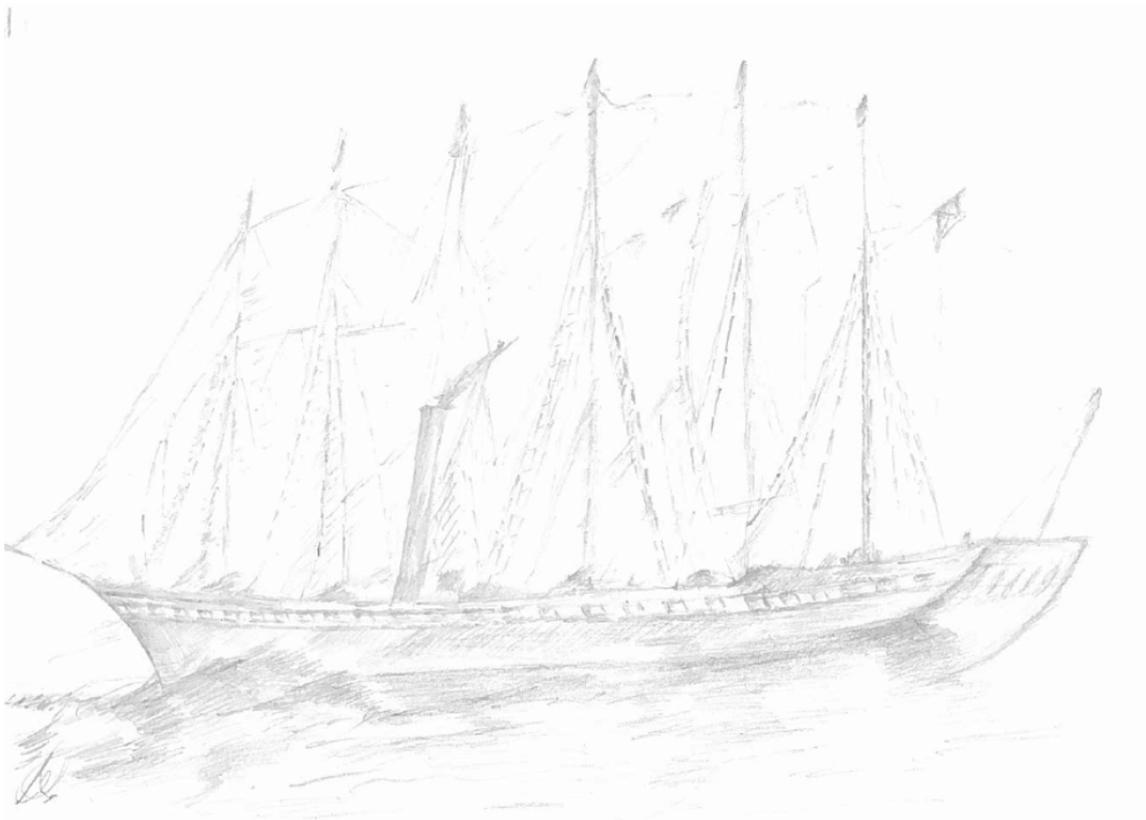


**BAS Therapy Symposium 13-14th
September 2017**



SS Great Britain, Bristol

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Artwork by Mick Quick, individual with aphasia

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Wednesday Key Note

Measuring outcomes in aphasia rehabilitation: what matters and how can we measure it?

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Capturing meaningful outcomes in aphasia rehabilitation is important and a challenge. In clinical practice, speech language therapists measure outcomes to demonstrate the value and impact of their work. In research, outcome measures are used to draw conclusions regarding the effectiveness of an intervention. In both research and practice, our ability to demonstrate the value and impact of aphasia rehabilitation hinges on the outcomes we measure and the tools we use to measure them.

This presentation will report the results of an international program of research which sought to answer the question, "Which outcomes are most important to stakeholders in aphasia rehabilitation and how can we best measure them?" The results of (1) a trilogy of stakeholder consensus studies examining the perspectives of: (a) people with aphasia and their families; (b) aphasia clinicians/managers; and (c) aphasia researchers, will be reported. This information will be paired with the results of a scoping review of aphasia measurement instruments. Ways to apply these findings in clinical practice will be highlighted.

