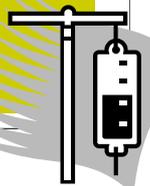


British Aphasiology Society



NEWSLETTER SUMMER 2005

BAS Committee—new blood needed!!



We are now seeking nominations for new committee members.

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This year we are looking to fill four to five places on the current committee. Nominations are sought from the variety of disciplines associated with the study of aphasia (including psychology, speech and language therapy, anthropology, sociology, linguistics etc) and from both clinical and research personnel, so as to maintain the balance between these fields.

BAS will be holding its Annual General Meeting in October 2005 as part of the BAS one-day conference to be held at City University London. One purpose of the AGM is to appoint new Committee Members. The BAS Committee ensures that the organisation is meeting its aims and acting within its constitution. It is responsible for managing BAS's finances, developing the programme of events, managing special schemes such as the Essay/ Project prizes and the Conference Support Fund, and generating and disseminating publications (including the newsletter). The committee meets approximately 4 times a year.

If you wish to nominate someone please return the enclosed form or contact Frauke Buerk, BAS Secretary Frauke.Buerk@nmht.nhs.uk Tel: 0191 256 3463

Nominations must be received by Friday, 14th July 2005 in time for committee meeting on 21st July 2005.

British Aphasiology Society

One-day Winter Conference
October 31st, 2005

City University,
London, UK



*Call for
abstracts
See back page*

For information & places please contact:

Deborah Cairns

Email: d.k.cairns@city.ac.uk Tel: 020 7040 8202

Social exclusion of people with marked communication impairment following stroke

The everyday experience of people with profound communication difficulties has rarely been documented before, partly because of methodological difficulties. A Joseph Rowntree Foundation funded study by Susie Parr, Sally Byng, Colin Barnes and Geoff Mercer found that:

- People with severe aphasia had little access to employment, educational, training or leisure opportunities. Many were long-term recipients of a wide range of statutory and voluntary care services. Health, social and residential care workers did not have training or information about aphasia, and did not know how to support fragile communication.
- Health and social care services often failed to address important issues, such as employment, or financial concerns, and there was little connection and communication between the various agencies.
- People with severe aphasia were often excluded from the benefits of health, social care, residential and nursing services because information and instructions were inaccessible, activities inappropriate or unachievable, and there was continuous communication breakdown in interactions. For these people, services became 'hard to reach'. Service providers, family and friends may have unintentionally excluded people with severe aphasia by using idiosyncratic, unmonitored communication strategies. People with aphasia were talked about, patronised, teased and given orders.
- Particularly in residential and nursing care settings, people with severe aphasia were in danger of losing their identity as staff often knew very little about them and didn't know how to find out.
- Maintaining friendships and social contacts was difficult for people living with severe aphasia, resulting in isolation and boredom. Relatives described experiencing similar restrictions.
- People with severe aphasia mostly exercised little choice and control in their day-to-day lives.
- The researchers conclude that social exclusion is a common, though not inevitable, experience for people with aphasia. Training and support for communication are urgently needed for carers and service providers.

How to get further information

The full report, **Living with severe aphasia: The experience of communication impairment after stroke** by Susie Parr and edited by Sally Byng, Carole Pound and Alan Hewitt, is published for the Foundation by Pavilion Publishing (ISBN 1 84196 126 4, price £15.95).

Multidisciplinary Aphasia Study Day St. Mary's Hospital, Milton Road, Portsmouth Wednesday 19 October 2005

Interested in learning more about aphasia and its impact upon the individual, carers and multidisciplinary team members?

Keen to hear of up to date research?

Eager to learn from other professionals about managing aphasia ?

This multidisciplinary study day is aimed at a multi professional audience. Speakers from a range of clinical backgrounds will include Psychology, Occupational Therapy, Physiotherapy, Speech and Language Therapy, Connect and Service Users. Topics will include psychosocial aspects of aphasia, supporting carers, living with aphasia, using SPPARC in a stroke unit, aphasia with dementia and multidisciplinary goal setting

Cost: £65 Contact number 02392 286147

Aphasiology around the world

Professor Jane Marshall, Chair of Aphasiology, City University, London

Congratulations on your professorship. What does it actually mean to be Chair of Aphasiology? There's the intention that you are able to progress research in this area and have some kind of vision as to where we should be going in aphasic research, as well as generating a lot of research activity within the Department. You also act as a mentor or supervisor to younger or less experienced researchers to help them develop their own research careers. There are also responsibilities with respect to the teaching programme including the need to ensure that research findings feed into it. It is also essential that we include the most up-to-date and relevant clinical knowledge.



