



International Biennial Conference

6, 7, 8 September 2011*

2nd CALL FOR PAPERS

The 2011 British Aphasiology Society conference will be held at the University of Reading, UK. Papers are invited from any area relating to the study and treatment of aphasia, e.g. stroke, traumatic brain injury, dementia.

Abstract information

Word processed abstracts should be submitted electronically to Christos Salis no later than **31 March 2011**. Abstracts should be **structured** under the following headings: background, method, results, discussion. Word limit is **400 words** and authors should cite no more than **4 references**.

Abstracts should not contain figures or tables.

All contributing authors should be named in the abstract with their respective affiliations and contact details. A single corresponding author should be clearly identified. Authors will be notified at the beginning of May 2011.

Further information about the conference will be posted on **www.bas.org.uk** For enquiries please contact: Christos Salis (Chair, organising committee) **c.salis@reading.ac.uk**

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Congratulations to our BAS Student Project Prize Winners for 2009-10:

Winner: **Justine Green** from University College London, supervised by Caroline Bruce and Caroline Newton. Her project is entitled "The effect of unfamiliar accent on immediate story recall in adults with aphasia"

Runner up: **Catherine Hodgson** from Sheffield University, supervised by Ruth Herbert with her project "The effect of phonological blocked cyclical naming on errors made by individuals with aphasia".

We look forward to hearing more about these projects in a future edition.

Contact the BAS committee

Christos Salis
Chair

Tel. 0118 378 7467
chair@bas.org.uk

Janet Webster
Treasurer

Tel. 0191 222 5235
treasurer@bas.org.uk

Fiona Stewart
Secretary

Tel. 0191 569 9305
secretary@bas.org.uk

Paul Conroy
Publicity Officer

Tel. 0161 306 0443
publicity@bas.org.uk

Catherine Tattersall
Website Co-ordinator
website@bas.org.uk

Heather Waldron
Prize Coordinator

Tel. 0191 569 9009
prizes@bas.org.uk

Claire Gatehouse
Therapy Symposium Coordinator

Tel: 01752 (4)34803
therapy-symposium@bas.org.uk

Suzanne Beeke
Conference Support Fund Officer

Tel. 020 7679 4215
Conference-support-fund@bas.org.uk

Clare Telford
Membership Secretary

Tel. 0131 537 9576
Membership-secretary@bas.org.uk

Emma Eaton
BASics Officer

Tel. 01346 585 250
basics@bas.org.uk

Dee Webster
Newsletter Editor

Tel. 01623 785166
newsletter@bas.org.uk

Helen Kelly
Research in Progress Coordinator

Tel. 0131 474 0000
Research-in-progress@bas.org.uk

Melanie Derbyshire
Speakability Representative

Tel. 020 7261 9572
melanie@speakability.org.uk

September 2010 saw a very successful BAS Therapy Symposium hosted by Newcastle University and NHS Newcastle and North Tyneside Community Health. Recipients of the BAS Conference Support Fund **Claerwen Snell, Dee Webster, Eulyn Romain, Fu Yung Yang,** and **Janet Walmsley** reflect on their experiences:

A preliminary examination of mechanisms of therapeutic change in a novel conversation therapy for people with agrammatism and their partners – Firlle Cooper et al.

In a highly engaging presentation Firlle Cooper talked about a novel conversation therapy for people with agrammatism and their partners. The case of Giles and Linda was used to illustrate the therapy process which consisted of discussion, supported by handouts about the nature of the person with aphasia's language difficulties, role plays, and video clips of the couple's conversation - all with the aim of facilitating insight into their conversation patterns and turn construction. The video clips of Giles and Linda demonstrated their journey through therapy from increasing awareness of their conversation patterns to being able to successfully implement strategies to facilitate conversation. The link between an individual's executive function skills and the changes observed during the therapy process was introduced. The presentation generated useful discussion about practical issues of carrying out this type of therapy i.e. having both the person with aphasia and their partner on board with the therapy and taking equal responsibility; the difficulties working at the conversational level with couples.