Wednesday Session 1: Assessment

Reading comprehension in people with aphasia: implications of research for clinical practice

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Background: Reading is an important skill which facilitates participation in wide range of social, leisure and work activities¹ and access to technology². Reading difficulties are a common feature of aphasia, including difficulties with reading comprehension, oral reading and reading speed³.

Previous research has highlighted the need to:

- i) Understand reading from the perspective of the individual
- ii) Understand the nature of reading comprehension difficulties in aphasia and their impact on everyday reading

This study will present findings of a large scale study of reading in aphasia, highlighting what it adds to our understanding of reading comprehension difficulties in aphasia and the implications for clinical assessment.

Method: The study investigated reading in 82 people with aphasia and 87 age-matched control participants. As part of the research, the Comprehensive Assessment of Reading in Aphasia (CARA) was developed. This assesses reading comprehension of single words, sentences and paragraphs, with systematic manipulation of factors which may impact ability at each linguistic level. Reading ability was assessed in terms of accuracy and reading time, with comparison of the people with aphasia and the control participants. People with aphasia also completed an aphasia friendly supported questionnaire which investigated current reading ability and activity, feelings about reading and reading strategies.

Results: There was extensive variability in the reading ability of the people with aphasia, with some participants performing within the normal range for reading accuracy. Reading speed was a more sensitive measure of difficulty, particularly at paragraph level. The impact of particular linguistic and text-related variables will be highlighted. For the people with aphasia, there was also significant variation in terms of perceived reading ability, feelings about reading and reading activity. Individuals reported enjoying and being motivated to read, despite reporting that it was difficult. Significant positive correlations were found between comprehension accuracy at single word, sentence and paragraph level. Comprehension accuracy was less strongly associated with rated perception of reading ability and feelings about reading.

Discussion: The study highlights the need to consider reading accuracy, reading speed and perception of reading when profiling reading ability and monitoring change. Considering accuracy alone may underestimate difficulty. The assessment used (CARA) was able to profile the reading ability of a wide range of people with aphasia in a holistic way.

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Processing concrete and abstract verbs in aphasia: behavioural status and neural correlates

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Background: Processing concrete concepts is easier and more efficient than processing abstract ones among healthy adults¹ and people with aphasia². This concreteness effect led some researchers to propose segregated neural bases to process concrete and abstract concepts³. While, concreteness effects have been documented in nouns, some studies have shown differences between processing nouns and verbs in aphasia⁴. The aim of this study was to explore the effect of concreteness in verbs in aphasia, and identify their neural correlates. A review of the available neuropsychological and aphasiological tests suggests that there is a dearth of comprehension tests for abstract verbs.

Method: We developed a neuropsychological test to assess the comprehension of concrete and abstract verbs. Specifically, we generated a new verb synonym judgement test in which we manipulated imageability and frequency, yielding four categories: concrete high- frequency, concrete low-frequency, abstract high-frequency and abstract low-frequency. Normative data was collected from 25 elderly healthy participants and the results revealed ceiling effects across all four categories. The test was then administered to a cohort of 48 individuals with chronic post-stroke aphasia in order to explore the processing of concrete and abstract verbs, and identify their neural correlates using lesion-symptom mapping.

Results: The behavioural results revealed a significant effect of imageability, with better comprehension of concrete verbs compared to abstract verbs. There was no effect of frequency or interaction effect between imageability and frequency on verb processing. Lesion-symptom mapping revealed common areas that support processing concrete and abstract items in the left anterior temporal lobe and posterior supramarginal gyrus. Further direct contrast between concrete and abstract items revealed significant graded differences between them. Specifically, left frontal regions (inferior and middle frontal gyri, and pre- central gyrus) were associated with processing abstract verbs; whereas, left temporal and occipital regions (inferior temporal gyrus, posterior middle temporal gyrus and inferior lateral occipital cortex) were associated with processing concrete verbs.

Discussion: The findings provided evidence that processing concrete verbs is more robust than abstract verbs in post-stroke aphasia, which aligns with existing literature on concrete and abstract noun processing^{1, 2}. The neuro-imaging findings are consistent with results using other methods such as functional neuroimaging and neuro-stimulation^{5, 6}, suggesting graded differences between the neural representation of concrete and abstract concepts. The developed verb synonym judgement can be used in clinical practice with aphasia in the assessment phase to detect semantic deficits and in planning intervention programmes.

