



Mental health and wellbeing in SLT: Witnessing *hope* as a therapeutic dynamic

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Aims

Hope

- Contextualise concept of hope

Case
Studies

- Two parallel clinical journeys of how hope emerged as a therapeutic dynamic through discussion and reflection between therapists

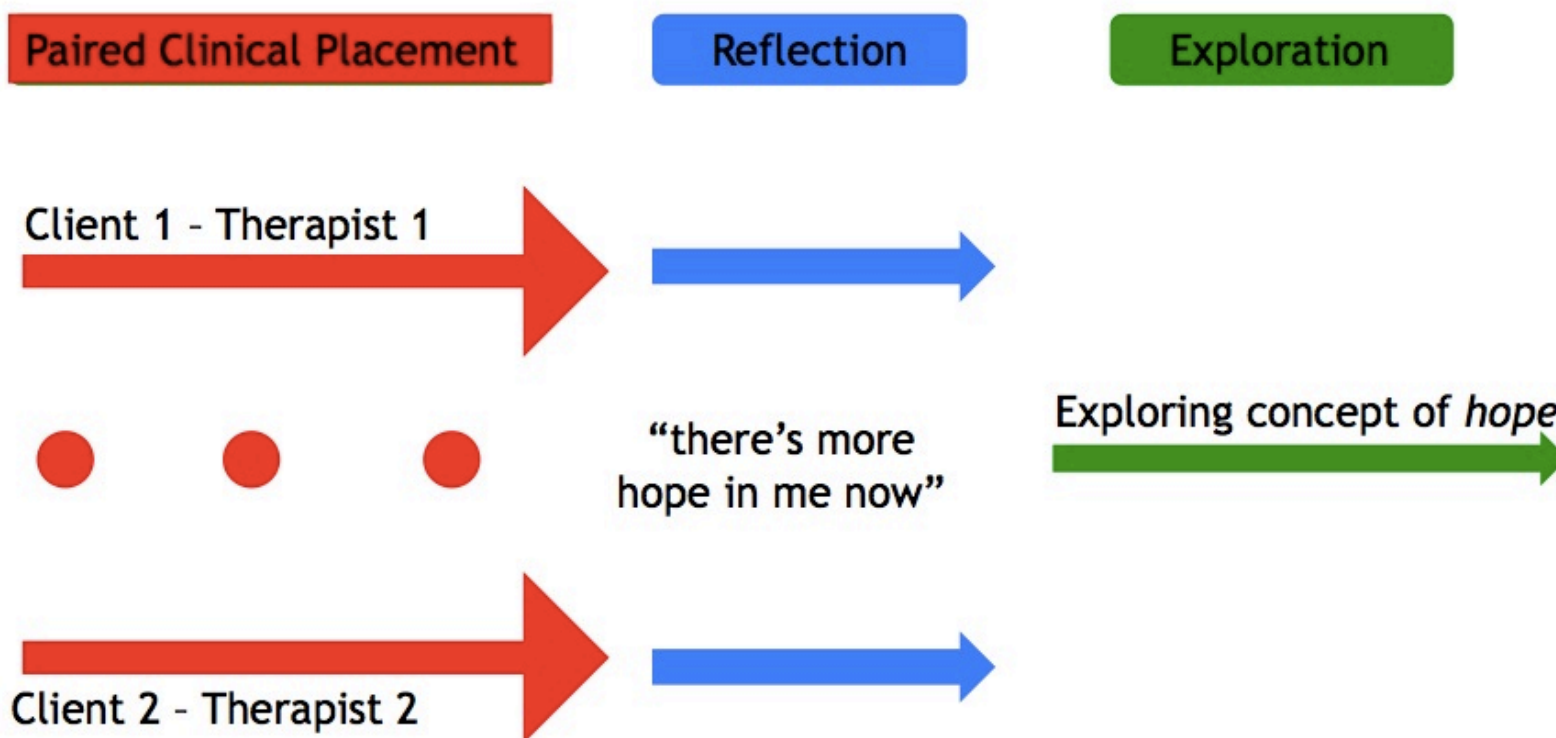
Discussion

- Consider whether hope is a reasonable focus for SLT



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Hope?





Hope?

- Elusive but legitimate concept in the literature
- Health psychology, nursing, allied health:
 - Hope is understandable & ‘measurable’ (e.g. Snyder et al., 2000)
 - Hope as central in therapeutic use of stories (Dwivedi, 1997; Coppock et al., 2010)
 - Hope has an impact on functional outcomes in physical rehabilitation (e.g. Kortte et al., 2012) and mental health recovery (e.g. Schrank et al., 2008)



What is good mental health?

