



British Aphasiology Society

NEWSLETTER SUMMER 2007

British Aphasiology Society Biennial International Conference, 10 – 12 September 2007, Edinburgh

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Celebrate the founding of The British Aphasiology Society in style at Edinburgh's landmark hotel, The Balmoral. Situated at the very heart of the city, with magnificent views of Edinburgh Castle, the hotel has recently undergone a £7 million refurbishment programme which has included both the lobby area and the function rooms. The red carpet will be laid out to welcome guests and the evening will begin with a pre-dinner drink, through the kind sponsorship of the Stroke Association, in the Princes Suite.

At 8.00pm guests will move into the grand Sir Walter Scott Suite which boasts beautiful decor and stunning views of Edinburgh Castle, where you will be served a three course meal.

As the evening progresses there will be plenty of opportunity to enjoy the company of colleagues and to enjoy - or even join in the traditional Ceilidh we have organised. For those gentlemen who wish to enter into the true spirit of the evening, kilts may be hired at www.highlanderkilthire.com.

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Reaching Out: Working with University Undergraduate Speech and Language Therapy Students in a Conversation Partners Programme

Sally McVicker and Simon Horton

This article aims to give a brief overview of the Connect Conversation Partner Scheme and to then discuss how this scheme has been developed in the context of undergraduate speech and language therapy programs in the UK and Eire.

We shall discuss the implications for student learning within the context of the scheme.

The Conversation Partner Scheme was set up in 2001 to run from the Connect London Centre, which it did successfully for four years with generous funding from the Henry Smith Charitable Trust. The work of Aura Kagan and John Lyon provided much of the inspiration for the idea of conversation partners. The idea is that a 'volunteer' is trained in the art of supported conversation (Kagan, and Gailey, 1993) and then supervised and supported to go and visit a person with aphasia living in their own home, for an hour a week, once a week, for a period of six months. The scheme aims to meet those people who are traditionally 'hard to reach': those who might have finished formal therapy but who have limited support networks and feel physically and socially isolated.

Over the four years in London, people referred to the scheme tended to be elderly (average age of 73.5), with a very high incidence of severe aphasia (approximately 50% with a Boston Severity Rating Scale (Goodglass & Kaplan, 2001) of 2 or below.) They tended to live locally and there was an approximate balance between men and women referred to the scheme. In contrast, the volunteers were predominantly female, with an age range between 20 and 40 years, from a much wider geographical area and often motivated by a desire to train as a health professional (often speech and language therapy).

Over 100 volunteers were trained and visited over 100 people with aphasia for a period of six months, across the four years. What emerged was that the scheme seemed to hit a win, win, win situation! People with aphasia who were referred to the scheme reported very favourably, with 94% saying that it gave them a chance to talk, and 77% saying that they felt more confident.

"More confident in having conversation"

The service providers who referred the people with aphasia to the scheme also reported favourably, noting that the people they referred showed increased confidence, improved communication, and quality of life, and reduced isolation. For them it also seemed to extend and enhance the service that they were able to offer. However, perhaps the greatest finding of all was the learning and enjoyment reported by the volunteers who participated as conversation partners. 64% did go onto train as health professionals.

"Expected more changes for my partner, but actually changed ME more than my conversation partner: a bit more understanding; just 'being there' – asking less."

A second grant from the Department of Health provided the opportunity to work in partnership with service providers to set up their own conversation partner scheme. The University of East Anglia began a new 3 year BSc from September 2004 and

became our first pioneer partner, integrating the conversation partner scheme into the first year of their undergraduate course. They took an integrated approach to the SLT curriculum using problem based teaching and learning which was complemented by the reflective style encouraged for use by volunteer conversation partners in 'feeding back' on their sessions to supervisors and peers.

Within the course, the conversation partner programme fulfilled one part of the first year placement over the first six-eight months, matched by a four week Early Years block placement. Assessment at the end of the year was via an SLT 'portfolio' – video and verbal presentation, a summary report of their personal log and professional discussion. Referrals were taken from the local Norfolk population via speech and language therapists as the main referrers in the first year (41 referrals).

