

**International Biennial Conference
9, 10, 11 September 2013****Call for Abstracts**

The 2013 British Aphasiology Society conference will be held at the University of Manchester, UK. Abstracts are invited from *any* area relating to the study and treatment of aphasia, e.g. stroke, traumatic brain injury, dementia.

Keynote speakers: Professor Linda Worrall, Professor Nina Dronkers, Dr Jenny Crinion, Dr Shirley Thomas, Professor Jane Marshall, Dr Audrey Bowen, Professor Matt Lambon Ralph.

For information about the activities of the British Aphasiology Society and how to become a member please visit: www.bas.org.uk

Abstract information

Word processed abstracts should be submitted electronically to Paul Conroy no later than **31 March 2013**. 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 must 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. Abstracts will be reviewed anonymously. Authors will be notified in June 2013.

For enquiries please contact: **Dr Paul Conroy** Paul.Conroy@manchester.ac.uk
(Chair of Organising Committee)

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BAS Student Prize Winners Announcement

Congratulations to **Belen Lopez** for her project “Investigating the effects of social interaction and intellectual activities on cognitive functioning in people with aphasia.” Belen was supervised by Anne Edmundson and Carolyn Bruce from UCL. Belen receives a prize of £200 with £100 also for her institution.

Congratulations also to **Elizabeth Arden** from Sheffield University, with her essay “auditory processing in aphasia: theory and data” supervised by Ruth Herbert. Elizabeth also receives a cash prize for herself and her institution. The committee were very impressed by the high standard of work and summaries will follow in a future newsletter.

Want to know more?

A summary of our BAS committee meeting minutes can now be found on the website. Visit www.bas.org.uk homepage and click on the link under ‘Membership Information’

"Aphasia therapy works. Why isn't the message getting out?"¹

A commentary on the ACT NoW study

Undoubtedly, the ACT NoW study (Assessing Communication Therapy in the North West; Bowen, Hesketh, Patchick, Young, Davies, Vail, Long, Watkins, Wilkinson, Pearl, Lambon Ralph, & Tyrrell, 2012) has stirred controversy² and cast doubt on the effectiveness of speech and language therapy (SLT) in post-stroke aphasia. For this reason, BAS members, present at the recent Therapy Symposium in London, told us they were keen for BAS to make a response to this study. The BAS committee has, therefore, prepared these comments.

As a committee, we welcome clinical trials that evaluate defined interventions which aim to reduce impairments and disabilities in aphasia and related conditions. Arguably, such trials should develop through the incremental levels of the MRC clinical framework for complex interventions (i.e., from single-case or case-series level, through phase II work including inclusion criteria, feasibility, acceptability, towards phase III initial trial). A lot of aphasia research is at phase I level (e.g. small group studies). By effectively skipping the developmental stages within the MRC framework, the ACT NoW study purports to represent 'current' SLT practice more widely in the UK and not just in the North West of England. The study raises several issues.

Extrapolation of findings: The ACT NoW study should not be viewed in isolation but in the wider historical and more contemporary context of the effectiveness of aphasia therapy. It should only be regarded as a small, albeit important, piece of evidence that evaluated a particular model of service delivery for people with non-chronic aphasia and dysarthria in the North West of England, the place of recruitment sites. This model was found to be no more effective than social contact of equal frequency. The study has little to say about aphasia therapy for people in the chronic stage. Therefore, it must only be used as evidence for service delivery for communication therapy in the non-chronic stage of post-stroke recovery. The study contains a marked weakness with regard to the lack of specificity (and possibly representativeness) of the intervention 'package' under scrutiny. Such is the lack of detail and specificity of the intervention, it would be difficult to replicate the intervention reported with any confidence.

Although the authors state caution about over-extrapolation of the evidence in terms of future service provision, they argue that one-to-one impairment-based therapy should be replaced. However, as we outline below, the study did not actually evaluate this. It is perhaps more pertinent to establish which particular components of treatment are beneficial for which individuals and why (cf. Best & Nickels, 2000). The study did not evaluate a well-defined intervention targeted at a specific level of disability (e.g. spoken word retrieval, sentence production or comprehension) or other levels of functioning (e.g. participation in real-life situations, counselling). Furthermore, it is not appropriate to leap from a relatively small-scale trial to the

¹ Albert, M. L. (2003). Aphasia therapy works! *Stroke*, 34, 992-993.

