

BAS Therapy Symposium 4-5th September 2006



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Conference announcement and call for papers

Would you like to share your therapy ideas with colleagues?

Have you got an interesting treatment approach to discuss?

Have you stumbled across an intervention which others would find helpful?

We want papers that explore therapy in depth; clear aims and rationale, description of the person and the approach; analysis and evaluation of the impact of therapy.

A mentor will guide and support you with your presentation.

For informal discussion regarding presenting a paper or poster, please contact:

Emily Burtenshaw, School of Health, College of St. Mark & St. John,
Derriford, Plymouth. PL6 8BH

Tel: 01752 636700 or eburtenshaw@marjon.ac.uk

Abstracts for paper or poster presentations should be submitted by 28th April 2006 to kliles@marjon.ac.uk

For **Symposium registration details**, please book online at www.ncore.org.uk or on 01332 254679

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



BAS Events Grants support people attending the BAS International Conference or Therapy Symposium. You may apply for up to £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. Applications are considered by the BAS Committee in July. You may submit a retrospective application for a conference you have already attended this year. BAS is particularly keen to support members who have limited access to funding from other sources. (If you have previously received funding, you may not re-apply for at least 2 years).

For further information and an application form, visit www.bas.org.uk or contact:

Roz Rosenblatt, BAS Conference Support Fund Organiser, Speakability, 1 Royal Street, London SE1 7LL

Tel: 020 7261 9572 / Fax: 020 7928 9542 / Email: roz@speakability.org.uk

Website Review : www.aphasianow.org

Aphasia Now



This website was founded in January 2005 by Wille & Jenny Dautlich who have first hand experience of aphasia. It was further developed by a group of like-minded people

with aphasia (PWA) with the aim of helping others with aphasia to get back on their feet. It provides support, help & information to PWA & those closely connected to them. There are pages explaining aphasia, on aphasia recovery & for news. A forum is provided for discussion of issues arising from living with aphasia. Pages have links to other relevant websites such as the Tavistock Trust for Aphasia, who helped fund the project, Speakability & the Interact Reading Service. Advice is comprehensive & ranges from help with home or health concerns to returning to employment. Contributions come from PWA of all ages & backgrounds who relate their experiences in their own words. There are also contributions from professionals who work with PWA.

Pages have an aphasia friendly layout & print with key information highlighted in bold. Information is presented in outline with links to further information as required. The website takes a down to earth, positive & practical approach to living with aphasia. Minor criticisms are that some of the pages are quite busy & some key information could be made clearer with further highlighting, e.g. the pages explaining the causes of aphasia. A relatively high level of language function is required to access all the information available. It is clear that a great deal of research has gone into developing the site. It is welcoming, informative, dynamic & easy to navigate provided the user is moderately computer-literate. It is an exciting site to explore.

Anne Guyon, School of AHP, University of East Anglia

Report on the 35th Clinical Aphasiology Conference, 31st May to 4th June, 2005 Sanibel Island, Florida, USA.

The conference covered a range of topics including:

Learning in Alzheimer's disease; production and comprehension in progressive neurological conditions; therapy for anomia; assessment issues including semantics and use of alternate communication strategies; sentence processing; discourse production; social aspects of communication; head injury and discourse; therapy for apraxia of speech; therapy for verb and sentence production.

Key note speakers included Edward Smith of Columbia University talking about implicit learning of categories in Alzheimer's disease; and Josef Grodzinsky of McGill University Montreal talking about "A blueprint for a brain map of syntax".

The UK was well represented with the following talks and posters being given:

Julie Hickin, Alison Greenwood, Jennie Grassly, Ruth Herbert, David Howard, Wendy Best.

"Therapy for word finding difficulties using phonological and orthographic cues: A clinical application in progress".

Simon Horton "Interactional challenges to the consistent enactment of therapy for language impairments in aphasia".

Rosemary Varley, Fay Windsor, Sandra Whiteside. "Whole word therapy for acquired apraxia of speech".

Ruth Herbert and Wendy Best "Therapy for word finding in aphasia: Working at the syntactic level".

The main themes centred around:

Neurolinguistics and the understanding of agrammatism, both theoretically and in terms of what therapy effects can reveal about the underlying condition; production differences across client groups and elicitation contexts. Josef Grodzinsky shed light on the nature of the syntactic deficit in agrammatism. Comparing results across a large number of patients, he concluded that argument movement is the crucial factor underlying comprehension difficulties and that sentence complexity has a relatively small impact.