How did you get into working with people with aphasia? When I was in my 2nd year of my speech & language therapy training at City University, I had a placement at the Aphasia Unit at Queen Mary's Hospital in Sidcup, Kent. It was inspirational and I loved working there. After the first day, I knew that that was what I wanted to do.

Who has inspired / influenced you most in your working life? A lot of people ... including Eirian Jones, Elaine Funnell and my two PhD supervisors, Tim Pring and Shula Chiat

Which living person do you most admire and why? I don't know!! I like Meera Syal .. she is witty, a good actress and a good writer

3 things that would make the greatest difference to your life right now ... If my car would stop cutting out!; being able to grow and keep basil (the herb!) alive; and if Ginge, my cat, was still around.

3 frivolous things that help you get through a day... Gin ; the cricket season; and reading novels

What other projects are you involved with at the moment? We have a very interesting project which is exploring bilingual aphasia in people who speak Bengali and English. We are also still writing up aspects of our deaf stroke project which investigated aphasia in users of British Sign Language. A number of PhD projects are also in progress. One is exploring jargon aphasia; another is investigating event and verb processing in aphasia. With colleagues from UCL (Celia Woolf, Stuart Rosen and Wendy Best) we are just starting a project exploring therapies for people with impaired speech perception. We also have a number of funding applications underway of projects that we would like to undertake!

Where do you think the greatest challenges in aphasiology will be over the next 10 years? I think there are a number of strands. We need a greater integration of what you might call psycholinguistic issues and everyday language use. In other words, projects which try to explore the degree to which psycholinguistic impairments disable people in their everyday communication rather than just on test performance. We also need to explore the degree to which therapies which are based on psycholinguistic principles can actually bring about gains in everyday language use. I think there will probably be an increase in the number of investigations in to what you might call diverse populations, people who speak languages other than English or additional languages to English. I would like to see some of the insights which have been gained in the nature of semantic processing making its way into aphasia therapy. This might take the form of modifying the kinds of therapy we do that aims to improve people's semantic processing and making this therapy more theoretically informed. We could then see if that makes a difference to outcomes. More generally, it's important that we try to keep up aphasia therapy. I don't think enough people currently have access to what I would call aphasia therapy – therapy which is trying to make a difference to people's communication and to help them develop coping strategies that improve their quality of life. I also worry that many people who work in neurological settings don't feel confident about aphasia therapy, both about doing it and feeling that it makes a difference, possibly because they are working in contexts where it's actually very difficult to have the kind of ongoing contact with aphasic people that makes proper therapy possible. I think that evidence that aphasia therapy is effective is essential to further the argument that it should be provided.

BAS Student prize winners 2004

PROJECT PRIZE: Developing a measure of conversation in aphasia: a comparison between aphasic and non-aphasic people

Kendall Bright and Linda May, City University, London

With the guidance of our supervising tutor, Jane Marshall, we set out to develop a measure of conversation which could be used to compare aphasic and non-aphasic speakers' conversation and would provide data on change over time.

“ WE SET OUT TO DEVELOP A MEASURE OF CONVERSATION WHICH COULD BE USED TO COMPARE APHASIC AND NON-APHASIC SPEAKERS' CONVERSATION ”

Taking as a starting point the work of Ramsberger and Rende (2002), we used video clips from TV programmes to elicit conversation from a control group of thirty non-aphasic couples and two people with aphasia. The conversations were scored for the number of main concepts and accuracy and completeness of the message conveyed. They were also rated for the perceived quality of the interaction. Although the aphasic speakers' conversations contained fewer concepts than the control group's, they identified the same core concepts. Whilst accurate, these were generally incomplete by comparison to the controls. They also received a lower rating than the controls for quality of interaction. Interestingly, shared humour and the role of the conversation partner in repairing breakdown appeared to influence the ratings more than the amount of information conveyed.