² **Rudd & Wolfe's editorial in the BMJ:**

http://www.bmj.com/content/345/bmj.e4870?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+bmj%2Fcomment+%28Latest+BMJ+Comment%29

Responses to the article from the ACT NoW authors:

<http://www.bmj.com/content/345/bmj.e4407?tab=responses>

Leff & Howard's response in Nature Neuroscience:

http://www.nature.com/nrneuro/journal/vaop/ncurrent/full/nrneuro.2012.211.html?WT.mc_id=TWT_NatRevNeuro

conclusion that "early communication services should be reorganised" or "there were no added benefits of contact with a qualified therapist in the first four months after stroke compared with a non-therapist" (Bowen et al., 2012: p.8).

Timing of contact: The intervention seems to have begun relatively late post-onset (median time 12 days from admission). Whilst first contact was at a median of 5 days post-onset, presumably there was not intervention until after the 12 days. SLT for communication usually starts earlier. Robey (1994) in his meta-analysis concluded that: (i.) The effect of treatment in the acute stage was nearly twice as large as the effect of spontaneous recovery; (ii.) treatment initiated after the acute stage achieved a considerably smaller but appreciable effect.

Amount of contact: The amount of contact received by participants was on average 1.4 hours per week. While this may reflect clinical practice where recruitment of participants took place, it is not the optimum amount of contact that should be provided. In the treatment arm of the study, direct therapy constituted only one of six core components of the intervention (assessment and information provision were also included), whereas in the social contact arm, contact time consisted solely of verbal interactions with a visitor. It is not surprising that an extremely small dose of direct face-to-face therapy had no added benefit beyond a much larger dose of social contact. Furthermore, there appeared to be a high degree of variability in the therapy given in terms of duration and frequency between among participants. Considering the wider context, Bhogal, Teasell and Speechley (2003) in their meta-analysis, found that, on average, studies reporting positive outcomes for aphasia therapy provided a total of 98.4 hours of therapy, whereas negative studies provided 43.6 hours of therapy. Robey (1998) also reported that the acute-stage outcome for low-intensity treatment was only slightly greater than the no-treatment. Cherney (2008) reviewed 10 publications (1990-2006, not all RCTs) and found 'modest' evidence for intensive SLT. So, it is clear that the ACT NoW study did not evaluate an optimal speech and language therapy service. In fact, the study notes that even with an 'enhanced' service, it was very difficult to provide very frequent input. Greater resources must be put in place to increase the amount of treatment that is provided.

Sensitivity of measurements: One of the main outcome measures (Enderby & John, 1997) was at the level of function only (conversation). While this is a good focus for outcome measures, we still need to know whether speech and language therapy is effective at other levels (impairment, activity), especially as generalization of treatment into conversation has only recently begun to be evaluated (e.g. Hickin, Best, Herbert, Howard & Osborne, 2001). Furthermore, the measure itself may not have been sensitive enough in capturing change.

Complexity of communication disorders after stroke: The study did not evaluate treatment for reading or writing deficits. These disabilities are responsive to treatment (e.g. Beeson, Rising, Kim, & Rapcsak, 2010). Another issue is that randomisation was not stratified by diagnosis, e.g. aphasia vs. dysarthria vs. both, although this had been the intention. Apropos of motor speech deficits, it is unclear if people with speech apraxia were excluded from the study, how speech apraxia had been diagnosed, or whether people with a combination of apraxia and aphasia were included.

Selective literature: It is curious that the literature discussed by the authors did not include seminal reviews (notably, Robey, 1994, 1998; Bhogal et al., 2003) that provide positive evidence for aphasia therapy, from diverse methodological paradigms beyond the RCT design.

To conclude, The ACT NoW study is only a small piece of evidence of a particular model of service delivery, in non-chronic stage of stroke recovery, in a specified geographical location and should be considered as such.

References:

Beeson, Rising, Kim, & Rapcsak, (2010). A treatment sequence for phonological alexia/agraphia. *Journal of Speech, Language, and Hearing Research*, 53, 450–468.

Best, W.M., & Nickels, L.A. (2000). From theory to therapy in aphasia: Where are we now and where to next? *Neuropsychological Rehabilitation*, 10, 231-247.

Bhogal, S. K., Teasell, R., & Speechley, M. (2003). Intensity of aphasia therapy, impact on recovery. *Stroke*, 34, 987-993.

Bowen, A., Hesketh, A., Patchick, E., Young, A., Davies, L., Vail, A., Long, A. F., Watkins, C., Wilkinson, M., Pearl, G., Lambon Ralph, M., & Tyrrell, P. (2012). Effectiveness of enhanced communication therapy in the first four months after stroke for aphasia and dysarthria: a randomized controlled trial. *British Medical Journal*, 345, e4407.