How neuroscience translates into neurorehabilitation: the case of language action therapy – Friedemann Pulvermuller

Friedemann Pulvermuller gave a fascinating talk about language action therapy and how advances in our understanding of neuroscience have implications for clinical practice. Language action therapy has evolved from the principles of constraint induced movement therapy which identified learned non-use as a barrier to rehabilitation. Language action therapy involves individuals using speech/language alone while not allowing other forms of communication e.g. writing, gesture as a way of preventing learned non-use. This therapy is delivered as massed practice, which highlighted a theme which ran throughout the symposium - intensity of therapy and whether intensive input is necessary to make a change at a neuronal/therapeutic level. Pulvermuller went on to present a study which further enhanced the benefits of language action therapy, using drug treatment in conjunction with language action therapy.

Measuring improvement and generalization following Semantic Feature Analysis therapy for nouns and verbs - Christopher Plant

Christopher talked about his elegantly designed doctoral research project starting with a nice 'buy-one-get-one free' analogy! Christopher led us to look at the generalization effect given by Semantic Feature Analysis (SFA) which is an approach commonly used to help aphasic clients with difficulty on representational information of object or action words. Three aphasic clients took part in the study. They were reported to gain benefit from the trained items but demonstrated different patterns of improvement on naming the untrained words (either semantically related or unrelated) and processing sentences. Based on these results, Christopher further explored how semantic information is processed in the brain and investigated the mechanisms underlying semantic therapies.

CHANT (Communication Hub for Aphasia in North Tyneside): Helping people with long term aphasia after stroke to "get their life back" - Kathryn Mumby

Kathryn Mumby gave a fascinating overview of the multi-agency CHANT project. She described how within this project the Health Authority, Local Authority, Stroke Association, volunteers and service users are working together towards a common goal – increasing participation in life in people who are living with chronic aphasia associated with stroke.

In order to achieve this goal, Kathryn described how CHANT provides a bridge to other services by providing 1-to-1 support, courses and training of volunteers and public sector staff.

I found the courses that CHANT supports particularly interesting as they sit well between groups that may be provided towards the end of NHS SLT involvement and mainstream adult education classes. For example, through liaison with Fine Art students, CHANT and the North East Trust for Aphasia have developed an Art and Aphasia group.

Kathryn is now evaluating the project and presented findings of a 10% gain in quality of life as measured using the SAQOL-39. Semi-structured interviews also gave insight into the change and growth experiences by all involved in the project (volunteers, professionals, service users and partner organisations). An increased sense of worth was found to have a large impact on the quality of life of service users.

Overall, this was a refreshing account of how services can work together with positive results. The presentation also renewed my motivation to support my patients as much as possible to re-engage with previously held interests and hobbies.

Cognitive Neuropsychological Model Poster: Bridging the gap between theory and practice - Melanie Lord, Lucy Skelton and Hazel Howell

Melanie Lord and colleagues presented an interesting poster aiming to maximise the potential application of the cognitive neuropsychological model in assessment and therapy planning.

The poster, based on Patterson and Shewell's model, includes annotations at all input and output levels. The annotations detail the name and description of the impairment indicated, whether the level is pre-lexical or lexical, associated assessments and signs or characteristics that would indicate impairment at that level. The annotations are colour coded and makes a poster that contains a vast amount of information, very easy to navigate and ideal for reference.

I asked the presenters about the potential for using the poster to support students who often find the model difficult to apply in practice. They have found that both SLTs and students have used the poster to select assessments and appropriate therapy methods with greater ease.

In terms of evaluation, the presenters have successfully used the poster with a client in order to inform further assessment and therapy decisions and are now requesting comments from therapists about the usefulness of the poster.

The long list of email addresses left by therapists requesting a copy of the poster suggests that I am not alone in thinking that such a tool is long overdue and has wide ranging applications whether it is to inform assessment or therapy, to support student learning or to aid explanation to clients about the nature of their difficulty.

