

Contents

Oral presentations
Session 19
Aphasia, Writing support and large language models - a pilot project 10
Efficacy of a strategy-based intervention on text-level reading comprehension in persons with aphasia: a repeated measures study
The impact of group size and group composition on conversation treatment outcomes for individuals with mild profiles of aphasia
Future directions: Focusing on everyday family interactions of parents with aphasia13
Session 2
Was this treatment successful? Development of a global rating of change scale to interpret patient perceptions of aphasia treatment success
Exploring the experiences of people with aphasia during emergencies: A cross-sectional survey
Co-designing aphasia services: Evaluation of experiences and processes to support involvement of people with post-stroke aphasia
Session 3
Better Conversations communication partner training: What can we learn from an intensive conversation camp?
Improving communication partner training of familiar partners of people with aphasia: Results from a pilot stepped wedge implementation trial
The implementation of the Comprehensive, High-dose Aphasia Treatment program into clinical practice: Results from a longitudinal process evaluation
Acceptability of CHAT-Maintain, a technology-enabled home maintenance program: Perspectives of people living with aphasia and speech pathologists
Session 4
Artificial intelligence to detect chronic post-stroke aphasia from natural speech
Communication Connect: AI-enhanced self-management tools for aphasia

Development of a main concept checklist to assess discourse informativeness in Spanish speakers with aphasia
Developing equitable economic evaluations: Outcome Measurement selection for health- related quality of life in aphasia treatment studies
Session 5
Management of suicidality in stroke patients with and without aphasia - a survey among healthcare professionals
Description and initial evaluation of CoCA: Confident Communication with Aphasia. An exploratory communication confidence therapy for stroke survivors
Poster session 1 (Monday June 9 th)38
1 - International stakeholder perspectives, experiences, and priorities for aphasia awareness: co-design of a unified campaign40
2 - Improving web accessibility for people with aphasia: Experiences and priorities from people with lived experience and health professionals
3 - Bridging the digital divide for people with aphasia: A protocol for the development of a web-browser extension using experience-based co-design
4 - Exploring the accessibility of data visualization for adults with language disability
5 - Expert, but still a "case"?45
6 - Self-reported communicative participation in people with anomia and stroke, multiple sclerosis or Parkinson's disease
7 - Exploring the feasibility of dialogic reading for people with aphasia
8 - Real-life communication in people with aphasia occurring within the home environment: Implications for quality of life
9 - Work-Focussed aphasia rehabilitation after stroke: An international survey of professional practice
10 - Interdisciplinary teamwork to support employers and people with aphasia when returning to work – a framework
 11 - Empowering speech pathologists to facilitate and advocate for community aphasia groups – a novel education package
12 - Impact of aphasic theatre activities on engagement and social participation of people living with aphasia
13 - Breaking barriers in community aphasia groups: Icelandic speech-language therapists' perspectives
14 - A speech and language therapist supported transition from rehabilitation to youth education for an adolescent with acquired aphasia: A case study
15 - Training needs and intervention practices of portuguese speech therapists in the rehabilitation of people with aphasia

16 - Enhancing communication access, social participation and inclusion for people with communication disabilities and difference in society
17 - Enabling sustainable communication partner training in higher education institutions: A realist review of stroke specific practice
18 - A TIDieR synthesis of stroke specific communication partner training for student health care professionals
19 - Communication partner training for healthcare professionals working with people with aphasia: Adapting and implementing KomTil in Greece
20 - Do rehabilitation-related healthcare professionals need specific training in communicating with people with aphasia? A case study
21 - How Portuguese health professionals and students engage with people with aphasia for effective communication: an exploratory cross-sectional analysis
22 - Increasing communication access for persons with aphasia on a brain injury ward – a clinical project
23 - Increasing communication skills of healthcare providers in communication with individuals with aphasia – insights from a clinical project
24 - Communication training for families living with aphasia: Perspectives from professionals in neurorehabilitation
25 - Communication partner training practice in Latin and Central American Spanish speaking speech and language therapists: What we know and what we do
26 - Recognizing the crucial role of people in the organization, a CPT implementation project
27 - Experiences piloting the Norwegian version of the Better Conversations with Aphasia (BCA Norsk)
28 - Measuring successful conversations for couples affected by aphasia: Content validation of the Measure of Dyadic Conversation in Aphasia
29 - Identifying techniques in communication partner training for people with acquired brain injury: National e-Delphi of UK speech and language therapists
30 - Using behaviour change theory to identify the active ingredients of communication partner training for people with acquired brain injury
31 - Encouraging relatives of people with aphasia to seek communication support:Collaborative development of a multi-component implementation strategy
32 - Preliminary automated analysis of emotions in individuals with aphasia in natural conversations: An ongoing investigation
33 - Aphasia in couples. Resources and barriers in communication
34 - ECoLoGiC treatment improves conversational language and reduces aphasia severity: results from ten participants with moderate and severe aphasia
35 - Replacing Do and Go: ECoLoGiC treatment increases verb diversity and informativeness in conversation in people with moderate and severe aphasia

	36 - Mechanisms for skilled facilitation of spontaneous personal storytelling by people with aphasia during casual conversation
	37 - The use of Inpatient Functional Communication Interview-Screening Questionnaire among nurses in neurological wards 87
	38 - Level Up! – Creating a digital game for and with people with aphasia
	39 - Identification of key elements in pictorial support for persons with aphasia after stroke . 89
	40 - Interprofessional collaboration for a healthy lifestyle for stroke survivors
	41 - Living With Aphasia: An educational video series for people with aphasia91
	42 - Functional communication outcomes for Wernicke's Aphasia: Potential efficacy of a metacognitive language treatment
	44 - Patient participation in team meetings for persons with Cognitive CommunicationDisorder (CCD) after acquired brain injury- A qualitative study
	45 - Language and communication difficulties in persons with mild aphasia and cognitive communication disorders: A qualitative study
	46 - Shorter response time in naming performance after attention process training in a young adult with traumatic brain injury - an exploratory case study
	48 - Using immersive virtual reality for assessing cognitive-communication disorders following traumatic brain injury: What do speech pathologists think?
	49 - Longitudinal analysis of written text production in genetic frontotemporal dementia98
	50 - Cognitive training for people with aphasia – do not let LET go?
	51 - Self-reported cognitive functioning in persons with aphasia
	52 - Exploring language and communication challenges in individuals with long COVID: A qualitative study
	53 - Speech and language therapy services for people with primary progressive aphasia: A patient and public involvement led health economics study
	54 - An international perspective on Primary Progressive Aphasia (COS-PPA): Cultural differences in what people want to change about their lives with PPA
	55 - Examining reporting of dose and intensity parameters in behavioural interventions for Primary Progressive Aphasia: A systematic review
	56 - Living with primary progressive aphasia - a co-designed questionnaire106
Po	oster session 2 (Tuesday June 10 th)
	1 - Simulating aphasic speech with large language model adapters
	2-Syntactic processing in people with aphasia109
	3 - Predictive role of semantic memory on the success of object naming in people with aphasia after stroke
	4 - Self-initiated self-repair in aphasia: exploring lexical repair markers

5 - The impact of language production on reaching movement of the upper limb: a proof-of- concept study
6 - Teleneurorehabilitation for post-stroke continuity of care: a multicentric pilot study 113
7 - Developing a telehealth assessment toolkit for speech and language therapists using the COM-B and TDF behaviour change models
8 - User acceptability of a telerehabilitation delivered Intensive Comprehensive Aphasia Program: TeleCHAT
9 - Can people with aphasia and speech pathologists use a telerehabilitation system to complete TeleCHAT, a Comprehensive High-dose Aphasia Treatment?
10 - Telerehabilitation with Verb Network Strengthening Treatment in individuals with aphasia: a randomized controlled trial
11 - Telerehabilitation with Verb Network Strengthening Treatment (VNeST) in two participants with aphasia: A single-case experimental design study
12 - Online aphasia groups for people with aphasia – from a temporary Covid-19 initiative to a sustainable community
13 - Mapping usual care aphasia rehabilitation against Best Practice Statements: Evidence from the Measuring and Monitoring Aphasia Services project
14 - Language and cognitive communication assessment in a changing world – future directions and possibilities for the "Assess for Success" study
15 - Global collaborations in aphasia care need a common language: Secondary analysis of organizational and system-level barriers to best practices uptake
16 - Does a Champion-led implementation toolkit have the potential to improve aphasia guideline adherence? Results from a pilot feasibility study
17 - Measuring care and outcomes in post-stroke aphasia services: A multicentre pilot study to implement a co-developed minimum dataset
18 - Comparing healthcare quality and outcomes for people with and without aphasia within rehabilitation services: findings from a national audit study
19 - Temporal patterns of stress in aphasia: Evidence from ecological momentary assessments
20 - Training future speech therapists in life storytelling for aphasia: An international educational initiative in speech therapy
21 - Training future speech therapists in life storytelling for aphasia: Impact on people with aphasia
22 - We would like to help, but we can't: When psychological needs of families with aphasia challenge the service provision
23 - Development of the CLOSA Intervention for Carers of People with Aphasia
24 - Computer adaptive anomia test in Greek
25 - Naming objects and actions: A validation study

26 - An examination of noun and verb naming differences in aphasia: Effects of lesion site, aphasia type and the use of static or dynamic stimuli
27 - Verb and noun retrieval in confrontation naming versus connected speech
28 - Treatment selection for naming impairment: Evidence from error types
29 - Clinical use of semantic verbal fluency tasks
30 - Recovery of language skills compared with recovery of gestures for persons with severe non-fluent aphasia and limb apraxia: A long-term follow-up
31 - Further development and evaluation of the TALES programme with stroke survivors with chronic aphasia: a mixed-methods case series study
32 - Colored overlays and their effect on reading speed and efficiency for adults with acquired brain injury
33 - TEXT-FROM – a person-centred framework for acquired text comprehension disorders
34 - Evaluating the efficacy of mapping therapy in Greek-speaking individuals with aphasia: A randomized control trial
35 - Can discourse be improved using mobile technology? Comparing outcomes of the NADIIA protocol with and without the NADIIApp
36 - Multilevel aphasia interventions: exploring the evidence for facilitating and measuring effectiveness, generalisation and impact
37 - Adapting phonological components analysis therapy to French Sign Language : a multiple case study
 38 - Individualized transcranial direct current stimulation in subacute aphasia – a boost for linguistic and communicative skills?
39 - The effects of Verb Network Strengthening Treatment (VNeST) on treated verbs in four Finnish speakers with mild aphasia
40 - Speech and language therapists' views and experiences of working with people with Wernicke's aphasia
41 - The Mini Linguistic State Examination – adaptation to Norwegian 156
42 - Experiences from the adaptation of the "Therapeutisch Instrument voor Apraxie van de Spraak" (TIAS) into Norwegian
43 - Adding time for home practice – participant experience from the revised SunCIST- program for aphasia
44 - Designing a logic model and theory of change with people with aphasia for an Intensive Comprehensive Aphasia Programme (ICAP)
45 - Intensive Comprehensive Aphasia Programme (ICAP) outcomes from pre-post studies160
46 - Specifics of current complex rehabilitation of aphasia in the Czech Republic: Limits and challenges

47 - Changes of brain activations during auditory language task after intensive speech and language therapy in aphasia after stroke
48 - Development and implementation of a framework for delivering intensive language action therapy in collaboration between in- and outpatient wards
49 - Assessment of naming abilities in Catalan-dominant bilinguals using the Comprehensive Aphasia Test
50 - Evaluating a co-designed collaboration tool for cross-cultural and cross-linguistic aphasia therapy
51 - Adapting ECoLoGiC-Treatment (Expanding Communication and Language Opportunities Generated in Conversation) for bilingual populations: Two case studies 168
52 - A systematic review of semantic-feature based treatments (SBTs) in bilingual aphasia 170
53 - Multilingual Naming Test: A pilot study of linguistic adaptation
54 - Frameworks to guide cultural adaptations, and their documentation in aphasia treatments173
not confirmed, poster session 1: 43 - The involvement of persons with aphasia in shared decision-making following cerebrovascular accident(s) across clinical contexts
47 - The role of inner speech during a nonverbal problem-solving task in persons with and without aphasia

Oral presentations

Session 1

2025-06-09 13:15 - 14:35 Session 1

Aphasia, Writing Support and Large Language Models - A Pilot Project

Ingrid Henriksson¹

Sebastian Andreasson², Mattias von Feilitzen², Mattias Rost²

¹ Division of Speech and Language Pathology, Institute of Neuroscience and Physiology, The Sahlgrenska Academy, University of Gothenburg

² Division of CLIC, Department of Applied IT, Faculty of Science and Technology, University of Gothenburg

Background and aims: Research indicates that digital technologies such as spelling support and word prediction can partially compensate for writing difficulties in aphasia. Large Language Models (LLM) has significant potential to further improve writing skills, however more knowledge is needed to make this technology accessible to people with aphasia.

The aim of this project was to develop an initial prototype for writing support for people with aphasia, using LLM technology.

Methods: Two males (aged 72 and 55) and one female (aged 56) with chronic post-stroke aphasia participated in the project. Their writing difficulties varied in type and severity. The participants attended three co-design workshops with the research team, exploring LLM in various contexts. A first proof-of-concept prototype was developed between the first and second workshops, trialled and discussed in the second workshop, and further refined for the third workshop. The workshops were documented through video recordings, screen recordings, and complemented by field notes taken by the research team. The data was analysed using content analysis.

Results: The preliminary results demonstrated that LLM can support writing, though it requires individual adaptations according to each person's writing ability, preferred style and genre. The participants experienced the workshops positively but stressed the importance of flexible and personalised support. The participants also described that they needed to feel confident that the text produced was their own and that it did not contain any errors. The prototype was developed for email writing and included functions to easily formulate and reformulate messages according to the participants' preferences. To further facilitate email usage, a reading support function was developed that condensed and simplified incoming messages.

Conclusions and implications: With individual adaptation and time allocated to learning to use the technology, LLM have significant potential to support the writing process for people with aphasia.