Cherney, L. R., Patterson, J. P., Raymer, A., Frymark, T., & Schooling T. (2008). Evidence-based systematic review: effects of intensity of treatment and constraint-induced language therapy for individuals with stroke-induced aphasia. *Journal of Speech, Language, and Hearing Research*, 51, 1282–1299.

Enderby, P., & John, A. (1997). *Therapy outcome measures: speech-language pathology*. San Diego, CA: Singular.

Hickin, J., Best, W., Herbert, R., Howard, d., & Osborne, F. (2001). Treatment of word retrieval in aphasia: generalisation to conversational speech. *International Journal of Language and communication Disorders*, 36 (Suppl), 13-18.

Robey, R. R. (1994). The efficacy of treatment for aphasic persons. *Brain and Language*, 47, 582-608.

Robey, R. R. (1998). A meta-analysis of clinical outcomes in the treatment of aphasia. *Journal of Speech, Language and Hearing Research*, 41, 172–187.



Readers may wish to follow up the references cited in this commentary as well as those in the “research roundup” (this issue) and form their own views. You are also invited to comment on this commentary and also add your thoughts on the BAS Facebook page.

STROKE FORUM

Hosted by

Stroke
association

The 7th UK Stroke Forum Conference takes place on 4 - 6 December 2012 at Harrogate International Centre, North Yorkshire. Just a few of the topics being covered this year include:

- Technology and rehab
- Intensity of therapy after stroke
- Hyperacute care
- Implementing evidence into practice
- Carotid intervention
- Multidisciplinary assessment in acute stroke care

To view the full preliminary programme please visit www.ukstrokeforum.org. Registration is now open . Pre-registration closes on 23 November 2012.

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, usually 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. Support for non-BAS conferences 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 Tuesday 8 January 2013 and Tuesday 11 June 2013.

NOTE: Grants for attendance at the **BAS International Conference 2013** 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.



Better Conversations *with aphasia*

Project team: Suzanne Beeke (UCL, Principal Investigator), Firlie Beckley (UCL, Research Associate) Wendy Best (UCL, Co-Investigator), Susan Edwards (Reading University, Co-Investigator), Matt Mahon (UCL, Project Officer), Jane Maxim (UCL, Co-Investigator), Nicola Sirman (UCL, Research Assistant/Sussex Community), Kate Swinburn (Connect, Co-Investigator)



Conversation partner training has become popular because studies have shown it to have a positive effect on conversational abilities and psychosocial wellbeing for the person with aphasia and their conversation partner. Few programmes involve working directly with the person with aphasia on strategy use within conversation; the focus is predominantly on training the non-impaired partner. Our work differs in that it engages the person with aphasia as an equal partner in the therapy (see Beckley et al, in press).

AIMS: This ESRC funded project, started in March 2012, will build an online therapy resource and learning tool for speech and language therapists (SLTs) who wish to deliver conversation-based interventions for aphasia. This learning resource could also be accessed by people with aphasia and their families and other professionals who may wish to learn more about conversation therapy and what it may involve.

Materials come from a Stroke Association funded project (2008-2011) at UCL, carried out by the same team, called 'The evaluation of a novel conversation-focused therapy for agrammatism' (www.ucl.ac.uk/conversation-therapy). In addition, our team will set up an online Conversation Therapy Network for peer support. Our project partners are Connect and the Tavistock Trust for Aphasia.

Our Objectives:

1. develop an online learning resource containing therapeutic activities based on video clips with written transcripts.
2. provide relevant theoretical concepts and frameworks from Conversation Analysis, linguistics and communication disorders research to support analysis of conversation data, and to inform evidence-based practice.
3. disseminate information about the resource to the widest possible relevant audience. This work will include a series of Conversation Therapy Roadshows in 2013;
4. establish a sustainable online Conversation Therapy Network for SLTs and others, including adults with aphasia and their families;
5. lay the foundations for extending these activities beyond intervention for aphasia to, for example, communication disability in dementia, cognitive communication disorder (caused by traumatic head injury), and dysarthria (a motor speech disorder caused by progressive neurological conditions such as motor neurone disease).

PROGRESS: Our Better Conversations with Aphasia project is over half way through its 12 month schedule. We have held a series of focus groups with people with aphasia in conjunction with Connect, one of our project partners. These focus groups have helped us gain valuable insight into the needs of people with aphasia when accessing websites and the information they require.