“Would you like coffee?”: Treatment of functionally relevant everyday sentences - Jane Mortley

The BAS symposium was really impressive in terms of the amount of information that we received in two days, and the qualitative opinion exchanged between therapists and researchers.

The talk by Jane Mortley, a speech and language therapist, described her work with SB, and individual with aphasia and his wife LB who were co-presenters. SB used Step by Step computer software and was monitored remotely by the SLT. 60 objects were selected by SB and his wife as the target vocabulary items and these words were practiced at both single word and sentence levels, in a pairs game, and in scenarios based on everyday interactions. The aim was to elicit functionally relevant sentences around the chosen vocabulary items. All therapy conditions were reported to be effective. This study provided a nice example of a ‘self-help therapy’: using very ecological materials and with a clear application to daily life. One of the important missions of language therapy is to make what is learned in a clinical context “usable” in a daily life. Jane’s project demonstrated this! The “textbook” chunks and the personally tailored materials (using SB’s former job, his family members etc.) were relatively easy to be extended to everyday short conversation either at home or at shops/ restaurants.

How does therapy for lexical retrieval work? An overview – Lyndsey Nickels

In her keynote Lyndsey established that we often see an item-specific improvement with naming therapies, and that most of the therapies reported in the literature have either a semantic or phonological focus. She went on to discuss the mechanisms at work in lexical retrieval proving researchers and clinicians alike with food for thought.

She described her own facilitation experiments comparing lexical retrieval in different conditions. Naming was found to be significantly improved when a semantic or phonological facilitation task included a heard word, suggesting that lexical therapy is more effective when repetition of the target is included in the therapy task.

She then went on to discuss priming effects on naming. We know that picture naming can be more rapid or more accurate when an individual has been exposed to that item recently. Effects have been shown within therapy sessions and between sessions. Lyndsey discussed the implications for our therapy - if naming can be primed over a long time span, does this mean that weekly therapy for eight weeks would have comparable effects with a therapy of twice a week for four weeks? There are no clear answers to this; results appear to vary greatly across individuals.

In contrast to priming, Lyndsey also discussed semantic inhibition. Results suggest that when presented with a semantically related item prior to naming, people with and without aphasia exhibit a slower naming response (and in people with aphasia reduced accuracy) indicating that semantic relatedness to the target can act as an inhibitor. There also seems to be an effect of blocking items; where semantically related items are presented successively this can have a cumulatively inhibitive effect, resulting in even slower naming. This appears to be the case for individuals deemed to have either a semantic or phonological locus of impairment.

So what does this mean for our naming therapy? It is important to continue to work on highly relevant, functional vocabulary if we are to anticipate an item-specific improvement; always include repetition of the target to maximise success; and to consider the order of presentation of items in therapy, particularly if many items are semantically related, in order to minimise semantic inhibition.

Is Narrative Production really the bridge to Real-Life Communication? Evidence from a single case-study - Whitworth et al.

Anne Whitworth's research focused on whether narrative-based therapy can improve connected discourse and everyday communication. She defined narrative-based therapy as a structured approach to connected speech, drawing on what we know of single word and sentence level therapies, and from paediatric frameworks of narrative-based therapy. Specifically she aimed to see i) can we improve narrative ability? ii) what (if anything) changes? iii) do the same things change in people with different deficits and iv) Does narrative ability generalise to real life?

Anne outlined the broad principles of narrative and narrative therapy, and described three individuals with aphasia who received narrative therapy. Assessment included the Cinderella story and narrative produced when asked to give an opinion on a controversial topic. Narratives were analysed at both a micro (e.g.verb, thematic analysis) and macrostructure (e.g. cohesion) level.

Therapy included narrative and single word production in response to storyboards and picture materials depicting scenarios.