In the first year at UEA twenty students received training on disability equality, supported conversation skills, including a practical training with aphasia experts, and health and safety. An emphasis was placed on developing an awareness of their own and others' communication, and the ability to change or adapt their communication style in skilful ways. Following training, students were 'matched' to a person with aphasia in the community, and following introduction by the local speech and language therapist, commenced the weekly visits for an agreed time of 6 months. The students were supervised throughout their visits via fortnightly tutorial groups, each with just 5-6 students, keeping a weekly reflective log, and using video clips of a sample of meetings (with consent) to discuss how the sessions were going. Informal support and supervision was also provided when necessary via e-mail, phone and *ad hoc* meetings with the university tutors.

Issues arising during supervision were similar to those raised by previous volunteer conversation partners on the Connect programme. They typically focussed around issues like communication strategies and topic management, coping with emotions and distress, roles and boundaries and 'end of placement', for example.

The students were encouraged to reflect on their learning from the placement. A key area of learning was the development of the students' communication skills (both an awareness of others communication and their own communication skills). They developed professional competencies and demonstrated an early maturity for instance in taking responsibility for risk management and liaison with the referring therapist.

Continued overleaf

Reaching Out

"Ken (who has aphasia) with Sue in Conversation Partner training at Connect".



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"it has enhanced my professional development – I have had to contact the SLT, conduct myself competently, and deal with untoward events"

Students also demonstrated an insight into the client experience and what it can mean to have aphasia:

"meeting my Conversation Partner has increased my understanding of the effects of stroke and how to facilitate communication – this has been a demanding experience"

Moreover, the students' reflective practice was enhanced:

"I have found it difficult to accept the positive role I am playing towards my Conversation Partner. Reflective tutorials and video have proven invaluable in highlighting my strengths"

People with aphasia and referring therapists in Norfolk, reported favourably too with similar outcomes to the London based project.

"wonderful – lots of laughs"

"less frequent review needed during the project...time to review other clients"

"all really pleased"

"reduced social isolation"

The scheme has not only been a good investment in time, money and effort but it has also proved to enhance student learning and insight. UEA has continued to run the scheme in successive years, with local aphasia experts now trained to input to student placement preparation and training, and collaborations with local aphasia experts continue to thrive.

Four other Universities have also sought to integrate the scheme into their undergraduate training programmes. Manchester Metropolitan University, Trinity College, Dublin and Universities at Medway have all incorporated the conversation partner scheme into a first year undergraduate programme and the University Of Ireland, Galway has run it as a fourth year undergraduate module. Feedback on student learning is emerging and seems to be similarly encouraging as indicated from these quotes from the students of MMU.

"it gave me a valuable insight into the daily lives of those who suffer with a stroke and the way they adapt their lives to be able to communicate with others and to cope with their acquired condition."

This learning does not seem restricted to first year students. The fourth year Galway students also reported favourable learning:

"I learned about the profound effect that aphasia has on the person and on the family unit"

"I began to see beyond the disability and to learn that aphasia is only a small part of the individual's life"

"Many communication skills were learned and developed; use of props, using gesture, reducing sentence length, slowing rate of speech, listening skills and giving time to partner. These skills are transferable to all areas of speech and language therapy and will prove valuable in the future".

It will be interesting to follow and log the student learning that it is gained from being a conversation partner and to evaluate the learning in the context of a speech and language undergraduate training programme. Traditionally, placements with adults are often taken in the final year or years of student training. Does an adult placement as a conversation partner equip students with transferable clinical skills, such as clinical responsibility, development of interpersonal skills, planning, professional skills and self reflection right at the start of their clinical training? Does the learnt insight into aphasia and disability enrich their preparation and understanding of the theory in later years? Or does the experience in the fourth year help to consolidate the learning in a very practical sense just before they move towards professional registration? It will be intriguing to tack the impact for the student but may also be of interest for universities in terms of a different model of placement under an increasingly pressurised health service.

Connect have now developed a training course called "Running a Conversation Partner Scheme"- all you need to set up your own cost-effective service. The next date for this course is 8th-9th October 2007. For more details visit www.ukconnect.org, telephone Maria McDonnell on 020 7367 0866 or email mariamcdonnell@ukconnect.org

Acknowledgements

We should like to thank Alex Stirling and Ruth McMenamain for the use of their data.