Differences in methodological design between the US and Europe were apparent in many of the intervention studies and discussions around these issues were heated.

Ruth Herbert, University of Sheffield

The University of Pittsburgh Library System is now hosting the archive from the 30+ years of publications from the Clinical Aphasiology conferences. It can be found at www.aphasiology.pitt.edu

Aphasiology around the world

Professor Rosemary Varley, University of Sheffield

What does your current work involve?

I am a professor in the Department of Human Communication Sciences at the University of Sheffield. My roles include teaching on aphasia and apraxia at undergraduate and masters levels. I also supervise PhD students, and manage a small team of research assistants. I have various administrative responsibilities, the main one being postgraduate research tutor. This involves overseeing research student recruitment, organising infrastructure to support PhD students and reviewing supervision arrangements and the progress of theses. Research is a major role and I work within teams investigating apraxia and the status of cognitive abilities such as mathematics in severe aphasia. I also do a weekly session in the University clinic, and we run a monthly joint Aphasia Clinic with colleagues in Neurology at the Royal Hallamshire Hospital.



How did you get into working with people with aphasia? When I was at school, a friend of mine was involved in a road traffic accident that left her with serious cognitive impairments. It was very distressing, but I can also remember being fascinated. Despite being seemingly the same on the outside, she was just so different in her behaviour. It resulted in a sudden awareness of how memory, language and movement were determined by the brain and I was hooked.

Where do you think the greatest challenges in Aphasiology will be over the next 10 years? I think there is a constant struggle to maintain, let alone build, high quality rehabilitation services. I think there will be new interdisciplinary interventions for aphasia developing over the next 10 years, for example, transcranial magnetic stimulation (TMS). This will represent a challenge for speech and language therapists as effective management will begin to combine existing behavioural therapies with new non-behavioural therapies such as TMS or pharmacological interventions.

Who has inspired/influenced you most in your working life? An easy one to answer: Bill, Charlie, Don, Fred, Myra, Paddy, Dot, Celia, Chris, Betty, SA, SO, PR, PZ, MCR – people with aphasia and their family members who I have worked with either clinically or in research. They have taught me far more than I ever managed to ‘teach’ them.

Which living person do you most admire and why? Various friends, for various different attributes. One friend in particular, who leads a creative, interesting and fulfilled life, but also achieves a level of serenity and stillness. I live like a bumble bee in a jam jar and admire someone who can combine a busy life with calm thoughtfulness.

Three things that would make the greatest difference to your life right now..

(1) more research funding for aphasia; (2) a lengthy research fellowship so I could reduce the number of working roles I juggle; (3) my ageing Victorian house to get a grip of itself and stop falling to bits around me.

Where is the most stimulating place you have ever been, and why? Lhasa in Tibet. Yak herds in the city. Medieval colours - damask, gold and white of the Potala Palace, saffron and damask robes, medieval sounds – huge horns being sounded by monks in monasteries and the sound reverberating down the valley, medieval smells – yak butter tea, herbs being burnt on hillsides and the drifting smoke. Spectacular mountain scenery and the Tibetan people, determined to tell you of the attempt by the Chinese state to destroy their culture.

Three frivolous things that help you get through a day? (1) Trivial Google searches; (2) black coffee; (3) knowing I will be meeting my son from school and walking home through Sheffield Botanical Gardens.

Where do you see yourself in 10 years time? Hopefully doing the same thing, but maybe with a tidy office and filing system that works.

One piece of advice you would give to someone starting out in the field of Aphasiology. Read the ‘ancients’ – the likes of Hughlings Jackson, Freud, and Henry Head. Get to know the history of the field. You will get a deeper understanding of aphasia and your own ideas. It also helps see trends emerging, sinking, and re-emerging. It makes you more resistant to jumping aboard the latest bandwagon rumbling through aphasiology.