A state of good adjustment and actualisation of one's potentialities
(Wolman, 1973 p.234)

Significant relationship between hope and mental health
(Venning et al., 2001)

- A sense of contentment
- The ability to enjoy life
- Being able to deal with stress
- A sense of purpose
- Good relationships
- Flexibility to adapt and learn
- Good self esteem
- Self confidence
- Ability to cope with life's challenges
- Having a strong support network
- Knowing when to seek and accept help



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It is a means to develop a 'new meaning and purpose in one's life as one grows beyond the catastrophic effects of [psychiatric] illness'

(Anthony, 1993; 527)

Recovery Model

'Living with' mental health difficulty

Person as an active agent in the recovery process

Recovery is something a person does, not something that is done to them

Collaboration

SLT social model

'Living with' communication disorder

Goal setting from perspective of the person

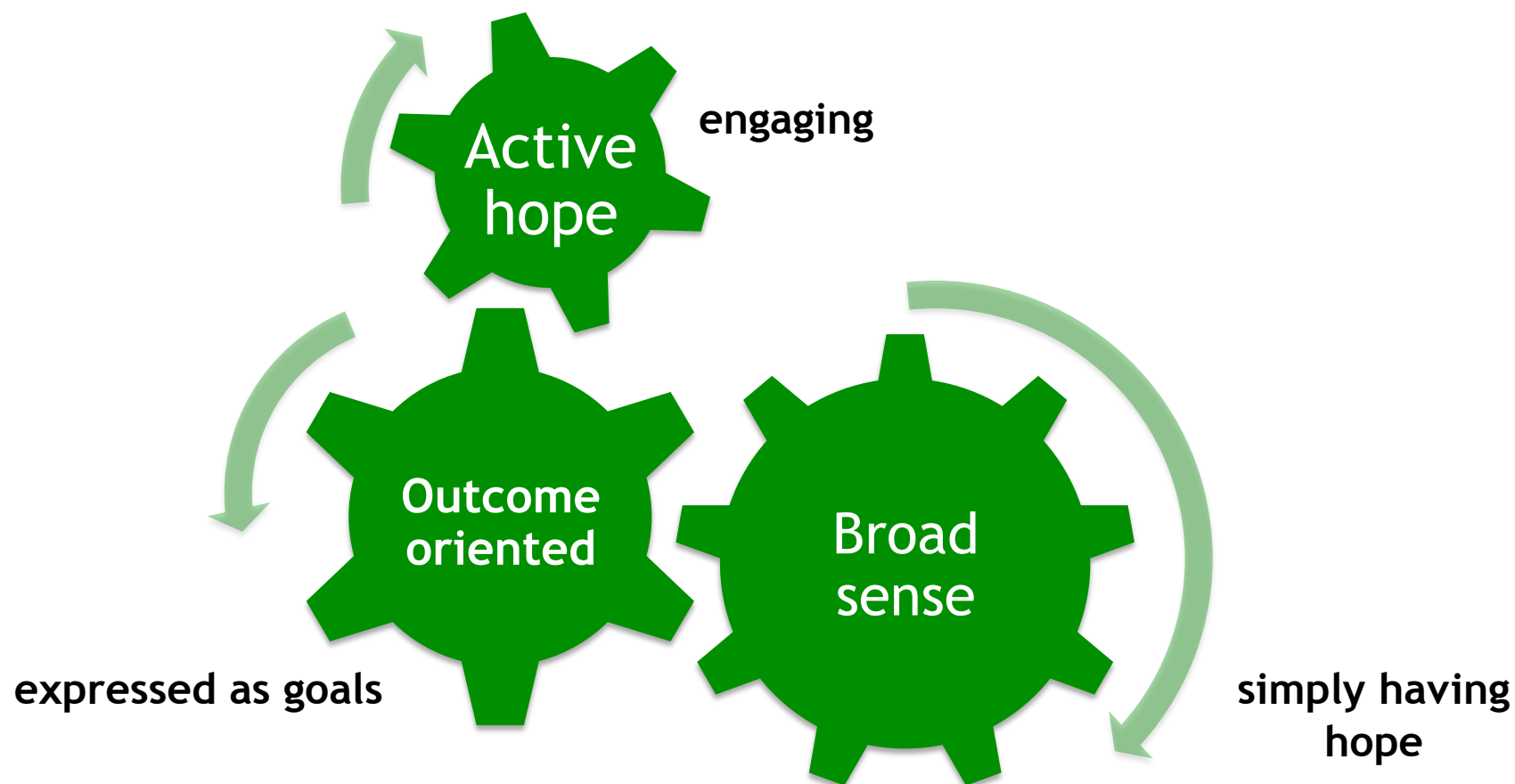
Authentic involvement of the person

Partnership



Describing Hope

3 ways it has been conceptualised (Bright et al., 2013)





Challenge of hope in the SLT clinic

- Abstract & elusive concept?
- Borders on being (too) personal?
- Concerns about ‘false hope’
- Not our remit?