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Partnership Working in Practice in Cardiff

'With the formation of Cardiff and Vale NHS Trust in April 2000, the Department of Adult Speech and Language Therapy considered ways to improve services for people with aphasia. Challenges include equity of service provision across the new Trust, ensuring delivery of the right therapy at the right time, developing long-term support, and improving links with voluntary agencies (Department of Health, 2005; Welsh Assembly Government, 2007). From informal beginnings evolved a group called 'Communicate Cardiff', which meets twice a month. Members include people with aphasia and representatives from the Department of Speech and Language Therapy, the Stroke Association, and Speakability.

Successful ventures over the years include first prize in 2005 for Cardiff and Vale NHS Trust's annual Chair's Award (RCSLT, 2005) with a project called 'User Involvement in Conversation Groups'. This established Conversation Groups as a form of therapy regularly available for other people with aphasia. Other initiatives include a presentation by members of the SLT team and volunteers with severe aphasia at the British Aphasiology Society's national therapy symposium in Plymouth in 2006 (Cruice, 2006) and the introduction of Speakability, a national charity for people with aphasia, into Wales. This development is on-going.

Stroke Association group volunteers now attend the SLT Conversation Groups for further training in how to facilitate communication for people with aphasia within a group setting. In addition, 'Communicate Cardiff' recently organized and delivered a Study Day, 'Aphasia: Partnership Working in Practice'. This targeted nursing staff, health care assistants, voluntary workers, SLT staff and students, and anyone working with people with aphasia and interested in service provision. Located at Llandough Hospital Postgraduate Centre, the event attracted delegates from Ireland, Lancashire, Cornwall, and other locations around the UK. On the day, members of 'Communicate Cardiff' highlighted ways of including expert patients in the planning and delivery of their own services (Department of Health, 2001). Additional speakers with aphasia invited from Gwent Healthcare NHS Trust also took part, facilitated by their SLT. Study Day topics included participation by people with aphasia in a range of roles and settings, for example in Conversation Group therapy, in student/doctor training, in peer-support for others with aphasia on Stroke Units and wards, and in the establishment of long-term self-help groups.

A unique part of the Study Day was the innovative and creative way in which people with aphasia made their presentations and interacted with the audience, despite their limited ability to speak. As in the BAS Therapy Symposium in 2006 and facilitated by SLTs, they used Promethean 'Presenta Pads'-writing/drawing tools, with infra-red technology, designed originally for educational use. Cordless battery free pens enabled each volunteer to write or draw their target messages onto electronic pads. Wireless radio technology transmitted these simultaneously to a laptop via a radio adapter. A data projector

displayed their images in real time onto the second screen. Software, in the form of an electronic flipchart, enabled the volunteers (with an SLT technician's help) to write, draw, and scroll back and forth throughout the presentation, responding to questions from the audience as they arose. The event received extremely positive feedback, for example:

"Participation of people with aphasia as speakers was excellent."

"Very uplifting view of [user] involvements in services and shows what can be done."

"Excellent powerful presentation with Enfys and Huw [speakers with aphasia]. . The Promethean equipment was a revelation."

"Very professional, extremely relevant to the current clinical climate of training others about aphasia, involving those with aphasia, and group work." "Great to see examples of action research in action!"

"One of the best aphasia courses I have ever been on."

In addition, many of the speakers with aphasia, presenting for the first time since their stroke, reported a massive boost both to their confidence and self-esteem. 'Communicate Cardiff' are considering how to promote partnership working in other ways, based on their successes so far. Watch this space!

Ruth Nieuwenhuis

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Cardiff and Vale NHS Trust and University of Wales Institute, Cardiff.

Acknowledgements

Thanks to all the Study Day contributors and to fellow members of 'Communicate Cardiff'.

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Research in Progress Meeting, July 2007

This year's 'Research-in-Progress' Meeting on the topic of 'Semantic Memory and Comprehension Disorders' was held at University of Manchester on 7th June.