We are also involving SLTs in the design and content of the online resource by asking them to complete an online survey and running focus groups with SLTs at UCL. We conducted the first one earlier this month and it was well attended by SLTs working in the London area. Again, the focus group provided a wealth of information on SLTs preferences for learning which will directly influence the design of the online resource. The next focus group held on 28th November 2012 will give SLTs the opportunity to use a pilot version of our online resource and provide feedback.

We will be launching the online resource at three roadshow events early next year, one to be held in Plymouth, London and the North (location yet to be confirmed). We will also be presenting a poster at the UK Stroke Forum in Harrogate in December so do come and say hello if you are there! We have a project website, blog, Twitter and Facebook page where you can keep updated with the project as it develops, please see the website www.ucl.ac.uk/betterconversationsaphasia.

Beckley, F., Best, W., Johnson, F., Edwards, S., Maxim, J., and Beeke, S. (accepted October 2012) Conversation therapy for agrammatism: Exploring the therapeutic process of engagement and learning by a person with aphasia. *International Journal of Language and Communication Disorders*.

Nicola Sirman Research Assistant/SLT Sussex Community

Contact the BAS committee

<p>Christos Salis Chair Tel. 0191 222 8875 chair@bas.org.uk</p>	<p>Helen Kelly Website Co-ordinator website@bas.org.uk</p>	<p>Paul Conroy Publicity Officer 0161 306 0443 publicity@bas.org.uk</p>
<p>Heather Waldron Treasurer Tel. 0191 569 9009 treasurer@bas.org.uk</p>	<p>Rosey Patterson BASics file officer basics@bas.org.uk</p>	<p>Dee Webster Newsletter Editor Tel. 01623 785166 newsletter@bas.org.uk</p>
<p>Fiona Stewart Secretary Tel. 0191 565 9305 secretary@bas.org.uk</p>	<p>Tessa Ackerman Therapy Symposium Coordinator therapy-symposium@bas.org.uk</p>	<p>Lotte Meteyard Research Update Coordinator Tel. 0118 378 8142 Research-in-progress@bas.org.uk</p>
<p>Clare Telford Membership Secretary Tel. 0131 537 9576 membership-secretary@bas.org.uk</p>	<p>Suzanne Beeke Conference Support Fund Officer Tel. 020 7679 4215 Conference-support-fund@bas.org.uk</p>	<p>Melanie Derbyshire Speakability Representative Tel. 020 7261 9572 melanie@speakability.org.uk</p>
<p>Jennifer Vigouroux Student Prize Co-ordinator Tel: 0191 2295845</p>		<p>Alex Stirling Connect Representative alexstirling@ukconnect.org</p>



**British Aphasiology Society
Research Update Meeting
Thursday April 18th 2013
University of Exeter
First Call for Abstracts**

Abstract information

The BAS Research Update 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 related to aphasia. 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: Professor Chris Code C.F.S.Code@exeter.ac.uk 01626 774524

Deadline: Friday February 8th 2013

THE 43rd ANNUAL CLINICAL APHASIOLOGY CONFERENCE
May 28th – June 2nd 2013
Tucson, Arizona, USA

CALL FOR PAPERS

The Clinical Aphasiology Conference (CAC) is an annual forum for clinicians and researchers engaged in the study and clinical management of persons with acquired neurologic language disorders. At CAC, participants present their recent research and engage in extensive discussions with colleagues. To develop an informal atmosphere conducive to the free exchange of ideas, CAC attendance is limited to approximately 100 people. The 2013 Conference Chairperson is Leanne Togher; the Program Chairperson is Monica Strauss Hough.

To Attend the Clinical Aphasiology Conference

If you wish to attend the 2013 CAC, you must submit a summary of an original paper or poster no later than Monday, January 21st, 2013. Two authors from each accepted proposal will be invited to attend the conference. As space permits, first authors of proposals that are not accepted for presentation also will be invited to attend. A number of student fellowships are available on a competitive basis to students who have earned authorship on a paper submitted to CAC.

Scope of Papers and Posters

APHASIA APRAXIA OF SPEECH RIGHT HEMISPHERE COMMUNICATION

COGNITIVE-COMMUNICATION DISORDERS FOLLOWING TRAUMATIC BRAIN INJURY

COMMUNICATION IMPAIRMENTS RELATED TO DEMENTIA

COGNITIVE-LINGUISTIC PERFORMANCE IN ELDERLY ADULTS

FOR DETAILED INFORMATION ABOUT CAC 2013 AND THE CALL FOR PAPERS SEE

<http://www.regonline.com/clinicalaphasiology/2013>

For general information about the Clinical Aphasiology Conference, see:

<http://clinicalaphasiology.org>.