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Linguistic discourse analysis in aphasia: translating evidence between research and practice

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Background: Speech pathologists have frequently applied linguistic discourse analysis in aphasia research to assess changes in communication as a result of aphasia, and measure the generalisation of intervention outcomes¹. However, speech pathologists have identified that the time and knowledge required to complete an analysis present barriers to the translation of this knowledge to clinical practice². The present research aimed to implement and evaluate a hybrid Knowledge-to-Action intervention to: (1) examine the effectiveness of an intervention teaching different approaches to the completion of linguistic discourse analysis; and (2) evaluate the translation and ongoing application of knowledge acquired during the intervention.

Method: Twenty-nine final year speech pathology students from four Australian universities participated in the Knowledge-to-Action intervention. Four variations of the workshop were conducted focusing on specific evidence-based approaches to discourse analysis: Judgement-based (transcription-less), manual (transcription-based), computer-assisted (transcription-based), and automated (transcription-based). At pre- and post-intervention, all participants completed an evaluation applying assessment knowledge to a clinical case study. These evaluations were subject to quantitative content analysis and statistical evaluation using Linear Mixed Models to measure changes in assessment, goal-setting and therapy planning resulting from the intervention. A follow-up evaluation was also completed six months after the intervention.

Results: Following the intervention, participants identified significantly more discourse-level communicative behaviours in their assessment, and targets of goals and therapy for a person with aphasia. Participants also described more goals that aimed to improve language production in discourse contexts, and utilised significantly more discourse-based therapy tasks while their use of naming-based tasks decreased. Only participants performing transcription-based (computer-assisted) analysis performed differently to participants in other analysis conditions, and only in the types of therapy tasks they described. Overall, participants' perceived confidence and competence using linguistic discourse analysis improved following the intervention, though not all of these gains were retained at follow-up.

Discussion: The Knowledge-to-Action intervention successfully influenced participants to consider discourse-level language production in their assessment, goal-setting and therapy planning for a person with aphasia. This success suggested that such interventions may be a feasible method to promote the translation of large bodies of evidence to clinical practice in speech pathology. However, due to the exploratory nature of this research, further investigation is needed to determine the effects of mode of discourse analysis of assessment of people with aphasia.

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Therapy targeting the communicative use of gesture in severe aphasia: a single-case study

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Background: People with severe aphasia can acquire pantomime gestures through therapy¹. However, few studies have explored generalisation to a communicative context.

This single-case study formed part of a group study comparing the benefits of gesture and naming therapy for severe aphasia. This was the first reported study of gesture therapy to address the communicative skills of both the person with aphasia and their main communication partner. We found participants made greater gains in naming than in gesture. They improved in conveying messages and narratives following therapy for single items, with further gains in conveying messages following communicative therapy.

This single-case study reports the case of a participant whose pattern of performance differed from the group norm. It explores the success and limitations of communicative strategies employed by the participant and her partner and describes in detail how therapy aimed to improve their communicative use of gesture.

Method: “Mabel” received 15-hours of therapy aiming to teach 20 pantomime gestures and 20 spoken words (Therapy A), then a further 15-hours of therapy targeting Mabel’s use of gesture alongside other communicative strategies and her husband’s ability to elicit and interpret her gestures (Therapy B).

The study used a repeated measures design with a double baseline and two post-therapy assessments. Outcome measures examined the intelligibility of pantomime gestures to an unfamiliar observer and accuracy of spoken naming. Two novel assessments evaluated her ability to convey messages and narratives to her husband. All assessments included treated and untreated items.

Results: Following Therapy A, Mabel was still unable to produce any spoken words. Visual analysis indicates that the intelligibility of her pantomime gestures improved (T2= 46.7%, T3= 65%) and that this was not confined to treated items. However, her ability to convey messages to her husband did not improve and her performance in conveying narratives was inconsistent. Following Therapy B, Mabel’s ability to convey messages improved (T3= 21.7%; T4= 36.7%). Her ability to convey narratives to her husband remained inconsistent.

Discussion: Although Mabel learnt a small number of pantomime gestures following Therapy A, therapy specifically targeting the communicative use of gesture was

required to provoke gains in conveying information to a partner. Gains in gesture are shown despite an intractable impairment with spoken language.

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Dialogue training for chronic non-fluent aphasia and apraxia of speech

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Background: Aphasia therapy has traditionally focused on single words¹. But there are proposals that more complex forms should be targeted^{2,3} and ‘Script Training’ which has shown success in training individuals on a set of linked phrases^{4,5,6}. Thus, targets for rehabilitation can be set at a level well beyond what a patient is able to achieve during assessment. For example, an individual who cannot reliably produce single words or phrases in connected speech can be trained on the production of sentences that are learnt as whole ‘chunks’.