Efficacy of a strategy-based intervention on text-level reading comprehension in persons with aphasia: a repeated measures study

Sarah-Maria Thumbeck¹

Philipp Schmid², Sophie Chesneau³, Frank Domahs¹

- ¹ University of Erfurt, Department of Linguistics, Germany
- ² Radboud University Nijmegen, Centre for Language Studies, The Netherlands
- ³ Université du Québec à Trois-Rivières, Département d'Orthophonie, Canada

Background and aims: Persons with aphasia (PwA) often experience difficulties in reading comprehension (Knollman-Porter et al., 2015; Webster et al., 2021), which affects participation and everyday life reading activities (Parr, 1995). Strategy-based interventions are promising, but their efficacy has been evaluated only in a few case studies with PwA (Purdy et al., 2018; Watter et al., 2016). This study aimed to examine the efficacy of a strategy-based intervention on text level reading comprehension in PwA in a group study (Thumbeck et al., 2021).

Methods: In a repeated measures trial, twenty-six PwA participated in a waiting period (control condition) and in a strategy-based intervention (14 face-to-face-sessions, 60 minutes each; see Figure 1). Assessments took place before and after each treatment period as well as three and six months post-intervention. The primary outcome measure was text level reading comprehension measured with the TCT-D total score (German version of the Test de Compréhension de Textes, Chesneau, 2012). Secondary outcome measures addressed reading functions, reading activities, and cognitive functions. Results were analysed using contrast analyses within repeated measures ANOVA models as well as qualitative content analysis for the interview data.

Results: The *per protocol* analysis (n=22) showed significant small improvements in text comprehension (TCT-D Total: d = 0.35 - 0.46) and medium to large improvements in self-perceived reading abilities, reading activities and thoughts and feelings about reading (CARA Total: d = 0.68 - 0.96) with maintenance up to 6 months post-intervention. Up to 3 months post-intervention, the improvements in text comprehension were significantly larger than change during the waiting period. The interview data showed improvements in ICF functions and generalization to activities and participation.

Conclusions and implications: This study provides first group-level evidence for the efficacy of a strategy-based intervention on text-level reading comprehension in aphasia. Treatment frequency and the duration of the sessions are compatible with conventional outpatient rehabilitation settings.

Period		Waiting period	Strategy-Based Intervention- 7 x 60min Macrostructure- 7 x 60min Microstructure- 14 x 60min Homework	
Assessment	T1	1 month	T2 T3 T4 T5	Тб

The impact of group size and group composition on conversation treatment outcomes for individuals with mild profiles of aphasia

Elizabeth Hoover¹

Gayle DeDe², Gretchen Szabo³, Sarah Vitale¹, Francine Kohen², Nicholas McCloskey²

¹ Department of Speech-Language and Hearing Sciences, Boston University, Boston MA, USA

² Department of Communication Sciences and Disorders, Temple University, Philadelphia, PA, USA

³ Adler Aphasia Center, Maywood, NJ, USA

Background and aims: Group conversation treatment may improve communication and reduce social isolation in a cost-effective manner; however, it remains unclear which ingredients are critical to success for individuals with different profiles of aphasia.

We examined whether individuals with mild aphasia (IwMiA) benefit from conversation treatment, and whether treatment effects differ as a function of group size (dyad vs. large group) or group composition (mixed vs. homogenous severity).

Methods: IwMiA (n=88; WAB AQ>75*) were recruited over a three-year, multisite RCT. Participants were at least five-months post-onset of aphasia and native English speakers.

In years one and two, participants with varied profiles and severities of aphasia were randomly assigned to one of three conditions: *mixed* large treatment group (6-8 participants); dyad treatment group (2 participants) or delayed-treatment/control group. In year three, only IwMiA were recruited and assigned to homogenous large group or dyad treatment. Conversation treatment was one hour, twice per week, for 10 weeks. Primary outcome measure was the Aphasia Communication Outcome Measure (ACOM). Secondary outcome measures included the Comprehensive Aphasia Test (CAT) Naming subtest.

Results: Compared to controls, **dyad and large group** treatment conditions showed significant improvement on the ACOM and CAT naming from pre- to post-treatment. When looking at group composition, both the **mixed and homogeneous large groups** showed significant changes on the ACOM. On CAT Naming, the **mixed group** showed greater treatment benefit than the **homogeneous group**. Maintenance data and qualitative outcomes will be available at the conference.

Conclusions and implications: IwMiA benefited from conversation treatment administered in dyads or large group settings. Interestingly, mixed groups may offer a greater benefit than homogenous groups for IwMiA on naming. Thus, IwMiA may benefit from both the strong psychosocially supportive environment available in a large group environment and the opportunity to mentor and model communication strategies for other individuals with different profiles of aphasia.

Future directions: Focusing on everyday family interactions of parents with aphasia

Helene Killmer¹

Suzanne Beeke², Jan Svennevig³

¹ Oslo Metropolitan University, Special Needs Education, Norway

² University College London, Department of Language and Cognition, United Kingdom

³ University of Agder, Department of Nordic and Media Studies, Norway

Background and aims: Raising a child happens through interaction. Parents with aphasia describe change in interaction with their children, loss of parental authority and need for support to engage with their children. Thus, in the younger stroke population, interventions require a focus on the whole family. However, we are lacking insights into how parents with aphasia and children engage in interactions. Parental requests, such as 'go to bed', and 'sit still', are common in family interactions. Aphasia may impede involvement in interaction and thus potentially also the possibilities to make requests to children. The aim of the study is threefold:

(1) To analyse the conversational practices used by parents with aphasia for requesting.

(2) To examine how severity of aphasia influences requesting.

(3) To consider what consequences the formulation of requests have for the authority of parents with aphasia.

Methods: Using conversation analysis (CA), I examined 46 request sequences in 10 hours of video recorded everyday interactions (e.g. mealtimes, games) involving three parents with aphasia (two with mild and one with severe aphasia) and their children.

Results: The results show that stopping a child's action may be easier than getting a child to do something, as it requires less specification of the action. The severity of aphasia may limit the fine-tuning of authority. Whereas the two parents with mild aphasia cautiously calibrate authority, such fine-tuning is not present when the parent with severe aphasia does requesting. He uses intrusive physical practices, gestures, increased volume and repetition.

Conclusions and implications: These findings provide insights into the specific practices that may enable or hinder parents with aphasia in making requests and engaging in parenting. They suggest potential areas of focus for interventions, e.g. activities such as requesting. They highlight the need for further CA research into parental interactions in aphasia to develop training addressing the challenges identified in the study.

Session 2

2025-06-09 16:00 - 17:00 Session 2

Was this treatment successful? Development of a global rating of change scale to interpret patient perceptions of aphasia treatment success

Sally Zingelman^{1, 2, 3}

Rachel Levine^{1, 2}, David A. Copland^{1, 2, 3}, Dominique A. Cadilhac^{3, 4, 5}, Joosup Kim^{4, 5}, Sam Harvey¹, ^{2, 3}, Marissa Stone^{1, 2, 3}, Sarah J. Wallace^{1, 2, 3}

¹ Queensland Aphasia Research Centre, the University of Queensland, Australia

² Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, the University of Queensland and Metro North Health, Australia

³ Centre of Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University, Australia

⁴ Stroke and Ageing Research, Department of Medicine, School of Clinical Sciences at Monash Health, Monash University, Australia

⁵ Stroke Division, The Florey Institute of Neuroscience and Mental Health, Australia

Background and aims: Global Ratings of Change (GRoC) provide critical insights into patients' perceptions of change in feelings and function. These insights are particularly significant in aphasia, where changes in language and quality of life are not easily observable by others. Few validated GRoC scales exist, and none for language. We aimed to (1) develop GRoC scales for core aphasia constructs (2) assess feasibility of use by people with aphasia and (3) compare patient-reported GRoC with corresponding outcome measure score interpretation.

Methods: The GRoC scales were developed through literature review and lived experience advisor feedback. Participants from two multi-site observational studies completed the GRoC post-treatment. We evaluated: (1) comprehensibility and feasibility through video-recorded GRoC completions, independently assessed by two raters using a standardised checklist and (2) alignment between GRoC ratings and established minimal detectable change (MDC) thresholds for outcome measurement change scores.

Results: We developed a 6-point GRoC scale (Figure 1). Ten video recordings (55% male; median age 69.3 years; median time since aphasia onset 1.9 years) confirmed feasibility (100% completion) and comprehensibility (70-80% completion without communication support; Table 1). The established threshold of meaningful change (\geq slightly improved) was applied to patient (n=15, 60% male, median age 63 years, median time since aphasia onset 15 days) and clinician GRoC ratings to identify treatment success. Preliminary results in the treatment success groups indicated 40% (n=6) of language outcome scores and 31% (n=4) of quality-of-life scores were below MDC thresholds. Clinician-patient rating agreement ranged from 45-60%.

Conclusions and implications: Patient-perceived meaningful changes may not be reflected in interpretation of standardised outcome measure scores nor correspond with clinician judgement. Furthermore, outcome measures may not capture subtle, yet meaningful changes. The findings highlight the need for interpretation benchmarks that incorporate patient perspectives. GRoC may be used as an adjunct to current outcome measures and are an important addition to patient-centred practice.

How much has your language changed since you last did this test?									
Much	Slightly	No	Slightly	Much	Completely				
Worse	Worse	Change	Improved	Improved	Recovered				

Figure 1: Global Rating of Change scale for language
Table 1: Global Rating of Change comprehensibility and feasibility

Table 1: Global Rating of Change comprehensibility and leasibility									
Checklist	Language n (%)	Communication n (%)	Quality of life n (%)	Emotional well-being n (%)					
Delivery format									
Paper display	8 (80)	7 (78)	8 (80)	8 (80)					
Telehealth	2 (20)	2 (22)	2 (20)	2 (20)					
Anchor responder									
Patient	10 (100)	9 (100)	10 (100)	10 (100)					
Anchor comprehensibility									
Independent completion	7 (70)	8 (80)	8 (80)	9 (90)					
Additional information from administrator	1 (10)	-	1 (10)	-					
Administrator confirmed unclear response selection	2 (20)	1 (10)	1 (10)	1 (10)					
Barriers to anchor comple	tion								
Time frame not understood		-							
Construct not understood		-	1 (10)						
Rating category not understood	1 (10)		-						
Facilitators to anchor completion									
Response options read aloud by administrator	3 (30)	-							
Question repeated by administrator	1 (10)	-							

Exploring the experiences of people with aphasia during emergencies: A cross-sectional survey

Jessica L Burns¹ Sarah J Wallace^{1, 2, 3, 4}, **Sam Harvey**^{1, 2, 3, 4}

¹ School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia
 ² Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia

³ Surgical Treatment and Rehabilitation Services (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Brisbane, Australia

⁴ NHMRC Centre for Research Excellence in Aphasia Recovery and Rehabilitation

Background and aims: Disaster risk reduction is an integral part of social and economic development (United Nations Sustainable Development Goal 11). During emergency events, people with disabilities are at heightened risk of adverse outcomes (Chang et al., 2023). People with communication difficulties, such as aphasia, may be particularly vulnerable because of the need for quick and accurate information exchange as the situation unfolds (Bradley-Smith et al., 2024). Understanding challenges faced by people with communication disability during emergencies is crucial for the development of inclusive disaster risk reduction strategies. This study explored the experiences of people with aphasia who had endured an emergency.

Methods: An online cross-sectional communication-accessible survey was distributed to people with aphasia in Australia. The survey included 34 questions about demographics, impact of aphasia, experiences during emergencies (medical event, natural disaster) including communication breakdown and strategies used, reflections on emotional impacts, and preparedness for future emergencies. The survey used adaptive questioning with multiple choice, multiple answer, and open-ended response options. Data were analysed using descriptive statistics and inductive content analysis.

Results: Of 41 respondents, 12 people with aphasia completed the survey. Respondents reported difficulty getting help (58% of respondents) and difficulty explaining what was happening during the emergency (90%). Despite using communication strategies and aids in daily life, most respondents did not use these during the emergency (75%). Emotional distress including anxiety, frustration, and fear was common. Many respondents reported reliance on family members for help during emergencies. Respondents expressed a desire for better preparedness and training, both for themselves and emergency responders.

Conclusions and implications: People living with aphasia are extremely vulnerable during emergencies. The experiences and unmet needs of family members, on whom people with aphasia rely during emergencies, must be explored and addressed. Disaster risk reduction should focus on co-developing resources and training to improve preparedness for and resilience against future emergencies.



Co-designing aphasia services: Evaluation of experiences and processes to support involvement of people with post-stroke aphasia

Lisa Anemaat^{1, 2, 3}

David Copland^{1, 2, 3}, Victoria Palmer⁴, Sarah Wallace^{1, 2}

¹ School of Health and Rehabilitation Sciences, The University of Queensland, St Lucia, Australia

² Queensland Aphasia Research Centre, The University of Queensland, Herston, Australia

³ STARS Education and Research Alliance, Metro North Health and The University of Queensland

⁴ The ALIVE National Centre for Mental Health Research Translation, The University of Melbourne

Background and aims: People with aphasia (PWA) are often excluded from research that concerns them due to a lack of communication support or the linguistic complexity of tasks. Experience-based co-design (EBCD) involves service users and providers, and uses their experiences to drive health service design and improvements. However, the adaptations required to support the involvement of PWA in EBCD have not been adequately explored.

Aims: (1) To describe the experiences of PWA involved in EBCD from the perspective of the research team; and (2) critically evaluate the adaptations required to support their involvement. **Methods:** Mixed methods process evaluation and reflexive critical appraisal of an adapted EBCD approach used to co-design aphasia service goals together with PWA, their significant others and speech pathologists. Stakeholders (n=151) and a consumer advisory group (n=6) provided feedback. Surveys (rating scales, yes/no and open-ended questions) explored experiences of involvement in key stages of the research. Descriptive statistics, inductive content analysis, and personal critical reflections were used to analyse data.

Results: The majority (PWA=79%) of respondents liked participating online while sharing experiences, felt they were able to share all that they wanted in group meetings (PWA=64%), and thought the touchpoint film helped them understand experiences (PWA=100%). Long-term engagement was perceived to facilitate relationship development, reduce hierarchical power differentials, and support equal sharing of ideas. The modified approach to developing a filmed narrative of experiences was perceived to support reflexive discussions and collaborative understanding.

Conclusions and implications: Meaningful involvement of PWA was supported through long-term engagement, a modified touchpoint film approach (e.g., use of voice actors, still images, and subtitles), and hybrid methods of data collection. EBCD is a suitable approach for exploring experiences of care, identifying leading priorities, and co-designing areas for change with PWA. Future research should explore a more detailed evaluation of these processes and their application to other populations.