“Tensions between hope and realism may exist, with patients seeking hope while professional aim for realism” (Bright et al., 2013 p.42)



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Case studies: Hope emerging in the clinic

- 2 sources of data
 - Routine recordings of clinical interactions
 - Written reflections on hope as a clinical process of exploring what had emerged in both cases
 - prompted by the following questions (adapted from Bright et al., 2013)

Case 1: Frances	Case 2: Cormac
What does hope mean to you?	What does hope mean to you?
Has hope changed for you since your involvement here?	Has hope changed for you since your diagnosis?
What would happen if you didn't have hope?	What would happen if you didn't have hope?
What do you hope for?	-



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Frances

Background

- 50 year-old woman
- perceived communication difficulties presenting as part of a late diagnosis of Asperger's Syndrome
- associated anxiety disorder
- living independently in the community but not actively employed

Therapeutic focus

- Partnership approach
- Adopted principles of CBT
- Explorations of language & communication as concepts
- Pragmatics
- Social Interaction



Cormac

Background

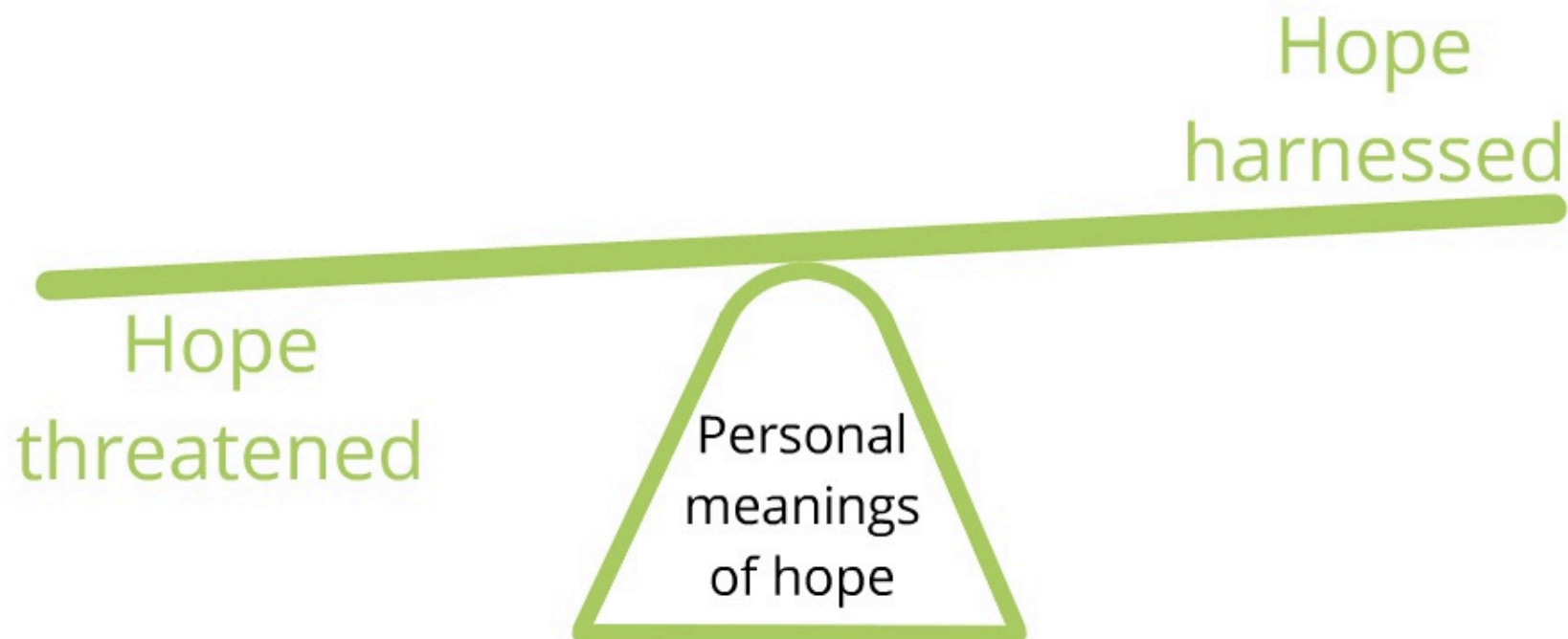
- Man in his mid-fifties
- Recent diagnosis of PPA [agrammatic variant]
- Lives independently with his wife Jill
- Two adult children
- Retired lecturer, active in committees

Therapeutic focus

- Partnership approach
- Maintaining verbal communication
- Planning for anticipated difficulties:
 - Message banking
 - Multimodal communication
 - Exploring AAC options
- Aphasia group