We present a small case-series with three individuals with chronic non-fluent aphasia and apraxia of speech. Rather than training single words or sentences, we trained functional dialogues created with the participant (e.g. ‘buying a lottery ticket’, ‘ordering food’, ‘ordering a taxi’).

Method:

Table 1: Participant details

Participant	Age	Sex	Time since stroke (months)	WAB aphasia quotient ⁷	WAB classification ⁷	Repeating words of increasing length ⁸
A	68	M	72	34	Broca’s	1 syllable: 16/20 2 syllable: 11/20 3 syllable: 2/20
B	69	M	35	61.5	Transcortical Motor	1 syllable: 20/20 2 syllable: 17/20 3 syllable: 14/20
C	67	F	84	80.9	Broca’s	1 syllable: 20/20 2 syllable: 13/20 3 syllable: 10/20

Therapy protocol

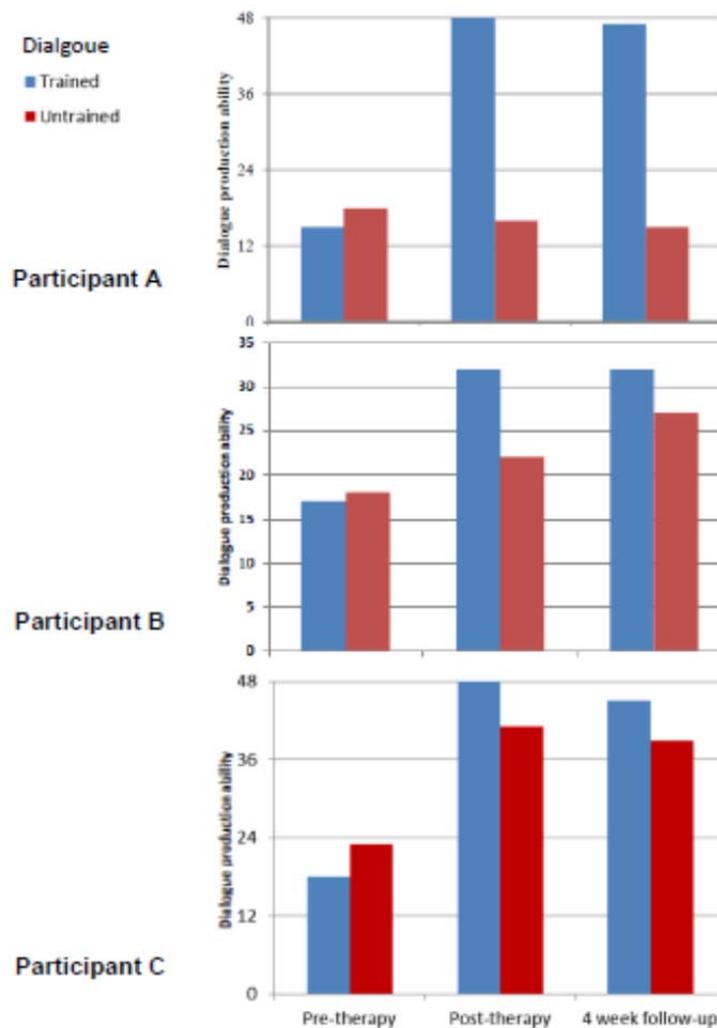
Treatment targeted the production of a set of short dialogues that consisted of three phrases/ sentences produced in an exchange with another person. Therapy took place 3 times a week for 4 weeks. Dialogue phrases were practiced in a set and then in a randomised order. Dialogues were initially presented with auditory and written

support, stepping up to a picture cue as therapy progressed. A cueing hierarchy was used to facilitate production (Table 2).

Table 2: Cue hierarchy and scoring for dialogue production accuracy

Score	4	3	2	1	0
Cue needed for accurate production	None	Reading of first word	Reading of whole typed phrase	Additional phonemic cues + reading aloud	Whole words/phrase given for repetition + reading aloud

Figure 1: Dialogue production accuracy.



