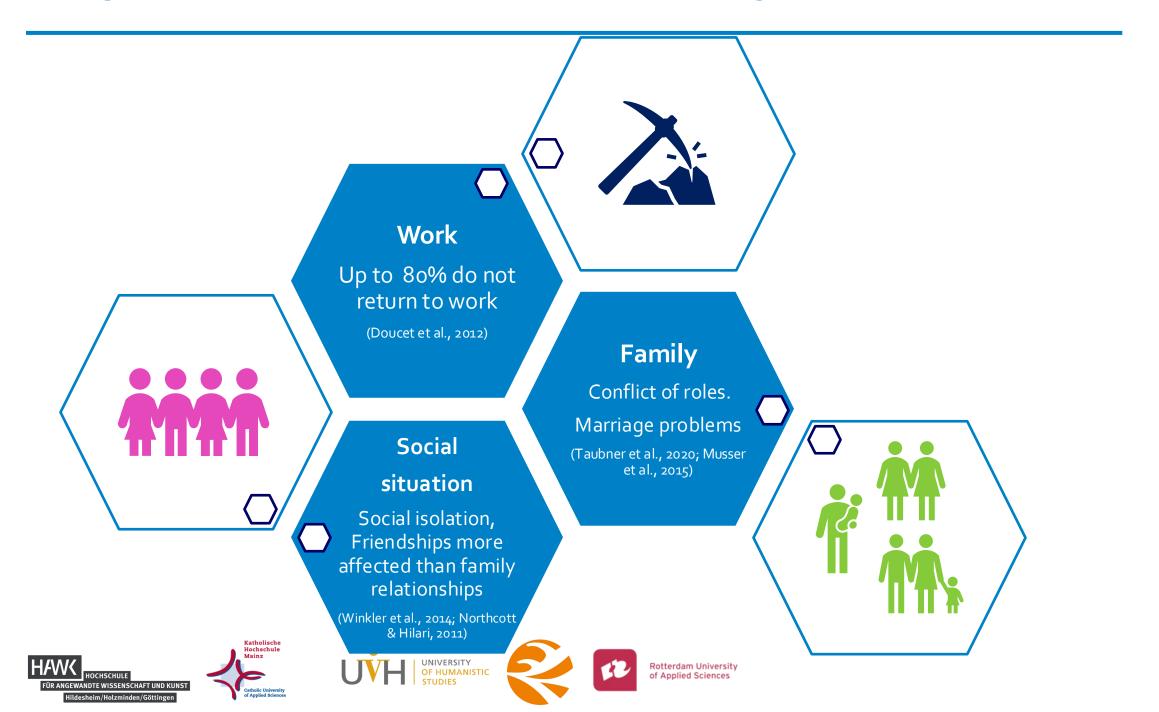






Why addressing quality of life in aphasia?

Psycho-social situation in aphasia



Psycho-social situation in aphasia

- Depression 12 months after stroke in up to 33% of stroke victims (Hackett & Pickles, 2014) and in up to 62 % of PWA (Kauhanen, 2000)
- Adults with aphasia are 7.4 times more likely to exhibit PSD symptoms than adults without aphasia (Zanella et al., 2023)
- poorer physical recovery (Boden-Albala et al., 2005) & increased risk of second stroke (Lincoln et al., 2012)











Psycho-social situation in aphasia

QoL of people with aphasia is significantly worse than in...