Session 3

2025-06-10 10:40 - 12:00 Session 3

Better Conversations communication partner training: What can we learn from an intensive conversation camp?

Suzanne Beeke¹

Rosemary Townsend², Firle Beckley³, Mah Rana^{4, 5}, Elisabeth Feest¹, Alys Hollyer¹, Lyrissa Dixon¹, Katzia Watkins¹, Anna Volkmer¹

¹ Department of Language and Cognition, University College London

² Dyscover Ltd, UK

- ³ Lemonade from Lemons Community Interest Company, UK
- ⁴ Royal College of Art
- ⁵ Birkbeck, University of London

Background and aims: Better Conversations (BC) Communication Partner Training (CPT) is delivered to dyads comprising a person with a communication difficulty and a key communication partner (CP) (Beeke & Bloch, 2022). BC focuses on individualised strategies to promote enjoyable and successful interactions. There is no research evidence about the optimal schedule or dosage for CPT. However, intensive comprehensive aphasia programmes are increasingly offered to deliver the high dose needed for effective intervention (Monnelly et al, 2022). We aimed to implement and evaluate a BC Intensive Conversation Camp (ICC) for groups of family dyads as an alternative model for delivering CPT.

Methods: We developed separate ICC programs for acute onset aphasia and primary progressive aphasia (PPA). Each was delivered to four (acute onset aphasia) or five (PPA) family dyads in a group for eight days over 2 weeks (four days face-to-face, four remote). Intervention comprised understanding how conversation works, individual dyad facilitators and barriers to conversation (identified using video feedback), practice (in the group and across dyads) of conversation strategies, and psychological support. Outcome measurement included goal attainment, conversation behaviours, communication confidence, participation, and relationships. Participants were interviewed about their experiences. Data were analysed using descriptive statistics and thematic analysis.

Results: Dyads across both ICCs reported achieving goals, although CPs attending the acute onset aphasia ICC found it harder to identify personal conversation goals. Preliminary results reveal positive change in conversation behaviours for dyads attending the acute onset aphasia ICC with no change for PPA. Communication confidence increased for people with PPA but remained static for people with acute onset aphasia. Communicative participation was rated higher after the ICC by people with acute onset aphasia with no change in the PPA group.

Conclusions and implications: Intensity was variably tolerated. An outcome of intensive dose scheduling, namely spending significant time together, sharing experiences and gaining peer support, was highly valued.

Improving Communication Partner Training of Familiar Partners of People with Aphasia: Results from a Pilot Stepped Wedge Implementation Trial

Kirstine Shrubsole^{1, 2, 3, 4}

Kris Rogers⁵, Sarah Wallace^{1, 2, 4}, Megan Isaacs^{1, 3, 6}, Wen Xuan Ong⁶, Linda Worrall^{1, 2, 6}, Annie McCluskey⁷, Emma Power^{4, 5}

¹ Queensland Aphasia Research Centre, The University of Queensland, Brisbane, Australia

² Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North, Brisbane, Australia

³ Faculty of Health Sciences, Southern Cross University, Bilinga, Gold Coast, Australia

⁴ Centre of Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University, Melbourne, Australia

⁵ University of Technology Sydney, Faculty of Health, Sydney, Australia

⁶ School of Health and Rehabilitation Sciences, Faculty of Health and Behavioural Sciences, The University of Queensland, Brisbane, Australia

⁷ Sydney School of Health Sciences, The University of Sydney, Sydney

Background and aims: Carer burden is a significant issue for familiar partners of people with aphasia. Although Communication Partner Training (CPT) improves outcomes and is recommended in stroke clinical guidelines, there is considerable variation in practice. A feasible and effective implementation strategy is required to close this evidence-practice gap. We aimed to evaluate the outcomes of a novel implementation package on speech pathologists' delivery of CPT to familiar partners of people with aphasia, and explore factors influencing outcomes.

Methods: A 12-month pilot stepped wedge cluster non-randomised controlled trial and process evaluation was conducted with three health services. All sites received an implementation package: an online module, half-day interactive workshop, resource provision, and ongoing support. Audit data was collected at four time-points and clinicians completed behaviour change surveys throughout the trial; audit and survey data were analysed using linear mixed models. Focus groups were conducted post-implementation, analysed using qualitative content analysis, to explore what factors influenced CPT practice.

Results: Thirty-six clinicians participated, and 113 patient files were audited. Post-implementation, there was a 25% increase in familiar partners being offered CPT and an 18% increase in those provided CPT. Significant improvements were recorded between immediate pre-intervention and post-intervention time-points (offering CPT: p=0.004; providing CPT: p=0.021), and more comprehensive CPT practice was provided, but change was not sustained. Total behaviour-change scores increased (p<0.001), with a higher intervention effect for targeted domains (p<0.001). Clinicians reported valuing and intending to implement CPT, but organisational barriers and patient-partner dynamics impacted outcomes.

Conclusions and implications: Short-term improvements in CPT practice were observed, but change was not sustained. Longer-term support and CPT tailored to client and family readiness and stage of recovery is needed to achieve sustained practice change that will ultimately improve the communication, health and wellbeing outcomes for people with aphasia and their families (Sustainable Development Goal 3).

The implementation of the Comprehensive, High-dose Aphasia Treatment program into clinical practice: Results from a longitudinal process evaluation

Kirstine Shrubsole^{1, 2, 3}

Charlotte McCullough³, Amy Chandler³, Katherine O'Brien^{1, 2}, Marie-Pier McSween^{1, 2}, David Copland^{1, 2, 3}, Jade Dignam^{1, 2}

¹ Queensland Aphasia Research Centre, The University of Queensland, Brisbane, Australia

² STARS Education and Research Alliance, Metro North Hospital and Health Service, Brisbane, Australia

³ School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia

Background and aims: The Comprehensive High-dose Aphasia Treatment (CHAT) program is a modified Intensive Comprehensive Aphasia Program incorporating best-practice principles for aphasia rehabilitation. Multifaceted implementation strategies were developed to support provision of CHAT within an Australian hospital as part of a 3-year hybrid implementation-effectiveness study. This process evaluation aimed to determine the influence of the implementation strategies, organisational context, and identify mechanisms of impact on the outcomes of the overarching study. Methods: A longitudinal qualitative process evaluation was conducted over three years, with data collection occurring at 3-6-month intervals to capture process and organisational changes over time. Ten focus groups and nine individual interviews were conducted to explore the experiences and perspectives of speech pathologists (n=10) and allied health assistants (n=5) involved in delivering CHAT. Qualitative deductive and inductive content analysis was conducted, informed by the Medical Research Council (MRC) Process Evaluation Framework for Complex Interventions. **Results:** CHAT was successfully implemented within the clinical service, and the program was embedded within usual care at study completion. The implementation strategies underwent refinements over time; processes were streamlined and many initial contextual barriers were addressed, leading to positive clinician experiences of delivering CHAT. Key mechanisms of 'clinician fatigue' and 'time and resource pressures' were counteracted by clinicians' sense of 'reward and privilege' at seeing patients improve, and the perceived value of 'dedicated clinical collaboration'. Less implementation support was required over time and strategies to sustain practice were highlighted.

Conclusions and implications: The implementation strategies successfully facilitated the provision of CHAT within a clinical service, with adaptations occurring in response to the organisational context. Our findings show the potential for CHAT to be sustainably embedded within clinical services, and provide key considerations for inform future implementation of intensive and comprehensive aphasia services in clinical contexts, contributing to global efforts to sustainably improve aphasia rehabilitation services.

Acceptability of CHAT-Maintain, a technology-enabled home maintenance program: Perspectives of people living with aphasia and speech pathologists

Jade Dignam^{1, 2}

Jessica Campbell †^{1, 2}, Kyla Hudson^{1, 2}, Kirstine Shrubsole^{1, 2}, Hannah Wedley^{1, 2}, Natalie Hickey^{1, 2}, Jaycie Bohan^{1, 2, 3}, Deborah Hersh^{4, 5}, Annie Hill^{1, 2, 4, 6}, Phill Jamieson^{1, 2}, John Pierce⁶, Emma Power⁷, Miranda Rose⁶, David Copland^{1, 2}

¹ Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia

² Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Queensland, Australia

³ Language and Communication Sciences, City St George's, University of London, London, UK

⁴ Chairperson, Australian Aphasia Association

⁵ Curtin School of Allied Health, Curtin University, Perth, Australia

⁶ Centre of Research Excellence in Aphasia Rehabilitation and Recovery, La Trobe University, Melbourne, Australia

⁷ Graduate School of Health Disciplines, Speech Pathology, University of Technology, Sydney, Australia

Background and aims: Despite evidence for the benefit of aphasia rehabilitation, ongoing intervention may be required to support the long-term maintenance of therapy gains. CHAT-Maintain is a technology-enabled home therapy program for people with aphasia. This study aimed to evaluate the acceptability of CHAT-Maintain from the perspectives of people with aphasia and their speech pathologists.

Methods: A prospective, non-randomised, feasibility design was employed. Twenty-two adults (8F, 14M; mean age 65.3years, SD=11.8; mean time post onset 23.4months, SD=37.7) with post-stroke aphasia were recruited from the Comprehensive High-dose Aphasia Treatment (CHAT) and TeleCHAT (CHAT via telerehabilitation) programs.

Participants with aphasia completed an individualised, technology-delivered home program for a minimum of 1 hour per week for 6 months. Practice utilised evidence-based aphasia therapy software. Three speech pathologists (3F, mean 11.3years clinical experience, SD=5.9) provided technology training and regular support calls.

The acceptability of CHAT-Maintain was measured using semi-structured interviews and/or focus groups. Qualitative data were analysed using content analysis. Study rigour and reporting was maximised by reference to Consolidated Criteria for Reporting Qualitative Research guidelines. **Results:** Sixteen participants completed CHAT-Maintain. Two participants withdrew from the study and four were lost to follow-up.

Nine focus groups were conducted with participants with aphasia. Qualitative analysis revealed that CHAT-Maintain was acceptable, with support calls noted as a key component. Potential barriers included limited access to the appropriate technology (e.g., therapy applications) and limited carer support.

Interviews were conducted with three speech pathologists. Despite highlighting the potential clinical benefits of CHAT-Maintain, speech pathologists found the role complex, providing technological,

emotional, motivational and case-management support, as required. Additionally, speech pathologists identified the need for further professional development in providing counselling to individuals with aphasia.

Conclusions and implications: CHAT-Maintain was perceived as an acceptable model of care to people with aphasia. Further consideration of the role of speech pathologists in facilitating maintenance and promoting self-management is required.

Session 4

2025-06-10 15:30 - 16:50 Session 4

Artificial intelligence to detect chronic post-stroke aphasia from natural speech

Mara Barberis¹

Pieter De Clercq¹, Bastiaan Tamm^{2, 3}, Hugo Van hamme², Maaike Vandermosten¹

¹ Experimental otorhinolaryngology (ExpORL), Department of Neurosciences, KU Leuven, Belgium ² Processing Speech and Images (PSI), Department of Electrical Engineering (ESAT), KU Leuven,

Belgium

³ Laboratory for Cognitive Neurology (LCN), Department of Neurosciences, KU Leuven, Belgium

Background and aims: Aphasia assessment often relies on isolated tasks using single phonemes, words or sentences, which lack ecological validity. It is therefore recommended to also add natural speech tasks to aphasia assessment. However, this has been limitedly applied due to the time-consuming nature of manual transcription and a lack of knowledge on which features to extract from these data. Recent advances in artificial intelligence can overcome these issues. This study investigates (1) the performance of automatic speech recognition (ASR) for aphasic speech, (2) the utility of semi-automatically extracted natural speech features to detect aphasia and (3) the time-efficiency of this AI-based approach.

Methods: A picture description task was administered in 62 persons with chronic post-stroke aphasia and 57 neurologically healthy elderly. Transcripts were obtained using an in-house ASR model finetuned on nine hours of natural speech. Next, Montreal Forced Aligner was used to calculate word- and phone-level timings. We extracted both manually and automatically determined acoustic and linguistic features capturing different components of language. These features were provided as input to a nonlinear support vector machine (SVM) classifier to detect aphasia at the individual level. Finally, we investigated the contribution of each natural speech feature.

Results: Our ASR model outperforms earlier ASR models applied to aphasia with a word error rate of 24.50%. The classifier detected persons with aphasia with an accuracy of 86.55%. The SVM had a sensitivity of 79.03% and specificity of 94.74% for aphasia. Fluency features had the strongest discriminative power, followed by grammatical and semantic features. Our AI-based approach was four times faster compared to a manual approach.

Conclusions and implications: Natural speech features are useful to distinguish persons with aphasia from elderly controls using an ecologically valid assessment. The proposed ASR model and semi-automatic feature extraction are promising tools to enable natural speech analysis in a time efficient manner in clinical settings.





ROC curve

1.0

0.8

Figure 1: Support Vector Machine performance.

Figure 2: Feature importance ranking.