BAS Student prize winners 2005

PROJECT PRIZE: Sadie Gibbons University of Manchester An exploration of language processing in a case of deep dysgraphia

The project was a case study of a CVA patient (ER) with deep dysgraphia. The defining features of this acquired spelling disorder are semantic errors in writing, (spellings that are meaningfully related to the target, e.g. writing MICE in place of *pet*), and poor access to phonology for spelling (evident in extremely poor nonword writing to dictation). Although these two symptoms consistently co-occur, other deep dysgraphia cases have presented with different accompanying language problems and have been interpreted in varying ways using information processing models of language. This study aimed to make a thorough assessment of ER's language processing (especially phonology and semantics) in an effort to establish how ER's pattern of symptoms fit with other deep dysgraphia cases. Semantic errors in deep dysgraphia have been attributed to a combination of damage to the semantic system, and extremely poor phoneme-grapheme conversion. That is, errors in semantics go "unchecked" due to the lack of influence from phonology on lexical selection. However, ER had partially preserved access to phonology, evident in above chance matching of spoken to written letters and non-words, and a relatively mild impairment to comprehension. This was consistent with his lower rate of written semantic errors relative to another case who exhibited more severe impairment to phonology and semantics. It was observed that different cases of deep dysgraphia in the literature may have varying degrees of impairment to phonology and that deep dysgraphia might lie on a continuum of severity with phonological dysgraphia (a similar disorder without semantic errors). Further, an analysis of possible factors affecting semantic errors suggested that different types of words (e.g. of varying semantic/lexical qualities) may be more or less susceptible to semantic error. It was suggested that a more dynamic model of language processing is required to understand the differing patterns of symptoms in deep dysgraphia.



A MORE DYNAMIC MODEL OF LANGUAGE PROCESSING IS REQUIRED TO UNDERSTAND THE DIFFERING PATTERNS OF SYMPTOMS IN DEEP DYSGRAPHIA"

- **JOINT PROJECT PRIZE: Eleni Peristeri, Aristotle University of Thessaloniki, Greece: Agrammatism in Greek: aspects of production and comprehension**
- **ESSAY PRIZE WINNER: Sadie Gibbons, University of Manchester: What is the root of semantic errors in deep dysgraphia?**

British Aphasiology Society Student Prizes 2005/2006

The British Aphasiology Society invites entries for the Student Project Prize and Student Essay Prize.

The BAS Student Project Prize: £200 will be awarded for the best student project on any topic relating to acquired aphasia. The project or dissertation should have been submitted as part of the normal examination procedure in the final year of an undergraduate or postgraduate course (Masters level). The prize will be divided equally between the winning student and his/her educational establishment.

The BAS Student Essay Prize: £100 will be awarded for the best essay on any topic relating to acquired aphasia. Entrants should be undergraduate or postgraduate students (Masters level). The prize will be divided on the basis of £75 to the winning student and £25 to his/her educational establishment.

Closing date for both prizes: 7/7/06

Guidelines for the student prizes are available on the, the BAS web page, or contact:

Sonja Turner, Speech & Language Therapist, Community Stroke Services, St Nicholas' Hospital, Jubilee Road, Gosforth . NE3 3XT Tel and Fax: 0191 2332219 Email: sonja.turner@nmht.nhs.uk

Reflections on Capacity & Consent

Paper presented at the 2005 BAS One-day Winter Conference, City University, London

With the introduction of the Mental Capacity Act (2005) speech & language therapists will increasingly be involved with issues regarding the decision-making capacity of people with aphasia especially in the first few months following their stroke or brain injury. In order to ensure that we are properly protecting the rights of the people that we work with, it is important that we understand not only the legal aspects of capacity and consent but also our professional role in these situations.

Our involvement often begins when the person with aphasia is required to make a legal or healthcare decision for the first time. Ideally, in these situations we will be asked to enable the person to demonstrate their communication skills and facilitate their understanding and communication of the decision. However, it is often the case that the person is deemed not to have capacity due to their diagnosis alone and we are placed in the position where we may feel the need to contradict this judgement.

This raises a number of questions about the nature of our role. Although we have the skills to assess and advise on the best means of communication and enable the person to communicate and reveal their competence other questions remain. Should we act as advocates? Are we interpreters or translators? Are we unbiased? Are we proving that the person lacks capacity rather than helping them to demonstrate their competence? There are no definitive answers to these questions and perhaps they are issues that we need to address as a profession in order to reach a consensus.

Despite this we should still be prepared to be involved in issues of capacity and ensure that the rights of the people that we work with are protected. It is not enough to stand up and declare that someone has capacity because we believe they can use alternative methods of communication. We need to be aware not only of the letter of the law, including the functional standards of capacity, but also the subtle nuances such as: capacity can vary over time and the decision to be made; it can be affected by factors such as pain, stress, fear and medication; and people are free to make unreasonable decisions as long as they are properly informed. Once we begin to understand these subtleties we are in a better position to enable the people we work with to reveal their competence and fully participate in making their own decisions.