- healthy persons
- persons with brain lesions without aphasia
- persons with other chronic diseases (Lam & Wodchis, 2010)

The extent of language improvement is not the only predictor for QoL (Franzén-Dahlin et al., 2010)

Subjective burdens are:

- diminished autonomy
- social isolation, a change in the sense of identity (Hilari et al., 2012; Le Dorze et al., 2014; Shadden, 2005)





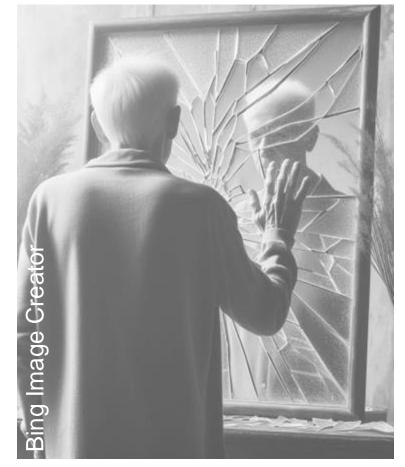






Quote regarding identity

"It feels like different bits of my identity, some bits are working, some bits are changed, some bits are broken, some bits are gone." (quote from an Australian PWA)



Idea based on Bronken et al. (2012, 1310)











Identity / identity work

Key characteristics

- Ongoing process -> "everyday identity work" (Keupp et al., 2006)
- Intersubjective process ("doing biography"): Identity is created through narratives -> narrative Identity (McAdams, 2001)
- Successful identity: Creates continuity & coherence; agency
- Identity is expressed in the story of life, which in turn has an identity-forming character.



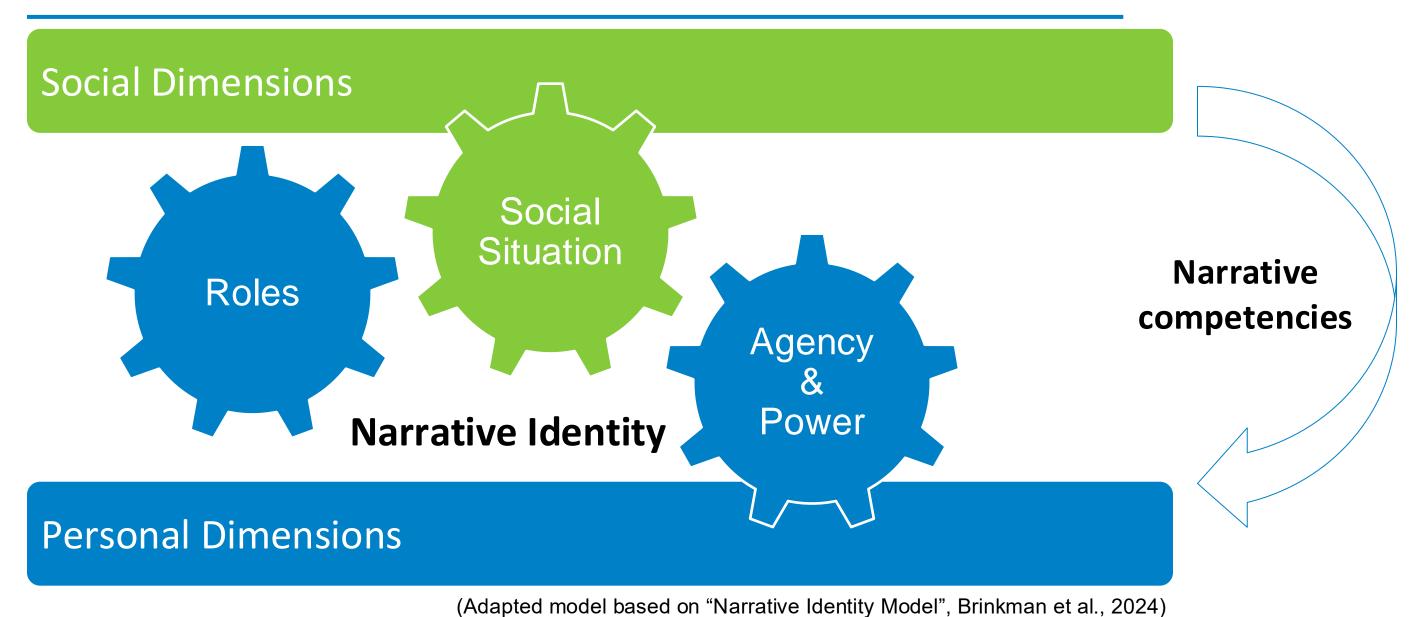








Narrative Identity













Summary

Quality of Life (QoL) in aphasia

Aphasia:
Biographical disruption
(Bury, 1982)

