

## The Power and Joy of Story



Katie A. Strong, Ph.D., CCC-SLP  
Central Michigan University

Linda Wells, M.A., CCC-SLP  
Origami Brain Injury Rehabilitation Center




## Disclosures

**Katie Strong**


- Financial
  - Salary from Central Michigan University, Assistant Professor
  - Owner, Strong Speech Consulting, Inc.
- Nonfinancial

**Linda Wells**

- Financial
  - Salary from Origami Brain Injury Rehabilitation Center
  - Adjunct faculty at Michigan State University
- Nonfinancial

## Objectives

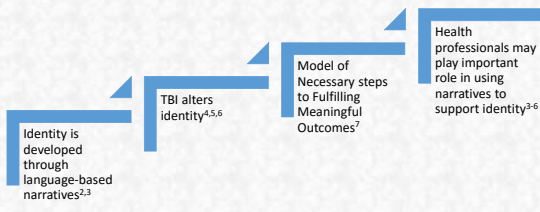
- Understand the relationship between narrative, identity, and awareness.
- Understand one method to co-construct personal narratives of rehabilitation journey.
- Understand the impact of story construction process from participant perspectives
- Question/Answers



## Key Concepts

- Identity:** "Who we are, where we are coming from, and where we are going"<sup>1</sup> (p. 36)
- Personal Narrative:** Way for people to begin to put their lives together by reconstructing the past and imagining the future as an ongoing narrative that depicts who they were, are and will be<sup>2</sup>
- Co-Construction:** collaborative act of assembling a story together<sup>3</sup>

## Identity, Narratives, and TBI



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    graph LR
      A[Identity is developed through language-based narratives2,3] --> B[TBI alters identity4,5,6]
      B --> C[Model of Necessary steps to Fulfilling Meaningful Outcomes7]
      C --> D[Health professionals may play important role in using narratives to support identity3-6]
    
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<sup>1</sup>Neimeyer (2001); <sup>2</sup>Romanoff (2001)



## Breakdown of the Process

- 7 months to prepare
- Monthly meetings as a large group; 1-2 hour meetings
- As needed 1:1 writing/practice sessions, small group practice each month

## First Meeting

- What is E of R, why me? Handout to seek interest and confirmation
- Watching past speeches\*\*\* This was an unexpected result regarding emotions. Immediate connection of participants with support of one another
- How to Create your Story - Handout

## Meeting 2-7

- Meetings 2-4
  - Writing of their story in small groups (2-3 people) and receiving feedback
- Meetings 5-7
  - Story delivery and gathering feedback
  - Created a theme and voted on a Master of Ceremony
  - Determined order of speakers
  - Dress Rehearsal

## Know your Population

- Change in Speakers
  - Approached higher functioning clients to join the group a little late (last add on was month 3)
- Accurate and timely follow through
  - Constant reminders from the receptionist on upcoming meetings or 1:1 sessions
  - Offered assistance/guidance on where they were at in the process
  - Had back up copies of all speeches

## Create Your Story Outline

- Give some background information about yourself
- When and how were you injured?
- Describe the problems and feelings you experienced immediately after your injury?
- What specific problems have you been working on in rehabilitation?
- Describe how the problems may have affected yourself and others.
- What progress have you made and how did the rehabilitation experience help you to make that progress?
- What progress have you observed in your level of awareness and understanding of brain injury?

## Create Your Story Outline

- What progress have you observed in your ability to compensate and use strategies for remaining problems?
- What progress have you observed in your willingness to accept coaching/feedback from trusted others?
- Describe what you have come to accept about yourself
- What personal strengths have you discovered about yourself which has helped you and will continue to help you in rehabilitation?
- Special acknowledgment to family/friends/etc.

## Evolution of One Story

- "I felt very awkward in social situations because I couldn't keep up with conversations or would simply forget what was being talked about."
- "I had tremendous Sensory overload and still to this day I sometimes wear ear plugs. I have to use lists for everything."
- "I now have a better understanding of the levels you go through after a TBI and that you cannot predict how you might act, but can understand what is happening."
- "My biggest asset from all of the coaching and feedback is learning to laugh at myself (which should have been easy because everyone else does) humor is the best medicine!!! I know when someone LOOKS at me like I'm crazy, I've either said or done "Something"."



## Case Study

- First Meeting
- Triggered the need of a psychologist
- Specific plan on how to complete outline based on emotional tolerance
- Mass repetition in various settings

## Evening of Reflections *EVENT*

- Theme- "Through Acceptance, Faith, and Perseverance; a New Life"
- Master of Ceremony
- Roles and responsibilities that evening

## Case Study

- [Jo's Story](#)

## Examining the narrative co-construction experience through a qualitative research lens

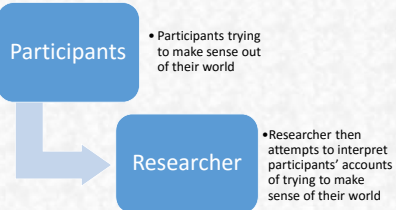
- Examining perspectives of the experience of co-construction a personal narrative
  - Storytellers
  - Facilitators
- Project approved through CMU's institutional review board. Informed consent received for all participants.