Whilst further research is needed to test whether our findings generalise to the wider population of people with aphasia, we believe this to be a reliable method for measuring the content of conversation.

“THE AIM OF THERAPY IS TO REDUCE THE PSYCHOSOCIAL CONSEQUENCES OF THE APHASIA”

ESSAY PRIZE: The provision of aphasia therapy can be broadly categorised into two main groupings - the 'impairment-based approach' and the 'functional-communication approach'.

Shalva Abel, University of Manchester, UK

The former approach to therapy is built on a detailed assessment of language processing and the aim of therapy is to decrease the linguistic or communicative impairment in order to maximise communicative independence. Although impairment-based intervention programmes are tailored to the individual's needs and may incorporate functional aspects, the functional-communication approach is more patient-centred and addresses the functional needs of the patient directly.

The aim of therapy is to reduce the psychosocial consequences of the aphasia and thus increase 'participation' levels of the individuals in their everyday environment. Worrall & Holland (2003) state that "improving quality of life (QOL) is the ultimate goal of aphasia rehabilitation". In order to determine which intervention approach improves QOL in people with aphasia, researchers are investigating if a relationship exists between changes in language and functional measures and QOL measures. Results vary, but overall it seems that a correlation may exist between the severity of the communication impairment and QOL, but no causal relationship has been determined.

There may be stronger associations between improvement in functional measures and QOL over improvement in impairment measures.

Product Review: Comprehensive Aphasia Test (CAT)



Kate Swinburn, Gillian Porter and
David Howard

Psychology Press, 2004

Manual, Test Book & Scoring Book:

1-84169-379-0: £150.00

Scoring Book (pack of 10): 1-84169-519-X: £29.95

There is a clear, concise overview of the purpose of aphasia assessment and range of available current assessments. The CAT manual gives a clear rationale for a standardised comprehensive language battery.

The CAT comprises a manual, a test booklet, scoring sheets and a disability questionnaire. It is easily portable in a carry-case with shoulder strap. The aims of the CAT are clearly stated – to comprehensively assess language performance across a range of language functions, to screen for related neuropsychological deficits (associated cognitive deficits), to begin to highlight the effect of impairment on the person's life and to give pointers for focus of intervention. The CAT can be administered in 1-2 sessions. It aims to give maximum information from subtests, to guide further assessment, to identify the deficit in terms of information processing models, to aid direction for impairment based intervention and to assess change over time. Scoring is straightforward, graded and sensitive to change. The test has been validated and claims to be robust in terms of inter-tester and test/re-test reliability, and has been validated with controls.

It can be used in acute setting i.e. 3-6 weeks post onset (with exception of the disability questionnaire), and can be repeated. It has been designed to facilitate partnership in goal setting and planning intervention. It has been designed for use with people with CVA, progressive aphasia or head injury. The CAT gives useful suggestions for clinicians – pointers to other areas. Guidelines for administration are clear and assist testing itself and interpretation of results – this is particularly useful for less experienced clinicians, and for other disciplines that may administer the test e.g. medical staff.

The manual gives a clear introduction, rationale for assessment, and guides the clinician step by step through the assessment, with explanations and pointers to related assessments and literature.

The test comprises 3 sections:

Screening for related psychological disorders The range of subtests has been carefully and well selected to investigate presence of related disorders that could affect performance on items in main test.

Language battery There is a clear rationale for inclusion of items in subtests, choice of items and reason for exclusion of other items (e.g. paragraph reading). There are useful pointers to relevant assessments to guide clinicians e.g. for further investigation of these areas. The rationale is well supported by citation of relevant literature. Items in the battery are well balanced for length, frequency, animacy, imageability and syntactic complexity. There are, however, a few factors that may or may not affect performance. In both the auditory and reading comprehension sections, there are 4 pictures. These consist of the target picture and 3 distractors. The authors describe the pictures are semantically related, visually and phonologically related and unrelated. In many cases the choice of picture for the semantic distractor appears to be visually related to the target. Thus 'semantic errors' may be accountable due to visual similarities. The manual highlights areas that clinicians may wish to investigate further and there are pointers to guide this. For some subtests there is a very restricted number of items. Whereas it is clearly difficult to balance the range required for a comprehensive test with the practicalities of a test that is quick to administer, the CAT aims to highlight the most frequent problem areas, and suggestions are made for further assessment. The pictures in the initial subtests are clear and well presented, but some in later subtests may be difficult for those with visual difficulties.