Decreased narrative compentencies

Hindrance in self-thematizations

Poor self-image

Decreased QoL

Storytelling

Intervention

| Change in general content of the storytelling | Change in gene













Storytelling & Training programs

Improving Quality of Life in Aphasia: Activation of Narrative Competencies by Biographic-Narrative Intervention (narraktiv)*

Biographic-narrative interview (see Rosenthal, 2001)

Phase Initiation

Main narration

Phase Questioning phase:

- immanent questions about gaps in the story
 - exmanent questions about points not mentioned

Communication group

Guiding principle: Past, present and future regarding relevant life topics (e.g., family, health, etc.)





Research Report

VOL. 50, NO. 6, 788-800

The participants' perspective: how biographic-narrative intervention influences identity negotiation and quality of life in aphasia

Sabine Corsten†, Erika J. Schimpf†, Jürgen Konradi†, Annerose Keilmann‡ and Friedericke Hardering§

For more information see:

Aids









https://aphasiatherapyfinder.com/ childhood youth age

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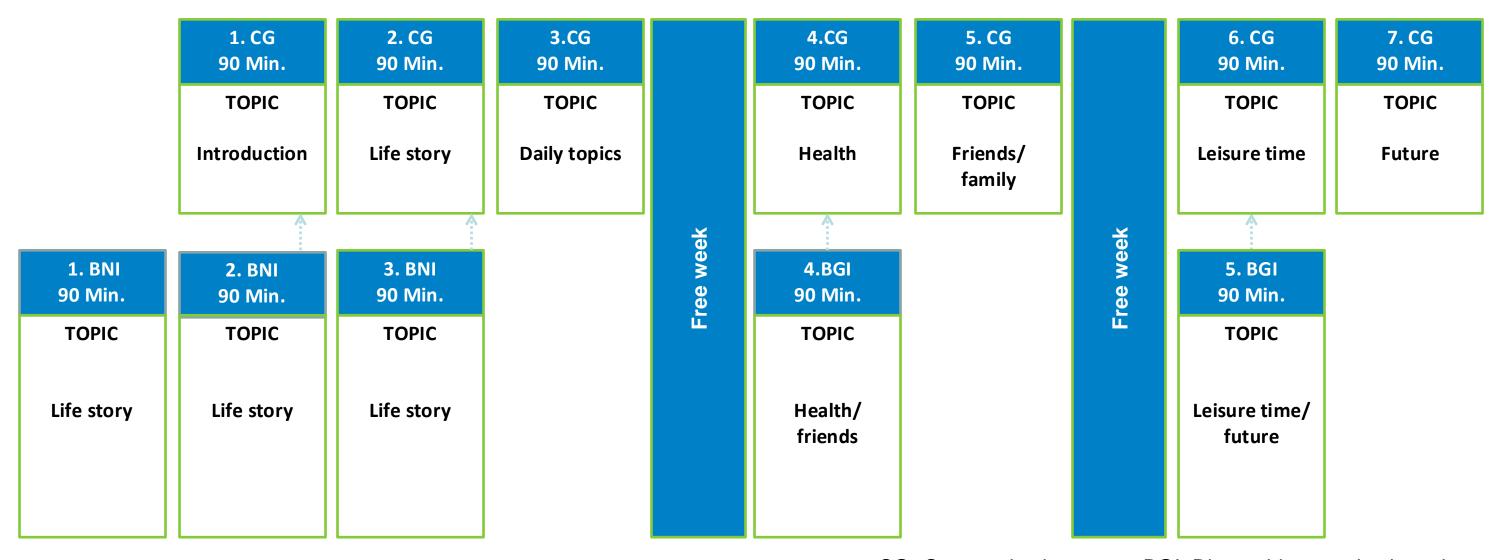








Structure narraktiv













My Story (Strong et al., 2018)

Co-constructing the life story (6 sessions, including 1 group session)

- Creation of a symbolic product representing the life story
- E. g., 15-minute presentation PowerPoint slides
- Story framework based on McAdams (2008)
 - Who was I before aphasia?
 - Who am I now?
 - What are my goals/ideas for the future?