Goals were client centred and all clients reported improvements on their goals. Individuals differed in their results with outcome assessments revealing changes at both a micro and macro structure including an increased number of arguments produced, more cohesion, and the use of more specific terms and reference points with a focus on the listener.

Anne highlighted that further research is needed in how best to analyse narrative in both structured tasks and particularly in real life communication. Further work is also needed on finding out who would benefit from narrative therapy.

I found this research very relevant and applicable to our clients and will be putting it into practice!

Are you thinking of attending a conference? Do you need financial support?

BAS Events Grants support people attending the BAS International Conference or Therapy Symposium. **The Support Fund for Conferences (non-BAS)** supports members attending other conferences. You may apply for up to £400. Overseas members may only apply to attend UK conferences.

This fund is only available to people who have been BAS members for at least a year.

Funding is available whether or not you are presenting work, but priority is given to presenters. Awards can cover registration, accommodation, travel expenses and other essentials.

Submission dates for the coming year are Friday 14 January 2011 and Friday 13 May 2011

Grants for attendance at the BAS Conference (6-8th September 2011) will be increased from the usual maximum of £200 to cover the **full cost of registration**. visit <http://www.bas.org.uk/support.html> for full details.

Research Round Up – Emma Eaton

Anomia treatments: can too many words be used as stimuli?

This study addresses the lack of research into the ideal number of words to be used in anomia therapies. Firstly, a meta-analysis examined 21 therapy studies, using between 5 and 120 words as stimuli. While a negative correlation was found between the number of items given and the proportion learned, it was also found that people with milder aphasia were given fewer items. The second part of the paper is a therapy study, in which 13 people with aphasia were given either a 20- or 60- word set. It was found that the size of the set had no impact proportionally. However, when raw scores were compared, the participants given the larger sets had learned many more words than those given the smaller sets. This was found to be irrespective of severity. This indicates that people with aphasia may tolerate, and benefit from, larger word set sizes.

Snell, C., Sage, K. & Lambon Ralph, M. A. (2010) How many words should we provide in anomia therapy? A meta-analysis and a case series study. *Aphasiology* 24 (9) p1064-1094

Can we predict recovery from aphasia, and what are the implications for therapy?

21 patients with mild or moderate post-stroke aphasia were assessed for the degree of language impairment at 24-72 hours post-onset and again at 90 days following the stroke. It was found that recovery was well-predicted by initial severity, and that in the 90 days, the patients had improved by approximately 70% of their maximum potential. The authors discuss whether therapy induces this predictable relationship, or whether it has no effect on recovery. They argue that a middle position is more likely, with therapy acting as a catalyst to biological recovery mechanisms.

Lazar, R. M., Minzer, B., Antonello, D., Festa, J. R., Krakauer, J., W. & Marshall, R. S. (2010): Improvement in aphasia scores is well predicted by initial severity. *Stroke* 41(7) p1485-1488

In her editorial, Hillis argues that the study discussed above gives a standard by which we can measure new therapies in the sub-acute phase to determine their effectiveness. For example, does either intensive therapy or therapy augmented with a medical treatment result in greater improvement than the prediction? Secondly it gives a standard by which we can measure alternative deliveries such as telemedicine or group therapy to ensure that they are at least as good as conventional care. This editorial echoes the caveat mentioned in the study itself that it did not include people with severe aphasia for reasons of consent. It also gives a second caveat that we need to know more about the therapies given in terms of type, frequency and duration. Finally, Hillis reminds us that the person with aphasia still has a life to lead after these 90 days, and communication can continue to be enhanced after more measurable language recovery has diminished.

Hillis, A. E. (2010): The “standard” for post stroke aphasia recovery. *Stroke* 41(7) p1316-1317



British Aphasiology Society

Research in Progress

Tuesday 19th April 2011

Glasgow Caledonian University

1st call for Abstracts

Theme: Aphasia Therapy – Rehabilitation or Management?

