Linguistic discourse analysis in aphasia: investigating the research-practice gap

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Linguistic analysis of discourse offers speech-language pathologists a means of objectively assessing language in use. In a discipline where clinicians are moving towards the treatment of language in the context of daily communication, it has been suggested that clinical assessment too must move in this direction (Verna, Davidson, & Rose, 2009). However, research investigations utilising linguistic discourse analyses often report that barriers stand in the way of clinical implementation. It has been suggested that the need for specific expertise and the time needed to transcribe and analyse a discourse sample limits clinicians from regularly assessing their clients with aphasia in this way (Boles, 1998; Marini, Andreetta, del Tin, & Carlomagno, 2011). Such barriers prevent the value gained from research evidence from being used in practice. Before the translation of knowledge to action can be examined, the gap between research and practice and the barriers that contribute to this gap need to be understood.

The purpose of this research was to understand the clinical use of linguistic discourse analysis, and how clinical use compared to research applications examined in a previous review of the literature. The study asked the following questions:

- To what extent do speech pathologists use discourse analysis to assess clients with aphasia?
- What factors (including country of practice, clinical setting and clinical experience) influence speech pathologists' use of discourse in assessment?
- To what extent does clinical use of discourse differ from reported research use in terms of language sample collection, transcription and analysis, and if so, how?
- What are the perceived benefits and limitations of using discourse for clinical assessment of aphasia?
- To what extent are clinicians open to the use of computer software to assist in clinical discourse analysis?

Speech-language pathologists working with people with aphasia in Australia, New Zealand, the UK, USA and Canada were surveyed about their use of linguistic discourse analysis as a clinical assessment for aphasia. The survey was distributed online through professional associations and interest groups.

One hundred and fifty speech-language pathologists responded to the survey. An analysis of responses to 40 open and closed-questions exploring the use of linguistic discourse analysis across the participating countries will be presented, and comparisons will be made between clinical use of discourse and the research applications observed in a literature review. The purpose of linguistic discourse analysis application, the language sampling methods used and the analysis measures applied to evaluate linguistic features of language will be discussed. A further analysis of speech-language pathologists' attitudes towards the use of

linguistic discourse analysis, and perceived barriers and facilitators to widespread clinical implementation will be discussed.

By understanding the differences between the use of linguistic discourse analysis in research and practice, solutions can be devised and tested to support the translation of knowledge to action. The survey represents the first stage of a program of research that will investigate the capacity and efficiency of technologically supported methods to facilitate the translation of linguistic discourse analysis research to clinical practice in speech-language pathology.

Boles, L. (1998). Conversational discourse analysis as a method for evaluating progress in aphasia: a case report. *Journal of Communication Disorders, 31*, 261-274.

Marini, A., Andreetta, S., del Tin, S., & Carlomagno, S. (2011). A multi-level approach to the analysis of narrative language in aphasia. *Aphasiology, 25*(11), 1372-1392. doi: 10.1080/02687038.2011.584690

Verna, A., Davidson, B., & Rose, T. (2009). Speech-language pathology services for people with aphasia: a survey of current practice in Australia. *International Journal of Speech-Language Pathology, 11*(3), 191-205.