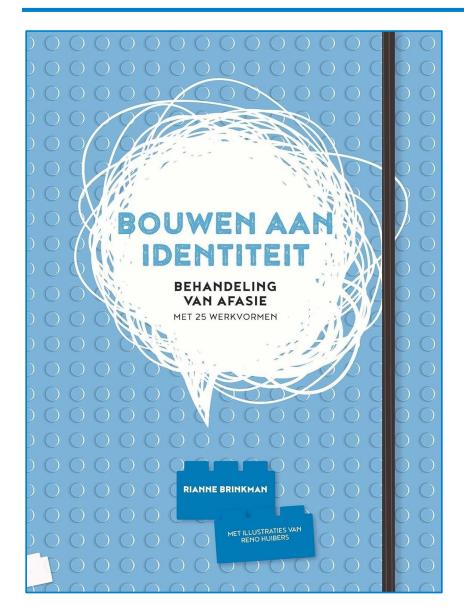


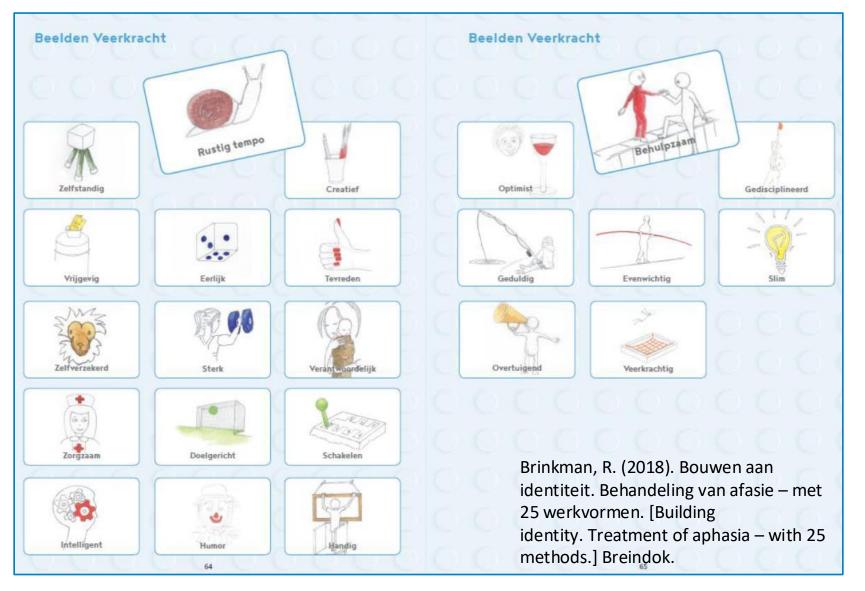






Visual participatory method (Brinkman, 2018)















Storytelling - evidence

- narraktiv: Significant, therapy-specific, and stable improvement in QoL 27 PWA, Working mechanism: Increased feeling of agency and sense of control, resource-oriented concept of the illness, resulting in an enlarged scope of action (Corsten et al., 2015)
- My Story: Co-constructing the life story: 3 PWA valued the approach, experienced a more possitive self-image and improved self-confidence, also regarding communicative skills (Strong et al., 2018)

M, 61: "Before being part of the project I didn't care about other people anymore. But I learned that I should (...)email. And then I did so (...) and I visited someone. And now I will go on (...)." (TN narraktiv)

