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Organising Team: Lyndsey Nickels, Melanie Moses, Kate Makin, Christine Taylor, Belinda McDonald, Katie Webb, Craig Richardson

Interaction in Aphasia Group Therapy: Effects of Context and Severity

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This paper discusses findings from a study that investigated patterns of interaction occurring between 5 individuals with aphasia and a facilitator, within a group therapy setting. Group therapy is thought to provide a more 'natural' conversational environment and more conversational opportunities than individual treatment settings. However, the nature of, and opportunities for communicative interaction within a group vary according to the purpose of the group (e.g., informal chat, naming activities, discussion of specific topics) and the severity of the aphasic speakers. In this study, the relative contribution of each participant's ideas, opinions and feelings, and the variety of related speech functions (e.g., challenge, agree, contradict, affirm) were examined across three distinct contexts occurring within a single group therapy session. The data were collected during a music discussion group at UK Connect London, which included 3 contexts: spontaneous chat, specific discussion of the kinds of music in which participants were interested in their 20s, then a section where 1 participant played her favourite CD and the group discussed it. Three contexts were analysed using the Speech Function framework of Eggins and Slade (1997) that grew out of the work of Halliday (1994). The basic premise is that any conversational interaction involves the exchange of information and the related roles of giving and demanding, receiving and responding. These interactive roles can be expressed through a diverse range of speech functions that elaborate and promote the exchange of information, or challenge content within an exchange. The speech function network developed by Eggins and Slade (1997) systematically identifies and classifies this diversity, and hence enables the analyst to examine the kinds of speech functions selected by aphasic speakers, and how they achieve these through verbal and nonverbal means. Results revealed variation in the amount of conversation contributed by the aphasic speakers across the 3 contexts. Some offered more in the spontaneous conversation, while others were more active in the discussions. In terms of the range of speech functions selected, severity of aphasia was a significant factor, and the facilitator used not only more speech functions than the aphasic speakers, but also used them differently. These results will be discussed in detail, together with implications for the expression of identity in individuals with aphasia.

Using a Phonological Cueing Hierarchy in the Treatment of Word Retrieval Disorders: What Generalisation Can We Expect

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Phonological cueing hierarchies have been used successfully in the treatment of word retrieval disorders (e.g., Hickin et al., 2002). Typically the benefits of the treatment are reported as being restricted to treated items. However, few of these studies have examined the relationships between treated and untreated stimuli. In particular, might it be the case that, while generalisation to unrelated stimuli does not occur, generalisation will be observed if stimuli are semantically or phonologically related to the treated items? This paper will report the results of an investigation designed to examine these possibilities. It will address the question of whether a phonological cueing hierarchy can result in generalisation to untreated items and whether this varies according to the relationship between the treated and untreated stimuli. The study will conclude that generalisation does not occur to untreated items, even when they are phonologically or semantically related to the treated items. However, generalisation is observed for homophones of the treated stimuli. The clinical and theoretical implications of these data will be discussed.

Constructing Engagement in Aphasic Conversations

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Background: Conversations are the most frequent communication activities of older people and there is evidence that aphasia impacts on a person's ability to participate in social conversations (Davidson, Worrall, & Hickson, 2003). Since the functions of conversations are transactional and interactional, it is important to understand how engagement in conversations between people with aphasia and their family and friends is accomplished. *Purpose:* The primary aim of this study was to examine the role of nonverbal and verbal resources in the construction of engagement in conversations between older people with aphasia and their regular communication partners. *Methods:* Naturalistic conversations of three older people with aphasia and two of their typical communication partners were videotaped and later transcribed. Conversational analysis (CA) was employed to examine the collaborative nature of communication in the conversational dyads and to illuminate key verbal and nonverbal resources. *Findings:* The analysis exposed the resources of body and eye contact, repetition, prosody and laughter within the conversational exchanges and the interaction between these resources in constructing engagement between the interactants. *Discussion:* This study records the use of CA in detailing the collaborative nature of conversations involving an older person with aphasia. Findings indicated that the nonverbal resource of laughter and the verbal resource of repetition functioned to signify engagement in conversations. Furthermore, the nonverbal resources of body and eye contact and prosody may demonstrate engagement in or disengagement from conversations. This research has illuminated the importance of transcription conventions that detail the verbal and nonverbal features inherent in exchanges between a person with aphasia and his or her conversation partner. The role of gaze, prosodic features, laughter and repetition are discussed. This study sup-

ports the call for a focus on social affiliation and connectedness between people with aphasia and their communication partners. Findings have implications for therapy interventions with people with aphasia and point to the importance of the conversational partnership. In-depth understanding of the verbal and nonverbal resources available to a conversational dyad may inform therapy that aims to facilitate active and satisfying participation in daily conversations for both the person with aphasia and his or her family member or friend. *Conclusions:* CA is confirmed as a powerful tool for examining social interactions and has relevance for the development of therapy programs that address the conversational competence of people with aphasia and their communication partners.