The BAS Research in Progress Meeting is an ideal opportunity for clinicians and researchers to share and discuss issues arising from current or recently completed work in a supportive environment. The meeting is also an ideal opportunity to hear about current research activities, discuss the clinical applicability of research findings and explore the implications for future research.

We welcome abstracts on planned, ongoing or recently completed studies relating to the above theme. Each presentation will be followed by an opportunity for discussion.

Abstracts should be a maximum of 300 words in length. Please include the following headings - Background, Aims, Methods, Results (or those to date) and Conclusion (or future plans).

Please email abstracts to:

Marian Brady (M.Brady@gcu.ac.uk) by **18th February 2011**

Individuals needed for neuroimaging study

Researchers at the Wellcome Trust Centre for Neuro-imaging, UCL are working on a project which they hope will provide encouraging information regarding the recovery of language following stroke. The project, lead by Professor Cathy Price, aims to establish links between types and locations of brain damage and functional performance on standardized language tests. In the long term this will provide information on 'typical' patterns of language recovery following certain types of stroke and act as a much needed source of hope for aphasic patients. Professor Price hopes that because the project will take into account the hundreds of brain regions involved in language rather than simply Broca's versus Wernicke's lesions, more accurate predictions will be possible. Says Professor Price, *"Although it may not be possible to predict the consequences of some lesions, it is possible to make very accurate predictions about other lesions and therefore give patients hope that, like others before them, their language skills will improve."* This will mean that patients with certain types and locations of stroke will be able to be given more information on their likely pattern of recovery than has previously been possible. The predictions, which will take into account co-existing factors such as age and therapy input, will provide ranges of improvement from previous patients. In real terms this means patients, families and therapists will be provided with motivating information on the recovery pattern of patients who experienced a similar stroke.

Any therapists working with patients at any stage post stroke, with or without aphasia, who may be happy to take part in the project are invited to contact Research Assistants Louise Ambridge or Matthew Lawrence on 07984 111 584 or 585 or e-mail stroke@fil.ion.ucl.ac.uk for further information or to request patient leaflets. Participants must be happy to travel to London, transport costs are refunded on the day by the Institute. Participants will be offered a CD of their brain images and can request feedback on language assessment results. Further information can be found on the Centre's website at www.fil.ion.ucl.ac.uk

Book your place for Speakability's 2010 Mary Law Lecture

Speakability's Mary Law Lecture is given as a tribute to the memory of the mother of Diana Law, who founded the Charity in 1979. Action for Dysphasic Adults (now known as Speakability) was then formerly registered with the Charity Commission in 1980. Diana Law was herself a Stroke survivor who had Aphasia and who fought tirelessly to ensure that people with this communication disability were not overlooked by the rest of society and by those providing health services.

As the Charity marks its 30th Anniversary, Speakability invite you to come and hear the award-winning Aphasia expert, Professor Chris Code, who will be reviewing research involving Speakability Aphasia Self-Help Group members. He will also lead discussion on the challenge of delivering quality and quantity in Aphasia services.

The lecture takes place on Tuesday, 7th December 2010, 7pm at Mary Sumner House, London. Tickets are priced at £15.

To find out more information and to book your place go to www.speakability.org.uk.



Manchester Aphasia group

The Manchester Aphasia Group will be celebrating its 10th anniversary this year! There are a number of reasons why the group has thrived this long and looks to continue even in these difficult economic times:

