



British Aphasiology Society

NEWSLETTER AUTUMN 2006

Research in Progress Meeting

VERBS AND SENTENCES

Thursday 2nd November
University of Newcastle

Full programme and registration details

See page 5 or BAS website

Cost to members only £5

**Participation will be restricted to 50 people
and will be allocated on a
first-come first-served basis.**

Enquiries to

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Committee Changes

Following completion of their term of office, Tom Penman, Newsletter Editor and Sonja Turner, Student Prize Co-ordinator have stood down from the BAS Committee.

Elected to replace Tom and Sonja from September 2006 are Janet Webster and Claire Gatehouse. Re-elected for a second term of office are Frauke Buerk, Deborah Cairns and Madeline Cruice.

We wish to thank Tom and Sonja for all their hard work over a number of years and to welcome the new and returning committee members.

Thoughts on the 36th Clinical Aphasiology Conference, June 2006

Madeline Cruice PhD, City University, London

Attending my first CAC in June this year was an interesting experience. CAC is unusual in that to be eligible to attend, you must submit a paper or poster to the conference.

It was the first time that Clinical Aphasiology Conference had been held outside America and its location in Ghent, Belgium was superb. I have outlined what were some of the highlights for me.



Linda Worrall and David Howard presented on the small group roundtable discussions that have happened over the last two years amongst some key aphasia researchers. Drawn from all walks of aphasiology (impairment, functional, and participation approaches; brain imaging; medical and social models of disability etc), this group has been attempting to make consensus statements on a theory of aphasia therapy. They presented some “must”, “should” and “could” statements, as far as they agreed, and are planning to release a textbook at the end of 2007. This text will have mock cases of people with aphasia (PWA), followed by two different approaches that one could take working with each case, presented by two different aphasiologists.

Pelagie Beeson presented an amazingly comprehensive paper on examining the evidence in aphasia treatment outcomes. As part of a team with Randall Robey and Anastasia Raymer, they have been working on a project to review published studies to (1) characterize aphasia treatment literature for the purpose of determining strength of evidence, and (2) assist clinicians in making decisions about treatment approaches.

They have reviewed more than 900 articles published between 1951 and 2005. Studies are sorted into 5 categories (no treatment, behavioural treatment, pharmacological treatment, computer assisted treatment and group treatment) as well as classifying them in terms of direct treatment effects and generalisation effects.

Each study is being considered for its evidence in three ways. Each is assigned to a phase of treatment research, classified according to three levels of evidence used by the American Academy of Neurology, and given a statistical measure “effect size”. From

this, a catalogue of studies in each area is being produced that answers the specific questions we have, such as “does syntax stimulation therapy work?”, “is it better to combine treatment approaches (e.g. semantic cueing and phonological cueing) than do one alone?” These more specific questions appealed to me, rather than *does aphasia therapy work?* where the detail and individuality of people with aphasia can get lost. It also highlights gaps in knowledge so that researchers can design new studies to fill those gaps and complete our evidence base in a strategic manner.

Pelagie encouraged us to follow their progress in this project via her website

<http://www.u.arizona.edu/~pelagie/index.html>. Look for ANCDs Aphasia Practice Guidelines (NB they actually function as great reference lists for aphasia studies!). See also

<http://www.ancds.org/practice.html>.

David Howard presented a terrific paper on word retrieval, and while I cannot do it justice, there were some key points for me. The first was his distinction between *cueing* (immediate effectiveness of a treatment done once), *facilitation* (the effect of a single treatment on the person’s ability to produce the word as a picture name at some later point in time) and *therapy* (the long term effects of multiple treatments over extended periods of time on the person’s ability to retrieve words).

Lexical therapies (practice in producing the word), semantic therapies (spoken and written word-to-picture matching, semantic judgements) and phonological therapies (word repetition, phonemic cueing, rhyme judgements) were reviewed, and the general consensus was that small amounts of these treatments can have effects which are long lasting but are

item specific, and it tends to be greater for people with less semantic impairment.