Communication Connect: AI-Enhanced Self-Management Tools for Aphasia

John Pierce^{1, 2}

Nelson Hernandez^{1, 2}, Annie Hill^{1, 2}, Damminda Alahakoon³, Dana Wong^{1, 4}, Brooke Ryan^{1, 5}, David Copland^{1, 6}, Emma Power^{1, 7}, Ian Kneebone^{1, 7}, Leanne Togher^{1, 8}, Tim Usherwood⁹, Ciara Shiggins^{1, 6}, Dominique Cadilhac^{1, 10}, Kelvin Hill^{1, 11}, Leonid Churilov^{1, 12}, Linda Worrall^{1, 6}, Rachael Rietdijk⁸, Richard Lindley^{1, 9}, Tracy Sheldrick¹³, Lucette Lanyon^{1, 2}, Achini Adikari³, Nuwan Pallewela³, Miranda Rose^{1, 2}

- ¹ Centre of Research Excellence in Aphasia Recovery and Rehabilitation, Australia
- ² School of Allied Health, Human Services and Sport, La Trobe University, Australia
- ³ Centre for Data Analytics and Cognition, La Trobe University, Australia
- ⁴ School of Psychology and Public Health, La Trobe University, Australia
- ⁵ Curtin School of Allied Health, Curtin University, Australia
- ⁶ Queensland Aphasia Research Centre, University of Queensland, Australia
- ⁷ Graduate School of Health, University of Technology Sydney, Australia
- ⁸ Acquired Brain Injury Communication Lab, The University of Sydney, Australia
- ⁹ Faculty of Medicine and Health, The University of Sydney, Australia
- ¹⁰ Department of Medicine, Monash University, Australia
- ¹¹ Stroke Foundation, Australia
- ¹² Melbourne Medical School, University of Melbourne, Australia
- ¹³ Speech Pathology, Bendigo Health, Australia

Background and aims: Aphasia has profound long-term effects on daily life, mental health, relationships and social participation, yet healthcare systems do not support comprehensive, long-term management. Communication Connect is a national project aimed at addressing the key challenges faced after discharge from health services. The primary goal was to co-design an AI-driven self-management platform that enables (1) people with aphasia, (2) their family and carers, and (3) health professionals to optimise recovery, maintain well-being, and reduce social isolation. **Methods:** Communication Connect was co-designed using the Experience-Based Co-Design (EBCD) method, involving people with communication disability (n=8), carers (n=3) and multidisciplinary health professionals (n=18) across three sites. Thirteen key challenges were identified and prioritised for the project to address. Through iterative co-design workshops, novel tools and the Communication Connect platform were developed as solutions to the challenges. **Results:** The co-design process produced a highly accessible, AI-enhanced web app that supports personalised self-management by providing links to key resources and custom solutions, including:

- Mood Compass: an aphasia-friendly mobile app for mood logging, self-monitoring and management.
- Teledirectory: An accessible database of telerehabilitation services for those with travel barriers.
- Personalised QR code: Links to customisable information on aphasia and communication strategies.
- Carer needs checklist: A tool to help carers identify important needs and connect to relevant resources.

- The Technology Coach: Aphasia software recommendations for clinicians based on client goals.
- Person-centred Checklist: A tool for health services to evaluate their person-centredness for communication disability.
- Services Coordinator: Aphasia friendly guides on returning to driving, accessing funding, and obtaining additional rehabilitation.

Conclusions and implications: Co-design with consumers and healthcare professionals enabled the development of a user-friendly, accessible platform addressing key post-discharge challenges. A pilot trial of Communication Connect is planned for early 2025. Future work will involve refinements and scaled up testing of the platform.



Development of a Main Concept checklist to assess discourse informativeness in Spanish speakers with aphasia

Belle Jacobs^{1, 2}

Guillem Olivé^{1, 2}, Inmaculada Rico Pons³, Antoni Rodríguez Fornells^{1, 2, 4}, **Claudia Peñaloza**^{1, 2, 4} ¹ Department of Cognition, Development and Educational Psychology, University of Barcelona, Barcelona, Spain

² Cognition and Brain Plasticity Unit, Bellvitge Biomedical Research Institute (IDIBELL), L'Hospitalet de Llobregat, Spain

³ Department of Neurology, Hospital Universitari de Bellvitge, L'Hospitalet de Llobregat, Spain

⁴ Institute of Neurosciences, University of Barcelona, Barcelona, Spain

Background and aims: Although discourse abilities are often impaired in people with aphasia (PWA), discourse assessment methods for Spanish-speaking PWA are rather limited. We developed a Spanish main concept (MC) checklist for the Cookie Theft picture description task to assess discourse informativeness in aphasia and compared discourse performance in PWA relative to that of neurotypical controls (NC).

Methods: Participants included 37 NC (age= 59.57 ± 8.56 years; education= 15.76 ± 4.68 years) and 19 PWA (age= 57.21 ± 10.50 years; education= 9.11 ± 4.15 years; time post-stroke onset= 25.63 ± 10.84 months). All participants completed the Cookie Theft in Spanish. We developed the Spanish MC checklist for the Cookie Theft following established procedures (Dalton et al., 2024). We transcribed all NC discourse samples (% agreement ≥ 0.91), identified all relevant concepts produced, and selected the final MCs (produced by >33% NC), defining their most common linguistic forms and acceptable alternatives. The Main Concept Analysis (MCA) scoring system assessed the presence, accuracy and completeness of each MC (5 independent codes and a composite score). NC and PWA were compared on all metrics with the Mann-Whitney test.

Results: We identified 79 relevant concepts in the NC discourse samples, 7 of them were produced by >33% NC and were selected for the final MC checklist. PWA performed significantly below the NC in most MCA metrics (all $p \le .002$) except for the number of IC (inaccurate/complete) codes (p = .415).

Conclusions and implications: Our Spanish MC checklist for the Cookie Theft resulted in 7 MCs largely consistent with previous checklists developed for English speakers (Dalton et al., 2024). Our preliminary findings suggest our MC checklist can effectively assess discourse in Spanish-speaking PWA, providing a linguistically relevant and sensitive method to discriminate between PWA and NC in their discourse informativeness. This tool has potential clinical use given its brief administration and simple scoring procedures, providing quantifiable metrics which can be compared to a normative population.

Developing equitable economic evaluations: Outcome Measurement selection for healthrelated quality of life in aphasia treatment studies

Sally Zingelman^{1, 2, 3}

Sarah J. Wallace^{1, 2, 3}, Joosup Kim^{4, 5}, Sam Harvey^{1, 2, 3}, Miranda L. Rose^{3, 6}, John E. Pierce^{3, 6}, Kathleen L. Bagot^{4, 5}, Dominique A. Cadilhac^{3, 5, 6}

¹ Queensland Aphasia Research Centre, the University of Queensland, Brisbane, Queensland, Australia

² Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, the University of Queensland and Metro North Health, Queensland, Australia

³ Centre of Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University, Melbourne, Victoria, Australia

⁴ Stroke and Ageing Research, Department of Medicine, School of Clinical Sciences at Monash Health, Monash University, Clayton, Victoria, Australia.

⁵ Stroke Division, The Florey Institute of Neuroscience and Mental Health, Heidelberg, Victoria, Australia.

⁶ School of Allied Health, Human Services and Sport, La Trobe University, Melbourne, Australia

Background and aims: Economic evaluations guide resource allocation for treatments with the greatest benefits to patients and society, supporting equitable healthcare policy decisions. Economic evaluations compare treatment options in terms of costs and health outcomes, commonly reported as Quality Adjusted Life Years (QALYs). Utility values from health-related quality of life (HRQOL) instruments produce QALYs. However, no conversions exist for HRQOL instruments designed for people with aphasia (Whitehurst et al., 2015). This study compared the structure and performance of the generic EuroQol 5-Dimensions Health Questionnaire, 3-Level (EQ-5D-3L) to the aphasia-specific SAQOL-39g in people with chronic aphasia (Figure 1) to guide EQ-5D-3L use in economic evaluations including people with aphasia.

Methods: Pooled HRQOL data rated at baseline and 12 weeks in participants of the Constraint Induced or Multi-Modal Personalised Aphasia Rehabilitation (COMPARE) randomised controlled trial (Rose et al., 2022). We assessed: (1) distribution of HRQOL scores (2) convergent validity between EQ-5D-3L (domains; utility values; visual analogue scale) and SAQOL-39g (domain scores; total mean scores) using Spearman's correlations (3) construct validity through exploratory factor analysis, and (4) sensitivity/specificity of EQ-5D-3L utilities in detecting poor HRQOL. **Results:** Overall, 201 participants completed both surveys (69% male, median age 63.6 years, median time since stroke 2.5 years). Ceiling effects were high for the EQ-5D-3L at baseline (45-79%) but not the SAQOL-39g (0-6%). Convergent validity between the SAQOL-39g communication domain and the EQ-5D-3L (r = 0.04-0.28) was weak at both time points. Factor analysis revealed distinct underlying constructs between instruments. Utility values demonstrated excellent (0.80, baseline) to acceptable (0.78, 12-weeks) accuracy in detecting poor HRQOL. **Conclusions and implications:** The use of EQ-5D-3L in economic evaluations involving people with aphasia requires caution since QALYs may be underestimated for people with aphasia. Development of utility valuation for HRQOL instruments for people with aphasia is needed to ensure the cost-effectiveness of aphasia treatments can be reliably evaluated.

		Eu	roQol EQ-5	D-3 Level		EQ-5D-Visual Analogue Scale	Stroke a	nd Aphasia Qua 39g	lity of Life Scale-
Dimensions	ensions Mobility Self- care Usual Anxiety/ Pain/ depression discomfort				Overall health	Physical	Psychosocial	Communication	
Full health	1=	No pro	blems				5= No trouble at all		
1							4= A little trouble		
2= Some problems					13	3= Some trouble			
							:	2= A lot of trou	ble
Worst health	3= Extreme problems					J₀)	l= Couldn't do	it at all
Recall period	Today				Today		In the last weel	k	

Session 5

2025-06-11 10:05 - 10:45 Session 5

Management of suicidality in stroke patients with and without aphasia - a survey among healthcare professionals

Camilla Olsson¹

Ellika Schalling¹ ¹ Uppsala University, Department of Public Health and Caring Sciences

Background and aims: Mental health problems are common after stroke, with studies pointing to even higher prevalence in stroke patients with aphasia. In addition, there is an increased risk of suicidality after stroke. However, there is little knowledge about suicidality and aphasia. The purpose was to investigate healthcare professionals' experience and management of suicidality in stroke patients with and without aphasia.

Methods: A cross-sectional survey, including multiple choice and free text questions, were distributed to stroke rehabilitation services across Sweden. The survey was completed by 981 healthcare professionals.

Results: Approximately half of the respondents had encountered at least one stroke patient with suicidality, more commonly in patients without aphasia. Speech-language pathologists were the only profession for whom it was more common to have encountered suicidality in patients with aphasia.

Routine screening for suicidality was rare. Approximately 40% reported that suicidality was assessed when needed, while 18% reported that patients are referred elsewhere for assessment (usually psychiatry or primary care).

Among all 981 respondents, 13% considered it as part of their responsibility to assess suicidality. Less than half of those felt competent to do so with patients with aphasia. Aphasia was viewed as a barrier to assessment, entailing an increased risk for suicidality to remain undiscovered. Psychologists, physicians, and social workers were the professions mainly considered as responsible for suicidality assessment.

Regarding intervention there was widespread uncertainty about what could be offered, particularly in the presence of aphasia. Free-text responses highlighted an experienced lack of competence, tools, and routine procedures for providing care in case of suicidality in aphasia. Additionally, there were urgent calls for more mental health professionals and better interprofessional collaboration regarding suicidality within stroke rehabilitation.

Conclusions and implications: Management of suicidality in stroke patients, particularly with aphasia, is surrounded by uncertainty. Greater competence in suicidality, aphasia-friendly communication, and improved interdisciplinary efforts are needed.

Description and Initial Evaluation of CoCA: Confident Communication with Aphasia. An exploratory communication confidence therapy for stroke survivors

Sarah AlFraih^{1, 2}

Dr. Emma Patchwood³, Dr. Paul Conroy⁴

¹ The University of Manchester, Division of Psychology, Communication & Human Neuroscience, Manchester, United Kingdom

² King Saud bin Abdulaziz University for Health Sciences, Speech-Language Pathology and Audiology Department, Riyadh, Saudi Arabia

³ The University of Manchester, Division of Psychology and Mental Health, Manchester, United Kingdom

⁴ Trinity College Dublin, School of Linguistic, Speech & Communication Sciences, Ireland

Background and aims: Addressing psychological barriers, like communication confidence, for people with aphasia is a high priority; yet targeted post-stroke interventions remain limited. Confident Communication with Aphasia–CoCA is a proof-of-principal study of a novel online communication confidence-focused intervention geared towards stroke survivors with aphasia. We explore feasibility, acceptability and trends in key outcome measures (confidence and well-being) to inform future research.

Methods: CoCA was co-developed including Patient Carer Public Involvement and consisted of eight group sessions and four individual sessions distributed over a 13-week period. It aimed to address communication confidence-related topics selected based on self-efficacy concepts (Table 1). It derived from a scoping review of confidence treatments, with elements of self-reflection and personalized goals incorporated into the intervention. Participants were assessed three times: before therapy; after completion; three-months later (maintenance). Quantitative measures were collected on language skills (WAB-R), communication confidence (CCSRA), confidence after stroke (CASM), and well-being (ONS4). Feedback was obtained after the completion of the study. **Results:** Four of five participants recruited had moderate non-fluent/Broca's aphasia at baseline; one had mild conduction aphasia. Strong overall adherence and engagement was achieved (88.3% sessions attended) and group sessions fostered a supportive environment. Individual communication confidence goals varied greatly amongst participants. Quantitative outcomes were feasible to obtain. The CaSM showed an upward drift with gains in the mean score on confidence from 43/81 before therapy to 56.6/81 at maintenance. Well-being scores indicated by ONS-4 also increased from

24.6/40 to 32.3/40, CCRSA scores remained relatively stable at around 28/40. **Conclusions and implications:** CoCA seems to be a feasible and acceptable intervention for communication confidence in stroke survivors with aphasia and may be the first intervention aimed to address communication confidence in stroke survivors with aphasia. The CaSM may be an appropriate primary outcome measure for future research, which should explore efficacy more robustly.
Table 1. Outline of the Eight CoCA Group Therapy Sessions				
Session number	Theme/aim	Торіс	Target	
1	Introduction to therapy and creating a welcoming group dynamic.	Getting to know you and what confidence means to you.	Building confidence within the group	
2	Highlight strengths to promote change from within.	Acknowledgement of positive characteristics that promotes confidence in themselves.	Promoting confidence from within self (self-views)	
3	Modifying attitudes.	Anticipate, discuss, and suggest ways to resolve communication breakdowns due to a lack in communication confidence.	Building confidence within the group	
4	Self-reflection and goal setting	Setting realistic goals	Promoting confidence from within self (self-views)	
5	Self-declaration.	Ownership of aphasia, assertiveness, and setting up supports to increase communication confidence.	Bridging confidence from within the group to outside the group.	
6	Dealing with the spotlight.	"Taking the floor"	Discussing a familiar topic with familiar listeners	
7	Dealing with the spotlight	"Taking the floor"	Discussing a familiar topic with unfamiliar listeners	
8	Promoting confidence beyond the group	How to project confidence	Differentiate confident and non-confident communication acts.	

Posters

Poster session 1

2025-06-09 14:35 - 16:00 Coffee/tea & poster session

1 - International stakeholder perspectives, experiences, and priorities for aphasia awareness: co-design of a unified campaign.