Please send queries to Monica Strauss Hough, Ph.D., 2013 CAC Program Chair at mshough@fiu.edu

Research Round Up: Focus on Randomised Controlled Trials in Aphasia/related conditions.

Bowen A, Hesketh A, Patchick A, Young A, Davies L, Vail A, Long A, Watkins C, Wilkinson M, Pearl G, Lambon Ralph M, Tyrrell P. (2012): **Effectiveness of enhanced communication therapy in the first four months after stroke for aphasia and dysarthria: a randomised controlled trial.** *BMJ*, 345.

This paper reports the results of the HTA (Health Technology Assessment Programme) commissioned ACTNOW study (assessing communication therapy in North West (England)). A more detailed monograph describing the study is also available on the HTA website: <http://www.hta.ac.uk/fullmono/mon1626.pdf>. The study aimed to assess the effectiveness of enhanced communication therapy (focusing on aphasia and dysarthria) in the first four months after stroke compared with an attention control (unstructured social contact). 170 adults (mean age 70 years) across 12 stroke services were randomised within two weeks of admission to hospital with stroke. The communication therapy was offered by speech and language therapists according to participants' needs for up to four months, and based on agreed best practice with impairment focused therapy the approach most often used. The comparator/control intervention was similarly resourced social contact/general conversation from employed visitors. The primary outcome was blinded, functional communicative ability at six months on the Therapy Outcome Measure (TOM) activity subscale. Communication therapy had no added benefit beyond that from everyday communication in the first four months after stroke. The study concluded that future research should evaluate reorganised services that support functional communication practice early in the stroke pathway.

Laska AC, Kahan T, Hellblom A, Murray V, von Arbin M. (2011):

A randomized controlled trial on very early speech and language therapy in acute stroke patients with aphasia. *Cerebrovasc Dis Extra* 1:66-74.

This Swedish study aimed to evaluate the efficacy of very early speech and language therapy (SLT) in acute stroke patients with aphasia. A prospective RCT was carried out starting within 2 days of stroke onset and lasting for 21 days. This involved 123 consecutive patients with acute, first-ever ischemic stroke and aphasia who were randomized. The SLT treatment was Language Enrichment Therapy, and the aphasia tests used were the Norsk grunntest for afasi (NGA) and the Amsterdam-Nijmegen everyday language test (ANELT). Both ANELT and NGA outcomes led to similar results in both groups. Participants with higher levels of education (>12 years) improved more on ANELT by day 21 than those with <12 years of education. There was no difference in the degree of aphasia at baseline except for fluency, which was higher in the group responding to treatment. The authors concluded that very early intensive SLT with the Language Enrichment Therapy program over 21 days had no effect on the degree of aphasia in unselected participants with acute stroke.

Godecke E, Hird K, Lalor E, Rai T, Phillips MR. (2011):

Very early poststroke aphasia therapy: a pilot randomized controlled efficacy trial. *Int J Stroke*;1-10.

This Australian study aimed to determine the benefits of early aphasia intervention, hypothesising that daily aphasia therapy would show better communication outcomes than usual care (UC) in early post-stroke recovery. A prospective, randomized, single-blinded, controlled trial was conducted in three acute-care hospitals. Participants with acute stroke causing moderate to severe aphasia were recruited at a median of three-days (range: 0-10 days) to receive daily aphasia therapy (individually tailored, impairment-based intervention) or usual care therapy. Outcome measures were the aphasia quotient and functional communication profile at acute hospital discharge or four-weeks post-stroke. A total of 59 participants were recruited. After controlling for initial aphasia severity, participants receiving daily aphasia therapy scored 15.1 more points ($P=0.010$) on the aphasia quotient and 11.3 more points ($P=0.004$) on the functional communication profile than those receiving usual care therapy. The authors concluded that daily aphasia therapy in very early stroke recovery did enhance communication outcomes in people with moderate-severe aphasia.

Whiteside, S.P., Inglis, A.L., Dyson, L., Roper, A., Harbottle, A., Ryder, J., Cowell, P.E. & Varley, R.A. (2012): *Error reduction therapy in reducing struggle and grope behaviours in apraxia of speech.* *Neuropsychological Rehabilitation: An International Journal. Volume 22, Issue 2, (Special Issue: Errorless Learning and Rehabilitation of Language and Memory Impairments).*

This intervention study focused on the speech production difficulties present in acquired apraxia of speech (AOS). The intervention was a self-administered computer therapy that targeted whole word production and incorporated error reduction strategies. The effectiveness of the therapy was contrasted to that of a visuospatial sham computer program, and performance across treated words, and two sets of matched words, was assessed. Two groups of participants completed the study which employed a two-phase cross-over treatment design. Participants were randomly assigned to a speech first or sham first condition. Treatments were administered for six weeks, with a four week rest between interventions. Participants were assessed five times in total; twice at baseline, once following each of the intervention phases, and once following a lapse of eight weeks after the end of the second phase of intervention. Results showed that participants showed significant gains in speech accuracy and fluency, and reductions in articulatory groping and struggle behaviours following the use of the speech program and that these gains were largely maintained once the therapy was withdrawn.