Lisa Edmonds gave a very interesting paper on verb production therapy with four PWA that made me consider verbs in a way I'd never before. She was discussing verbs in terms of semantic category, imageability, frequency, familiarity, and number of syllables etc, but also in terms of *semantic weight*. That is, fry or bake versus cook. This may be old hat for some people, but it was new for me. The hypothesis behind her verb production therapy was that treating for example *measure* will generalise to *weigh* because the verbs are network related.

Therapy employed a WHO "measure" (or other verb) WHAT sentence frame, with the task being to generate sentences in a repeated fashion from stimuli. Improvement was found for three PWA on trained and untrained verbs in therapy sessions, on formal assessments, as well as improvement in SV(O) sentence use in conversation. This paper generated a lot of discussion around how we capture real-life change.

There were many other papers on the minutiae of impairments, processing, deficits, and training regimes (many of which I personally feel lost sight of the *person* with aphasia), as well as some nice papers on social approaches in aphasia, and related areas such as right hemisphere deficit. It was, however, the posters that captured my main interest at CAC, and the committee had clearly valued the inclusion of posters, dedicating some considerable time to poster viewing and then organised discussion afterwards in the main hall.

Beth Armstrong's poster discussed how three PWA used evaluative language to convey attitudes and feelings when talking about their strokes. This was evident through their use of evaluative nouns and verbs, adjectives (scared), adverbials (naturally),

intensifiers (*really* scared), modal adjuncts (maybe), repetition, direct speech and metaphoric language (e.g. aphasia is a ninja). This work made me reflect on how able or potentially limited people with aphasia are to discuss their quality of life. An implication for therapy is that work on specific verb types in therapy can enable PWA to discuss their stories and quality of life.

Linda Worrall and Kyla Brown presented a poster on the barriers and facilitators to community participation of PWA, which they judged by interviewing 24 staff working in shopping centres in Brisbane, Australia. Their research was recently published in *Aphasiology*, (20, 7), and their findings provide good justification for community education.

Finally, it was Anna Correll's poster that I found the most rewarding as a clinician with inpatient-outpatient background. Anna (supervised by Ingrid Scholten and Willem van Steenbrugge from Flinders University, Australia) presented the outcomes of a brief (4 sessions only), early intervention (2-7 week post stroke) programme for single people with severe aphasia, and their communication partners. It aimed to educate the partner and develop communication skills for the dyad, focusing on pointing, gesture and drawing. Partners significantly changed their communication behaviour and 4 of the 6 increased their use of non-verbal communication. This led to more successful communication between these partners and their PWA in real life (solid outcome measures used)!

In conclusion, because CAC is a closed conference, the committee makes particular effort to produce proceedings so that findings can be shared with the greater community of clinicians and researchers. These are traditionally published as a volume in *Aphasiology*, so that's the place to be looking for any follow up to above studies.

Please receive the BAS newsletter by e-mail!

Recent increase in postal costs for A4 size envelopes has increased the cost of sending out the newsletter. To reduce costs, everyone who has an e-mail address will now receive the newsletter via e-mail, unless a hard copy is specifically requested.

If you currently receive the newsletter by post but have an email address, please help to reduce costs by contacting Annette Cameron, BAS Membership Secretary with your email address (annette.cameron@nhs.net).

Exploration in clinical discourse: Locating different kinds of meaning and evidence, Trinity College Dublin, May 2006

Ray Wilkinson, Department of Human Communication Science, UCL

This one day seminar had three presentations focused on acquired disorders. A common theme across each of these was how issues of identity and competence/incompetence were visible within discourse and, in some cases, how therapists could be seen in their therapy to either downplay issues of identity in their clients or to focus their therapy on attempting to foster a sense of positive identity.