Conversation Partner Training: Its Role in Aphasia — Evaluation of the Literature

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Conversation partner training in aphasia has been the subject of growing interest and research over the past decade. Conversation partner training has broad theoretical and clinical implications. With many variables to consider, research around conversation partner training is challenging. This paper evaluates the literature concerning conversation partner training in aphasia in its many forms (for example, Kagan's approach of *Supported Conversation for Aphasic Adults™* and Lyon's *Communication Partners* approach)**.** Consideration is given to the multitude of variables in its application including: the target population (family members, volunteers, professionals); length, type and scope of training; timing considerations; and outcome measurement and evaluation. This paper serves as the basis for further research within the area of conversation partner training and therefore will attempt to identify areas not presently addressed by the research and those requiring further exploration.

Successfully Living With Aphasia: A Review of the Literature

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Background/Purpose: The negative psychosocial impact of aphasia has been reported extensively in the literature. Conversely, few studies have focused on determining why some individuals with aphasia live 'successfully', maintaining or improving life satisfaction following the onset of their communication difficulties. The question of how people with aphasia, spouses and speech pathologists, conceptualise 'success' related to living with aphasia may have important clinical implications. An increased understanding of factors or adaptive processes contributing to successful living with aphasia may inform clinical interventions and community based services for this population. The stories of people with aphasia have the potential to provide valuable lessons related to recovery and the concept of quality of life for those affected by aphasia. The purpose of this review is, therefore, to discuss literature relevant to the study of living successfully with aphasia and to outline a research agenda for addressing this topic in the future. *Method:* This review will draw on literature within aphasiology to highlight the clinical significance of the topic and how it has been addressed within the field to date. The paper will also examine literature on successful living within the fields of gerontology, disability and

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rehabilitation, highlighting the relevance of related studies to research on 'success' within aphasiology. *Main Contribution/Results:* A limited number of studies have focused on successful living with aphasia. Preliminary findings from the perspectives of individuals with aphasia suggest the importance of social support and independence as contributing towards success. The study of successful ageing in the discipline of gerontology also provides some guidelines for future research addressing success in aphasia. *Conclusion:* Based on the review of literature it is concluded that further rigorous research exploring what it means to live successfully with aphasia is required. A case is made for research that is framed within a biopsychosocial model, and which considers the perspectives of a number of stakeholders (people with aphasia, spouses, and speech pathologists). Given the subjective nature of 'success', a broad cross section of people with aphasia is needed to explore diversity of values and beliefs. Research using qualitative methods is indicated to explore what it means to live successfully with aphasia from the perspective of people with aphasia, spouses and speech pathologists.

Mutual (In)Comprehension? Using Conversation Analysis to Explore Language Processing in Context

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Focusing attention on different components of language (i.e., grammar, semantics, phonology, and so on) has been highly useful in theoretical modelling, assessment and intervention in aphasia. The synergistic nature of language, however, means that there is interaction between all components of language when a person is actually engaged in real-life processing and production of talk-in-interaction. In addition to models of language processing that focus on various cognitive and linguistic components, we need frameworks of analysis that encourage us to see language holistically, in order to understand how people manage the complexities of processing language 'online' in inherently variable, naturally occurring interactions. This has lead to considerable interest in how qualitative methodologies can add to our understanding of aphasia (Damico & Simmons-Mackie, 2003; Sorin-Peters, 2004). One such qualitative methodology, conversation analysis (CA) has influenced our understanding of the nature of aphasia (Wilkinson, 1999; Beeke, 2003; Ferguson 1998), the way we assess communication skills (Tetnowski & Franklin, 2003) as well as our conceptualisation of intervention (Lock et al., 2001). Importantly, CA analyses help us to focus on how people with communication impairments manage the complexity of communication in real-world contexts and how people with aphasia can display 'communicative competence' despite significant problems with language (Kagan, 1995). CA can also provide a framework for understanding how the temporal and sequential aspects of talk-in-interaction are integral to processing of language. In his recent exploration of the role of prediction in listening comprehension, Liddicoat (2004) discusses how CA analyses can highlight factors that impact on the processing of speech in real communication contexts and he shows how the ability to project the shape and length of a turn can influence word and sentence level processing. This paper will explore the challenges facing 3 people with aphasia and their communication partners in predicting turn shape and turn completion in spoken interaction. Detailed analysis of small segments of therapy will show that the sequential organisation of turns at talk and the identification of the 'action' in progress assist in lexical processing.