This yearly event is organised to give clinicians and researchers the opportunity to hear about and discuss ongoing aphasia research. Once again the meeting was very well attended (and topped last year's attendance!) by 68 clinicians and researchers from across the country.

The day started with a fantastic opening address by Professor Matthew Lambon Ralph on 'The neural basis of semantic dementia', followed by six stimulating and discussion-provoking presentations on the topic of 'Semantic Memory and Comprehension Disorders'. In his talk *Matthew Lambon Ralph* compared the semantic symptoms between semantic dementia and transcortical sensory aphasia.

Semantic dementia (SD) is generally caused by atrophy of the anterolateral temporal lobes, and usually is bilateral, but often asymmetrical. Patients with SD have a central semantic impairment and anomia, with naming errors slowly becoming less related to the target as the patient slowly over months and years loses access to the meaning of words. They have relatively well preserved phonology and syntax, as well as good non-verbal reasoning, perceptual and spatial skills. Memory for current events is good. Over time clients with SD lose semantic acuity in naming tasks; i.e. they have frequency effects losing low frequency words first. Spontaneous speech is getting increasingly 'empty' with good syntax.

Clients with transcortical sensory aphasia (TSA) may have lesions in the prefrontal parietal lobe or the temporo-parietal junction or both. In semantic dysphasia (or TSA) clients show more associative errors in naming tasks, such as "juice" for "orange", or "nuts" for "squirrel".

When comparing clients with SD and TSA Matthew Lambon Ralph and colleagues found that associative errors are rare, if not non-existent in SD. This can be explained in terms of the loss/degradation of their semantic system. Clients with SD remain good at executive functions and therefore will be good at 'Raven's coloured matrices'. Most TSA clients, however, were found to struggle with the 'coloured matrices'. It was further found that clients with SD were not helped by cueing, whereas clients with TSA were aided by cueing. The talk listed clearly the differences between SD and TSA, and therefore provided clinicians with a clear way to differentiate the two which will impact on decisions about management.

Kris Noonan's presentation on 'Semantic aphasia: deregulated semantic cognition' followed on from the previous talk. He described some actual tasks to discriminate clinically between semantic dementia and transcortical sensory dysphasia (or semantic aphasia, short SA). The study compared SD and SA, and examined the hypothesis that the impairment in both groups is qualitatively different reflecting degraded semantic representations in SD and deregulated semantic cognition in SA. A useful grid showed the types of symptoms shared and not shared by clients with SD and SA (this can be seen overleaf).

Another exploration of semantic dementia was presented by *Paul Hoffmann*, and concerned 'word list repetition in semantic dementia: a comparison with non-word recall in healthy people'. His study compared word list repetition in people with SD and non-word list repetition in healthy people. The findings have led to the semantic binding hypothesis; i.e. that semantic knowledge is an important source of constraint over phonological activation. Phoneme migration errors occurred in both groups when semantic support for list items was reduced. The research highlighted the importance of considering the role of semantics in tasks that depend on phonological activation.

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Diane Caine's talk "Towards an understanding of the varieties of comprehension disorders of stroke aphasia: the case of 'pure' word deafness" described a client with poor auditory processing for spoken language as well as environmental sounds. The client's phonological processing was impaired with poor performance on minimal pair tasks, non-word repetition, rhyme judgement and oral spelling, whereas she performed much better on semantic tasks, although not perfectly. Diane Caine's findings indicated a dynamic interaction between phonology and semantics whereby disrupted phonological processing has an unexpected impact on performance even of 'non-verbal' semantic tasks, while intact semantic representations can be harnessed to boost performance where phonological processing is vulnerable. Performance on semantic tasks was affected by modality of input, and performance on phonological tasks was affected by availability of semantic information.