Dana Kovarsky observed that while social concepts such as 'stigma' were previously present within speech and language therapy definitions and textbooks, these have tended to be replaced over the last few decades by psychological concepts of 'production' and 'reception' and their deficits. Her paper presented findings from an analysis of group therapy for adults with head injury. The analysis focused particularly on the fact that the main aspect of clients' identity focused on by the therapist within the sessions was their diagnosis as 'head injured' and it investigated the ways in which the therapist used certain places within the tasks to highlight and point out the deficits associated with head injury.

At other points in the sessions where clients said something which highlighted other aspects of their identity (such as how they were upset that they could no longer do the job they did before their injury) this was not taken up by the therapist as an opportunity for discussion but rather the client was focused back onto the task at hand. It was suggested that the therapist's method of doing therapy in these sessions was to make the clients aware they had deficits as a precursor to assisting them with these deficits. However, in doing so, it was argued, clients' potential communicative strengths were overlooked and issues of identity and identity transition were not given therapeutic attention.

Nina Simmons-Mackie's presentation explored similar themes but from the other direction with an analysis of two sessions of social model group therapy for people with aphasia. The goal was to analyse these interactions to uncover how therapists using this approach attempted to fulfil their aims for the session such as assisting the client in building a robust identity despite the deficits associated with aphasia. The ways in which the therapists responded to the clients' utterances were seen to be important in addressing these aims in that, for example, the clinicians could be seen in various ways to follow the clients' lead and assume client competence rather than incompetence. Errors by clients in the sessions were typically not explicitly corrected although the therapists could

carry out correction implicitly by themselves producing the misproduced word correctly in passing within their own talk. This type of research has obvious clinical implications since by unpacking the practices of social model therapy this approach to therapy can be more explicitly analysed, evaluated and taught to others.

My paper presented data comparing change over time in a man with fluent aphasia recorded in conversations at home with his wife at different points during the spontaneous recovery period. It was observed that the strategies he used in constructing his utterances changed systematically between the two time periods analysed (15 and 30 weeks post-onset). At 15 weeks post-onset for example, he was using a strategy of constructing his utterances incrementally i.e. getting to a possible end point of the utterance and then adding another segment. By 30 weeks when he had regained more linguistic resources with which to construct his turns, this strategy was no longer in use and other new strategies were observable.

It appeared that the strategies used were not so much adopted to improve the communicative exchange of information as to produce utterances which were not frequently disrupted by repair caused by, for example, word finding difficulties. In this way, he was spontaneously adapting the way he talked over time in ways which were at least in part functioning to stop his linguistic incompetence and identity as an aphasic becoming a major focus of attention within the conversation.

One clinical implication of this work is that by assessing the individual linguistic strategies a speaker with aphasia and his/her main conversation partners have developed, therapy can be based on a more ecologically valid picture of the speakers' current situation and can take the speakers' own spontaneously developed strategies into account.

Papers based on these presentations are due to be published in 2007 in a special issue of 'Communication and Medicine'.



British Aphasiology Society

- 9.00 - 9.30 Registration and coffee
- 9.30 - 10.15 Movement and reversible sentence comprehension
David Howard, University of Newcastle
- 10.15 - 11.00 Crossing the divide: interaction and accommodation between past tense verbs in a case of fluent aphasia
Elaine Funnell, University of London & Michael Kopelman, Kings College, London
- 11.15 - 12.00 The role of noun syntax in spoken word production
Ruth Herbert, University of Sheffield
- 12.00 - 12.45 Apraxia of Speech: Do people with aphasia make more apraxic errors when producing 'proper sentences'?
Kath Mumby, University of Manchester
- 12.45 - 1.05 BAS AGM
- 2.00 - 2.45 Errorless and errorful learning of verbs and nouns in aphasia: a case series study
Paul Conroy, Matt Lambon-Ralph & Karen Sage, University of Manchester.
- 2.45 - 3.30 Treating verbs in fluent aphasia: a clinical study
Susan Edwards and Kate Tucker, University of Reading
- 3.45 - 4.30 Verb and noun association therapy: a study of therapy effects .
Janet Webster, University of Newcastle & Barbara Gordon, Durham & Chester-le-Street PCT.