Palmer R, Enderby P, Cooper C, Latimer N, Julious S, Paterson G, Dimairo M, Dixon S, Mortley J, Hilton R, Delaney A, Hughes H. (2012): **Computer therapy compared with usual care for people with long-standing aphasia poststroke: a pilot randomized controlled trial.** *Stroke.* Jul;43(7):1904-11.

This UK study tested the feasibility of conducting an RCT of self-managed computer treatment for people with long-standing aphasia after stroke. Participants with aphasia were allocated to self-managed computer treatment with volunteer support or usual care (everyday language activity). The 5-month intervention period was followed by 3 months without intervention to investigate treatment maintenance. Of the 34 participants recruited, 17 were allocated to each group (13 from usual care and 15 from the computer treatment group were followed up at 5 months). An average of 4 hours therapy time and volunteer support time enabled an average of 25 hours of independent practice. Percentage change in naming ability from baseline at 5 months 19.8% (95% CI, 4.4-35.2; $P=0.014$) better in the treatment group, although participants with more severe aphasia showed little benefit. The study concluded that there were positive early indications of cost-effectiveness of self-managed computer therapy for people with long-standing aphasia.

For a Systematic Review of previous trials of aphasia therapy, see:

Brady MC, Kelly H, Godwin J, Enderby P. (2012): **Speech and language therapy for aphasia following stroke.** *Cochrane Database Syst Rev.*

This review study included 39 RCTs (51 randomised comparisons) involving 2518 participants. Overall, this review concluded that there was some evidence of the effectiveness of SLT for people with aphasia following stroke in terms of improved functional communication, receptive and expressive language. However, there was insufficient evidence to draw any conclusion regarding the effectiveness of any one specific SLT approach over another.

For more details, see: <http://summaries.cochrane.org/CD000425/speech-and-language-therapy-for-aphasia-following-stroke>

****NEW FUNDING OPPORTUNITY****

BAS Initiatives in Aphasia Seed Fund (IASF)

The British Aphasiology Society would like to fund *Initiatives in Aphasia* - activities that involve and benefit people with aphasia and their family members/carers. Some examples might be: focus groups, support for events, new initiatives in aphasia, or pilot research. This list is not intended to be prescriptive. Such activities may be led by or organised with the involvement of people with aphasia, and will meet one or more of the following aims:

1. to promote knowledge of aphasia
2. to promote knowledge of speech and language therapy for aphasia, and make its evidence base accessible
3. to promote and draw upon the expertise of people with aphasia
4. to share, discuss and collaborate on research with people with aphasia and their family members/carers

This scheme does **not** fund the purchase of resources for individual clients with aphasia.

Seed funding of up to £1000 will be available per application and there will be two deadlines a year. The BAS Committee reserves the right to decide how many awards it will make in any one year.

The first deadline will be in **June 2013**. Full details of the fund will be emailed to BAS members and uploaded to the website early in 2013.

BAS Therapy Symposium City University London, September 2012

Firle Beckley, Vivienne Lodge, Emilie Verroken, Jenni Crisp, Emma Eaton, Jo Burke, and Nicola Sirman benefited from the BAS Conference Support Fund to attend September's Therapy Symposium at City University. Here they reflect on their experiences:

The new format encapsulated interesting platform and poster presentations, as well as the novel idea of five-minute 'speed presentations' offering creative and inspiring ideas for therapy focusing on various aspects of clinical practice. Specific symposia on dedicated topics such as 'Information Technology in aphasia therapy' and 'Memory disorders in aphasia rehabilitation' gave the audience an overview of the current developments in the field as well as thinking about clinical applications and impact on aphasia management.

Emma Gregory and colleagues from Sheffield presented an interesting study *Therapy beyond the single word: achieving carryover of the therapy effect in noun production* on the challenging issue of showing change in connected speech following noun production therapy. Emma presented the data of three participants with chronic aphasia and word finding difficulties who all received syntactic cueing followed by syntactic therapy. We know that therapy can improve single word picture naming, however we are striving for these effects to generalize to connected speech, as it is our ultimate aim to improve people's speech production beyond the single word level, and achieve carryover into conversational speech. The results revealed that two of the participants showed an increase in the number of phrases containing a noun as well as in the number of phrases containing determiner in connected speech. This study provides encouraging results that should be considered clinically relevant.