Results & Discussion:

All individuals were able to learn the dialogue phrases, with increases in the accuracy of production and less reliance on cues by the end of therapy. Table 2 gives the scoring procedure. Figure 1 shows the results. Script training has a growing evidence base. This study demonstrates the extension of the principles of script training to functional, every day, dialogues.

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Efficacy of group language games as therapy for post-stroke aphasia

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Background: Aphasia rehabilitation can be effective if delivered intensively^{1,2}, but this is difficult for public health systems. There is limited evidence that structuring intensive therapy as a group game could offer an alternative to individual therapy³. We designed and evaluated a new rehabilitation game for word-retrieval difficulties in aphasia.

Method: Our experimental game was based on the social game of charades. Participants were divided into teams. Members of one team guessed target words presented by a teammate. Points were awarded based on whether the participant describing the target could speak the word unaided (correctly or with errors) or whether cueing was necessary. We contrasted three therapy types that differed for type of cueing: phonemic, phonemic+gesture or phonemic+semantic. 12 participants with moderate-severe expressive aphasia took part. Each game treated 60 words and was played for 18 hours over 2 weeks. Language assessment took place before therapy (with multiple baselines) and after therapy (immediately, and after 4-8 weeks). Gains were measured using The Comprehensive Aphasia Test, the Boston Naming Test, the Cinderella Story Retell, picture-naming of the targets, and picture description of 9 pictured scenarios designed to elicit the words targeted in therapy.

Results: Data were analysed using log-linear analysis. There was a significant effect of therapy for treated lists, with all participants showing improvements ($G^2 = 246$, $p < .001$). There was a significant interaction between treatment order and word lists. Treated words improved after therapy ($G^2 = 355$; $p < .001$) but untreated words did not, showing no generalisation. Improvements were similar for nouns and verbs ($G^2 = 1.62$, $p = .45$) and for type of cueing ($G^2 = 6.0$, $p = 0.2$). Therapy gains decreased only slightly during maintenance, although this was significant ($G^2 = 13.4$, $p < .001$).

Language functions besides naming did not change with therapy. There was, however, some generalisation beyond the naming task practiced in therapy. After therapy, target words were produced more often in the description of pictured scenarios (14% vs 31%; $G^2 = 73.8$, $p < .001$). Participants reported enjoying the treatment.

Discussion: Participants showed significant gains in naming words after 18 hours of therapy with some generalisation across tasks (description of scenarios). The gains were similar to those reported by studies with individual therapy^{4,5}. Group game

therapy is a promising way to deliver therapy in a public healthcare setting, intensively, cost effectively, and with strong patient acceptability.

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Evaluation of interventions to support Internet use for people with aphasia.

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Background: Individuals with aphasia may wish to engage with the Internet for communication or leisure, either continuing with previous use or as a new development. There are currently gaps in our understanding of how to assess Internet skills, means of identifying which factors influence a person's ability to carry out Internet activities, design and delivery of interventions, and how to measure their outcomes. Internet skills exist on a continuum, and abilities prior to stroke are likely to vary, as are external factors such as equipment and provision of support.

Method: This research used the World Health Organisation's International Classification of Functioning, Disability, and Health (ICF) to guide assessment of Internet skills and to support the design and evaluation of interventions. A series of single experimental case-studies with people with aphasia following stroke (N=4) were carried out. Profiling included assessments of language and non-verbal cognition, a novel assessment of Internet skills, a questionnaire on Internet use, and measures of social support and the emotional consequences of stroke. Structured goal setting sessions took place with each person. We then developed personalised interventions using a novel decision-making framework, based on the current evidence-base and knowledge of supportive technologies. Outcomes were measured by assessment of areas where change was predicted for the individual participant.

Results: The following Internet goals were identified (one per participant): (1) access to information from news and sports websites, (2) writing for Facebook, (3) writing emails, and (4) online messaging. Interventions were related to one or more of the following approaches: Therapy targeting impairment of language or non-verbal cognition, compensatory strategies, assistive technology, modification of online environments, and provision of carer/volunteer support. All participants completed the interventions and improved towards their identified goals. Control measures remained stable in all participants. Measurement of generalisation to 'real-life' Internet environments proved difficult due to concerns around intrusion into participant's online interactions. One case was followed up three months post-intervention, and a change in increased online interactions was maintained.

Discussion: The ICF framework and the novel decision-making framework aided complex decision making and guided design of successful interventions. Interventions took a variety of forms and needed sensitive and reliable measures to capture change. Evidence for such interventions related to information and communication technologies in aphasia is currently lacking. This research, therefore, provides a framework for clinicians and researchers to build upon in future work researching Internet and technology use in aphasia.