Claire Bennington^{1, 2}

Jytte Isaksen^{3, 4}, Ciara Shiggins^{1, 2, 5, 6, 7}, Emma Beesley¹, Kim Beesley¹, Sarah Jane Wallace^{1, 2} ¹ Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The University of Queensland, Australia

² Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Australia

³ Department of Culture and Language, University of Southern Denmark, Denmark

⁴ Neurorehabilitation Research and Knowledge Centre, Rigshospitalet, Denmark

⁵ Centre of Research Excellence in Aphasia Recovery and Rehabilitation, Australia

⁶ School of Health Sciences, the University of East Anglia, United Kingdom

⁷ Department of Language and Communication Science, School of Health and Psychological

Sciences, City St George's, University of London, United Kingdom

Background and aims: Aphasia awareness is persistently low internationally. To address this global problem, we conducted three international studies to:

(1) Explore stakeholder perspectives and experiences of aphasia awareness,

(2) Identify and gain consensus on priorities for a campaign, and

(3) Co-design a unified, international aphasia awareness campaign.

Methods: Study 1: Online surveys were conducted with an international sample of: (a) people living with aphasia (PLWA) and (b) people who work with PLWA (workers).

Study 2: Twelve focus groups using nominal group technique were run with PLWA and workers in five countries to identify priorities for a unified campaign.

Data from both studies were analysed using descriptive statistics and content analysis.

Study 3: Six rounds of international online workshops (18 meetings) were held to co-design a unified campaign building on the findings of studies 1 and 2.

Results: Study 1: 411 PLWA and workers across 39 countries participated. >90% of both stakeholder groups thought aphasia awareness was very or extremely important due to the daily communication barriers faced by PLWA. To be aphasia aware, both groups want people to know that aphasia does not affect intelligence, how to support communication for a person with aphasia and the impact of aphasia.

Study 2: 26 PLWA and 29 workers prioritised 115 ideas for a unified campaign.

Study 3: An international team of PLWA, workers, and experts with media, marketing, implementation science and health promotion experience, co designed a blueprint for a unified aphasia awareness campaign including the desired outcome, target audience, key messages, calls to action, tag line, format and design, and operationalisation plan. Figure 1 outlines the outcomes of the iterative co-design decision making process.

Conclusions and implications: In a rapidly changing world, with the hope of possibility, we embrace, and strive for, a world where everyone is aphasia aware. Future work will co-develop and launch the campaign.



2 - Improving web accessibility for people with aphasia: Experiences and priorities from people with lived experience and health professionals

Jennifer Lee^{1, 2, 3}

Peter Worthy^{1, 2, 3, 4}, Ryan Deslandes^{1, 2, 3}, Bridget Burton^{1, 2, 3}, David A. Copland^{1, 2, 3}, Phill Jamieson^{1, 2, 3}, Kim Barron^{1, 2, 3}, Leanne Togher⁵, Kirstine Shrubsole^{1, 2, 3}, Sonia Brownsett^{1, 2, 3}, Annie J. Hill^{1, 2, 6, 7}, Janet Wiles⁴, Alexander Haslam⁸, Sarah J. Wallace^{1, 2, 3}

¹ Queensland Aphasia Research Centre, The University of Queensland, Brisbane, Australia

² School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia

³ Surgical, Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The

University of Queensland and Metro North Health, Queensland, Australia

⁴ School of Electrical Engineering and Computer Science, The University of Queensland, Brisbane, Australia

⁵ School of Health Sciences, Faculty of Medicine and Health, The University of Sydney, Sydney, Australia

⁶ Centre of Research Excellence in Aphasia Recovery and Rehabilitation, Australia

⁷ Department of Speech Pathology, La Trobe University, Melbourne, Australia

⁸ School of Psychology, The University of Queensland, Brisbane, Australia

Background and aims: Equitable digital access is needed to achieve all 17 of the United Nations' Sustainable Development Goals. While web access is now requisite for health care, education, work, and activities of daily living, people with aphasia remain at risk of digital exclusion. This study aimed to: (1) Establish priorities for improving online access to healthcare, information, based on lived experience. (2) Identify design principles for the experience-based co-design of a web-browser extension to improve accessibility for people with aphasia.

Methods: Experience-Based Co-design. Focus groups were held with people with post-stroke aphasia (n=9), family members or carers (n=7), and health professionals working with people with aphasia (n=10). Participants discussed their experiences of using or supporting a person with aphasia to use the web, and generated ideas that would improve web accessibility for people with aphasia. Qualitative data was analysed using reflexive thematic analysis. Participants established priorities for improving experience using the nominal group technique. These priorities were mapped to design principles to guide the experience-based co-design.

Results: Key themes for people with aphasia were: 'It is overwhelming', 'Searching is hard when you can't find the right words', and 'Simple webpage design can help'. Family members expressed needing support in finding relevant health information and support services, whereas clinicians wanted more training resources for technology use. To improve web accessibility, 201 ideas were generated across participant groups. The top priorities included present written information in Easy English, create accessible interfaces by reducing distractions, and improve technology to support word finding during searching.

Conclusions and implications: Three design principles have been established to guide the experience-based co-design of a web browser extension to improve accessibility for people with aphasia: (1) communication-accessible interface design, (2) multimodal communication support, and (3) customisability to suit user's needs and preferences. The next phase of research will co-design the extension.

3 - Bridging the digital divide for people with aphasia: A protocol for the development of a web-browser extension using experience-based co-design

Jennifer Lee^{1, 2, 3}

Peter Worthy^{1, 2, 3, 4}, Ryan Deslandes^{1, 2, 3}, Bridget Burton^{1, 2, 3}, David A. Copland^{1, 2, 3}, Phill Jamieson^{1, 2, 3}, Kim Barron^{1, 2, 3}, Leanne Togher⁵, Kirstine Shrubsole^{1, 2, 3}, Sonia Brownsett^{1, 2, 3}, Annie J. Hill^{1, 2, 6, 7}, Janet Wiles⁴, Alexander Haslam⁸, Sarah J. Wallace^{1, 2, 3}

¹ Queensland Aphasia Research Centre, The University of Queensland, Brisbane, Australia

² School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia

³ Surgical, Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The

University of Queensland and Metro North Health, Queensland, Australia

⁴ School of Electrical Engineering and Computer Science, The University of Queensland, Brisbane, Australia

⁵ School of Health Sciences, Faculty of Medicine and Health, The University of Sydney, Sydney, Australia

⁶ Centre of Research Excellence in Aphasia Recovery and Rehabilitation, Australia

⁷ Department of Speech Pathology, La Trobe University, Melbourne, Australia

⁸ School of Psychology, The University of Queensland, Brisbane, Australia

Background and aims: The web has become an essential resource for accessing information, healthcare, and support services. However, people living with aphasia may find it hard to use the web as it is heavily dependent on text-based language. The aims of this research project are to codesign a multi-component intervention to support digital access for people with aphasia. It will comprise (1) an accessibility browser extension to re-render website content to be communicatively accessible, (2) a training package that will help people with aphasia, family members, and health professionals to customise the browser extension, and (3) guidelines for communication-accessible website design.

Methods: This project will use experience-based co-design and human-centred design principles. In the first stage, focus groups will be held with people with aphasia, family members or significant others, and health professionals working with people with aphasia to explore their experiences, facilitators, and barriers to using the web. The second stage will involve eight co-design workshops with the three key stakeholder groups to iteratively co-design and develop the intervention components. The third stage will involve iterative development of the browser extension adopting human-centred design approaches. The final stage will involve experience and field testing to evaluate usability, acceptability, feasibility, and efficacy. All stages of this research will be guided and overseen by a consumer advisory group comprising four people with aphasia and four family members.

Results: The anticipated outcomes of this project will include a customisable web accessibility browser extension, a training package to support the use of the browser extension, and guidelines for web designers/developers to promote best practice in communication-accessible website design. **Conclusions and implications:** These tools will promote digital equity and support successful web browser use for people with aphasia. This will empower people living with aphasia through building autonomy in managing their personal healthcare.

4 - Exploring the accessibility of data visualization for adults with language disability

Niamh Devane¹

Stephanie Wilson², Madeline Cruice¹, Jo Wood³, Nicola Botting¹, Abi Roper¹, Ulfa Octaviani² ¹ Department of Language and Communication Science, School of Health and Medical Sciences, City St George's, University of London

² Centre for Human-Computer Interaction Design, Department of Computer Science, City St George's, University of London

³ giCentre, Department of Computer Science, City St George's, University of London

Background and aims: Data visualizations are part of everyday life. We consult them daily in route finders, news bulletins, step counters and more. Accessibility of data visualizations for people living with visual and cognitive impairments has been explored, but not for people living with language disability. To this end, a collaborative qualitative study was conducted to explore usability, accessibility and experience of data visualizations for adults with acquired and developmental language disability.

Methods: Nineteen adults (n=10 with aphasia; n=9 with developmental language disability) were recruited to the study. They attended an in-person 2hr session to use different examples of data visualizations: 'common', such as bar charts and line graphs; 'interactive', where users can adjust the detail they see; 'complex', where multiple elements are encoded; and 'physical', where data is encoded in a physical object such as the rows of a scarf. For each example presented, a topic guide directed questions to explore usability (could information be extracted), accessibility (how easy or difficult it was to understand) and experience (did they like it).

Data are annotated transcripts of video-recordings of the sessions and Likert scale responses of experience and usability. Descriptive statistics will be used to present scale responses. Framework analysis will be used to identify themes in the data.

Results: Data analysis is currently underway. Results presented in June 2025 will report on the usability, experience and accessibility of data visualizations for adults with language disability including qualitative accounts to illustrate the findings.

Conclusions and implications: The inclusivity of data visualizations for adults living with language disability has not been explored. Preliminary results indicate that current guidance does not meet the needs of this group. The results of this study will highlight usability, accessibility and experience of adults with language disability and identify data visualization design that supports and/or presents challenges for this group.

5 - Expert, but still a "case"?

Line Haaland-Johansen¹

Karianne Berg¹ ¹ Nord University, Faculty of Education and Arts, Norway

Background and aims: In this study, we reexamine aphasia from the perspectives of individuals living with aphasia, challenging our own preconceptions to gain new insight. We have explored aphasia from the perspective of people with aphasia, inspired by earlier work like research on insiderness, patients as experts, and Fricke's concept of "epistemic injustice" (Carel, 2017). **Methods:** The material that will be presented originates from an interview study where 16 persons living with aphasia shared their insight with two researcher-clinicians. The core question of the study was: "What should people (without aphasia) know about aphasia?" The material was transcribed verbatim, and analysed using reflexive thematic analysis.

Results: Based on our familiarisation with the empirical material, several striking questions arose. Similar to what others have demonstrated (Parr, Byng, Gilpin & Ireland, 1997), these conversations gave insight into both what aphasia "is" and what aphasia "means" to people living with aphasia. Here, we will emphasise the latter, focussing on three of the themes:

- 1. Naïve to assume disclosure of pain, loss and shame?
- 2. Intersection of communication and the body?
- 3. Expert, but still a "case"?

Conclusions and implications: In line with the ideas of situated knowledges (Haraway, 1988) and the existence of epistemic injustice (Fricker, 2007), this study highlights the importance of acknowledging experiences and insights of people living with aphasia as a valuable source for positively impacting, challenging and changing the field of speech and language therapy.

6 - Self-reported communicative participation in people with anomia and stroke, multiple sclerosis or Parkinson's disease

Joana Kristensson^{1, 2}

Francesca Longoni¹, Per Östberg^{3, 4}, Signe Rödseth Smith¹, Sabina Åke¹, Charlotta Saldert^{1, 2} ¹ Speech and Language Pathology Unit, Department of Health and Rehabilitation at the Institute of Neuroscience and Physiology, Sahlgrenska Academy at the University of Gothenburg, Gothenburg, Sweden

² Region Västra Götaland, Department of Neurology, Sahlgrenska University Hospital, Gothenburg. Sweden

³ Division of Speech and Language Pathology, Department of Clinical Science, Intervention and Technology, Karolinska Institutet, Stockholm, Sweden

⁴ Medical Unit Speech and Language Pathology, Karolinska University Hospital, Stockholm, Sweden

Background and aims: Communication difficulties may result in reduced communicative participation and health-related quality of life. Various neurological conditions may lead to difficulties finding the right words (anomia), noticeable in clinical assessment as, for example, reduced verbal fluency and impaired naming or re-telling ability.

Three of the most common acquired neurological conditions are stroke, multiple sclerosis (MS) and Parkinson's disease (PD). The impact on communicative participation from anomia in these conditions is not fully explored. This study, as part of a larger descriptive and comparative study, aimed to explore self-reported communicative participation in participants with self-reported anomia, and the correlation between these self-reports and objective test results.

Methods: Eighty-seven participants dived into four groups, namely moderate—severe anomia after stroke (MSAS, n = 19), mild anomia after stroke (MAS, n = 22), MS (n = 27) and PD (n = 19) completed The Communicative Participation Item Bank – General Short Form (CPIB). Test results from a comprehensive speech and language clinical assessment were collected.

Results: No statistical difference (p = .099) was found between the groups regarding self-reported communicative participation. There were individuals in all groups who reported high negative interference in participation, as well as individuals who reported low interference. There were no clear correlations between self-reports and results on tests assessing naming, verbal fluency or retelling abilities. However, there was a correlation between prolonged response time and low self-reported communicative participation.

Conclusions and implications: Regardless of the degree of anomia or underlying condition, selfperceived word-finding difficulties can have a high negative impact on communicative participation and should therefore be appropriately addressed in clinical care. Self-reports are important to collect, as test results from a clinical assessment may not reveal the extent of these difficulties.

7 - Exploring the Feasibility of Dialogic Reading for People with Aphasia

Gillian Anderson¹

Lauren Bislick², Jacqueline Towson², Amy Engelhoven³

¹ Department of Speech and Hearing Science, Ohio State University, Columbus, Ohio, United States

² School of Communication Disorders, University of Central Florida, Orlando, Florida, United States

³ Department of Communication Sciences and Disorders, Western Kentucky University, Bowling

Green, Kentucky, United States

Background and aims: Aphasia, an acquired language disorder resulting from brain injury, can lead to significant social isolation, depression, and communication challenges. People with aphasia (PWAs) often experience reduced social interaction, exacerbating loneliness and emotional distress. Dialogic Reading (DR), an interactive reading technique involving adults and children, has shown promise in enhancing language skills in children, but its impact on psychosocial outcomes in PWAs remains underexplored. This study aimed to assess the feasibility of teaching DR strategies to a PWA using aphasia-friendly methods and to evaluate the effects on communicative participation, perceived stress, and communication confidence.