- There was and is no financial cost to attend. The cost is in the commitment each person makes to contribute to the meeting and to each others' learning. Each person who joins the group commits to give a case presentation at some point in their membership. I am often told how useful it is just to share experiences, ideas, methods, material.
- NHS therapists want to know what is going on in aphasia research at the university. At each meeting, at least one of the speakers is someone doing research, PhD or masters or other research project. They describe their study, its background and their findings. It's an interesting and thought-provoking way to keep up to date.
- Research therapists want to know what is happening in the NHS, what the therapy priorities are, how the research is applied, how they are surviving (occasionally thriving), how to link up and network.
- NHS therapists who want to get involved in research find a way into the university. We have over the last 10 years been successful in encouraging therapists to apply for funding to do MPhil, NIHR MClinRes and PhDs. Those who have moved from clinical work to research work have had a friendly, critical audience to listen to their research plan, help them recruit potential participants; provide feedback on the therapy design, materials, results etc. etc.
- For those not wanting to undertake research training but to present clinical data to a wider audience, we have succeeded in sending to every BAS therapy symposium, someone from the group whose presentation deserved to go to a wider aphasia interest audience. In 2005, the Manchester Aphasia Group joined with the BAS Research-in-Progress meeting to provide a stimulating day of research from therapists across the North-West.

So what of the future for this group? Will the economic hardships prevent therapists from meeting regularly to talk about aphasia? Will NHS and university employers still allow study time? The North-West is geographically large and it is a huge time commitment for therapists to travel from as far away as Cumbria, Merseyside and Staffordshire to meet. And yet, we still have the will and desire to meet bimonthly on a Thursday from 2-5 in the Zochonis Building (February, April, June, August, October and December). For those who have the technology, we hope over the next year to set up a 'virtual access' meeting whereby you can be in the peace of your office (with a computer, of course) and log on to see me and the others in the meeting and join in the discussions from your office!

If you are interested in joining in one or more of the following; a) the mailing list to find out what is going on in aphasia research at the University b) participation in the bimonthly aphasia meetings c) joining in the 'virtual' meetings, then please do email

karen.sage@manchester.ac.uk with some details of who you are, where you work and what you wish to join of the above options.

Karen Sage (on behalf of the Manchester Aphasia Group)

BAS can provide financial support to its members to attend conferences. One of our members **Sarah Fox** received a BAS grant to attend the International Conference on Conversation Analysis. Here she reflects on her experience:

As an SLT currently undertaking a PhD using conversation analysis to optimise interactions between people with aphasia and their main conversation partners at the University of Manchester, I was very grateful to be awarded funding by the-BAS conference fund, towards the cost of attending the 3rd International Conference on Conversation Analysis (ICCA10). The event took place in July in Mannheim, Germany and had the theme of "multimodal interaction", a useful theme for SLTs such as myself interested in how people use a whole range of verbal and non-verbal resources to communicate with others. Approximately 700 researchers attended the conference to present their work with CA across a range of disciplines, some purely theoretical and others applied.

Major speakers included Charles Goodwin and John Heritage, both of University of California Los Angeles. Charles Goodwin talked about the importance of attending to non verbal communicative actions, a topic familiar to Speech & Language Therapists working in aphasia rehabilitation. He illustrated his inspirational talk with data from an aphasic speaker, demonstrating unequivocally the power of nonverbal communication, which in his data, was exemplified in particular by prosody, gesture and making use of the resources supplied by the surrounding context. John Heritage discussed the usefulness of quantifying findings from CA, particularly when working with large amounts of data or (again useful for my PhD work) when examining possible change after some form of intervention. John presented a successful intervention he had carried out using CA to change interactions between physicians and patients, which hinged on the simple lexical choice between 'some' and 'any' (as in "Is there any-/something else you want to talk about").

The diversity of research areas covered by the plenaries, panels and posters ranged from applying CA for role-play training activities and to improve interactions between residents and staff in care homes, through to studies into the coordination of speech and gesture and how this may affect actions, how gesture is described during pedagogic interactions, and how adolescents talk about health issues. Also included were more theoretical studies such as investigations of the prosodic features of minimal turns.

Speech and language therapy was represented specifically by a number of speakers including Ray Wilkinson (University of Manchester), Sarah Griffiths (Peninsula College of Medicine and Dentistry) and Minna Laakso (University of Turku Finland). Ray described a case study in which CA was used to motivate and evaluate successful interaction-focused therapy for a person with aphasia and his wife; Sarah presented some of the data she has collected for her PhD in which she is using CA to investigate and describe conversational behaviours between people with Parkinson's Disease and their conversation partners; and Minna described verbal and nonverbal displays of affect by people with aphasia and how they evoked collaborative responses from speech and language therapists.

