

CITY UNIVERSITY
LONDON**BAS Therapy Symposium 2012**

City University London

6th - 7th September 2012

1ST CALL FOR PAPERS**Aims of Symposium**

The aim of the symposium is to provide a platform for in-depth discussion of therapy cases, to consider current themes in aphasia therapy and to share novel therapy ideas. We are inviting four types of submission:

- In-depth presentations of clinical cases (30 minutes + 15 minutes discussion)
- Symposia dealing with clinical themes (90 minutes)
- Speed presentations of therapy ideas (5 minutes)
- Poster presentations

See p2 for more details

Events Diary**Monday April 2nd 2012****BAS Research Update Meeting****Bangor University****'Bilingual aphasia: Assessment and Treatment'****6th-7th September 2012****BAS Therapy Symposium****City University**

Check website for updates

20th – 25th May, 2012**The 42nd Annual Clinical Aphasiology Conference****Lake Tahoe, California, USA**

Check website for details

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Submitting an abstract to the BAS Therapy Symposium

City University London

6th – 7th September 2012

Submissions

Organise your submission under the following headings:

- Type of presentation
- Title
- Author(s)
- Full contact details of presenting author (job title, affiliation, address, telephone, email, fax)
- Abstract

Specific guidelines per presentation type are given below.

1. Clinical Case Presentations

Presentations can cover single case or group explorations of therapy. We welcome accounts of all types of therapy, e.g. focussing on language processing, communication activities, compensatory strategies and/or participation issues.

Presentations should cover: the background (such as relevant theoretical issues and the existing evidence base for the chosen therapy), an introduction to the client(s), a detailed account of the therapy methods, the outcome measures and results. Examples of the therapy tasks, materials and procedures should be presented, ideally with video or audio recordings from sessions.

Although no specific structure is required for the abstract, the background, aims, methodology, main results and conclusions/clinical implications should be clearly presented. Abstracts should be no more than 400 words.

2. Symposia

Symposia will comprise 3 or 4 presentations linked by a theme. The time allocation is 90 minutes, which can be used flexibly by organisers. Submissions are invited on any clinically relevant theme, e.g. relating to assessment, therapy methods and techniques, service delivery or outcome measurement.

Abstracts should provide:

- The name, affiliation and contact details of the organiser (who will chair the symposium)
- The names, affiliations and contact details of presenters
- An introduction to the theme and its clinical relevance
- A brief outline of each presentation

The total submission should be no more than 1000 words.

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3. Speed Presentations

These will be 5 minute presentations of novel therapy ideas. Topics can include: therapy approaches, tasks, materials, technologies, facilitation strategies, and methods of engaging others in therapy. To ensure that talks stay within 5 minutes the number of slides will be limited and will be set to automatically advance. Examples of such 'lightning talks' can be viewed on the website of Therapy Ideas Live: <http://therapyideas.org/live>

Abstracts should be no more than 100 words, excluding the name, affiliation and contact details of the presenter.

4 Poster Presentations

Posters can present studies of aphasia therapy (group or single case), outline a therapy method, or address a clinically relevant theme. Poster reading/discussion session(s) will be timetabled, to ensure that due prominence is given to the poster presentations.

Poster abstracts should be no more than 400 words, including background, aims, methodology, main results and conclusions/clinical implications.

Mentor Support

Speakers have the option of using a 'mentor' (either self-chosen or identified by the organising committee) to support them in their preparation and on the day. Submissions should indicate whether this is requested.

Procedure for submitting & reviewing abstracts

Please submit your abstract electronically to www.city.ac.uk/bas-symposium The closing date for submissions is 29th February 2012. All submissions will be reviewed by an academic panel, which includes members of the symposium organising team and local SLT clinicians. The review process will follow the guidelines below.

Platform submissions may be offered a poster presentation, e.g. because the programme cannot accommodate all submissions, or because the material is judged to be better suited to a poster. Submitters should indicate whether they are willing to present the material in poster form.

Congratulations to the British Aphasiology Society 2010/11 Student Prize Winners!

BAS would like to congratulate project prize winner **Helen Davy** from University College London. Her project was called **Getting into shape: The effect of Shape Coding on the spoken language production of a man with chronic aphasia**

This year's essay prize winner is **Laura Affleck** from Strathclyde University. Her essay was entitled **Apraxia of Speech: Diagnostic Issues**

We look forward to hearing more in a future newsletter.



Biennial International Conference, Reading, September 2011

Another extremely successful international BAS conference was held in Reading in September. The conference was well attended, with 145 delegates on day 1, 165 on day 2 and 155 on day 3. The committee is extremely grateful to the Reading conference team for all their hard work in organising the conference.

