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### Background

- Experienced clinicians recognize that people can have subjective complaints about persisting aphasia, yet score within normal limits on aphasia batteries.
- The validity of these complaints is partially supported by case reports and evidence that discourse analyses reveal impairment in complex language constructions<sup>1-4</sup>.
- There is a risk that needs are dismissed for people with mild aphasia and that treatment is either not offered or is poorly aligned with clients' needs.
- **Purpose**: Characterize the experience of living with mild aphasia within a holistic framework for aphasia outcomes

# Method

Subject	Age	Etiology	Months post Onset	WAB-R AQ
1	48	CVA	25	94.7
2	58	CVA	29	95.2
3	58	CVA	115	96.1
4	64	CVA	25	98.9
5	31	CVA	21	99.2

#### • 5 participants

- History of aphasia after stroke or traumatic brain injury
- Prior diagnosis of clinically significant aphasia
- WAB-R AQ > 93.8<sup>5</sup>

### • Structured Interview:

- 1. Rated difficulty of twenty situations as difficult, somewhat difficult, not difficult, n/a
- 2. Asked to expand on situations rated as difficult

Communication Situations					
talk with healthcare	do several things at	are in a new or	talk with former or		
staff	once	unfamiliar situation	current work colleagues		
ask for help/directions	argue or debate	attend religious services	go out to restaurants		
talk with children	feel sick or tired	exercise	go shopping		
give a speech or	read letters, emails, or	talk one on one with	write letters, emails, or		
presentation	notes	family	notes		
talk about important or	attend social gatherings	talk with several people	talk with people you		
emotional issues	or parties	at once	don't know		

### Results

- Iterative process used to conduct a qualitative analysis of the recorded discussion
- In-vivo and descriptive coding techniques applied to identify recurring themes
  - 1. Summarized reflections with an open coding system
  - 2. Condensed these codes via a 24-item codebook
  - identified themes across codes and assigned them to one of the four A-FROM domains<sup>6</sup>

"People try to tell me that they really and truly can't hear my aphasia. I can hear it immensely just in my verbiage and the more I have to talk the more I know that eventually everybody is going to know that I have a problem...and so I do become selfconscious, self-aware of my words."

"Well I can get a message across no problem, but I can't argue a point. I can't try to make, I find it hard to stick to a point and make an argument."

"If I try to speak to a lot of people at once, then I say I get held up on myself so I don't do this. And I definitely, I don't go much to parties for the very same reason."

"I have to think about what I'm going to say and the words I'm going to use...I have to slow down and I have to write down what I'm going to say. Can't just say it. I have to do dry runs all the time when before I never had to do it."

"We went to Thanksgiving in [state] and I met some people that I had never met before. And for me that's a very uncomfortable situation. I'm trying to think of something clever and witty to say and I'm just kind of standing there like...duh."

"My words are not fluent, the language is not nice...It comes out in parts and pieces."

A-FROM Domain	Themes	
Participation in Life Situations	<ul> <li>Reduced Social Participation</li> <li>Difficulties reentering workforce/engaging in meaningful activities</li> </ul>	
Personal Identities, attitudes, and feelings	<ul><li>Feeling emotional</li><li>Feeling self-conscious</li></ul>	
Communication and Language Environment	<ul><li>Awareness of conversation partner attitudes</li><li>Advocating for self</li></ul>	
Language & related Impairment	<ul> <li>Everyday difficulties with language use</li> <li>Need for preparation</li> <li>Need for focused attention</li> </ul>	

## Discussion

- People with very mild aphasia have salient intervention needs in all four A-FROM domains.
- Communication challenges may not be readily apparent to communication partners, but they are often painfully obvious to the person with aphasia
- Suggestions for possible intervention and research:
  - Acceptance and self-advocacy
  - Graded exposure with increasing challenges
  - Complex language production and personal strategies<sup>7,8</sup>
  - Task simplification in demanding settings
  - Self-efficacy and confidence<sup>9</sup>

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#### Disclosures

Dr. Haley is a salaried employee at the University of North Carolina at Chapel Hill. We have no other financial or nonfinancial disclosures to report