"A well organized, smoothly running and stimulating two days provided an excellent opportunity to engage with current developments in the field of Aphasia."

Emma Eaton, SLT, presented two clients with fluent aphasia that she had worked with. She talked about the need to 'find an angle' to work with patients and tap into their interests and passions in order to work with them therapeutically. It really hit home to me that we need to find out what will motivate our patients to work with us so that we can support them to bring about positive change.

"Attending the BAS symposium highlighted to me the importance of contributing to evidence based research. In particular, that doing a series of single-case studies is a powerful way to present data on group results."

In her five-minute speed presentation **Jenni Crisp** presented the *Sheffield Supported Conversation toolkit* which is a powerpoint-based tool to support conversation with people with aphasia. It is an interactive (organized in categories and hyperlinked) and easily accessible resource for the Sheffield area which acts as a 'communication ramp' to support discussions across a range of local topics. This fabulous interactive toolkit can easily be transferred to other contexts and areas and has wide application.

Presenters from **City** helpfully highlighted a number of assistive technologies available to support reading, including Kindle's reformatting text and text-to-speech options. They also directed us towards other resources including Claroread and readability (a free, downloadable resource) which provide other options to make reading easier: highlighting, access to definitions, homophone clarification etc. It was also very useful to hear in two of the speed presentations about the practical strategies used in the Compass Centre Reading Clinic to support returning to reading for pleasure. I can see that I will make clinical use of text content analysis (<http://www.usingenglish.com/resources/text-statistics.php>) as well as the other strategies discussed including mind maps and storyboarding.

"The presentation about the Norfolk Aphasia Café was particularly inspiring and has really got myself & team thinking more about longer term support / opportunities for people with aphasia in our local area."

Frauke Buerk's presentation on the *SemaFoRe* study was very interesting, perhaps because, in spite of all the new technology, we are still trying to find the answers to fundamental questions such as whether semantic-based therapy is more effective than phonological-based therapy in terms of generalisation to non-treated items and to functional communication situations. This preliminary study examined the responses of three participants to both therapy approaches. Two of the patients improved on both therapies, with one of these showing more generalisation with the semantic therapy. The third patient did not improve on either. It will be fascinating to see what patterns emerge over a larger group

"I now aim to embrace technology and get to grips with some apps. I also need to continue to think carefully about what approach I use with whom, as we are still a long way from off-the-shelf therapies."

A running theme throughout was the ever-growing use of new technology, specifically iPads and apps, to deliver therapy, and how this enables "therapeutic dosages" to be achieved without the SLT having to be physically present. **Julie Hickin** and her colleagues gave an overview of how IT has been implemented in aphasia therapy and what the current and future challenges are. **Woodhead's** presentation on pure alexia helpfully demonstrated that it is possible to get improvements in reading speed and a

reduction in length effect for these patients with intensive computer-based training. **Alex Leff** presented a study of patients with hemianopic dyslexia who demonstrated a significant increase in reading speed after 5 hours of practice using a freely available web-based application called 'read-right'.

"The conference brought home to me the real potential for alternative therapies utilising new technologies and the necessity for me to learn to think differently about the way and format I deliver therapy. It also served as a timely reminder to update my own skills in using IT as part of the daily therapy toolbox."

Jacqueline MacIntosh's presentation *Exploring the use of communicative gesture produced by people with severe aphasia in a total communication group* included video clips of groups and astute observations and analysis of a range of gestures, which skillfully maximised people's communicative competence. With reference to the published evidence on the use of gesture and substantial clinical experience, it heightened my awareness of the limited approach in focusing on iconic gestures. For many patients, there is a need to classify a range of other forms of gesture that we might otherwise miss, e.g. deictics, metaphoric, pantomime, emblems. Such gestures can perform a variety of communicative functions, including pragmatics e.g. to signal a turn, sustain attention, hold the floor.

Rosemary Varley introduced a software based program called SWORD which is a whole-word-level therapy program for people with apraxic speech. The self administered intervention enables high dose practice. This presentation was followed by an interesting discussion as to whether the SWORD program also treats the aphasia rather than just the apraxia, for which a clear answer isn't yet available.