Research in Progress Meeting, July 2007

Symptom	Semantic dementia	Semantic dysphasia
Lesion site	Bilateral anterior temporal	Left inferior Frontal/temporo-parietal
Verbal comp	poor	poor
Nonverbal comp	poor	poor
With task correlation item consistency	yes	yes
Across tasks	yes	poor
Matching/association	yes	poor
Naming errors	Coordinates superordinates	Coordinates Associative errors
Effects of phonemic cueing	No help	helps
Strong effect of requirement for semantic control	no	yes
Ease of identifying relevant association and rejecting distractors	no	yes
Semantic impairment linked to executive dysfunction	no	yes

Table showing the differences between SD and TSA

In their talk "Designing a crossover study to compare phonological and semantic therapy approaches for speech perception deficits in aphasia" *Celia Woolf and Anna Panton* described their investigation of the two approaches with 20 people with aphasia using a randomised cross-over design with repeated baselines. They discussed advantages and challenges of using such design in a group study, and some novel assessments were introduced.

Mandy Galling followed with an interesting single case study describing the "Assessment and management of a person with adynamic aphasia". This relatively rare diagnosis is described as a motor aphasia where the person has very little output, but when this output is heard, it is fluent and appropriate, with reading and repetition relatively intact. In collaboration with a consultant Mandy Galling chose a pharmacological treatment option with the drug 'Bromocriptine' (a dopaminergic agonist) to improve the client's language skills. Dopamine has been identified as being reduced in people with aphasia, and is usually used as a "wake-up drug". Baseline, intermediate and follow-up assessments of the client's language and cognitive skills were planned. The client is currently undergoing treatment with Bromocriptine, which involves a slow introduction and staggered increase of the drug over a period of time. Some provisional positive changes were noted regarding the client's naming ability.

The day finished with a talk by *Rachel Bryne* on 'Is monitoring failure in jargon aphasia modality specific?'. She described her research on seven people with jargon aphasia who all underwent cognitive and psycholinguistic assessment, as well as different type of monitoring tasks (written and spoken; on- and off-line). Results showed that three of the participants were better at monitoring their writing than their speech, and three participants showed the reverse effect. Rachel Bryne suggested that jargon aphasia results from a primary phonological problem interacting with attentional (and other cognitive) factors.

All in all participants enjoyed yet another successful and stimulating Research-in-Progress Meeting. Abstracts and references can be accessed via the BAS website <http://www.bas.org.uk/researchinprogress.html>.

Frauke Buerk and Jill Summersall, Newcastle PCT

If you have any suggestions for topics for future meetings, or your institution would be willing to host a meeting, please contact Lisa Perkins research-in-progress@bas.org.uk, or tel: 01534-624501.

Research Round Up by Emma Eaton

The debate on errorless and errorful learning

The issue as to the benefit of errorless learning in the treatment of aphasia remains controversial. This study compares picture naming with 3 treatment conditions: errorless learning; errorful learning with feedback; and errorful learning without feedback. Both errorless and errorful training with feedback led to significant improvements at 2-week and 12-14 week post-treatment re-tests. The authors argue that this demonstrates that effortful retrieval attempts are not necessary to get the maximum therapeutic benefit.

McKissock, S., Ward, J. (2007). Do errors matter? Errorless and errorful learning in aphasic picture naming. *Neuropsychological Rehabilitation*, 17 (3), 355-73

Aphasia and the use of functional MRI

This paper reviews the literature on the use of fMRI in aphasia studies. For example, it has been found that recovery from small lesions can be supported by left hemisphere mechanisms, whereas the right hemisphere may be more supportive of recovery from larger lesions. Methodological problems are also discussed, including the selection and structure of tasks, and the reliability and stability of fMRI images. Finally, the authors explore the benefit of fMRI in driving mechanism-based treatments for more effective therapy.

Crosson, B., McGregor, K., Gopinath, K. S., Conway, T. W., Benjamin, M., Chang, Y. L., Moore, A. B., Raymer, A. M., Briggs, R. W., Sherod, M. G., Wierenga, C. E., White, K. D. (2007). Functional MRI of language in aphasia: A review of the literature and the methodological challenges. *Neuropsychology Review* May 2007

The application of conversational analysis

This paper examines the use of conversational analysis (CA), a qualitative tool for analysing naturally occurring communication in everyday interactions. The authors outline the methodology then discuss its application to the assessment and treatment of aphasia.