"I was stoked to do it. Yeah, I didn't know it would be a choice my [XXX] my words. It did. It really did it came out great. You know? I loved. The whole thing just blows my mind it's an amazing story. Not the story, just the whole, (...), my life. But the whole the whole thing we did here, it changed my life. It really did. It's amazing." (TN My Story)











Guiding principles of these approaches

- Reconstruction and sharing of life story
- Timelines

Past

Life record: Reconstruction of the life story

Present

Life handling: Influence of past for today's life

Future

Planning anticipation of possible futures











However

- Such approaches are not systematically used in speech therapy:
 - Therapists do not feel prepared for counselling or psychological support (Northcott et al., 2018)
 - There is a lack of training in speech therapy education programs (Sekhon et al., 2022)
 - Preliminary guidance for preparing for storytelling intervention (O'Bryan & Strong, 2024)

Specific training programs need to be developed and evaluated for speech and language therapy trainees in order to establish approaches focused on psychological well-being in speech and language therapy care for aphasia (Baker et al., 2020; Sekhon et al., 2022)













Method

Aims

Development of an international training program for speech therapy students to introduce psychological well-being approaches to aphasia care.





What is the impact on psychological well-being in PWA?

What is the impact of the training on the professional and personal self-image of the future SLPs?











Training program – Aims in detail

As a result of the training, participants will

Knowledge

know about the theoretical background of the approaches



Skills

be able to apply story-coaching skills to approach well-being in PWA













Ethical approval

- Ethical approval in both countries
- Informed consent by all participants (students and PWA)













Training program – schedule My Story

Students

People with aphasia

Introduction and workshop

> 9 hours online / F2F

Communication Confidence Rating Scale for Aphasia (CCRSA)

20 min.

5 meetings following ,narraktiv` &

,My Story⁴

5 x reflection / debriefing

5 x 45 min. F2F / Online International Meeting

focus groups

Interview/

90 min. Online

45 min. F2F / Online

Communication Confidence Rating Scale for Aphasia (CCRSA)

3 - 4 hours F2F / Online

Presentation

session

20 min. F2F/ Online

F2F/ Online





5 x 45 min.

F2F / Online





Setting

Face-to-Face	Digital
My Story (Strong et al., 2018)	Aphasia! This is our world (O`Bryan & Strong, 2024)

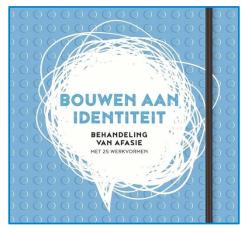






(Corsten et al., 2015) (Giordano

(Giordano et al., 2023; Corsten et al., in prep.)



(Brinkman, 2018)



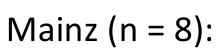




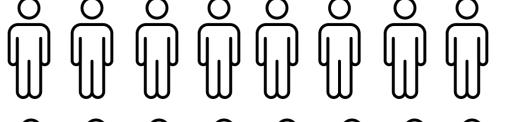


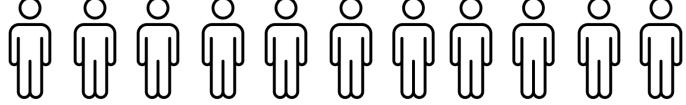


Participants - Students









34 Bachelorstudents







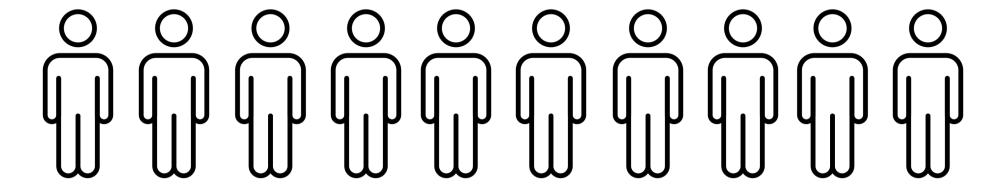






Participants - PWA

Netherlands (n = 10)



Germany → not included in analysis











Measurements – guide (focus group) interviews

- Semi-structured interviews
- Questions regarding:
 - Clinical-practical skills / competences
 - Attitude
 - Impact beyond clinical work
 - Feedback regarding the course

Did you feel sufficiently supported during this process?