Brain Mechanisms Underlying Phonological Treatment Effects in Aphasia

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Afunctional MRI-naming paradigm was employed to investigate the neural correlates of successful phonological treatment in an individual with impaired word-retrieval poststroke. Items to be treated were selected in a pretest. A subsequent pretreatment fMRI scan measured brain activity during unsuccessful naming of objects to be treated and during successful naming of a comparison set of items. A phonological naming treatment was delivered 2 to 3 times weekly over 3 weeks with posttreatment behavioural testing indicating 100% accuracy on treated items. A posttreatment fMRI scan indicated that compared to the pretreatment scan, successful naming of treated items was associated with significantly increased brain activity in a number of left and right hemisphere regions including the left inferior parietal cortex which has been associated with phonological processing in healthy individuals, suggesting a candidate neural mechanism for sound-based treatments of naming.

Motor Learning Principles: Something (Else) to Consider in Therapy for Speech Motor Disorders

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Recent therapy guidelines for apraxia of speech (AOS) have emphasised the need to take account of motor learning principles in the design of therapy delivery (e.g., McNeil, Robin, & Schmidt, 1997). There has, however, been limited investigation of how motor learning principles should be applied in speech–language tasks in unimpaired speakers or in people with acquired speech motor disorders. This talk will briefly review the use of motor learning principles in therapy for speech motor disorders, and report on a number of studies of motor learning in unimpaired participants learning to produce foreign language sounds or learning tongue twisters. We investigated factors such as ratio of rest to practice, random versus blocked presentation of items, and the role of perceptual processing in motor learning. Our results and those of others show that while motor learning principles are important, considerable research is needed to determine how they should be implemented to maximise therapy outcomes.

A Multilayered Description of the Everyday Communication of Older People With Aphasia

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Background: For many who have a stroke in older age, the experience extends beyond the initial trauma of hospitalisation, and impairments of limb and language to the consequences of living with chronic disability, including chronic aphasia. With the incidence of stroke being higher in older people, and an increasing proportion of older people in our communities, the demand for relevant research escalates. Understanding the impact of aphasia on the

everyday communication of older people is central to the provision of speech pathology services within gerontological health-care. *Purpose:* The overarching aim of the research was to investigate the nature of everyday communication in the lives of older people with aphasia. *Method:* Naturalistic inquiry was the methodology for exploring the everyday communication of older people with aphasia. The research had two interrelated phases. In Phase 1, participant observation and information from structured diaries provided data on the typical daily communication of 15 older people with chronic aphasia and a matched group of 15 healthy older people. Field notes from 240 hours of observation were coded. Quantitative and qualitative methods combined to reveal a multilayered analysis of everyday communication. The second phase explored the insider perspective of the impact of aphasia on social communication through a collective case study. *Results:* The use of methods that drew on ethnographic investigation led to a number of layers of description of everyday communication. Findings revealed the impact of aphasia at five levels: (1) the communication activities of older people with aphasia and healthy older people, (2) typical communication situations for older people living in the community, (3) domains of communication typical of older people, (4) themes related to the nature of everyday communication, and (5) components of the interactional dimension of social communication. *Conclusion:* Findings point to the importance of conversations and contextual factors, such as where, and with whom, the communication took place. Thus, conceptualisation of 'everyday communication' needs to reflect the complex, multilayered, and multifaceted nature of the shared communication in which older people engage. A shift in focus from activities to interaction is a starting point. The themes identified in the everyday communication of older people suggest areas of importance in a person's adjustment to life with aphasia. Thus attention to social communication abilities and the leisure and educational opportunities open to older people is necessary in intervention aimed at optimisation of effective communication and the achievement of quality of life in older age.

Assessing Legal Decision–Making Capacity

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Purpose: The purpose of this paper is to identify the issues surrounding how speech pathologists assess people with aphasia when legal decision-making capacity is queried. *Method:* Eight participants talking about 15 cases were interviewed by telephone with verbatim notes being taken online by the interviewer, and analysed qualitatively. *Results:* The assessment practices reported involved some standardised testing, but this was stressed by all participants to be of lesser importance than their informal observations. The tests used included ILPS, BNT, Whurr's AST, PALPA, Caulfield, BDAE and Mt Wilga. Informal assessment was reported to involve a series of observations in contexts specifically selected to enable observation of the person's ability to manage functionally, for example, on-ward interactions with other patients, shopping, home visit, other community visits, reading, and writing. When the observations were made to attempt to determine the person's wishes, then these observations were reported to have been repeated on a number of occasions, and in response to at least two different questioners, for example, speech pathologist and social worker or occupational therapist. Multimodal means of augmenting communication were described as including the use of total communication methods such as pictures, family or other photographs, diagrams/arrows, writing, use of simple symbols, and observation of natural gesture to gauge the person's meaning, as well as to assist their understanding. As emphasised by guidelines suggested by Enderby (1994) and