Beeke, S., Maxim, J., Wilkinson, R. (2007). Using conversation analysis to assess and treat people with aphasia. *Seminars in Speech and Language* 28 (2), 136-47

Book Review

Including people with communication disability in stroke research and consultation: A guide for researchers and service providers Available from Connect – the communication disability network

In order to achieve effective service planning and research, speech and language therapists are highly aware of the need to include our service users – those with communication disorders. However SLTs will also be very aware of the challenges posed by this need, especially when considering the needs of those with aphasia. We strive to ensure our service users are facilitated to make meaningful contributions and their inclusion is not just an attempt to 'tick the inclusion box'.

Including people with communication disability in stroke research and consultation - a guide for researchers and service providers is published by Connect. This guide provides information, advice and practical tips for anyone who wishes to include those with a communication disability in their work. While the title focuses the reader towards considering research, the advice contained in this book has relevance for other aspects our work. Topics covered include information on aphasia and communication impairment, ensuring information is provided in an accessible format, interviewing individuals and running successful meetings. The appendix provides very useful examples of most of the ideas detailed in the book and shows how they can be put into practice. For those both experienced and inexperienced in working with patients with aphasia, the examples in the appendix will be invaluable. The ideas presented will also have application for those with a wide range of difficulties, not just those with aphasia. The guide follows its own advice and information is presented in a clear and easy to read format.

Throughout this guide, the underlying theme of respect and equal inclusion for all is clear. Our service users are often excluded from research or from giving their feedback because of the difficulties they have in expressing their ideas. This guide provokes thought and discussion of the issue and gives some of the answers for the question of *how*. This guide is relevant for all professions involved in working with those with communication disorders and should be recommended to all our colleagues; SLT, allied health and social care professional, medical, managerial etc. This is an excellent tool.

Reviewed by Anne Healy, Senior Speech and Language Therapist, Beaumont Hospital

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The BAS Committee has recently reviewed the constitution. Please can members read the revised version which is online at the BAS website www.bas.org.uk. Changes are highlighted in red. A vote to adopt the amended constitution will be taken at the AGM in September.



An invitation to join the BAS committee

September is approaching faster than you think! And with it comes the 2007 International Biannual BAS Conference in Edinburgh....and the AGM!! Over the next few months we are making some slight organisational changes to the way the committee operates, and in September 2007 some committee members will be standing down completely and others will be standing for re-election.

We are keen to see new members joining the committee at this stage, so if you have always thought you might welcome this opportunity, or if you have a colleague who needs a nudge in this direction, then we would be delighted to hear from you. You will see from the nominations form overleaf that we are particularly looking to recruit to certain posts, and we are therefore asking nominees to specifically identify which post they would be willing to take on.

The posts which are "up-for-grabs" include:

Newsletter Editor

Publicity Officer

If you would like more information on any of these posts, you can either contact the current post holder for an informal discussion via the BAS website (www.bas.org.uk), or see contact details in the back of the newsletter), or contact Emma Eaton (publicity@bas.org.uk) who can let you have a "job description".

We look forward to hearing from you



British Aphasiology Society

The British Aphasiology Society exists to foster the development of the study of aphasia: encouraging the dissemination of knowledge about aphasia and its treatment, and promoting the interests of people with aphasia.

BAS will be holding its Annual General Meeting in September 2007, during the Biannual International BAS Conference in Edinburgh. 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.

This year some of the current committee members will be stepping down and a number of these members will be standing for re-election. Two current committee members will be standing for re-election in their current post as Chair of BAS and Membership Secretary.

We are now seeking nominations for new committee members. Nominations are sought from the variety of disciplines associated with the study of aphasia (including psychology, speech and language therapy, anthropology, sociology, linguistics etc), from both clinical as well as research personnel, so as to maintain the balance between these fields. If you wish to nominate someone please use the form below. Nominators, seconders and nominees must be BAS members. Nominations must be received by the BAS Secretary by Friday, 10th August 2007.

"....."

I wish to nominate.....as a BAS Committee member

Name of Nominator:.....Signature:.....

Name of Secunder:..... Signature:.....

I confirm that I am willing to stand for the BAS Committee in one of the following roles:

(please tick which of the roles which you would be willing to take on)

Newsletter Editor

Publicity Officer

Signature of Nominee:.....