Christos Salis has summarised the delegates' feedback. The committee's response is below.

See page 6 for reports of the conference by Conference Support Fund. For conference photos follow this link: <http://tripwow.tripadvisor.com/tripwow/ta-037b-ff4e-39f0?In>

Conference delegates' feedback

Thank you to everybody (delegates, presenters, invited speakers) for making this year's conference a success! Below is a summary of the feedback. It is based on 45 completed feedback forms (88% of the respondents were non-students, 12% were students). The percentages reflect the proportion of responses for each category.

	Excellent	Very good	Good	Poor	Very poor
Registration/booking process	35%	40%	22.5%	2.5%	0%
Information received before the conference	32.5%	50%	15%	2.5%	0%
Quality of papers/posters	40%	52.5%	7.5%	0%	0%
Time allowed for presentations	50%	42.5%	7.5%	0%	0%
Time allowed for discussion/questions	40%	45%	12%	3%	0%
Format of the programme	40%	45%	12.5%	2.5%	0%
Facilities at the venue	27.5%	42.5%	25%	5%	0%
Overall value for money	22.5%	52.5%	22.5%	2.5%	0%
Overall, how would you rate the whole event?	47.5%	47.5%	5%	0%	0%

From p4 Conference delegates' feedback

And *qualitative* comments:

- | | |
|---|---|
| <ol style="list-style-type: none">1. Two hours for lunch is too long2. Powerpoint presentations to be given out straight away3. Have powerpoints from missed sessions4. Less time for posters and handouts for posters5. More time for questions6. More clinical emphasis7. Water fountain or accessibility for drink after 4pm | <ol style="list-style-type: none">8. Some keynotes were disappointing and outdated and superficial9. Room for more delegates10. The opportunity for working in small groups and getting hands on experience of software and assessments11. Value for money12. Expensive for day delegates13. Excellent week, excellent food and good conference dinner |
|---|---|

In response to those comments:

Points 1, 4: Lunch was only one hour, plus one hour for posters. When planning the conference the organizing committee felt it was important to allow plenty of time for the poster presentations as they valued equally as oral ones.

Points 2, 3: It is possible to obtain presenters by e-mailing the presenters. A list of the presenters' contact details was included in the conference packs. Printing out powerpoint handouts would be a major additional expense for the conference. Also, many presenters may not be happy with this option.

Point 10: It is very difficult to organize small workshops in such a big event, perhaps the Research Update meeting or the Therapy Symposium would be more appropriate events for workshops.

Point 6: The majority of the programme had a clinical emphasis, embracing the multi-faceted nature of aphasia (assessment and treatment of the impairment, neuroscience of aphasia, neuropsychology, psychosocial approaches). There were several oral and poster presentations with direct clinical focus. However, next year's Therapy Symposium will have a more transparent clinical focus (September 2012, City University, London)

Points 5, 7, 8, 9, 12: We will take into account these comments when planning future events.

Thanks to all those who took the trouble to provide feedback.

Message from the Treasurer

As highlighted in the Treasurer's report at the AGM, BAS currently has £22,598. There was a surplus for the year 2010/11 of £3,614. The amount of reserves has increased following a number of successful conferences and therapy symposiums. At the AGM, a few members raised the fact that these reserves were quite high and this has been discussed at a number of recent committee meetings. We do need to keep a certain level of reserves as expenditure for events often needs to be made before any income is received. We have, however, made a number of decisions regarding expenditure over coming years to ensure people continue to benefit from their membership.

1. Over the last few years, we have increased the number of grants available for people to attend BAS events. This year, we will also increase the amount available for grants to attend other aphasia conferences/events. This increase will be sustainable over a number of years.
2. Financial support to enable some events, e.g. Research in Progress meeting in Glasgow, to run at a very low cost to members.
3. Some additional expenditure related to publicity and increasing the profile of BAS to other professional groups.