Critchley (1970), yes/no responses were used to ascertain whether the person understood the issues, as well as to establish whether the speech pathologist was understanding the person's intended meaning (and in such cases, reliability of yes/no response was pivotal, so consistency of response was assessed). A key finding was that the speech pathologists were confident that their assessment had allowed them to gauge the ability of the person with aphasia to make the decisions. Their concerns and issues rested with how they could be sure that the person was fully informed of the issues and the extent to which they had been able to communicate their wishes. *Conclusion:* The limitations of this research included the limited amount of data and use of reported data. However, these findings do support the importance of ongoing research in this area.

Foreign Accent Syndrome: Neurogenic or Psychogenic

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A case study will be presented to illustrate the potential interplay between emotional and physiological factors in Foreign Accent Syndrome. A 55-year-old English-speaking Australian woman presented with an Italian accent and bizarre gait. There were clinical features of dysarthria and ataxia; however, there was no evidence of a related neurological event detected on CT or MRI scans. The constellation of phonetic, grammatical and prosodic features of this patient's speech will be described and compared to previously reported cases of Foreign Accent Syndrome. Current explanations of the underlying mechanism of Foreign Accent Syndrome will be explored. On balance, the available evidence in this case suggests the perceived foreign accent is likely to be of psychogenic rather than of neurogenic origin.

Beginning to Teach the End: The Importance of Including Discharge From Aphasia Therapy in the Curriculum

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This presentation discusses the implications of doctoral research which investigated both clinicians' and clients' experiences of aphasia treatment termination. Clinicians reported difficulties with decisions about when and how to discharge certain clients with chronic aphasia and communication between them and their clients was often lacking when negotiating ending therapy. It is therefore suggested that the discharge process from aphasia therapy is an important part of therapy itself and deserves greater attention in our training courses and ongoing professional development programs. We suggest that raising awareness of discharge in professional preparation programs would help reduce the anxieties about the process for new clinicians, as well as improve clinicians' and clients' discharge experiences. Encouraging good communication at discharge would reinforce a social-model philosophy of therapy in which clients and healthcare professionals act in partnership. In addition, such a move would help bring discharge practice from the realm of implicit knowledge to one that can be examined and discussed in an explicit manner, something now being encouraged in aphasia therapy generally. Our presentation includes the use of a real case study, which illustrates the 3 issues of communication, choice and different perceptions in discharge practice, as an example of a teaching tool. The aim of the presentation is to stimulate ideas, from clinicians and educators, about how best to include these issues in the curriculum.

What Barriers and Facilitators Influence the Community Participation of People With Aphasia?

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The World Health Organization has called for research to investigate the environmental factors that influence the participation of individuals with different health conditions. Participation in life may be hindered if society creates negative environmental factors (barriers) or fails to provide positive environmental factors (facilitators). To date, most of the research in this area has concentrated on individuals with physical disorders, with few investigations focusing on people with aphasia. *Purpose:* To explore the environmental factors that hinder or support the community participation of adults with aphasia. *Method:* In phase 1 of this qualitative investigation, semi-structured in-depth interviews were conducted with 25 adults with aphasia, aged 34 to 85 years, to obtain their perspectives regarding the environmental factors that influence the community participation of adults with aphasia. In phase 2, 10 participants from the first phase of the investigation were observed participating in community environments, using the method of participant observation. *Results:* Results from the 2 studies revealed a wide array of specific barriers and facilitators and 6 broad types of environmental factors that influence the community participation of people with aphasia: (1) barriers related to other people, (2) facilitators related to other people, (3) physical barriers, (4) physical facilitators, (5) societal barriers, and (6) societal facilitators. Nine themes were also identified: (1) awareness of aphasia, (2) opportunity for participation, (3) familiarity, (4) communication complexity, (5) message clarity, (6) availability of extra support for communication, (7) time available for communication, (8) referents, and (9) interaction. *Conclusion:* The investigation revealed that the participants with aphasia faced a wide range of barriers to community participation, many of which have not been reported previously. The research also identified a number of existing and potential facilitators for overcoming these barriers. Speech pathologists and policy makers will need to consider these factors in order to make community environments more accessible for people with aphasia in the future.