Methods: A pilot study was conducted with a 56-year-old woman with mild-moderate aphasia and alexia. She participated in a remote DR training program delivered via Zoom. The intervention focused on teaching DR strategies, such as prompting and expanding responses, using aphasia-friendly materials. Feasibility, generalization of skills, and changes in psychosocial outcomes were evaluated through qualitative observations and self-reported measures.

Results: The participant successfully learned and applied DR strategies to new reading materials. Preliminary results indicated small but positive changes in communication confidence and perceived stress. These findings suggest that DR strategies can be acquired and generalized by PWAs, with potential psychosocial benefits.

Conclusions and implications: This pilot study supports the feasibility of implementing DR programs for PWAs, demonstrating the potential to enhance confidence and reduce stress while fostering intergenerational communication. Further research with larger samples and opportunities for shared reading is necessary to confirm these preliminary findings and explore the broader impacts of DR on the quality of life for PWAs.



8 - Real-life communication in people with aphasia occurring within the home environment: Implications for quality of life.

Kaila Cote¹

Louisa Suting¹, Jennifer Mozeiko¹ ¹ University of Connecticut

Background and aims: Participation in communication contributes to quality of life (QoL) in people with aphasia (Hilari et al., 2016), however most communication occurs outside the clinic, unobserved by clinicians. Despite the importance of using ecologically valid measures, there is a lack of research investigating communication in the home environment. We aim to examine communication parameters within the homes of PWA compared to an age-matched non-brain injured (NBI) group and their influence on QoL.

Methods: Twenty PWA and 19 NBI were administered the QAB and the SAQoL-39 and then recorded themselves at home over two consecutive days for a total of 16 hours. The LENA® system was used to analyze recordings for talk-time and silence (percentages of speech and non-speech over total duration). Thirty minutes of conversation were transcribed manually and analyzed for word count and conversational turns. Correlational analyses were used to explore relationships among variables. These variables were added to a hierarchical stepwise regression model to evaluate their role in predicting QoL.

Results: Preliminary results: There was no significant difference in total talk-time between PWA (15.2%) and the NBI group (15.7%), however, there were significant differences between groups in SAQoL-39 scores and participant word count. See Figure 1 for correlations with all variables. The multiple regression model explained a significant portion of the variance in QoL (R-squared= 0.68). The overall model was significant (F =12.227, p<0.001). In this model, presence of aphasia was the most significant predictor of QoL; talk-time approached significance (p= 0.080).

Conclusions and implications:

- 1. Overall low total time spent talking was similar between groups regardless of aphasia diagnosis, suggesting age as future variable of interest.
- 2. Word count differed significantly between groups indicating more information was conveyed in NBI group.
- **3.** PWA had poorer QoL scores, but no single variable was identified as most predictive. Further analyses of conversational content rather than quantity are warranted.



9 - Work-Focussed Aphasia Rehabilitation After Stroke: An International Survey of Professional Practice

Penni Burfein¹

Emmah Doig², David Copland^{1, 2}

¹ Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia

² Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Brisbane, Australia

Background and aims: People with post-stroke aphasia return to work (RTW) less often compared to those without aphasia. To improve vocational outcomes of people with aphasia, increased knowledge about targeted work-focussed interventions is essential. This survey aimed to 1) identify the practice, views, knowledge and confidence of health professionals; and 2) explore perceived barriers and facilitators to delivering vocational rehabilitation (VR) to people with aphasia. **Methods:** An online survey was distributed internationally to health practitioners through professional networks and associations via email and social media. The survey questions were informed by stroke guidelines, RTW literature and experiences of the research team. Quantitative data were analysed descriptively, and open-ended responses analysed using qualitative content analysis.

Results: Eighty-two responses were received from clinicians representing five professions across six countries, primarily from speech pathologists (n=61) and occupational therapists (n=14) across Australia (62.5%), Great Britian and Northern Ireland (20%). Preliminary analysis indicated RTW goals were set by 91.5% of respondents, predominantly in the first-year post-stroke. To inform work-focussed interventions, respondents reported using a range of cognitive (n=39), language and communication (n=37) measures. Over 90% reported tailoring language and functional therapy and simulating work-specific communication tasks. Interventions conducted within the workplace, including stroke/aphasia education, were less frequently reported. Co-ordinated VR was provided by two-thirds of respondents however, 71.9% identified access to vocational interventions as an unmet need. Most respondents reported slight or moderate levels of confidence and knowledge when providing VR to people with aphasia.

Conclusions and implications: The findings summarise the views of health professionals about work-focussed aphasia rehabilitation. Results suggest people with aphasia may have reduced and inconsistent access to comprehensive VR, as recommended by international stroke guidelines. We also found variability in VR practice within and between professions. The barriers and enablers to providing VR from the perspectives of respondents will be examined and reported, informing future research.

10 - Interdisciplinary teamwork to support employers and people with aphasia when returning to work – a framework.

Mi Johansson¹

Emma Eng¹, Hanna Persson¹, Ellen Grut¹, Sahil Bhaskar¹, Linda Aalto¹, Helene Alm-Zetterqvist¹, Monica Aasnes¹, Ann-Charlott Keymer¹, Marit Lundgren¹, Susanne Palmcrantz^{1, 2}

¹ University Department of Rehabilitation Medicine, Danderyd Hospital

² Department of Clinical Sciences, Karolinska Institute Stockholm, Sweden.

Background and aims: Return to work is an important goal for many persons with aphasia (PWA). Employers are required by law to take far-reaching responsibility for continued rehabilitation at work together with the Social Insurance Agency and public healthcare. Straightforward communication between all actors is an important factor for structure and clarity within vocational training. Our clinic offers an individualized outpatient vocational program for patients with acquired brain injury, delivered by an interdisciplinary team, which also is recommended for PWA. Due to high demands on communication skills, both in the vocational program and in return to work, the program needs to be adapted to PWA.

Methods: The occupational therapist (OT) and speech and language (SLP) and other involved members of the interdisciplinary team collaborate regarding the interventions and recommendations. **Results:** To identify requirements at work, the OT and the SLP visit the workplace together. The vocational program for PWA is complemented with language therapy, prescription of reading and writing aids and implementation of communication strategies in interdisciplinary designed work-like activities to meet the requirements. Recommendations for the coming vocational training at the workplace are presented by the team to the employer and an administrative officer at the Social Insurance Agency to create a mutual plan for return to work. During vocational training, the OT and the SLP meet the PWA regularly, either at the clinic or at the workplace, for interventions such as a workshop for the employer regarding aphasia and facilitating strategies for communication. The vocational rehabilitation process for PWA is longer due to the add-on of activities. An employer commented that the workshop was helpful for understanding aphasia and how to facilitate communication.

Conclusions and implications: Interdisciplinary collaboration, individual follow up, additional education for the employers and long-term perspective are example of adjustments in return to work for PWA. Systematic evaluation of the adjustments is needed.

11 - Empowering speech pathologists to facilitate and advocate for community aphasia groups – a novel education package

Kathryn Pettigrove^{1, 2}

Lucette Lanyon^{1, 2}, Michelle Attard¹, Miranda Rose^{1, 2}

¹ Centre of Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University

² Speech Pathology Department, La Trobe University

Background and aims: Community aphasia groups (CAGs) can be powerful in promoting inclusion and wellbeing for people with aphasia. As the aphasia community grows in line with the ageing population, it is crucial that we increase CAG numbers, which are already drastically insufficient. However, speech pathologists (SPs) have typically never received any training in the complex task of CAG facilitation, and low knowledge, skills and confidence lead to apprehension about, or avoidance of, these roles. Additionally, unskilled facilitation may cause negative, isolating outcomes for group members. To address these issues, we developed an evidence-based education package to improve SPs' self-rated competence for CAG facilitation.

Methods: We conducted a phase II randomised trial (n=42) with waitlist control to investigate the preliminary efficacy of the package to increase facilitation competence. We supplemented these quantitative data with a qualitative follow-up study using semi-structured interviews (n=8). **Results:** The RCT demonstrated a significant positive effect of the package on self-rated CAG facilitation competence and self-rated knowledge and skills to train others, with these effects maintained at 4-week follow-up. The interviews reinforced this – participants felt the package had meaningfully improved their competence, not only for facilitation but also for CAG advocacy; however, a range of implementation barriers were also raised. Four themes were generated: a worthwhile investment, professional self-empowerment, reconciling excitement with apprehension, and starting the conversation.

Conclusions and implications: These findings demonstrate that our education package can improve SPs' competence to facilitate CAGs, train other facilitators, and advocate for CAGs – all of which suggest the package may play a crucial role in the long-term goals of enhancing the number, quality and sustainability of CAGs in the community. However, system-level changes are also needed to address the full range of implementation barriers. These should be targets for future research looking to support sustainable CAG communities and promote life-long wellbeing for all people with aphasia.

12 - Impact of Aphasic Theatre Activities on Engagement and Social Participation of People Living with Aphasia

Alexandra Tessier^{1, 2}

Ingrid Verduyckt^{3, 4, 5}, Maud Gendron-Langevin^{6, 7}

¹ Département d'orthophonie, Université du Québec à Trois-Rivières, Canada

² Centre interdisciplinaire de recherche en réadaptation et intégration sociale, Canada

³ École d'orthophonie et d'audiologie, Université de Montréal, Canada

⁴ Centre de recherche interdisciplinaire en réadaptation du Montréal métropolitain, Canada

⁵ Institut universitaire sur la réadaptation en déficience physique de Montréal, Canada

⁶ École supérieure de théâtre, Université du Québec à Montréal, Canada

⁷ Centre de recherche de Montréal sur les inégalités sociales, discriminations et les pratiques alternatives de citoyenneté (CREMIS), Canada

Background and aims: The *Aphasic Theatre*, founded in 1992 by a speech-language therapist, who was also an actor, offers performing arts activities to individuals with aphasia. These activities are held in both rehabilitation hospitals and community centers. Thirty years later, the organization sought to investigate the effects of participation on members. Therefore, this study aims to explore how *Aphasic Theatre* activities influence engagement and the social participation of people living with aphasia.

Methods: This qualitative study included two focus groups and 11 semi-structured interviews with 30 stakeholders, including members, families, staff, volunteers, and speech-language therapists. Data from transcribed discussions and interviews were analyzed using deductive content analysis, guided by the Multidimensional Model of Engagement (Appleton et al., 2008) and the Human Development Model - Disability Creation Process (HDM-DCP, Fougeyrollas et al., 2020).

Results: The environment provided by the *Aphasic Theatre* seems to support its members' selfperception regarding their autonomy, competence, and sense of belonging. The general sense of well-being, enjoyment, and safety contributes to sustained and increased member engagement in the organization. The outcomes identified in the HDM-DCP highlight that the *Aphasic Theatre* facilitates social participation by influencing both personal factors and life habits. The activities offered by the *Aphasic Theatre* appear to have a more direct impact on abilities related to intellectual activities, language, and behaviours. The *Aphasic Theatre* space also seems to promote social participation, particularly due to its focus on offering accessible artistic activities.

Conclusions and implications: The longevity of the *Aphasic Theatre* can be understood through the mechanisms at work in the Multidimensional Model of Engagement. Its environment and activities interact with personal factors to enhance social participation for members with aphasia. These findings highlight the importance of creative and inclusive interventions in fostering meaningful engagement and community inclusion for individuals with communication disabilities.

13 - Breaking Barriers in Community Aphasia Groups: Icelandic Speech-Language Therapists' Perspectives

Helga Thors^{1, 2}

Thorunn Hanna Halldorsdottir^{1,3}

- ¹ University of Iceland, Faculty of Medicine, Division of Speech Pathology, Reykjavik, Iceland
- ² Landspitali The National University Hospital of Iceland, Reykjavik, Iceland

³ Kjarkur Rehabilitation Center, Reykjavik, Iceland

Background and aims: Aphasia is an acquired language disorder that can have profound and lasting effects on an individual's quality of life. Various therapy approaches are available, ranging from individualized interventions to group-based programs. Group therapy has been widely recognized as an effective method for improving language and communication skills in people with aphasia. In addition to enhancing communication, aphasia groups provide a natural social setting that supports psychosocial well-being, fosters social participation, and contributes to an overall improved quality of life. Despite these known benefits, the use of aphasia groups in Iceland has been limited, and no research has been conducted to explore the factors influencing their success in this context.

To address this gap, it is essential to look at the perspectives of professionals who facilitate these groups. This study aims to examine speech-language therapists' perspectives on the value of community aphasia groups for people with aphasia (PWA) in Iceland, and to identify key factors that facilitate or hinder participation.

Methods: The research design of this study will be qualitative with a focus group interview. The interviewees were speech-language therapists who have led a community aphasia group in Reykjavik. The topics include group size, communication support, and environmental aspects (e.g., room size, furniture, lighting), as well as internal factors of the SLTs. Content analysis will be conducted to identify key facilitators and barriers to participation.

Results: Data collection and analysis are ongoing. Findings will be presented at the conference and are expected to provide insights into factors influencing participation in community aphasia groups. **Conclusions and implications:** The study's findings are expected to support the development and optimization of community aphasia groups for PWA in Iceland. By identifying facilitators and barriers, this research aims to inform clinical practice and guide future aphasia rehabilitation efforts.

14 - A speech and language therapist supported transition from rehabilitation to youth education for an adolescent with acquired aphasia: A case study

Lise Vide Petersen¹

Kristine Haugaard¹, Dorthe Hansen²

¹ Rehabilitation Center for Children and Adolescents with ABI

² Communication after Brain Injury

Background and aims: In the rehabilitation of adolescents with aphasia following acquired brain injury, speech and language therapists (SLTs) play a crucial role in fostering independence and addressing challenges related to academic success (Laures-Gore, McCusker, & Hartley, 2017). The quality of the transition to youth education, including the support of a positive self-perception, can significantly influence the long-term quality of life for these adolescents. Therefore, it is essential to prioritize effective support strategies that facilitate this transition.

This poster aims to describe, within the framework of the International Classification of Functioning, Disability and Health (ICF), how an adolescent with acquired aphasia was supported by a speech and language therapist during the transition from intensive rehabilitation to youth education. The focus was on promoting positive self-perception, gradual independence and active involvement in key life decisions.