REGISTRATION FORM (cost of £5 to members payable on the day)

Name:

Address

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Email:

Profession:

Please return this form (preferably via email) to: Angela Dodson, A.N.Dodson@newcastle.ac.uk

The North East Aphasia Centre, Speech & Language Sciences, King George VI Building, University of Newcastle,
Newcastle upon Tyne, NE1 7RU

12th International Aphasia Rehabilitation Conference

4-6th June 2006, Sheffield

Sarah Ross and Helen Weir, Sheffield University

This conference was well attended by representatives from across the globe, including the United States, Australia and Europe, as well as Asia and Africa. Over 130 delegates represented a number of disciplines involved in the study, management and rehabilitation of aphasia. These included academics, therapists, neurologists, the Stroke Association, Connect, and individuals with aphasia.

The opening address was given by Henrietta, Duchess of Bedford, who spoke warmly of her late husband who had lived with aphasia, and of the work of the Tavistock Trust for Aphasia.

The excellent keynote speakers included Pelagie Beeson, David Howard, Richard Wise, Richard Katz, Sally Byng, Mieke van de Sandt-Koenderman, Jane Marshall, and Chris Code. The variety of topics represented all strands of approaches to aphasia, from the contribution of Functional Imaging, to theories and principles of rehabilitation and therapy, to the use of computers, to discourse analysis, to the cultural experience of living with aphasia, as well as detailed accounts and studies of impairment therapies.

An early start to the day commenced with poster presentations, and there was one parallel session which offered the contrast of papers focussed on social model approaches vs. the use of computers. The conference closed with Jane Marshall's thought provoking presentation: The Future of Aphasia Therapy. Outlining the decline in the provision of services and possible reasons for this, including therapists' disillusionment, she suggested ways in which we could do more to bridge the gap between the research environment and the realities of clinical practice.

The setting of Chatsworth House on a glorious summers evening for the social event was exceptional. A champagne reception provided by the Stroke Association took place in the Hall beautifully decorated with 17th Century painted walls and ceilings followed by a guided tour of part of the house. We then walked through gardens to the Coach House for a fantastic dinner. An important aspect to the whole conference was the opportunity to renew and make new friendships and share ideas.

Professors Pam Enderby and Rosemary Varley and must be congratulated on the seamless organisation of the conference and the excellent choice of venue. We look forward to the next IARC in Slovenia in 2008

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Reflections on BAS Therapy Symposium

4-5th September 2006 Plymouth

Madeline Cruice PhD, City University, London

It was a great opportunity to go to the BAS Therapy Symposium this year – it was the first I have attended and I thoroughly enjoyed the experience. Aside from the range in topics across six really good papers and several posters (meaning there was something for everyone), the symposium was a time for me as BAS publicity officer to get to know more of our society's members.

My sense was that delegates appreciated the longer presentation time (60 minutes) and also the half hour question and answer session that followed, as it enabled everyone to reflect on how each presentation could be applied to our own practice. Rather than comment on the papers, I thought that I would share three overall reflections on the event.

The first and greatest thing that struck me about the symposium was the importance of the *visual medium*. We watched video clips of people with aphasia communicating with family in their own homes, there were photos of people's main achievements, Homer and the Simpsons figured frequently in one presentation, and one poster on goal setting used the clients' own photos and magazine cuttings to represent their goals for rehabilitation (photo of the garden with the client's goal being able to walk up and down the two steps to her pergola area). Strongest of all though, was how Enfys Jones and Huw Young used the Promethean tablets in the final presentation "Living with aphasia: People in partnership". They had two interactive writing and drawing tablets connected to a laptop and projected onto a second screen, setting a precedent for future symposia to be conducted with similar levels of technological access. These visual media struck me as natural, authentic, everyday and true to form – there was no interpretation in words needed. It also made me think that every SLT department or clinic needs a digital camera and video recorder (with computer, printer and editing equipment) just as much as it needs a formal language assessment...