Measurements – stimulating images

"Please select a picture that is an expression of the impact that your participation in the

seminar has had on you."



























Measurements – analysis

- All interviews were transcribed verbatim
- Thematic analysis following Braun and Clarke (2006)
- Deductive Category System based on the framework of Quah et al. (2023)

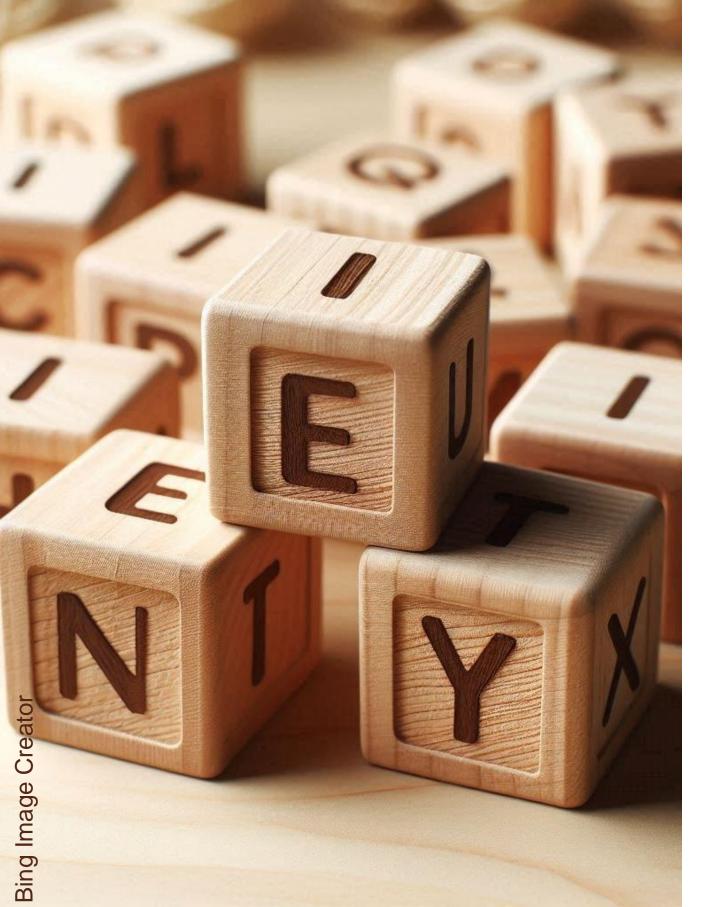












Preliminary Results

Results - students

Improved clinical skills:

- Enhanced communication skills
- Increased ability to attend to patients holistically
- Learning of empathy
- Improved ability to understand, interpret and engage with PWA
- Better understanding of the patient's context and concerns

Images: Spiegelingen - Betty van Engelen















Results - students

Enhanced professional identity formation through improved:

- Creativity
- Meaning making
- Self-reflection
- Ethical learning
- Patient-centered care
- Relationship building with PWA and peers
- > Role conflict: Language specialist vs. Service provider







Results - students

"I chose the snowdrop because that's how I felt at the beginning (...), with all this information pouring down on us. It was actually a big blanket of snow at first and I couldn't see through it at all. And that's how I felt with the subject at the beginning. She was very open and told us a lot. But I found that from hour to hour, or session to session, this whole blanket of snow melted and melted. So everything made sense and all the pieces of the puzzle came together and so in the end the snowdrop was freed from the snow and then you could see the whole story in one."