Disability questionnaire The authors clearly advise that this should be used with careful consideration, particularly in the acute setting. The questionnaire aims to begin to look at the effect of aphasia on the person and uses a visual analogue scale so that the person can rate his/her responses. It looks at the impact of aphasia in social settings (e.g. speaking in groups, to strangers), and also the impact on the person (e.g. stress).

Overall the test is well laid out. It offers clinicians an assessment that investigates language and associated functions, and also the impact that language function has for the person with aphasia. The rationale for the test is excellent and the manual offers very useful and well-resourced guidance about related areas and pointers for clinicians.

Annette Cameron & Penny Gravill, Aberdeen Royal Infirmary

2005 BAS Student Prizes

We hope tutors and lecturers will remember to encourage submissions for both the BAS Student Project Prize and the BAS Student Essay Prize. The deadline for both prizes is the **Friday 9th July 2005**.

Student Essay Prize: A prize of £100 is offered for the best essay on any topic related to aphasia (£75 is awarded to the winning student, £25 to his/her educational establishment). Essays must not exceed 2,500 words. Entrants should be undergraduate or postgraduate students (Masters level).

Student Project Prize: £200 (to be shared equally between the winning student and his/her educational establishment) for the winning project on any topic related to aphasia. Up to two

'runners-up' prizes of £50 may be awarded. The project or dissertation should be part of the normal examination procedure in the final year of an undergraduate or postgraduate course (Masters level).

Entry forms and guidelines are available from **Sonja Turner, Student Prize Co-ordinator**, at:

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

Families, Stroke and Aphasia: Improving the Service



A one-day conference hosted by Connect – the communication disability network

Thursday 14th July 2005 (Bristol) or Tuesday 8th November 2005 (Manchester)

Stroke impacts on the whole family - not just the person who has had the stroke. This conference focuses on the family's perspective. The programme offers practical ideas and increased knowledge relating to short and long-term family support services, evidence base for service to relatives, and end of life care needs for relatives of people who do not survive stroke.

Speakers include,:

Professor Lalit Kalra, Guy's, King's and St Thomas' School of Medicine, Professor Julia Addington-Hall, University of Southampton, Dr Chris McKeivitt, King's College London, Professor Sally Byng and the Connect therapy team, Elaine Roberts, The Stroke Association and relatives of people with stroke and aphasia

The conference is for anyone providing services to people who have had a stroke (speech and language therapists and assistants, speech and language therapy managers, Stroke Co-ordinators, nurses, OTs, physiotherapists, family support workers, psychologists, counsellors and rehabilitation staff)

For details email carolecross@ukconnect.org or ring Carole Cross tel: 020 7367 0846



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Please contact **Annette Cameron**, BAS Membership Secretary with your e-mail address
annette.cameron@nhs.net

Research Round-up

Sentence comprehension in primary progressive aphasia

Patients with primary progressive aphasia have sentence comprehension difficulty, but the longitudinal course of this deficit has not been investigated. The aim of this study was to determine how grammatical, single word meaning, and working memory factors contribute to longitudinal decline of sentence comprehension in primary progressive aphasia. Sentence comprehension was investigated in two subgroups of patients: a progressive non-fluent aphasia (PNFA) group and a semantic dementia (SD) group. PNFA patients were significantly impaired at understanding grammatically complex sentences when first seen, and this was more evident than impairment of their comprehension of grammatically simple sentences. Comprehension of grammatically complex sentences correlated with their working memory deficit at presentation. PNFA patients showed modest decline over time in grammatical comprehension. In SD, comprehension of grammatically complex sentences was not more impaired than comprehension of grammatically simple sentences when first seen, but these patients demonstrated a significant longitudinal decline in understanding grammatically complex sentences. The study concludes that patients with PNFA and SD have sentence comprehension difficulty, but distinct factors contribute to this impairment during the course of their disease

Grossman, M. and Moore, P. (2005). A longitudinal study of sentence comprehension difficulty in primary progressive aphasia. *Journal of Neurology, Neurosurgery & Psychiatry*. 76, 644-649.