Developing an evidence-based template for health information with people with aphasia: principles, findings, and implications for practice.

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Background: People with aphasia require information about their health. Guidelines and policies highlight the importance of providing accessible information to this population to support their health literacy^{1,2}. Studies suggest, however, that people with aphasia continue to feel under-informed after stroke³.

Method: This study aimed to develop a template for presenting health information to people with aphasia. Firstly, we reviewed the literature in three areas: the effects of modified formatting of information for people with aphasia, factors likely to facilitate language comprehension in aphasia, and the topics about which people need information after stroke. From these reviews we extracted principles for the design of a prototype template, which we developed with graphic designers.

Fourteen people with a range of aphasia severities collaborated in an iterative design process to finalise the template⁴. Participants attended two facilitated focus groups to give their views on the prototype template. The template was modified according to feedback after each focus group. The group discussions were recorded, transcribed, and analysed using Framework analysis⁵.

Results: The literature reviews informed the language, typography, images, and layout, and content of the prototype. The iterative design process resulted in the development of the template. The focus group findings informed the final version of the template, including relevant topics, use of language to maximise comprehension of text, optimum number of concepts per page, facilitative features of typography, use of images, and layout of information.

Qualitative analysis of the discussion data generated a thematic framework, providing an understanding of the issues from the perspective of people with aphasia. This includes themes reflecting visual access, the look of the materials, ease of understanding, and the varied experience of aphasia for individuals when accessing health information.

Discussion: The evidence from this study indicates that designing accessible health information materials for people with aphasia requires attention to visual, cognitive, and language processing demands, and consideration of the personal experience of aphasia.

The template has implications for clinical practice, for example to support health professionals to adhere to guidelines when providing written information, and to support health literacy in people with aphasia⁶. This template will not, however, ensure that all people understand all information. Given the varied nature of aphasia, translation of these research findings into practice will require further

training for healthcare staff providing information to people with aphasia.

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Taking eva park into service: therapy case studies.

Background: EVA Park is an online multi-user virtual world, developed with and for people with aphasia ¹. A previous study ² provided 5 weeks of communication therapy to 20 people with aphasia in EVA Park. It resulted in significant improvements on a measure of functional communication and showed that EVA Park was highly acceptable and accessible to users.

The present study explores alternative treatment approaches delivered in EVA Park.

Methods: Five participants with moderate aphasia received one of five virtual therapy approaches, depending on their needs. Therapies were adapted from published protocols for noun retrieval, verb retrieval, sentence production/comprehension, interactive storytelling and functional script production. Each participant received twenty individual therapy sessions administered over five weeks. This presentation will focus on the noun and verb retrieval protocols. It will describe how familiar treatment techniques, such as Semantic Feature Analysis ³ and VNeST ⁴ were adapted for virtual delivery. Partial delegation of therapy to SLT students will also be described.

Results: Studies adopted a single case experimental design. Data from each participant were collected at four assessment points: two before therapy (separated by 5 weeks), one immediately after therapy, and one 5 weeks after therapy finished. Assessments comprised: a test of functional communication (CADL-2⁵), a personal narrative sample and measures specific to each therapy. For the noun and verb therapies, a naming test of matched treated and untreated items was collected at each assessment point. Assessments were scored by SLT students who were blinded to time point. Observations about the feasibility and acceptability of therapy were also recorded.

Feasibility and acceptability for both described protocols were excellent. Assessment findings were mixed. However, significant gains were demonstrated for treated nouns.

Discussion: This study shows that EVA Park can be used to deliver 'conventional' therapy approaches. The virtual therapy techniques have been documented in manuals, so that they can be replicated. The results add to the body of evidence required if EVA Park is to become a mainstream therapy resource.

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The effect of a novel, non-linguistic cognitive intervention on functional communication in global aphasia

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Background: Global aphasia is a severe language disorder affecting all communication modalities and in many cases cognition also¹. Speech and Language Therapists report that the severity of impairments and co-occurring cognitive difficulties are the biggest challenges when working with people with global aphasia (PwGA)². There is evidence that cognition is important for functional communication^{3,4} and cognitive treatments for communication have been explored for milder forms of aphasia^{5,6}. However, to date no study has robustly demonstrated significant improvements in functional communication after cognitive treatment and few have explored interventions suitable for PwGA.