Janet Webster

BAS Biennial International Conference, Reading, 6-8 September 2011

Heather Waldron writes... Thank you to BAS for supporting my attendance at this year's conference in Reading. As usual there were many high quality oral and poster presentations. One of my highlights was Morag Bixley's presentation on the management choices made by a group of 95 SLTs working with people with aphasia in an inpatient setting. 172 choices were identified in total, and these were grouped into five main categories: a) support, training and education, b) therapy, c) assessment, d) multi disciplinary team working and e) SLT admin. This led to some interesting discussion around the amount of problem solving and decision making that is involved in working with people with aphasia, and how this relates to therapists' perceptions of having less time to work with aphasia in contrast with dysphagia. Collaboration emerged as a theme of the conference, both with other disciplines, including neuroscience (Alex Leff) and computer technology (Faustina Hwang), and with people with aphasia. Sally McVicker talked about the balance between people with aphasia and people without aphasia, which is needed to ensure the successful transition of those with aphasia into "active citizens". Deborah Hersh presented a new collaborative framework for goal setting: SMARTER (Shared, Monitored, Accessible, Relevant, Transparent, Evolving and Relationship-centred). Hersh argued that while SLTs are often required to produce SMART goals (specific, measurable, achievable, realistic and timebound), these may not always match up with the goals of their clients; when therapists break down goals into small steps, sometimes the bigger, real-life, goals can be lost. There was also a theme of reflection over the past, present and future of aphasia therapy in talks by Anna Basso, Pam Enderby and Susan Edwards, which was summed up by Aura Kagan, who talked about the way forward for SLT services in terms of health economics, reminding us that we need to demonstrate our value in terms of being a solution to a problem, and that if we are not part of the solution, we are irrelevant.

Heather Waldron

City Hospitals Sunderland NHS foundation Trust and Newcastle University

Kath Mumby writes... Going back to Reading after nearly 30 years was rather nostalgic for me, but the good company and very stimulating conference program left little time to reminisce! I particularly enjoyed the mix of perspectives in the presentations, the recognition given to different methodologies and the sense of 'the cutting edge' both academically and clinically. There was a healthy mix of impairment based and psychosocial approaches, introduced by inspiring and varied keynotes (too many to mention all by name here). I lost count of the number of posters!

What else encouraged me? Time was devoted to AOS within the conference, and Anne Whitworth challenged us about searching for the needle in the haystack in her keynote about connected speech. Importantly there was a sense of the involvement of people with aphasia in the conference. International connections were affirmed, and we celebrated the presentation of the Robin Tavistock award to the Aphasia Institute in Toronto. We were reminded that aphasiology needs to become more integrated with other disciplines as well, illustrated perfectly by the keynote from Faustina Hwang whose background is Systems Engineering.

What sticks in my mind? The good-natured exchange about the archaeology of aphasia therapy, led by Pam Enderby and Susan Edwards, likening the activities of aphasiologists to the 'Time Team' of TV fame grubbing around in the archeological mud, and maybe in search of a prize turnip!

Kath Mumby

Research Round-Up

Paul Conroy

B. Gialanella, M. Bertolinelli, M. Lissi & P. Prometti (2011):

Predicting outcome after stroke: the role of aphasia.

Disability and Rehabilitation 33(2): 122–129.

The aim of this study was to verify whether aphasia was predictive of broader outcome measures in stroke. The study was carried out with 262 participants with CVA: 131 with and 131 without aphasia. Outcomes measures included Functional Independence Measure (FIM), effectiveness in motor-FIM, final cognitive-FIM score, effectiveness in cognitive-FIM and discharge destination. Participants with aphasia had lower motor-FIM and cognitive-FIM scores both at admission and at discharge, compared with those without aphasia. Effectiveness in motor-FIM and cognitive-FIM scores was also poorer in those with aphasia. Seventy-seven per cent of participants with aphasia and 91.6% of patients without aphasia returned at home. The authors concluded that aphasia is predictive of outcomes and it is the most important predictor of social outcome in stroke with aphasia.

M. Cotelli, A. Fertoni, A. Miozzo, S. Rosini, R. Manenti, A. Padovani, A. Ansaldo, S. Cappa & C. Miniussi (2011):

Anomia training and brain stimulation in chronic aphasia.

Neuropsychological Rehabilitation 21:5, 717-741.

Non-invasive brain stimulation methods include repetitive transcranial magnetic stimulation (rTMS), or transcranial direct current stimulation (tDCS), and have been trialled in participants with aphasia due to stroke or Alzheimer's disease (AD). The paper contains a review of brain stimulation studies related to language recovery in aphasia and a pilot study with three participants with chronic stroke patients who had non-fluent aphasia. Real or placebo rTMS was immediately followed by 25 minutes of individualised speech and language therapy over four weeks of intervention. Significant improvement in object naming was observed at all testing times, from two weeks post-intervention in real rTMS plus therapy, and placebo rTMS plus therapy. The findings pointed to beneficial effects of targeted behavioural training in combination with brain stimulation in participants with chronic aphasia. The authors concluded that further work is required in order to compare the individual treatments (rTMS or therapy alone).