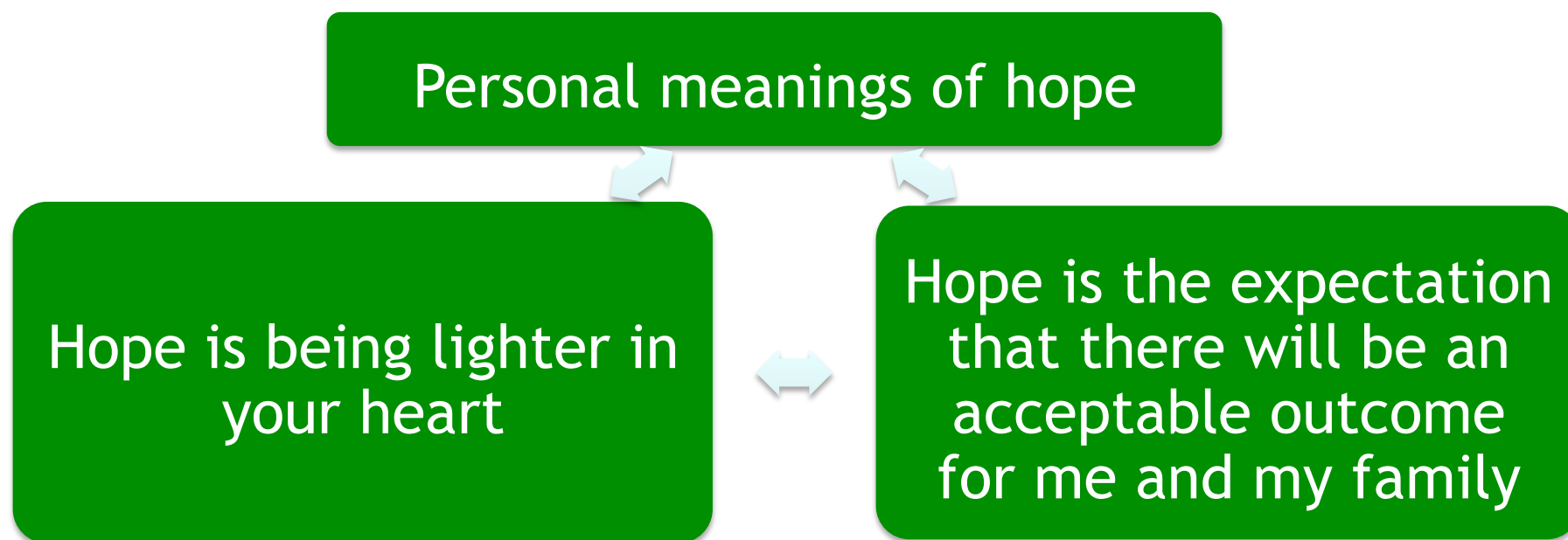


Thematic content





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Hope threatened

My conversational to-and-fro doesn't swing like a pendulum [...] why wouldn't I be confused with language [...] people can use words to trip me up

[dismissive responses]

Milk-Bread-Fear-Dread

Usually when you have a diagnosis people don't tell you the things you can do well.

The rough and tumble of social conversation demands instant responses and is sometimes uncaring. [...] As a result, my expectation of an acceptable future [can be lowered].

On the Friday [immediately following diagnosis], I looked up the internet and "discovered" that I could lose my understanding of language. I had "reconciled myself" to losing my ability to speak - that would have been a "satisfactory outcome".



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Hope harnessed

I began to feel better about my communication difficulties and became hopeful that I could live a good meaningful life

This is the time I can introduce the elephant into the room and get on it's back

My mental health has thus improved

I get a lot of support from being in the group and a feeling of companionship

Easy access to SLT

My wife, has done the most to keep Hope alive

[hill walking] Nowadays, our ailments accompany us - two new hips, one gammy knee, high blood pressure, glaucoma, my PPA and various hearing problems.



Clinicians' interpretations

Frances

- Began as a hope for a service
- Achievements scaffolding hope
- Hope counteracting anxiety?

Cormac

- Journey began as hope for a diagnosis
- SLT journey began with hope for certainty, answers and a solution
- Found [reasonable] hope in the uncertainty



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“Reasonable Hope”: making sense of hope in complex clinical cases

Reasonable Hope

- is relational
- is a practice
- maintains that the future is open, uncertain, and influenceable
- seeks goals and pathways to them
- accommodates doubt, contradictions, and despair

(Weingarten, 2010)



Hope as a reasonable focus for SLT

“The language of cocreation of hope and of hope as something we do together derives from a different way of thinking. That is, no one gives or provides hope to another, but rather one creates the conversational space for hope to arise from the forms of conversation one shares. The clinician’s responsibility is to create the conversational spaces in which reasonable hope rather than hopelessness is more likely to arise”

(Weingarten, 2010 p.11)



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