In the future I hope to carry out a research project in this area.

Reference: Department of Constitutional Affairs (2005) The Mental Capacity Act.
HMSO: London

Useful websites: www.dca.gov.uk/menincap/legis.htm

If you are interested in being contacted to discuss this research please send your details to me:

Martyne Chaston, Speech & Language Therapist, Swindon, Wiltshire

E-mail: martyne.chaston@smnhst.swest.nhs.uk



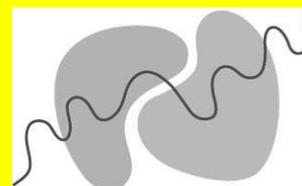
Connect training events

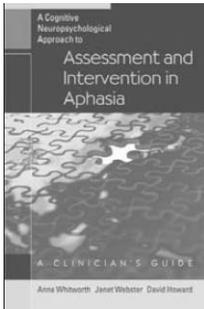
For everyone working in stroke services

New programme (April 2006 – March 2007) out now

If you haven't received your copy of the new training wallchart send your contact details to events@ukconnect.org or telephone 020 7367 0846

Find out more at www.ukconnect.org



Book Review:**A Cognitive Neuropsychological Approach to Assessment and Intervention in Aphasia: A Clinician's Guide**

Whitworth, Webster and Howard (2005) *A Cognitive Neuropsychological Approach to Assessment and Intervention in Aphasia: A Clinician's Guide* HARDBACK • 1-84169-345-6 • £29.95, Psychology Press

This book aims to provide a 'theoretical and practical' guide to using the cognitive neuropsychological approach when working with people with aphasia. This aim is elegantly achieved.

The text is presented in three parts:

- **Theory and Principles**

Part 1 places the cognitive neuropsychological model in its historical context. It is presented as an underspecified but usable working model for the linguistic assessment of people with aphasia. This is followed by a useful discussion of the information and inferences that can be gained from the analysis of psycholinguistic variables and error patterns.

- **Deficits and assessment**

This section provides a thorough and systematic examination of the assessment of the 5 key areas: spoken word comprehension and production, reading, writing, and object and picture recognition. It promotes a principled rather than scatter gun approach to the use of the PALPA (Kay, Lesser & Coltheart, 1992) and other assessment tools. Assessments are related to the model and guidance is offered to interpretation of findings. Readers are also directed to consider variables beyond the model, for example, whether lip reading cues are of benefit, or visual neglect is an added impediment.

- **Therapy**

Following the assessment section, part 3 reviews a wide range of treatments targeting auditory comprehension, word retrieval and production, reading and writing. The studies are introduced with a short discussion of the theoretical underpinnings. This is accompanied by an explanation of the selection criteria, which forms a brief but useful introduction to the critical appraisal of treatment papers.

All the papers are presented with the same template for ease of comparison, with comments on the design and its strengths and weaknesses. This is accompanied by

practical information on aims, tasks, stimuli and procedures, together with duration and intensity of delivery, and brief client details.

Explanations are very clear and accessible. However, a clinician would inevitably need to refer to the original source if wanting to use or adapt a treatment programme with a client.

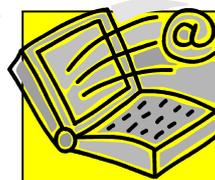
The limitations of this book are in the limitations of the cognitive neuropsychological model. For example, at the impairment level sentence processing is not addressed: verb impairment references are given but not discussed. Similarly, reference is made to studies on working with carers and family members.

In the epilogue the authors raise the question of how to ensure that effects of impairment based therapies, with their often item specific gains, can be generalised to achieve the crucial aim of improved functioning in the 'real, social world'. An informed discussion of how this might be answered would have been welcome.

That said, the volume does what it sets out to do. Written by practising clinicians for clinicians and students, it is an excellent resource. Complex theories and ideas are presented in clear language, illustrated with concrete examples and case studies. The beauty of this volume is that it will offer the clinician a well organised and presented recipe book of treatment ideas: I am sure it will be much used.

Sue Fenwick Elliott, Adult Speech & Language Therapy Department, Northwick Park Hospital, Harrow.