M. Nicholas, M.P. Sinotte & N. Helm-Estabrooks (2011):

C-Speak Aphasia alternative communication program for people with severe aphasia: Importance of executive functioning and semantic knowledge. *Neuropsychological Rehabilitation* 21:3, 322-366.

This study explored cognitive and linguistic factors in relation to how they affected participants' ability to communicate expressively using C-SpeakAphasia (CSA), an alternative communication computer program that is primarily picture-based. Ten participants with severe non-fluent aphasia received at least six months of training with CSA. Response to treatment was examined in relation to baseline measures of non-linguistic executive function skills, pictorial semantic abilities, and auditory comprehension. Only nonlinguistic executive function skills were significantly correlated with treatment response.

S. Sherratt (2011): **Written media coverage of aphasia: A review.** *Aphasiology* 25:10, 1132-1152.

This study investigated the quantity of aphasia-related news in the written media in 1999 and 2009, compared to Parkinson's disease (PD); it also describes the content of aphasia news for both years. Written news databases (covering international English-only national and regional newspapers accessible to the public) were searched for the term "aphasia" and "Parkinson's disease". The nature and extent of information on aphasia was also determined. Although the frequency of aphasia-related items increased four-fold across this decade, it was still mentioned only once for every 27 PD-related articles. In both years the information on aphasia imparted to the public was limited, lacking detail regarding aphasia's complex nature, the effects on the person and their family, recovery, and rehabilitation. The depiction of aphasia was often confusing and inaccurate, with media focusing on dramatic aspects or medical opinion. Aphasia was also used colloquially to indicate silenced or tongue-tied, or for a naming difficulty in non-medical sources. The author concluded that the findings intensify the urgent need to enhance and extend aphasia's representation in all forms of media, and can provide professionals, those affected by aphasia, and the public with a focus for education and awareness raising.

A.L. Ball, M. de Riesthal, V. E. Breeding & D.E. Mendoza (2011):

Modified ACT and CART in severe aphasia. *Aphasiology* 25:6-7, 836-848.

Anagram and Copy Treatment (ACT) and Copy and Recall Treatment (CART) have been shown to improve written communication for those with severe aphasia. More recently, the addition of a spoken repetition component to the CART programme has been suggested to enhance oral naming in moderate aphasia and in cases with co-existing apraxia of speech. The purpose of this study was to examine ACT and CART modified with spoken naming repetition, using visual and auditory stimuli in the ACT sessions and home practice videos in the CART sessions, for 3 participants with severe aphasia. For the CART programme a video was created for each word in a treatment set to facilitate repetition in the home practice programme. Probes of spoken and written performance were obtained at the onset of each session, and during baseline, treatment, and follow-up maintenance. All participants improved in their ability to write the treatment stimuli. None of the participants improved in the spoken naming condition with task stimuli. The study supported the use of ACT and CART to improve written naming skills in persons with severe aphasia. The authors concluded that inclusion of spoken repetition in the home practice CART programme may not be appropriate for participants with severe aphasia with AOS.

INVITATION TO THE BAS SURVEY

The BAS committee would like to invite you to take part in a short, on-line survey. The purpose of this survey is to obtain your views about the activities BAS organizes, the opportunities it offers and how BAS operates in general.

Your feedback will help us improve the activities of the Society and the way the Society runs. You may wish to visit our website for an overview of the aims, activities and opportunities www.bas.org.uk

There are 10 items in this survey, which will take less than 5 minutes to complete. Your responses will remain anonymous, unless you wish to send further comments. The survey will remain open until **Friday 13 January 2012**. If you wish to take part please follow this link.

<http://www.surveymonkey.com/s/WTP7LGW>

Thank you for helping us improve the BAS.

The BAS committee.

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 up to a maximum of £200. **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 13 January 2012 and Friday 8 June 2012.

Visit <http://www.bas.org.uk/support.html> for full details and application forms.

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 feature your institution in the 'research spotlight'?

Would you like to publicise an aphasia study group?

Would you like to review a paper for our 'research round-up'?

Perhaps you would like to ask other BAS members for their expertise?

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

We look forward to hearing from you!

BAS committee changes

Two long standing committee members retired in September 2011: Emma Eaton (BASics Officer), and Catherine Tattersall (Website Co-ordinator). We are extremely grateful to both Emma and Catherine for their contributions to BAS over their six years on the committee.

At the September AGM we were delighted to welcome two new members onto the committee: Lotte Meteyard from Clinical Language Sciences, University of Reading; and Jennifer Vigouroux, from Speech and Language Sciences, University of Newcastle.

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And ... don't forget BAS is now on Facebook. Please join us!