The relationship between phonological and morphological deficits in Broca's aphasia

This paper provides further evidence that a generalised phonological impairment can be central to the language deficits of patients with Broca's aphasia. An earlier paper (Bird, Lambon Ralph, Seidenberg, McClelland, & Patterson, 2003) demonstrated that the advantage for producing the past tense of irregular over regular verbs exhibited by these patients was eliminated when the two sets of past-tense forms were matched for phonological complexity. The current paper revisits this data and provides further evidence in favour of this hypothesis by analysing the errors produced by these same 10 patients in reading, repetition, and sentence completion for a large number of regular, irregular, and nonce verbs. The patients' predominant error types in all tasks and for all verb types were close and distant phonologically related responses. The balance between close and distant errors varied along three continua: the severity of the patient (more distant errors produced by the more severely impaired patients); the difficulty of the task (more distant errors in sentence completion > reading > repetition); the difficulty of the item (more distant errors for novel word forms than real verbs). Critically, the patients' errors exhibited a strong tendency to simplify the phonological form of the target. These results are consistent with the notion that the patients' relatively greater difficulty with regular past tenses reflects a phonological impairment that is sensitive to the complexity of spoken forms.

Braber, N., Patterson, K., Ellis, K., Lambon-Ralph, M.A. (2005). The relationship between phonological and morphological deficits in Broca's aphasia : Further evidence from errors in verb inflection. *Brain & Language*. 92, 278-287.

Can proxy respondents accurately describe an aphasic persons quality of life?

Quality of life (QoL) issues are playing an increasingly prominent role in aphasic research. This study compared QoL questionnaire scores from aphasic and proxy respondents to investigate whether proxy respondents could be used to obtain reliable information on aphasic people's QoL. Reliable information was considered as statistically similar group comparisons with small effect sizes, and moderate to good agreement between aphasic and proxy respondents' scores. A systematic cueing procedure was used to facilitate respondents' understanding. Proxy respondents demonstrated a significant systematic negative bias in rating their aphasic partners' global QoL, physical functioning, general or overall health, pain, and vitality. Conversely, proxy respondents rated statistically the same as their aphasic partners on physical fitness, feelings, daily activities, quality of life, total wellbeing, autonomy, environmental mastery, and purpose in life, with at least moderate agreement. Similar to other literature, there was generally higher agreement for objective domains than subjective domains. Family members and friends of people with aphasia cannot be interchangeably accepted as reliable informants of their partners' QoL. They rated their partners significantly lower in global and physical health-related QoL, and yet their systematic behaviours in ratings could be useful for clinicians and researchers as their aphasic partners' scores can be easily and confidently predicted.

Cruice, M, Worrall, Hickson, L and Murison, R. (2005). Measuring quality of life: Comparing family members' and friends' ratings with those of their aphasic partners. *Aphasiology*, 19, 111-129



DATE FOR YOUR DIARIES

British Aphasiology Society

One-day Winter Conference October 31st, 2005

City University,
London, UK

FIRST CALL FOR SYMPOSIA PROPOSALS AND PROPOSALS FOR INDIVIDUAL ORAL PRESENTATIONS AND POSTERS

In addition to keynote and invited speakers (to be announced later), there will be a number of symposia (each should include 3 presentations), free paper sessions (with each paper lasting 20 minutes plus 5 minutes for questions) and poster sessions.

Submissions are invited for individual papers or posters, and for symposia on the subjects of aphasia and/or the care of people with aphasia. Submissions relating to either academic, clinical or social issues of aphasia are welcome.

GUIDELINES FOR SUBMISSIONS

Authors should submit abstracts by post or email with a maximum length of a single side of A4/US letter, by 30th June 2005 to:

Deborah Cairns,
Department of Language & Communication Science,
City University,
Northampton Square,
London. EC1V 0HB

Tel: 020 7040 8202
Email: d.k.cairns@city.ac.uk