Expressing Opinions and Feelings in Aphasia: An Examination of Speakers' Use of Evaluative Language

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Introduction: The ability of individuals with aphasia to verbally express their feelings and opinions about things, people and events has not been widely addressed in the research literature to date. The vast majority of research studies into the expressive abilities of people with aphasia have investigated their use of words to convey factual information rather than evaluation. This study aimed to investigate differences between speakers with aphasia and controls in their use of evaluative language to verbally convey their feelings and opinions about a significant life event. *Method:* Narratives were collected from 5 individuals with aphasia and from 5 people without brain damage and each sample was analysed with respect to the Attitude domain of Martin's (2000) Appraisal framework. The amount of

attitudinal appraisal used and frequency of various types of appraisal sub-types, lexical items, and negative/positive valuations were calculated for each speaker. Comparisons were made within groups and between members of 5 matched pairs matched with respect to age, gender and years of education. *Results:* Speakers with aphasia used less evaluative language than speakers without brain damage and more negative evaluative language. Both the speakers with aphasia and controls used adjectives as the most frequent type of word for expressing feelings and opinions poststroke. The participants with aphasia were able to use some adverbs and verbs as appraisal but did not use whole clauses or nouns to express their emotions and opinions.

The Australian Aphasia Association (AAA): Establishing and Supporting the Australian Aphasia Community

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The presentation consists of 2 components. Part 1 (Matthew Bradley, National Deputy Chairperson, AAA): The Australian Aphasia Association (AAA) had its foundations laid some 6 years ago. From humble beginnings it has slowly been making inroads into the long neglected need to establish a national approach to better meeting the needs of people with aphasia, their families and friends (and professionals) — the aphasia community. This presentation will give a brief overview of the association's past history and achievements, detail where the association is currently positioned and, importantly, our future aspirations. Important projects undertaken by the AAA include national aphasia conferences for people with aphasia and their families; development of the association website; development of *The Australian Aphasia Guide*; the publication of a quarterly newsletter, *The Aphasia Link*, and much more. The AAA provides an exciting opportunity for aphasiologists to work together to put aphasia on the map and address the long term needs of people with aphasia with a focus on participation and wellbeing. Part 2 (Angela Berens, a person with aphasia, National Publicity Coordinator, AAA): In 2002, Angela Berens was a 27-year-old working as a human resources manager. Angela was pregnant, 1 week away from maternity leave and expecting her first child in 6 weeks. Angela suffered a ruptured aneurysm and in her words 'has been living with aphasia since then'. Angela is now the mother of 2 young children. She has completed a marathon among many other achievements. Angela is the National Publicity Coordinator of the AAA and has compiled *The Australian Aphasia Guide* — an invaluable resource for the Australian aphasia community. Angela frequently speaks to speech pathology students and other community groups about aphasia and her experience. Says Angela, 'A lot of my life now involves aphasia'. Angela will share her experiences which will offer the opportunity for those present to hear about aphasia from 'the other side of the fence' from someone who not only lives with it but is actively involved in establishing an 'aphasia community'.

Integrating Neuro-Anatomical and Psycholinguistic Models and the International Classification of Functioning Framework Into Clinical Practice: A Discussion Paper

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Speech pathologists working in hospital-based clinical practice require the ability to integrate neuroanatomical and psycholinguistic models and the International Classification of Functioning framework when managing individuals with aphasia. This can be challenging in a medical-model culture where there is a primary focus on the 'impairment' of aphasia. Neuroanatomical classification of aphasia subtypes facilitates communication with colleagues and medical teams, assists with lesion localisation and contributes to the generation of prognosis. Evidence-based practice guidelines promote the psycholingistic assessment and treatment of aphasia 'impairment' both in the acute and chronic stages. Integration of the World Health Organization International Classification of Functioning framework into clinical practice facilitates patient directed goal-setting which enables a speech pathologist to treat the 'impairment' of aphasia but also address 'activity' and 'participation' goals and 'environmental' and 'personal' factors. The challenge of balancing differing theoretical perspectives in a busy inpatient rehabilitation environment and providing evidence based treatment for aphasia will be discussed with reference to a case study of subcortical aphasia.