Methods: This case study examines a 17-year-old adolescent with aphasia resulting from a traumatic brain injury. Based on the speech therapy assessment, it details his communicative challenges and strengths, followed by a structured overview of the SLT's targeted interventions involving the adolescent, his family, and relevant stakeholders during the transition to youth education.

Results: As the adolescent transitioned into adulthood during rehabilitation, he encountered new responsibilities, including making educational decisions. The SLT's key roles included: (1) assisting the adolescent and his family in setting realistic goals for youth education, and (2) facilitating understanding among local authorities and professionals regarding the adolescent's need for ongoing speech therapy and support within the educational setting.

Conclusions and implications: SLT's can play a pivotal role in guiding adolescents with acquired aphasia and their families through the transition from rehabilitation to youth education. Further research is needed to identify best practices for SLTs in supporting educational transitions for this population.

15 - Training Needs and Intervention Practices of Portuguese Speech Therapists in the Rehabilitation of People with Aphasia

Paula Valente¹

Maria Assunção Matos²

¹ Portuguese Institute of Aphasia (IPA), Matosinhos, Portugal

² School of Health Sciences, University of Aveiro, Portugal; RISE-Health, School of Health, University of Aveiro, Aveiro, Portugal. (ORCID 0000-0002-8976-0625).

Background and aims: Life Participation Approach to Aphasia (LPAA) highlights the importance of prioritizing the needs and goals of individuals with aphasia through person-centered, functional, and community-focused interventions. Studies in Portugal indicate that, although speech-language therapists (SLT) recognize the importance of person-centred and communication-focused approaches, practices often remain predominantly rooted in the traditional medical model. This study aimed to characterize SLT clinical practices, identify challenges, and map training needs to promote interventions aligned with contemporary paradigms of intervencion.

Methods: An exploratory, cross-sectional, and mixed-methods study was conducted. An online selfdeveloped survey, consisting of 24 closed-ended questions and 8 open-ended questions, was completed by Portuguese SLT with experience in aphasia. Quantitative data were analyzed using Microsoft Excel (2013), and qualitative data were explored through thematic analysis. Ethical approval for the study was obtained from the relevant review board.

Results: Participants (n=35) had an average age of 36.1 years and an average of 12.6 years of professional experience, primarily working in clinics (20%), rehabilitation centers (20%), and public hospitals (14.3%). Key challenges included difficulty implementing evidence-based practices (65.7%), lack of time (45.7%), and insufficient resources (42.9%). Reported difficulties included family resistance to adopting communication strategies (16.3%), unrealistic recovery expectations (14.3%), and low caregiver involvement (12.2%). Training priorities included Augmentative and Alternative Communication (AAC), communication partner training, and functional rehabilitation strategies. Intensive short courses (71.4%) were the most valued training format.

Conclusions and implications: This study underscores the need for continuous and practical training for SLT, increased family involvement in rehabilitation, and interventions focused on functionality. Collaborative networks, mentoring programs and interdisciplinary cooperation are essential to overcome barriers and improve care for people with aphasia in Portugal. There is a clear need for more targeted, inclusive interventions that embrace contemporary models of care to foster better rehabilitation outcomes.

16 - Enhancing communication access, social participation and inclusion for people with communication disabilities and difference in society

Ruth Mc Menamin¹

Yvonne Fitzmaurice¹, Dorothy Clarke², James Green³, Aine Kearns³, Helen Kelly⁴, Caroline Jagoe⁵, Molly Manning³, Rachael Stockdale⁴, Orla Duffy²

¹ School of Health Sciences, University of Galway, Galway, Ireland

² School of Health Sciences, Ulster University, Derry, Northern Ireland

³ School of Allied Health, University of Limerick, Limerick, Ireland

⁴ Department of Speech and Hearing Sciences, University College Cork, Cork, Ireland

⁵ Trinity College Dublin, The University of Dublin, Dublin, Ireland

Background and aims: People with communication disability are often excluded from decision making roles in research because inclusion creates power and communication challenges. Exclusion contributes to isolation, restricted community participation and frequently results in redundant research. Conversely, involvement enhances the quality, integrity, and sustainability of research with targeted outcomes that meet the needs of population health and well-being. This study aims to promote inclusion and communication access rights for people with communication disability and difference.

Methods: Phase 1 - a critical review of national and international literature polices, and documentation related to communication rights and access.

Phase 2 – Public and Patient Involvement (PPI) consultations (11 x 3-hour meetings) to review Phase 1 findings from the perspectives of: People with aphasia (n=8) and dementia (n=2); Irish Travellers (n=14); Deaf community (n=8); Community representatives (n=6).

Phase 3 – Phase(s) 1 & 2 findings were used to create a conceptual framework to promote communication access rights for people with communication disabilities and difference.

Phase 4 (in progress) consultations with PPI groups to refine the Phase 3 conceptual framework. **Results:** Phase 1 identified six key themes including: discrimination, bias, exclusion, cultural identity, health care and education access which were validated, revised, and extended from the emic perspectives of the PPI groups in Phase 2. In phase 3 a first draft of the conceptual framework to promote communication access rights was developed which will be reviewed and refined by PPI groups in Phase 4.

Conclusions and implications: This study aimed to enhance communication access and social participation of people living with aphasia and other communication disabilities and differences. Lived experiences of exclusion captured through PPI consultations enhanced the validity, relevance, and accuracy of literature findings. The refined themes will contribute to a best practice conceptual framework to promote communication access rights and sustainability thereby contributing to goals 3, 4 & 11 of the 2030 UN agenda.

17 - Enabling sustainable communication partner training in higher education institutions: A realist review of stroke specific practice.

Yvonne Fitzmaurice¹

Ruth McMenamin¹, Jytte Isaksen², Suzanne Beeke³, Ní Shé Éidín⁴, Caroline Jagoe^{5, 6}, Una Cunningham⁷

¹ University of Galway, School of Health Sciences, Ireland

² University of Souhern Denmark, Department of Language, Culture, History and Communication, Denmark

³ University College London, Division of Psychology and Language Sciences, England

⁴ RCSI University of Medicine and Health Sciences, Graduate School of Healthcare Management, Ireland

⁵ The University of Dublin Trinity College, School of Linguistics, Speech and Communication Sciences, Ireland

⁶ University of Witwatersrand, Speech Pathology and Audiology, School of Human and

Communication Development, South Africa

⁷ Mater Misericordiae University Hospital, Dublin, Ireland

Background and aims: Communication breakdown, due to aphasia, evokes emotional strain, frustration and helplessness in both patients and health care professionals. People with aphasia can be excluded from decision making and are at increased risk of preventable adverse events than those without communication impairment. As the incidence of stroke, and consequently aphasia, increases internationally, it is critical that efforts are made to ameliorate this situation. Providing communication partner training (CPT) to student health care professionals, our future front-line staff, is one possible strategy. Factors such as limited literature on CPT implementation for students, rapidly evolving teaching technologies and the complex nature of educational settings, render development of sustainable CPT across educational settings challenging. This review aims to enhance development by analysing practices and theorising what works, for whom, under what conditions, how and why?

Methods: A five-step realist review incorporating: A) An advisory panel of content advisors (n=3), realist advisors (n=3), PPI advisors with lived experience of aphasia (n=3), student advisors (n=4) and medical educationalist (n=1); B) The template for intervention description and replication checklist and guide (TIDieR); C) The Consolidated Framework for Implementation Research (CFIR).

Results: 25 documents retrieved from a systematic literature search were combined with international professional, legal and accreditation standards to inform a middle range programme theory explaining how CPT is operationalised. This theory, structured within the CFIR framework, is articulated narratively as 26 context, mechanism and outcome configurations and summarised graphically. Essential elements include commitment to inter-professional learning, experiential learning, prioritising the social model of disability, recognising communication as a human right, understanding communication impairments and developing supportive skills.

Conclusions and implications: This middle range programme theory provides a theoretical explanation of how CPT is expected to work for educators, students and people with aphasia in higher education institutions. It provides practical guidance for implementing sustainable CPT across varied and complex educational contexts.

CONTER Legal, professional and alcoreditation demands to subcord the rights, digity and subcorry of service unless Facilitative local resources, funding and pathernities	No demands to upnote No demands to upnote the rights, diputy and users with communication impairments	СРТ	People with stroke acquired construction impairments and 94845CPs have challenging, registrie communicative interactions
Educators are onlighted to comply and perform Security from undergimming exports Opportunity for onliatovaring in developing and implementing CPT to carticular	No obligation on educations Listitual No opportunity for CPT	COLL COMPONENTS Pogname emptables theatdge of communication meanments and here inpacts, and humans towards people with states expande communication imponents, and affectore view of naportive transports and techniques. B&BCPs with environy neights, attractice, transledge and increase configure	ETROKE BURVIVORS Page sits stoke acquired communication Inspansion participate in CPT as communication parties on contrainer Pacifive social and taxofering participation Acknowledement of them recentline
Interdisciplinary leaching practices are to preserve service user rights and advances and as undergened in the interpretation of a calability. Recognise that supporting communication is a human right Recognise the inspect of	Process Separative communication not profilined to outstate And Coast of Insights, confidence and Coastidanty to facilitate packing and communication regering communication regering communication	Beneficiently with start have core complements and sequence provide start and sequences and sequences and sequences sequences and sequences and sequences and sequences and sequences and sequences and sequences and sequences and sequences and sequences and sequences and seq	Believe to suble and necessity of training Test value Package
communication angulativerity Appreside that disability is multifaceted and complex Appreciate that communication is a shared mapposibility Willingness to incorporate CPT Into the curriculum	Binematication indications	Approaches de la capacita de la consecuta de la consecutación de la consec	Communication arthrestication
Programme t unual practice optimisting pr communication	etter Ithan ein at-stoke at-stoke at-stoke at-stoke		- 5

Graphic Middle Range Theory Informing CFIR

18 - A TIDieR synthesis of stroke specific communication partner training for student health care professionals

Yvonne Fitzmaurice¹

Jytte Isaksen², Suzanne Beeke³, Ruth McMenamin¹

¹ University of Galway, School of Health Sciences, Ireland

² University of Souhern Denmark, Department of Language, Culture, History and Communication, Denmark

³ University College London, Division of Psychology and Language Sciences, England

Background and aims: Conversations between health care professionals and clients presenting with stroke acquired communication difficulties, including aphasia, are challenging. Frequently, clinicians lack necessary skills to facilitate productive communicative exchanges. As the incidence of stroke rises internationally, remedying this situation is urgent. Implementing communication partner training (CPT) for student health care professionals in higher education institutions is one petential solution. CPT has established evidence for use with people with aphasia and there is a small, evolving body of literature describing positive outcomes for stroke specific CPT for students. In higher education institutions, developing the most sustainable and effective training in terms of essential components, dosage, mode of delivery and impairments targeted requires careful consideration. Using the Template for intervention description and replication (TIDieR) to systematically describe and synthesis existing programmes aims to enhance the development process for educators.

Methods: The TIDieR template was incorporated in the data extraction phase of a five-step realist review to systematically analyse similarities and differences across CPT programmes. 25 publications retrieved from two published systematic reviews, one published scoping review, and a comprehensive search of Medline, EMBASE, CINAHL, APAPsycINFO and Web of Science were included. Data was synthesised using narrative synthesis.

Results:

Data analysis and synthesis yielded valuable insights into common elements of CPT and evolving service delivery options that capatilise on advancing teaching technologies. Enhancing understanding and skill development were identified as fundamental training components. Adaptability with regard to programme length, delivery mode, programme recipients and trainers, and number of stroke acquired communication impairments targeted was highlighted.

Conclusions and implications: Narrative synthesis of comparative CPT data enabled generation of new insights into what constitutes stroke and aphasia specific CPT for student health care professionals. These insights, which embrace varied student recepients and evolving delivery modes and schedules, may enhance CPT development and ultimately enhance communication skills of our future health care professionals.

19 - Communication Partner Training for Healthcare Professionals Working with People with Aphasia: Adapting and Implementing KomTil in Greece

Evangelia Antonia Efstratiadou¹

¹ University of the Peloponnese, Department of Speech Therapy, Kalamata, Greece

Background and aims: Communication partner training (CPT) is an umbrella term for interventions that aim to optimize communication between people with aphasia and a range of communication partners including healthcare professionals. CPT is an evidence-based intervention with most of the evidence of CPT being from English-speaking countries. The application of existing approaches to a foreign language and country requires a careful examination of the linguistic and cultural factors that may affect the acceptability and effectiveness of the approach. This study presents adaptation and implementation data from the Danish CPT program KomTil in Greek.

Methods: The adaptation process occurred over eight months, facilitated by five multicounty online group meetings. The Greek team included two speech and language therapists. During phase one ('train the trainer'), the KomTil program was translated and adapted. The translation of a questionnaire for the evaluation of healthcare communication with people with aphasia was part of the preparation for the implementation. In the second phase ('train the staff'), the adapted Greek CPT intervention was used to train other healthcare professionals from a rehabilitation center. A pre-post comparison using the Greek version of the Health Professionals and Aphasia Questionnaire (HPAQ) was conducted to evaluate the outcome (preliminary data).

Results: The cultural adaptations for the Greek language and preliminary data from the implementation in a Greek rehabilitation center and a hospitality house after the training of healthcare professionals from different disciplines are presented.

Conclusions and implications: Further high-quality research with a larger control group is necessary for the improvement of healthcare communication with people with aphasia.

20 - Do rehabilitation-related healthcare professionals need specific training in communicating with people with aphasia? A case study.

Mariana Coelho^{1, 2}

Pedro Sá Couto³, Ana Rita Pinheiro⁴, Maria Assunção Matos^{5, 6}

¹ School of Health Sciences, University of Aveiro, Aveiro, Portugal

² Hospital do Mar, Lisboa, Portugal.

³ Center for Research and Development in Mathematics and Applications (CIDMA), Department of Mathematics (DMAT), University of Aveiro, Aveiro, Portugal.

⁴ Institute of Biomedicine (iBiMED), School of Health Sciences (ESSUA), University of Aveiro, Aveiro, Portugal.

⁵ School of Health Sciences, University of Aveiro, Portugal

⁶ RISE-Health, School of Health, University of Aveiro, Aveiro, Portugal.