I found the conference extremely useful and stimulating for my research and for my thinking about how to analyse and facilitate change in aphasic interactions.

ICCA occurs once every four years. The next conference will be hosted at the University of California Los Angeles in 2014. **Contact sarah.fox@manchester.ac.uk**

Newcastle's BAS Therapy Symposium in September saw Frauke complete her term as BAS Chair. As a committee we thank Frauke for her hard work on behalf of BAS and wish her well for her future research! Here is her reported presented at the symposium:

Events

We had a very successful Biennial International Conference last September in Sheffield which was attended by over 100 participants. The conference was brilliantly organised and we had high standard presentations covering a variety of topics.

Next year's Biennial International Conference will take place in Reading from the 6th – 8th September. Christos Salis will be organising the conference at Reading University in collaboration with local Speech & Language Therapists. The call for abstracts and registration will be announced soon. Details can be found on the BAS website (www.bas.org.uk). Please contact any member of the BAS committee if you are interested in hosting this event.

Unfortunately this year's Research-in-Progress day had to be cancelled due to a shortage of abstract submissions. However, next year's Research-in-Progress meeting will be hosted by Glasgow Caledonian University. Marian Brady will be organising the day.

The Society has been supported at numerous events, including this one, by our Conference Organiser NCore and would like to take the opportunity to thank NCore for their support.

If anyone is interested in hosting any of the BAS events in the future, please contact any member of the BAS organising committee.

BAS is a member of:

The **Aphasia Alliance** (<http://www.aphasiaalliance.org>): an umbrella organisation within which all voluntary organisations concerned with people with aphasia meet and share views. The focus of the group has been to support initiatives in raising public awareness of aphasia. After the publicity officer left his post last year the Tavistock Trust has been providing some administrative support and the charity Speakability has taken over hosting the website for the aphasia alliance. The Alliance is planning some themed meetings for 2010 in line with their objectives. The first meeting will be on 6th October this year with the topic of 'Evaluation and Evidence' and will be hosted by Connect. Minutes from the meetings of the Aphasia Alliance are available to BAS members via the BAS Chair.

The **UK Stroke Forum**: a coalition of more than 20 organisations committed to stroke care and research. The fourth major multidisciplinary conference of the UK Stroke Forum took place in Glasgow in December last year. BAS had a stand at the conference with the aim of publicising and encouraging the involvement of more disciplines working in the field of aphasia. This year's UK Stroke Forum Conference will be from 30th November to 2nd December in Glasgow. Special rates apply for BAS members. See www.ukstrokeforum.org/events. For more information contact our BAS committee member Melanie Derbyshire or BAS Chair.

Prizes

Student Project Prize 2008/2009: Nicola McGreal (Newcastle University) 'Fairytale, contemporary narratives and picture sequences: Do they tell us the same things in aphasia?'

Student essay Prize 2008/2009: Joanne Macleod (Strathclyde University) 'The wider benefits of impairment based interventions for word retrieval difficulties in aphasia: a discussion of generalisation.'

Frauke Buerk, Chair British Aphasiology Society, 10th September 2010

Firle Cooper reports on the 13th Meeting of the International Clinical Linguistics and Phonetics Association Oslo in June 2010 which she attended with the assistance of the BAS conference fund

ICPLA is a conference that focuses on bringing together the worlds of linguistic and phonetic research and clinical practice (it seemed like the logical place to present our research work which has a very obvious clinical application). In this report I want to share my reflection and knowledge gained through attending and presenting at an international conference, as well give a brief overview of other research projects heard about in Oslo.