Jane Marshall and colleagues presented GeST, a novel computer therapy tool using gesture recognition technology for people with aphasia. The program had been created through participatory design sessions, which meant that people with aphasia were engaged in the design process. The participants received 6 weeks of home based practice with the tool. They showed an improvement in gesture production for the specific items used in the program but not for unpractised items. There was no specific impact on the participants naming ability. Most effective changes were observed when the participants practised gestures using GeST with frequent support from a therapist as opposed to practising with GeST on their own.

“It was of great value to liaise and network with colleagues from other clinical and research areas... it was really refreshing and exciting to hear what other therapists were getting up to”

**BRITISH APHASIOLOGY SOCIETY
ANNUAL GENERAL MEETING
Report from Treasurer**

The accounts for the year ending March 2012 have now been prepared by the accountants (Key, Pearson & Co.).

It can be seen that on 31st March 2012, the society has £28,986; this reflects a surplus of £6,388 for the year.

Subscription income increased, compared to the previous year; this is a normal pattern in the conference year. The very successful BAS conference in Reading resulted in a significant profit and this primarily accounts for the surplus for the year.

Four years ago, the Society's net funds were less than £10,000 and a number of decisions were made to reduce expenditure e.g. reducing the number of committee meetings. Following the success of recent conferences and therapy symposia, the Society's funds are now in a much healthier position. Whilst there remains a need to maintain a buffer as events can make a loss, last year, more money was allocated to conference support and to support the Research Update meeting (previously known as Research in Progress).

The BAS committee will continue to review how to use the surplus funds to benefit members and further the work of BAS. We would welcome any suggestions from members about the allocation of funds.

Janet Webster
BAS Treasurer, Sep 2012

Chair's Report

BAS Annual General Meeting, September 2012

Committee update: Helen Kelly (previous Research Update Meeting co-ordinator) is now the Website co-ordinator. Lotte Meteyard is the new Research Update Meeting co-ordinator. Jen Vigouroux is the new Student Prize co-ordinator. Dee Webster has returned from a year's maternity leave and resumes her role as Newsletter Editor. Heather Waldron has been deputy Treasurer in the past year and is replacing Janet Webster as Treasurer. Janet Webster and Claire Gatehouse retire this month. The committee would like to thank them for their support and dedication to their roles. The committee would also like to thank Fiona Stewart for editing the newsletter during Dee's absence. Two new applicants for the committee are Tessa Ackerman and Rosemary Patterson. Membership to the committee is open to all members of BAS.

In its last meeting the committee discussed the introduction of an incentive to members to join the committee. The proposal for vote at this AGM is for BAS to fund around 4 event support grants (circa £250 each per annum). This would allow each committee member to attend an event once during the 3 year tenure.

Membership: The society comprises approximately 550 members.

Research Update Meeting: This year's meeting was cancelled. Next year's meeting will be organised by Professor Chris Code at the University of Exeter in spring 2013.

Biennial International Conference: The 2013 conference will be hosted by the University of Manchester (9-11 September 2013) and organised by Paul Conroy. The net profit for BAS from the 2011 conference in Reading was £4,687.

Conference Support Fund: BAS awarded a total of 16 conference support grants, 14 of those were for the Therapy Symposium and 2 for non-BAS conferences. All applications were funded. The total amount spent was £3,108 from an allocated budget of £3,600 for 2012. Members are encouraged to apply for funding to attend events in the UK and abroad. Please check the newsletter or website for the next call.

Student Prize: The 2011 winner is Helen Davy (UCL, supervisors Carolyn Bruce, Caroline Newton) for the project "Getting into shape: The effect of Shape Coding on the spoken language production of a man with chronic aphasia." The committee decided to raise the value of the student prize to £200 for the student winner and £100 for the academic department (total £300). The second prize will increase to £100 for the student and £50 for the department (total £150). Increases will apply to the 2012 prizes.

Outcome of BAS survey: The aim of the on-line survey (May 2012) was to elicit members' views on BAS and its committee operate. A total of 69 members took part; more details in the summer 2012 newsletter.

Liaison: BAS was represented by committee members at the Aphasia Alliance and UK Stroke Forum (UKSF) meetings. BAS attends these meetings regularly. BAS took part in the election for the new chair of the UKSF (2013-2014). Speakability and Connect are represented in the BAS committee meetings.

BAS responded to the public consultation for the draft National Clinical Guideline for Stroke. For a summary of BAS' response please refer to the summer 2012 newsletter. The committee will be preparing a summary of the ACTNOW study and its implications for clinical practice in order to enable members buttress criticism from commissioners. This will appear in the next newsletter.

Christos Salis, BAS Chair

christos.salis@ncl.ac.uk