(Student from Mainz)













Results - PWA

Psychological wellbeing

- Emotional support
- Recognition
- Empowerment

Holistic attention:

- Empathy
- Understanding and engagement
- Patient-centered care











H, participant, My Story (NL)

A, participant, My Story (NL)

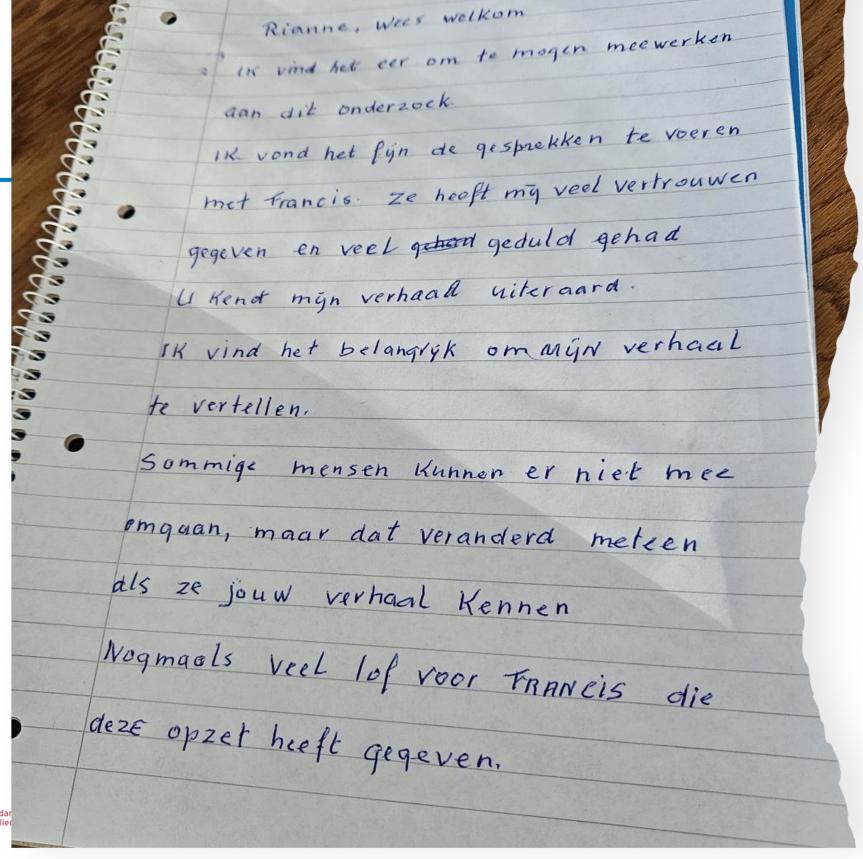












Wanneer ik wiet direct kan pro

Lessons learned - overlap

Guiding principles approaches

- Basis: Theoretical background of narrative identity and storytelling
- Resource-oriented
- Timeline: Life Story considering past, present, and future
- High value of the product



Mandatory components of the training

- Teaching theory and methods to support storytelling
- Practical exercises in supporting storytelling, working (story co-constructing) with a patient by one or two students
- Supervision, Dealing with emotions











Lessons learned - considerations

Flexibility in structure of the training



- Align project with target group: Second-year BA students (NL) require more intensive guidance compared to fourth-year (NL)
- Consider logistical factors: distance, time, and number of sessions might impact participation and feasibility
- Consider plenary conclusion of the training (NL: live, DL: online). Not always feasible due to for example accessibility of mobility constraints

Flexibility in the trained approach



- Consider using a more guided approach (My Story) or a less directive approach (narraktiv), or more visual participatory methods (NL): Might influence feasability
- Align the product of storytelling with the preferences of the participants (PWA)













Conclusion & Discussion

- Training leeds to improved knowledge and a change in professional identity in different target groups
- Training is now part of the university curriculum
- Increased emotional involvement
- Power of storytelling in education and therapy

Outlook

- Further supervision approaches are needed
- Professional boundaries need to be clarified

Bedankt voor uw aandacht!



corsten@kh-mz.de
bianca.spelter@hawk.de
r.brinkman@pl.hanze.nl