A few presentations really stood out for me. The first was Loraine Obler (University of New York). She presented her research exploring language changes in healthy ageing. The good news: as we age we increase in wisdom and our vocabulary increases (shown through better performance when defining words) and automatic speech, phonology, syntax and pragmatic abilities do not appear to change as we age. At this point she interjected with a joke:

Two older guys are sitting in the front room.

John: So what was the restaurant called that you went to last night Bob?

Bob: Oh yeah er...what do you call that plant, red flowers with the thorns?

John: Rose?

Bob: Yeah that's it (turns away and shouts) Rose, what was the name of the restaurant we went to last night?

Sound familiar? The not so good news: lexical retrieval and comprehension in non-ideal conditions (i.e. where there is background noise, faster rates of speech, speech with little redundancy and unfamiliar accented speech) appears to deteriorate (Goral et al 2007). Apparently as we age there is a linear progressive decline in these abilities from the age of 30 through to our 70s. On the plus side there are factors that seem to reduce this effect: education (more is better) and being bilingual (early bilinguals are better on naming). Hypertension appeared linked to increased naming problems but diabetes was not (Albert et al 2009). Preserved bilateral pre-frontal regions and right subcortical areas have been associated with better naming abilities in older adults (Obler et al in press). How might this impact on our clinical practice (and assessment results) for the older population? Obler suggests that discourse may not be as obviously affected, as people will often subtly substitute a different word. But, should this be something to bear in mind when completing formal assessments with an older population? It raises the questions: Where does normal age related change stop and pathological change begin? Is what we determine to be problematic/pathological in a test situation, actually problematic for people in day to day real life situations?

These questions are similar to ones that prompted our project. It arose from previous work showing that grammar elicited in formal assessment may not be mirroring grammar used in everyday conversation, which led to the hypothesis that utterance constructions treated as problematic in therapy, may not be problematic in everyday talk (Beeke et al 2007). The project's research question therefore is: can a person with agrammatic aphasia change their utterance constructions in everyday conversation given therapy targeting conversations? The therapy used is based on SPPARC (Lock et al 2001), but with a few differences: therapy directly engages with the person with aphasia, as well as the conversational partner and targets utterance construction strategies for the person with aphasia, (as well as the conversation partners conversational style). Thirdly, in this project all strategies are specific to agrammatic aphasia.

I presented the preliminary qualitative results from the first three couples who took part in the project. Suzanne Beeke then followed on, discussing the development of a new conversation measure aiming to quantifiably measure change within pre and post therapy videoed conversations, as a means of

improving the evidence base for this type of work. So far qualitative conversational evidence suggests that people with agrammatism are able to gain new insights into how to manage their conversations better and that this can result in increased use of facilitatory strategies (Beeke et al in press). Preliminary use of the quantitative conversation measure has thrown out a surprising change: therapy makes some people appear more agrammatic. Possible explanations include: the conversation partner now giving the person with aphasia more space to take their turns and so more agrammatic language is coming out. If we can develop a therapy that directly targets people with agrammatism's conversational ability and develop a tool to measure those changes, this could be an important breakthrough for promoting the use of conversation-based therapies in clinical settings.

In summary, I would strongly recommend attending and presenting at a conference such as ICPLA. It was a great experience, not only from a personal development point of view, but also as a cultural and academic perspective. I also realised that clinicians have an important role to play side by side academic researchers, assisting in driving forward the clinical applicability of the exciting work that is going on all over the world!

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Events Diary

7th December 2010

Speakability Mary Law Lecture

Mary Sumner House, London

19th April 2011

Research in Progress day

Glasgow Caledonian University

Check website for updates

6th-8th September 2011

BAS Biennial International Conference

Reading University

Check website for updates

Tell us what you think!

Have you been to a recent aphasia conference that you would like to tell us about?

Would you like to publicise an aphasia study group?

Would you like to tell us about your research?

Please tell us if there is anything you would like to contribute to the BAS newsletter, or if you have any ideas on what you would like future editions to include.

Contact: newsletter@bas.org.uk

I look forward to hearing from you!