Sue.fenwickelliott@nwlh.nhs.uk



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Please contact **Annette Cameron**,
BAS Membership Secretary
with your e-mail address

annette.cameron@nhs.net

Research Round-up

Applying the social model in aphasia therapy

The social model of disability has, on occasion, created confusion and contention among those working in the field of aphasia. Some have treated it as an alternative or substitute for traditional therapies. This paper makes an effort to clarify the issues surrounding discussions of the social model, and attempts to reduce some of the disagreement associated with its use. It is argued that the social model can provide principles for practice that can be used as a guide for any types of therapies. The study examines the literature on the social model. A distinction is drawn between social model philosophies and social model principles. Once the distinction is made, a set of principles is presented as a guide for planning and evaluating support services for people with aphasia. The authors make the case that the social model principles can provide speech therapists with a guide for conducting their therapies, whatever form those practices take.

Byng, S. & Duchan, J.F. (2005). Social model philosophies and principles: Their applications to therapies for aphasia. *Aphasiology*, 19, 906-922.

Evaluating the cognitive neuropsychological approach to treatment

Cognitive neuropsychological research is focused on improving the understanding of cognitive processes and representations underlying normal tasks such as reading and spelling, on the basis of impaired performance of these tasks after brain damage. Functional architectures of cognitive tasks developed through this approach have often assisted speech and language therapists and other therapists in understanding the task to be treated, and in identifying the impaired and spared components of the task to be treated in each individual with brain damage. This paper reviews the benefits and limitations of this approach, focusing on illustrations from treatment of reading and spelling, and to provide ideas about how the limitations might be addressed. The authors provide examples that demonstrate how disruption of particular cognitive functions in the process of reading or spelling might be identified and rationally treated. They also provide some illustrations of how limitations of this approach might be addressed by considering evidence from cognitive neuroscience regarding neural mechanisms of recovery and learning. They authors suggest insights from cognitive neuropsychology should be integrated with insights from neuroscience in developing rehabilitation strategies.

Hillis, A.E. & Heidler, J. (2005). Contributions and limitations of the cognitive neuropsychological approach to treatment: Illustrations from studies of reading and spelling therapy. *Aphasiology*, 19, 985-993.



EVENTS DIARY

Making Information Accessible, 16th April 2006, Connect, London
Connect training. Tel. 020 7367 0846 email events@ukconnect.org

Creative Counselling in Stroke and Aphasia (Introduction) 10th May 2006, Connect, London
Connect training. Tel. 020 7367 0846 email events@ukconnect.org

Meeting the challenges of severe aphasia, 16th May 2006, Connect, London
Connect training. Tel. 020 7367 0846 email events@ukconnect.org

Develop your communication skills and make a difference, 25th May 2006, Connect, London
Connect training. Tel. 020 7367 0846 email events@ukconnect.org

2006 36th Annual Clinical Aphasiology Conference. May 29 - June 2, 2006. GHENT, Belgium
Keynote speakers: Dr. Stephano Cappa, Dr. David Howard, Dr. Wolfram Ziegler, and Dr. Edgar Zurif. For more information, visit the website at: www.clinicalaphasiology.org

12th International Aphasia Rehabilitation Conference. 4 – 6 June 2006, SHEFFIELD
For further information, including details for abstract submission, please contact: info@trainingmadeeasy.co.uk
or visit www.trainingmadeeasy.co.uk for up to date information

The good goal setting guide, 7th June 2006, Connect, London
Connect training. Tel. 020 7367 0846 email events@ukconnect.org

Connect Annual Conference: Innovations in long-term support services for people with stroke and aphasia. 19th June 2006, London. Tel. 020 7367 0846 email events@ukconnect.org

The Science of Aphasia (SoA) Conference: Neurocognition of Language - innovative aspects. 7-12th Sept. 2006 Sardinia Abstract submissions invited with a focus on one of the four themes: Technical innovations for studying brain and language; Lexicon models and lexical retrieval; Morphosyntax and its impairments; Therapy and recovery - Deadline for submissions is 15th April. Please see website for further details: www.soa-online.com

Membership Renewal

BAS Membership is due for renewal on 1st April

To maintain membership fees at the current level we plan to reduce administration costs.

We therefore propose that all members change to direct debit payment (£12 for ordinary members, and £5 for students and people with aphasia). To save on postage costs we will no longer send out renewal reminders. Again to save on postage and administration costs we will not send out receipts for membership fees, unless specifically requested. We remind members that an electronic version of the newsletter is available and we encourage you to take up this option.

If you have any queries about BAS membership, please contact: Mrs Annette Cameron, BAS membership secretary, Speech and Language Therapy, Aberdeen Royal Infirmary, Foresterhill, AB25 2ZN. Tel: 01224 552966 annette.cameron@nhs.net