Methods: An intervention containing non-linguistic tasks which target cognitive skills relevant to non-verbal communication such as attention, perception, recognition, comprehension and choice making was developed and trialed with six PwGA. Participants were classified using the Western Aphasia Battery-Revised⁷ and were aged between 57 and 81 years. Average time post onset was 3 years 3 months. A case series design with multiple pre- and post-therapy measures was conducted to investigate change in language, cognition and functional communication skills after the intervention. Functional Communication was measured using the ASHA-FACS⁸ (whereby a significant other rated communication behaviors) and a newly developed assessment, the Interaction Profiling Tool (INTERPRet) which measures low level functional communication skills through direct observation.

Results: The functional communication of the group of participants as measured by ASHA-FACS improved significantly after intervention ($z=-1.992$ $p=0.023$ for communication independence and $z=-2.207$ $p=0.014$ for qualitative communication) and gains were maintained at 3 month follow up testing. However, these improvements were not captured by the INTERPRet. After intervention, there were also statistically significant improvements and large group effect sizes in visual perceptual, semantic, non-verbal problem solving, non-verbal reasoning and symbolic thinking skills as measured by object to picture matching, picture categorisation, Butt Non-Verbal Reasoning Test⁹ and Raven's Coloured Progressive Matrices¹⁰.

Discussion: The findings support the suggestion that cognition is important for functional communication and provide evidence that treating cognition can improve functional communication and skills important for language. Contrary to the common assumption that PwGA do not respond to interventions, this study has

found that PwGA benefited from a non-linguistic intervention. The fact that gains found on the ASHA-FACS were not captured on the INTERPRET indicates the need to develop a functional communication assessment that can directly measure small or subtle changes in clients with severe impairments.

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Mental practice for a phonological assembly deficit

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Background: There is a need for a stronger evidence base for impairment based therapy targeted at the Phonological Assembly area of Patterson and Shewell's¹ Cognitive Neuropsychological model of language processing. The most successful example of therapy in this area was presented by Franklin et al.² but further studies have so far been unable to replicate generalisation of therapy effects. Page and Harnish³ postulate that frequent mental practice of words or phrases may improve language function for individuals with aphasia.

Aims: This single case study aimed to explore the potential effectiveness of a novel therapy approach for this client group (mental practice) and examine the client's perspective of the therapy technique.

Method: A client with a Phonological Assembly deficit was seen for 10 weeks and required to read aloud lists of words of increasing syllable length, using mental rehearsal instead of *conduite d'approche*. Baseline assessments included both quantitative and qualitative data gathering. Quantitative data gathering consisted of baseline CAT assessments⁴, ratings of speech (provided by the subject and his wife) and records of the client's progress with trained and untrained multisyllabic words during sessions (which were charted onto line graphs). Qualitative data included the transcript of an informal conversation between the researcher, the subject and his wife.

Results: Improvements were made in naming, reading aloud and repetition for both trained and untrained words. The client commented that the strategy worked well and was the right therapy choice for him.

Discussion: The data and the client's subjective experience of this strategy would suggest that further research of this therapy approach in this client group is warranted. The results imply that repeated mental rehearsal was responsible for an improvement of the client's Phonological Assembly due to activation of mirror neurones and stimulation of the shared network between language and motor functions (Page and Harnish, 2012). In addition, the client's perspective of therapy also contributed greatly to attesting the success of the technique.

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The verification interview technique: enabling the evaluation of the impact of language therapy on the quality of life of a person with severe aphasia.

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Background: It is difficult to measure the impact of speech and language therapy intervention for people with aphasia. This is because the effect of communication loss and language rehabilitation is hard to capture using concise psychometric measurements. Quality of life measurement is also challenging for people with severe aphasia. People with severe aphasia have difficulties understanding and producing single words. This level of language loss has resulted in people with severe aphasia being excluded from research into outcome measurement because they do not meet the minimum inclusion criteria for most aphasia investigations. Our clinical therapy trial was designed to overcome this challenge.