Address and contact telephone number of Nominee:

Return to: Frauke Buerk, BAS Secretary at Newcastle General Hospital, Westgate Road, Adult Speech and Language Therapy, Newcastle upon Tyne, NE4 6BE

Events Diary

'Science of Aphasia VIII'

Science of Aphasia VIII Conference: 14-19th September 2007, Monopoli, Italy. Theme: Neurocognition of Language. Various topics including intervention. Call for abstracts. Deadline: April 15th 2007. For further information see: www.soa-online.com

'1st National Aphasia Support Group Meeting'

Aphasia Now Support Meeting. 17th-18th September. An opportunity for people with aphasia to meet other people with aphasia. See: www.aphasianow.org or email: mail@aphasianow.org

Applied Speech and Language Therapy Research in the 21st Century

A 20th Anniversary Conference to be held at the University of the West of England on 14th September 2007. For further information contact Shirley Cotton at the Speech and Language Therapy Research Unit on 0117 918 6529. Email: Shirley.Cotton@nbt.nhs.uk

Can you help?

Voice your views on speech and language therapy in Parkinson's disease

If you work with people with Parkinson's disease, however little and however infrequently, a research team in Newcastle, undertaking a UK-wide survey of speech and language therapy provision for people with Parkinson's, wants to hear from you.

The aim is to gain an overview of the content and organisation of speech and language therapy provision for Parkinson's in the UK.

You can complete the questionnaire online (visit: www.slt-survey.org.uk). Email and paper formats are also available. All responses are totally confidential and anonymous. The work is supported by the Parkinson's Disease Society (UK) and backed by the Royal College of Speech-Language Therapists and has full ethics committee approvals.

To find out more about the project or to obtain paper or email versions of the questionnaire, contact Emma Noble, Speech and Language Sciences, University of Newcastle, George VI Building, Newcastle upon Tyne, NE1 7RU. Tel: 0191 222 5120, email e.j.noble@ncl.ac.uk

The team also wants to find out what people with Parkinson's and their families feel about speech and swallowing changes in Parkinson's – there are dedicated questionnaires for them to fill in too, so please pass on the word about the survey.

BAS has recently updated its website. Have a look at www.bas.org.uk. One of the new features is a members discussion forum. The forum is designed to promote clinicians, researchers, students, people with aphasia and carers to discuss issues related to aphasia.

British Aphasiology Society Biennial International Conference, 10 – 12 September 2007, Edinburgh



CONFERENCE ANNOUNCEMENT

Reserve your place on-line at www.trainingmadeeasy.co.uk or call 44 (0)1332 740172 for further information

INVITED SPEAKERS:

Sharon Abrahams	Thomas Bak	Miriam Brazzelli	Gianna Cocchini
Roberto Cubelli	Pam Enderby	Fernanda Ferreira	Sue Franklin
Argye Hillis	David Howard	Marjorie Lorch	Katie Overy
Martin Pickering	Klaus Willmes		

PROGRAMME THEMES:

Awareness of language deficits	Cognitive models of aphasia therapy	Social aspects of aphasia
Reading and writing in aphasia	Historical perspectives	Language in neurodegenerative conditions
Language relearning	Sentence comprehension and production	Conversation and dialogue
	Debate on evidence based therapy	

See the full programme on the [BAS website](http://www.bas.socsci.ed.ac.uk).

CONFERENCE VENUE:

Our Dynamic Earth, one of Scotland's premier conference venues, offering stunning views of the Scottish Parliament, Palace of Holyroodhouse, and Salisbury Crags.

Conference guests will have the opportunity to enjoy a FREE Conference Wine Reception hosted by the Lord Provost of Edinburgh on Sunday 9th September and special BAS 21st Anniversary Gala Dinner on Tuesday 11 September at the Balmoral Hotel with traditional Scottish entertainment.

CONFERENCE FEE:

Full Conference **£250**

Single Day **£120**

Gala Dinner **£35**

RESERVE YOUR PLACE ON-LINE AT www.trainingmadeeasy.co.uk.