Beyond the Single Word: Conversation-Focused Therapy for a Couple Living With Aphasia

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Purpose: A single case study is presented in which intervention focused on the conversational patterns of a man with aphasia (Jim) and his wife (Sandra), 23 months poststroke. Preceding this Jim had received a 4-month block of impairment-based therapy focusing on improving semantic access and word retrieval. This produced no change to pretherapy scores on formal tests (Pyramids and Palm Trees, PALPA). Jim's passivity during therapy and reliance on Sandra to give specific details during conversation prompted a more functional therapy focus. The couple therefore joined a research project, funded by the Stroke Association, UK, aimed at changing the spontaneous conversational talk of people with aphasia and their significant others. *Method:* The main methodology of the project was conversation analysis (Hutchby & Wooffitt, 1998). Conversation assessment and therapy were carried out using the framework provided in the SPPARC resource pack (Lock et al., 2001). Analysis of two videotaped conversations pretherapy revealed a general pattern of Sandra taking responsibility for maintaining conversation, with Jim being primarily in a responsive role. Jim's contributions often occurred in response to test questions or cues from Sandra, which highlighted Jim's linguistic noncompetence and word-accessing difficulties. The couple received eight $1^1/2$ hour-long sessions of conversation-focused therapy. These focused on strengthening behaviours that worked well for the couple, and discussion of and practice in using alternatives to questioning and cueing, such as Sandra's use of silence to enable Jim to initiate and maintain conversation. *Results:* Analysis of conversation data immediately and 6 weeks posttherapy

revealed changes in the couple's conversational behaviours. Actions that had highlighted Jim's linguistic noncompetence, such as test questions and cueing sequences, had been dropped. Sandra had adopted a pattern of leaving silences at key points in the conversation, thus providing Jim with an opportunity to initiate topic and contribute in a direction of his choosing. *Conclusions:* Through detailed evaluation of a couple's conversational patterns, it was possible to offer an 8-week-evolving-therapy program that provided them with choice and strategies for interacting in ways which worked well for them. Focusing predominantly on Sandra's conversation behaviour brought about a change in the couple's conversational style. It enabled Jim to initiate and contribute more in conversation, and therefore display a communicative competence that therapy and testing at single word level, and the couple's pretherapy conversation pattern, had previously masked.

Does Repetitition Improve Word Retrieval in Speakers With Aphasia?

Belinda McDonald, Kate Makin, Lyndsey Nickels, Melanie Moses and Christine Taylor

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Difficulty in retrieving the words needed for communication is a common symptom of aphasia and hence this problem is an important target for treatment. A number of different tasks have been evaluated for their effectiveness as therapy tools. One such task is repetition, where the person with aphasia is asked to repeat the name of the hard-to-retrieve target (having been told the name by the clinician). However, in the past, it has been argued that this task does not benefit naming or if it does, the effects last for only a very short time. Here we present the results of four single case treatment studies using repetition as a tool with people with word finding difficulties. Each individual received 2 short periods of therapy (each comprising 8 sessions over 2–3 weeks). We will demonstrate that repetition can be a successful therapy technique generating significant and durable benefits for word retrieval. We will present the results of the therapy in detail and discuss the clinical implications and future directions for research.

What Are the Illness Narrataives of People Who Have Had a Stroke?

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Purpose: This paper will describe the oral illness narratives of people who have had a stroke. Illness narratives are the stories people tell about their experience of illness and the way in which they tell it (Frank, 1995). Evidence to date has established the contribution of illness narratives to the recovery process in a range of illnesses (Hurwitz, 2000; Moss et al., 2004; Sakalys, 2003). The potential value of illness narratives as a therapeutic tool and as a means of reconstructing identity with people who have had a stroke has been suggested (Pound, 2000); however, research describing the illness narratives of people who have had a stroke is limited. One of the few studies (McKevitt, 2000) reported that the illness narratives of people who have had a stroke were brief and many participants were reluctant to take up the role of narrator. *Method:* The illness narratives of 4 participants (3 men and 1 woman) recruited from a local stroke group were collected using semistructured inter-

views. The interviews were audiotaped and transcribed. In a second interview, the participants examined their transcript and were able to make any changes and to add to their narratives if they wished. This process ensured the trust-worthiness of the data. The interview transcripts were examined multiple times until no new themes emerged and qualitative analysis was used to identify common themes. The resulting thematic analysis was then related to Frank's (1995) classification of illness narratives. All participants were at least 6 months post stroke at the time of their interview and all completed the Western Aphasia Battery Screener. *Results:* Initial analysis has identified; the need to be able to talk about the experience of stroke, gratitude for family support, and the need to live a full life as prominent themes. This paper will describe the themes found in these illness narratives, review the structure of these illness narratives in relation to Frank's (1995) classification and discuss the implications of these findings for speech pathologists.