## Study Design

- Qualitative study using interpretative phenomenological analysis (IPA)<sup>16</sup>
  - 2-fold method of interpretation



## Participants



- 8 participants
  - 4 male, 4 female
- Age range 24-71
- Years s/p TBI 2-48
- Severity of TBI mild to severe
- Education, ranging from high school to doctorate
- 5 Origami rehabilitation staff
  - All female
  - 2 Occupational Therapists
  - 2 Speech-Language Pathologists
  - 1 Office Receptionist

## Data Sources



### Storytellers

- Individual interviews (45-90 minutes in length)
- Focus group with all 8 participants
- Pre-Post Behavioral Assessment of Dysexecutive Syndrome (BADS) Questionnaire

*All interactions were videotaped. Videos were transcribed by 3 undergraduates, 1 graduate student, and Dr. Strong. Each transcript was reviewed three times to reliability.*

### Facilitators

- Focus group with all 5 facilitators

## 6-step Interpretative Phenomenological Analysis (IPA) Process<sup>17</sup>

- 1 • Reading and re-reading
- 2 • Initial noting
- 3 • Developing emergent themes
- 4 • Searching for connections across emergent themes
- 5 • Moving to the next case
- 6 • Looking for patterns across cases

## Key Findings

- Storytellers
- Facilitators
- Recommendations



## Clinicians' Attributes

- Counseling within your discipline/comfort level
- Comfortable giving and receiving feedback
- Flexibility- viewing things in alternative ways
- Intuitive
- Guidance
- Prepared for the journey

## Quality Improvement

- Different Assessment Tool
- More purposeful with imbedding their goals of looking towards the future
- Being purposeful with the 3 steps
  - Narrative
  - Identity
  - Co-Construction
- Incorporating into daily treatment
- Impact of participants' viewing their video presentation
  - Video tape feedback prior to the public event



## Using narratives to support persons with TBI



### Survivors and Caregivers

- Do you have a story developed to share with others?
  - If so, how did you develop your story?
- What format is your story in?
  - Pictures, written, talking, video
- What environment have you shared it in?
  - One on one vs. large group, formal vs. informal

### Clinicians

- Do you use stories in your work?
  - If so, what methods or process have you used?
  - If not, can you see a way to incorporate narratives into your practice?
- What resources do you have to share?

## References

- <sup>1</sup>Taylor C. The politics of recognition. In: Gutman A, ed. *Multiculturalism*. Princeton, NJ: Princeton University Press; 1994: 35-73.
- <sup>2</sup>McAdams DP. *The stories we live by: Personal myths and the making of the self*. New York: William Morrow; 1993.
- <sup>3</sup>Shafer R. Narrating, attending, and empathizing. *Lit Med*. 2004; 23: 241-251.
- <sup>4</sup>Owensworth, T. *Self-identity after brain injury*. New York, NY: Psychology Press; 2014.
- <sup>5</sup>Fraas, MR. Narrative medicine: Suggestions for clinicians to help their clients construct a new identity following acquired brain injury. *Top in Lang Dis*, 2015, 35: 210-218.
- <sup>6</sup>Beadle, EJ, Owensworth, T., Fleming, J., & Shum, D. The impact of traumatic brain injury on self-identity: A systematic review of the evidence for self-concept changes. *J Head Trauma Rehabil*, 2016; 31(2), E12-E25.
- <sup>7</sup>Ben-Yishay Y, Rattok J, Lakin, P, Pisetsky, E, Ross, B, Silver, SL, Zide, E, & Erachi, O. Neuropsychological rehabilitation: The quest for a holistic approach. *Sem in Neurology*. 1985; 5, 252-259.
- <sup>8</sup>Neimeyer, RA. *Meaning Reconstruction and the Experience of Loss*. Washington D.C.: American Psychological Association; 2001.
- <sup>10</sup>Romanoff, BD. Research as therapy: The power of narrative to effect change. In RA Neimeyer (Ed.), *Meaning, reconstruction and the experience of loss* (pp. 245-257). Washington DC: American Psychological Association; 2001.

## References

- <sup>11</sup>Ruth, JE, & Kenyon, GM. Biography in adult development and aging. In J. E. Birren, G. M. Kenyon, J. E. Ruth, J. J. F. Schroots, & T. Svensson (Eds), *Aging and biography: Explorations in adult development* (pp. 1-20). New York: Springer Publishing Co. 1996.
- <sup>12</sup>McLean, KC, Pasupathi, M, & Pals, JL. Selves creating stories creating selves: A process model of self-development. *Personality and Social Psychology Review*, 2007; 262-278.
- <sup>13</sup>Nochi, M. Dealing with the "Void": Traumatic brain injury as story. *Disability and Society*, 1997; 12(4), 533-555.
- <sup>14</sup>McAdams, DP. American identity: The redemptive self. *The General Psychologist*, 2008, 43(1), 20-27.
- <sup>15</sup>Stahura, B, Schuster, SB. *After brain injury: Telling your Story: A Journaling Workbook*. Lash & Associates Publishing; 2009.
- <sup>16</sup>Smith, J. A., & Osborn, M., (2007). Interpretative phenomenological analysis. In J. A. Smith (ed.) *Qualitative Psychology: A Practical Guide to Research Methods* (2nd ed. pp-53-80). London: Sage.
- <sup>17</sup>Smith, J. A, Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research*. London: Sage.

## To continue the dialogue on narratives, identity, and TBI please contact



Katie Strong, Ph.D., CCC-SLP  
Central Michigan University  
stron4ka@cmich.edu  
989-774-7290



Linda C Wells, MA, CCC-SLP, CBIST  
Origami Brain Injury Rehabilitation Center  
[Linda.wells@origamirehab.org](mailto:Linda.wells@origamirehab.org)  
517-455-0283