Method: This paper reports a research project that is being conducted to assess and compare the impact of two types of word finding therapy. This paper reports a single case study, and describes how outcome measurement was used to elicit the views of a person with severe aphasia. Interviews at four stages: pre therapy, at therapy change over, post therapy and at follow up were used to evaluate the impact of therapy. Ten non directive question interviews were conducted at each stage of the trial with both the person with aphasia and her husband. Interviews with the carer were transcribed and matched to interview questions using content analysis. This content was then presented to the person with severe aphasia for verification or contradiction using a range of conversation techniques including identifying topics for discussion, recapping what has been understood, visual analogue scales, adapted visual presentation of materials, writing, drawing, gesture, facial expression, pen, paper, keywords and yes/no questions.

Results and Discussion: Being able to represent your own views is a prerequisite of authentic quality of life measurement. This verification interview technique allowed our participant to contribute to the evaluation of her therapy allowing her to agree, disagree and qualify the propositions made by her husband. At times the technique allowed the person with aphasia to communicate novel information to the interviewer and her husband. We argue that this way of measuring outcome and the impact of therapy on quality of life will facilitate aphasia therapists to include people with all types of aphasia in their research and propose that it will contribute to the creation of an evidence base for impairment based language therapy for people with severe aphasia.

The participants' perspective on aphasia support groups – from professional leadership to peer-leading

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Background: People with aphasia (PWA) often experience a reduced quality of life (QoL) with a diminished autonomy and social isolation¹. Support groups can promote social inclusion². These groups actually show different kinds of organisation. Some of them focus on communication while others provide more psychosocial support. Groups are managed by professionals, relatives, or PWA. However, the leadership of professionals or relatives involves the risk of forcing participants into the role of passive recipients of care². Yet, there are only few studies that focus on the perspective of the group members with aphasia regarding their perceptions of potential benefits of different groups³.

Method: In the preliminary study of the research project "Support groups for people with aphasia – improving quality of life and competence (shalk)" the participants' experience with support groups was evaluated. Therefore a structured observation of support groups and interviews with group leaders and participants were conducted. The analysis was based on qualitative content analysis⁴. Two peer-led support groups, one SLT-facilitated group and one relative-facilitated group were observed. The interviews were conducted with two group leaders without aphasia (SLT/relative) and eight PWA. The persons with aphasia, 4 males and 4 females, had a mild to severe aphasia and a mean age of 61,5 years. They participated in support groups for 4 years on average.

Results: The main categories of the analysis of the observations and interviews were: role of the leader, organization & structure, contents & activities, communication, barriers for the takeover of leadership and subjective value of support groups. The results showed that group leading requires language skills and empathy, and that peer-leaders are perceived as having greater empathy. Discussions, talks, excursions, and practicing are described as positive activities while discussions lacking in content are perceived negatively. Barriers for the takeover of leadership are limited time or lack of language skills and self-esteem. The value of support groups is seen in the experience of normality, meaningful activities and learning from each other.

Discussion: As peer-leading is considered as having a great potential for aphasia support groups because of empathy and shared experiences, PWA should be empowered to set up and maintain peer-facilitated groups². The project shalk currently provides and examines training for PWA in order to enable them to assume a more active role in support groups.

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Poster presentations

- . **Are mindfulness and other CBT techniques effective in improving communication in people with acquired, non-progressive aphasia? A systematic review** Sophie Cottrell, Sam Harding & Stephanie Ticehurst
- . **A comprehensive aphasia battery for Gulf Arabic, and normative data for 530 nouns, 250 verbs, and 150 adjectives** Tariq Khwaileh, Eiman Mustafawi, David Howard & Ruth Herbert
- . **Responding to the ever-changing communication needs in a Conversation Group for people with Primary Progressive Aphasia** Alex Davies & Arabella Swift
- . **Quest, Chaos and Restitution: Narratives of people with aphasia** Esther Pettit, Julia Stewart & Julie Frayling
- . **'Writing Group': a feasible therapy format for people with aphasia and acquired dysgraphia?** Esther Pettit
- . **Can you have a good conversation without speech?** Sarah Banfield
- . **Primary Progressive Aphasia: Evaluation of Single Word Sign Communication Intervention** Vickie Coble
- . **Does the use of social media by people with aphasia improve their feelings of social inclusion and well-being post stroke and can this be applied to real life integration within the community?** Chloe Jordan & Margaret Stephens
- . **Is there a need for aphasia awareness training within UK supermarkets?** Elizabeth Clarke & Margaret Stephens
- . **Does communication rehabilitation provided to aphasia individuals extend to the immediate carer, so that the carer can successfully implement communication in the home?** Nicola Martin & Margaret Stephens