Quality of Life in Individuals With Aphasia: Choosing Qualitative Methods of Investigation

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Purpose: Quality of life for individuals with aphasia is affected by numerous factors including ongoing health issues, physical restrictions, emotional wellbeing and communication difficulties. Currently, there is debate concerning which psychosocial factors influence quality of life for individuals with aphasia, particularly with respect to the role of communication. Furthermore, quality of life in individuals with aphasia has predominately been investigated with quantitative scales, with limited use of qualitative research methods. This paper discusses the different types of qualitative methods chosen for a project which aimed to pilot a 'mixed methodology' approach to investigating quality of life, presenting the tools for data collection, the rationales for their use, and the experiences of the research team in their use for data collection and analysis. *Method:* The present study incorporated two quantitative scales, the Dartmouth COOP/WONCA charts and the Assessment of Quality of Life instrument (AQoL), as well as two qualitative research methods, telephone interviews and focus groups, to investigate quality of life in aphasia. The effectiveness of the use of telephone interviews and focus groups was determined by evaluating the amount and depth of information obtained, as well as whether similar information was obtained between telephone interviews and focus groups, and between qualitative and quantitative research methods. *Results:* With regard to information obtained by different research methods, quantitative scales tended to highlight the impact of physical activity and overall health, whereas telephone interviews and focus groups provided information pertaining to communication, relationships and social participation. With regard to the individual qualitative methods employed, the data collection methods of telephone interviews and focus groups provided similar information; however, focus groups yielded a greater depth of information. *Conclusions:* It is evident from the current study that quality of life in individuals with aphasia is a complex issue, with many factors influencing the perception of quality of life. Both quantitative and qualitative research methods have merits in providing valuable information pertaining to the quality of life in individuals with aphasia.

Aphasia–Friendly Written Information:
Text Formatting Preferences of People With Aphasia

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Written information is more effective when developed for a specific population. Limited research to date, however, has specifically investigated text formatting for people who have aphasia. Preliminary studies have shown (a) formatting modifications can significantly assist people with aphasia to comprehend written information (Brennan, Worrall, & McKenna, 2005; Rose, Worrall, & McKenna, 2003), (b) people with aphasia poststroke appear to have more specific design preferences compared to people without aphasia (Eames, McKenna, Worrall & Read, 2003), (c) people with aphasia and speech pathologists have considerable differences in their perceptions of communicative accessibility (Ghidella, Murray, Smart, Worrall, & McKenna, 2005) and (d) not all people with aphasia welcome the exaggerated simplification of 'aphasia-friendly' formatting (Rose et al., 2003). This paper will present findings from a larger scale project further investigating aphasia specific text formatting. The aim of this mixed method study was to explore the text formatting preferences of people with aphasia by asking participants to consider what makes written information easier and harder to read. A verbal survey and semistructured interview were conducted with 40 adults with aphasia, poststroke. Participants were recruited from university clinics and 7 southeast Queensland hospitals. There was a representative sample of reading levels and stages post onset of aphasia. Results from specific probes into preferences for font type and size, type of illustration (i.e., photographs vs. Microsoft clip art vs. black and white line drawing vs. Compic vs. picture communication symbols), amount of white space, and preference for reading numbers in numeric or written form (i.e., 2 vs. two) will be presented. Participants' experiences with and reactions to differently formatted written information will also be reported. This research will provide evidenced-based formatting recommendations so that written information can be provided to people with aphasia in more comprehensible and welcomed formats.

Giving People With Aphasia a Say In Qualitative Research:
The Need to Modify Qualitative In–Depth Interview Methodology

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Background: An increasing number of researchers are inviting people with aphasia to be the sources of information rather than proxies, about the impacts of aphasia. Qualitative methods are frequently the research paradigm of choice. However, there is a paucity of published research outlining if and how qualitative interview methods are altered for participants with aphasia. Such a lack of description of research method seriously limits the scientific rigor of these qualitative studies. Insights into interviewing participants with aphasia were obtained during a pilot study exploring the perceptions of services that could be provided by the newly formed Australian Aphasia Association. *Aims:* The pilot study investigated how qualitative in-depth interviewing method is altered to accommodate the communicative difficulties experienced by people with aphasia. *Methods and Procedures:* A qualitative phenomenological approach was adopted.

Purposeful sampling was used to obtain 4 participants with mild chronic aphasia across the variables of geographical location and employment status at time of stroke. An interview guide was devised and refined with an initial fifth pilot participant. Interviews were videotaped to allow for transcription of total communication strategies and 20% of the transcriptions were verified by an expert in aphasia. *Outcomes and Results:* Using the traditional open-ended, nondirective methods advocated in the qualitative interviewing approach, very little information was obtained from the pilot participant. The results from 4 further participants showed that for participants with aphasia, the researcher was required to step out of the traditional role of the qualitative interviewer by altering questioning style, offering ideas to participants and using supportive conversation techniques. The strategies used by participants required that the interviews be videotaped so that the meaning of the total communication strategies used could be transcribed, classified, and verified. *Conclusions:* Valuable data can be obtained from participants with aphasia when interview methods are altered appropriately to meet their communicative needs. The study highlights implications for obtaining rigor in qualitative in-depth interviews with people with aphasia.