Intertwined with the visual medium, was the importance of *location*. Films and photos were made in people's homes; clinicians talked about the importance of *not* holding groups back on hospital premises once people had moved beyond the hospital-state-of-mind; one paper mentioned how going home contributed greatly to a client's language recovery; and during the discussions, clinicians talked about the success of groups running *without SLT input* in people's lounges. Sometimes, with too much focus on language, we don't fully appreciate the power of the environment. I personally feel that location is just as important in the acute stages as later. I am reminded of the comments made by people with aphasia in

Talking about aphasia, where people discuss their experiences of being in hospital. The hospital ward may well be where we *work*, but it is where people with aphasia after stroke *live* at least for those initial stages in coming to terms with what's happened.

Finally, when I listened to all six papers, a common thread emerged – a need and a desire to find *better outcome measures* to capture the changes that people with aphasia report and the changes that SLT notice in intervention. It is obvious that more than one tool is needed, but given that our profession is still developing outcome measures, we need to borrow from other fields. Two key texts come to mind here that I have always found useful. The first (within the profession) is *Measuring outcomes in speech-language pathology* in 1998 by the late Carol Frattali, with a terrific chapter on aphasia measurement. The second (outside SLT) is *Measuring health* (3rd edition) by Ann Bowling, which gives a potted summary of each quality of life measurement tool (everything you need to know) and a snapshot of the tool itself to help clinicians and researchers choose the best tool for their purposes. Both of these texts are a must for our bookshelves.

I could say much more but I don't have space to...so in conclusion, it was great to meet people and catch up with colleagues at the symposium, and hopefully everyone out there is planning to do the same again a year from now at Edinburgh 2007! In a time of tight training budgets, please consider the BAS conference fund or alternative avenues of funding to maintain your CPD, for Edinburgh 2007 will be an event not to be missed!!

Further reviews of the Therapy Symposium in the next edition of the Newsletter.



British Aphasiology Society Biennial International Conference, 10 – 12 September 2007, Edinburgh

CONFERENCE ANNOUNCEMENT AND CALL FOR PAPERS

Reserve your place on-line at www.trainingmadeeasy.co.uk or call 44 (0)1332 740172 for further information

INVITED SPEAKERS:

Sharon Abrahams	Thomas Bak	Miriam Brazzelli	Alfonso Caramazza	Gianna Cocchini
Roberto Cubelli	Pam Enderby	Fernanda Ferreira	Sue Franklin	Argye Hillis
David Howard	Marjorie Lorch	Katie Overy	Martin Pickering	Klaus Willmes

PROPOSED PROGRAMME THEMES:

Awareness of language deficits	Cognitive models of aphasia therapy	Social aspects of aphasia
Reading and writing in aphasia	Historical perspectives	Language in neurodegenerative conditions
Language relearning	Sentence comprehension and production	Conversation and dialogue
Debate on evidence based therapy		

CALL FOR PAPERS:

Call for Papers and Symposia closes at 12 noon GMT on Friday 9 February 2007. Further guidance may be found by following the appropriate event link at www.trainingmadeeasy.co.uk or by emailing louise.kelly@ed.ac.uk

CONFERENCE VENUE:

Our Dynamic Earth, one of Scotland's premier conference venues, offering stunning views of the Scottish Parliament, Palace of Holyroodhouse, and Salisbury Crags.

Conference guests will have the opportunity to enjoy a FREE Conference Wine Reception hosted by the Lord Provost of Edinburgh on Sunday 9th September and special BAS 21st Anniversary Gala Dinner on Tuesday 11 September at the Balmoral Hotel with traditional Scottish entertainment.

CONFERENCE FEE:

Full Conference **£250**

Discounted rate of £200 for confirmed bookings received prior to 1 May 2007

Single Day **£120**

Gala Dinner **£35**

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