Cognate Processing in Bilingual Aphasia: A Psycholinguistic Investigation

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Cognates are words that share both form and meaning across two languages (e.g., telephone in English and telefono in Italian). Previous research has found that healthy bilingual speakers show a reaction time advantage for cognate words, in tasks such as lexical decision and translation (see for example, De Groot & Nas, 1991; De Groot, 1992). While previous studies have also investigated the processing of cognate words in speakers with bilingual aphasia (Roberts & Deslauriers, 1999) and the use of cognate stimuli in aphasia rehabilitation (Kohnert, 2004), there is limited research in this area using psycholinguistic methods. The present study investigated English–Italian cognate processing in an individual with bilingual aphasia and healthy bilingual controls. The research method involved a lexical decision task with both cognate and noncognate stimuli presented using a repetition priming paradigm. Results indicate that older participants responded more slowly to cognate stimuli than noncognate stimuli, suggesting that, for older participants, cognate words may cause interference rather than facilitation, as has previously been reported. Results will also be reported for the participant with bilingual aphasia and discussed in terms of the control data and theories regarding bilingual lexical-semantic processing.

Unable to Write: Therapy Using Preserved Oral Spelling and the Keyboard

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This paper describes a single case treatment study of RPH a person with aphasia and severe impairments in writing. RPH was often able to accurately orally spell words despite being unable to write them down. Lesser (1989, 1990) and Pound (1996) have also reported cases where subjects have had preserved oral spelling (see Ward, 2003, for a review). Both authors used

preserved oral spelling in therapy to aid their subject's writing skills. RPH's writing was first assessed using a number of language tests to determine his level of breakdown. A therapy program was then devised that aimed to improve RPH's writing by capitalising on his strong oral spelling skills. Therapy consisted of RPH spelling words orally and then typing the word, letter by letter, on the keyboard. As therapy progressed, targets were increased in difficulty, that is, from simple 3-letter words to long-letter words. The outcome of therapy was evaluated by comparing the accuracy, before and after the treatment, of writing words not used in treatment. We will discuss the results and implications of this study and the lessons learned.

A Case Study in Bilingual Aphasia

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The presentation will comprise two parts. After a brief introduction of the clinical and theoretical importance of studying bilingual aphasia, a case study will be presented. A German-English-speaking 79-year-old male suffered a stroke. Results of the English Aachen Aphasia Test will be compared with those of the German Aachener Aphasie Test. The two profiles showed one aphasia syndrome, anomic aphasia in both languages. The effects of anomic aphasia (empty speech) on transactional success in conversational and descriptive discourse in the two languages will also be addressed in the presentation.

Stereotyping in Aphasia: The Effect of Severity, Labelling, and Communication Strategies

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Temporarily able people have negative stereotypes about people with disabilities. Within a hierarchy of disabilities, the communication disability of aphasia attracts one of the most significant negative stereotypes. Stereotypes are traits or expectations applied to a whole group of people by either people in that group (self-stereotype) or by those in other groups (other-stereotype). People with aphasia therefore enter the disabled state with their stereotypes about disability intact. Negative self-stereotyping therefore affects the identity and self-esteem of people who find themselves disabled by aphasia. People with aphasia also encounter other's negative stereotypes about aphasia on a daily basis often through subtle and covert, or even automatic and unconscious behaviours. The focus of this study is on other people's stereotypes of people with aphasia. Within this inter-ability communication study, the severity of the aphasia is considered as a factor that influences a person with aphasia's ability to 'pass' or assimilate back into the majority group of able communicators. The influence of labelling, that is, telling a conversational partner that the person has aphasia is studied, as is the influence of providing the conversational partner with not only the label of aphasia but also some communicative strategies that may help conversation. Three women with aphasia (ages 30 to 35) had two conversations with a nonaphasic female partner of the same age. In half the interactions, partners employed the strategies designed to help conversation with the person with aphasia. Participants (180 psychol-

ogy students) watched the videotaped conversations and gave behavioural judgements, self- and other-stereotypes of both interactants. Results indicated that the largest influence on judgments was severity of aphasia; the moderate speaker was rated more negatively than the mild or very mild speaker. Interestingly, the speaker with moderate aphasia was rated more positively but her partner more negatively when conversation strategies were employed, whereas ratings of other speakers and partners were unchanged. These results indicate that people with less severe aphasia may usefully employ a strategy of passing, while people with aphasia with more significant impairment may profit from incorporating aphasia into their identity.