Background and aims: Effective communication between healthcare professionals and people with aphasia (PWA) is vital for person-centred care and improved outcomes. This study aimed to assess the knowledge, attitudes, and strategies of the rehabilitation team professionals of a private Hospital in Lisbon, Portugal, for communicating with PWA, and to examine the impact of a theoretical-practical training on their skills.

Methods: This research involved clinical professionals, namely physiotherapists, occupational therapists, speech therapists, and neuropsychologists, and non-clinical professionals, specifically sociocultural animators, and healthcare assistants (N=30). First it was performed an exploratory qualitative analysis using focus groups to identify the challenges They face in communicating with PWA. Data underwent thematic analysis. Afterwards, a no controlled pre-post intervention study was performed. Intervention consisted in two communication training sessions, one theoretical and one practical, based on the Supported Conversation for Adults with Aphasia (SCATM), administered separately with a one-month interval. Participant's knowledge was assessed at multiple points using the Aphasia Attitudes, Strategies, and Knowledge Survey – European Portuguese version. Data were analysed using SPSS Statistics, version 28.

Results: Focus groups revealed consensus on the main communication challenges, such as understanding PWA expression, lack of knowledge on facilitating communication, and ensuring PWA comprehension. About the communication intervention, non-clinical professionals required both training sessions to match clinical professionals' initial knowledge. Professionals with less experience working with PWA matched the knowledge of more experienced colleagues by the end of training. Regarding communication strategies, less experienced professionals showed significant improvement after the practical session. It was also noted that the lower the academic degree, the greater the improvement in strategies. Finally, clinical professionals with higher degrees and more experience communicated with greater confidence.

Conclusions and implications: Personalized communication training significantly improved the knowledge, strategies, and attitudes of this rehabilitation team towards effectively communicating with PWA, particularly among less experienced professionals.

21 - How Portuguese health professionals and students engage with people with aphasia for effective communication: an exploratory cross-sectional analysis

Maria Da Assunção Coelho De Matos¹

Daniela Jesus², Pedro Sá-Couto³, Ana Rita Pinheiro⁴

¹ School of Health Sciences, University of Aveiro, Portugal; RISE-Health, School of Health,

University of Aveiro, Aveiro, Portugal (ORCID 0000-0002-8976-0625).

² Residências Montepio, Albergaria, Portugal

³ Center for Research and Development in Mathematics and Applications (CIDMA), Department of Mathematics (DMAT), University of Aveiro, 3810-193 Aveiro, Portugal (ORCID 0000-0002-5673-8683).

⁴ Institute of Biomedicine (iBiMED), School of Health Sciences (ESSUA), University of Aveiro, 3810-193 Aveiro, Portugal (ORCID 0000-0003-4310-7652).

Background and aims: Aphasia is a communicative disorder, prevalent in about one third of stroke survivors. People with aphasia (PWA) usually require lifelong healthcare support from various health professionals (HP), who must be properly prepared to communicate effectively with this population. To achieve this, they should be able to recognize PWA competence and reveal PWA competence - facilitating "getting the message IN", "getting the message OUT" and performing verification to ensure that no misunderstanding occur. This study aims to characterize the communication strategies used by Portuguese HP and finalist students of health professions (FSHP) when communicating with PWA.

Methods: A cross-sectional, mixed-methods convergent design was employed, utilizing a selfdeveloped questionnaire with both quantitative and qualitative components, validated by an expert panel. The questionnaire was completed online by HP and SHPS who underwent training in Portugal and have had experience interacting with PWA. Quantitative data were analyzed using Microsoft Excel (2013), while qualitative responses were analyzed through deductive content analysis. **Results:** A total of 223 HP/SHPS reported using a range of communication strategies, primarily verbal strategies (e.g. Ask PWA to explain in an alternative way, time to respond, slow down speech rate, yes/no questions, rephrase/clarify) and visual strategies (e.g. writing, drawing, pictures, augmentative, and alternative communication). These same strategies were reported to serve multiple purposes, including improving PWA expression and comprehension and revealing PWA competence).

Conclusions and implications: Participants tended to use the same strategies for various purposes, suggesting a potential gap in comprehensive knowledge regarding communicating with PWA. Given the increasing aging of the Portuguese population and the projected rise in PWA, there is an urgent need for enhanced education on aphasia across different health profession training levels. Speech-language therapists could play a crucial role in addressing this need.

22 - Increasing communication access for persons with aphasia on a brain injury ward – a clinical project

Åsa Lindström¹

Malin Bauer^{1, 2}, Helena Hybbinette^{1, 3}

¹ Department of Rehabilitation Medicine, Danderyd University Hospital, Stockholm, Sweden.

² Uppsala University, Disciplinary Domain of Medicine and Pharmacy, Faculty of Medicine, Department of Public Health and Caring Sciences, Speech-Language Pathology.

³ Department of Clinical Science, Intervention and Technology, Division of Speech and Language Pathology, Karolinska Institutet, Stockholm, Sweden

Background and aims: Aphasia often cause barriers in communication and disrupt usual care. While the use of aphasia-friendly material is favoured by many with aphasia and evidence support positive outcomes from communication partner training, there is a lack of reports describing implementation of interventions to increase communication access for persons with aphasia (PwA) admitted to inpatient care.

The overall aim of this clinical project was to increase communication access for PwA admitted to inpatient care after an acquired brain injury. The project focused on both the physical environment and on increasing the communication skills of the staff on the brain injury ward. **Methods:** The implementation of interventions to enhance communication access included:

- Picture-supported signs and a set of communication tools in every patient room, including a whiteboard and a short-form communication book.

- Situation-specific pictorial support (e.g., for ordering breakfast in the ward kitchen).

- Pictorial support incorporated into goal-setting for all patients.

- Guide the healthcare staff in communication strategies, including e.g. SCA-workshops, annually recurring "Communication weeks" focusing on communication strategies. For newly hired staff, lectures focusing on common communication strategies were given.

Results: Changes to the physical environment were relatively easy to implement. However, a clear need emerged for continuous work to maintain staff competence, introduce new staff, encourage the use of communication tools, and update or replace lost materials.

Conclusions and implications: Increasing communication access for PwA in inpatient care is timeconsuming and requires sufficient resources to be effective. Follow-ups are needed to maintain interventions. This requires adequate staff resources, both SLPs and other health care professionals, and clear support from leadership within the organization.

23 - Increasing communication skills of healthcare providers in communication with individuals with aphasia – insights from a clinical project

Åsa Lindström¹

Malin Bauer^{1, 2}, Helena Hybbinette^{1, 3}

¹ Department of Rehabilitation Medicine, Danderyd University Hospital, Stockholm, Sweden.

² Uppsala University, Disciplinary Domain of Medicine and Pharmacy, Faculty of Medicine,

Department of Public Health and Caring Sciences, Speech-Language Pathology.

³ Department of Clinical Science, Intervention and Technology, Division of Speech and Language Pathology, Karolinska Institutet, Stockholm, Sweden

Background and aims: Aphasia may significantly hinder communication between patients and healthcare providers. While evidence support positive outcome from communication training, most studies focus on training close relatives as communication partners. There is a lack of reports on interventions aimed at improving the communication skills of hospital staff working at inpatient wards. Clinical experience indicates difficulties in implementing and maintaining the acquired skills in everyday work. The aims of this project are to (1) improve the communication skills of all staff at a brain injury rehabilitation ward when interacting with individuals with aphasia (2) to implement a structured communication training to facilitate and increase the use of communication techniques after completing the training.

Methods:

- A one-day training (theory and role plays) using the concept of Supported Conversation for Adults with aphasia (SCA),
- After training: Documenting at least three communication situations using SCA-techniques and using communication techniques in a communication situation in presence of a Speech-Language Therapist (SLT)

Results: The project is ongoing, but early observations indicate increased use of pictorial support and written keywords in everyday work. Trained staff report feeling more confident in using communication techniques, leading to more interactions with individuals with aphasia. An interest for the training has also been conveyed from not yet trained staff.

Conclusions and implications: The arrangement with the one-day training followed by a task improves the probability of using the communication techniques. Challenges include limited access to Speech and Language Therapists (SLTs) for tutoring and support, the need for follow-ups, and staff turnover.

24 - Communication Training for Families Living with Aphasia: Perspectives from Professionals in Neurorehabilitation

Lisbeth Frølund Kristensen^{1, 2}

Charlotte Overgaard³, Dorthe Hansen², Lars Evald¹, Jytte Isaksen^{2, 4}

¹ Hammel Neurorehabilitation Centre and University Research Clinic, Denmark

² Department of Culture and Language, University of Southern Denmark, Denmark

³ The Unit of Health Promotion, Department of Public Health, University of Southern Denmark, Denmark

⁴ Neurorehabilitation Research and Knowledge Centre, Rigshospitalet, Denmark

Background and aims: Aphasia impacts the individual with aphasia but also profoundly affects their families. The communication difficulties associated with aphasia often lead to social isolation, mental health challenges, reduced participation in activities, loss of friendships, divorce, and changes in family dynamics.

Communication training can significantly improve the communication behaviors of partners and has been shown to protect mental health, reducing the risk of depression for individuals with aphasia. Despite this knowledge, communication training is not routinely provided across the continuum of care, from acute treatment to the chronic phase. Understanding the underlying reasons for this gap in provision is crucial to improve future care.

This study aims to uncover and describe characteristics of communication training, and the perceived barriers and facilitators related to implementation from the perspectives of neurorehabilitation healthcare professionals in Denmark.

Methods: A survey consisting of both open- and closed-ended questions was developed to explore existing communication training interventions for families living with aphasia in Denmark. Item generation and questionnaire formatting was informed by literature and perspectives from relevant stakeholders. The survey was distributed to a broad range of neurorehabilitation professionals across sectors from November 2024 to January 2025. Data will be analyzed using descriptive statistics and systematic text condensation.

Results: Key findings based on both quantitative and qualitative data will be presented at the conference, including a description of the current communication training interventions and the identified barriers and facilitators to implementation.

Conclusions and implications: The study findings will inform a co-designing process of a communication training intervention for families, enhancing support for both individuals with aphasia and their families.

25 - Communication Partner Training practice in Latin and Central American Spanish speaking Speech and Language Therapists: What we know and what we do.

Claudia Olivares^{1, 2}

Anna Volkmer¹, Suzanne Beeke¹

¹ Language and Cognition Department, University College London

² Departamento de Fonoaudiología, Universidad de Chile

Background and aims: Communication Partner Training (CPT) enhances communication outcomes for people with aphasia (PwA) by equipping their communication partners (CPs) with strategies to facilitate effective conversations. While CPT is a well-established practice in English-speaking contexts, limited research exists on its application in Spanish-speaking PwA in Latin America. This study aimed to survey speech and language therapists (SLTs) in the region to explore their CPT practices and identify barriers and facilitators.

Methods: A 61-item online survey, adapted from an Australian CPT survey (Chang et al. 2018), was disseminated among SLTs in 4 Latin American and 2 Central American countries. The survey was available for 18 weeks and investigated CPT practices, perceived barriers and facilitators, and professional training needs. Descriptive statistics were applied to closed questions. Thematic analysis was used for open responses.

Results: Of 262 survey accesses, 48 SLTs had done CPT with 2 or more patients and met the inclusion criteria. 71% reported delivering CPT, primarily to familiar CPs such as family members, using informal methods. Barriers included time constraints, lack of structured and culturally relevant resources, and limited CP availability or engagement. Facilitators included family-focused interventions, use of video feedback, and interactive teaching methods such as role-playing. 39% of SLTs used published CPT protocols, most adapting them informally to fit local linguistic and cultural contexts. Despite challenges, participants expressed a strong interest in structured CPT programs and highlighted the need for culturally tailored resources.

Conclusions and implications: Findings underscore the need for formalized, culturally adapted CPT resources in Latin and Central America. Addressing barriers such as time and resources constraints while leveraging facilitators like family engagement and interactive teaching methods could enhance CPT implementation. Increased institutional support, specialized training, and development of structured, context-sensitive programs are crucial for improving outcomes for PwA and their CPs, ultimately fostering more equitable and effective aphasia rehabilitation across the region.



26 - Recognizing the crucial role of people in the organization, a CPT implementation project

Maren van Rijssen¹

Lizet van Ewijk¹, Evelijn Raven¹

¹ University of Applied Sciences, Utrecht, Research Group Speech and Language Therapy: Participation through Communication, the Netherlands.

Background and aims: As we see policies and healthcare institutions raise the value of accessible communication for patients, we increasingly notice managers' aspirations to engage and administer the implementation of communication interventions such as Communication Partner Training (CPT). The implementation of CPT for patients with aphasia in healthcare is challenged by social and environmental barriers. This project focuses on developing and evaluating appropriate strategies for implementing the Dutch CPT CommuniCare.

Methods: We intentionally chose participatory approaches for co-creating implementation strategies, strengthening collaboration between the researchers and healthcare professionals to ultimately benefit implementation success. Researchers will collaborate with a group of four implementers, who are healthcare professionals working in the healthcare centre. The project is divided into three phases, which are logically in line with the components of the Implementation Research Logical Model (Smith et al., 2020). Phase 1 'implementation diagnostics' aims to analyse the target group and determinants with qualitative research. Phase 2 'implementation strategies and mechanisms of change' aims to develop implementation strategies with desk- and qualitative research, and co-design sessions. Phase 3 'evaluation' aims to evaluate implementation outcomes and patient outcomes with questionnaires, observations and interviews.

Results: PRELIMINARY RESULTS

This research project, which we expect to start in the summer of 2025, will provide knowledge and insights in the collaboration between implementation researchers and implementers in a healthcare team to optimize the impact of CPT. It will also generate possible strategies to implement CPT in healthcare.

Conclusions and implications: Healthcare professionals must see the results of CPT, face their own failures and redo them, before they can reach a higher level of practice and sustainably use CPT. They are implementations' architects. The participatory action character of this project provides the opportunity to base improvements upon reflection, action and experiences.

27 - Experiences piloting the Norwegian version of the Better Conversations with Aphasia (BCA Norsk)

Hedda Døli¹

Nina Helen Erikstad¹, Turid Falck-Pedersen², Maja Dahn Kiil², Nina Høeg³, Monica Norvik⁴, Ingvild Winsnes⁵, Hedda Døli¹

¹ Statped, Department of acquired brain injury, Norway

² The Adult Education Centre of Bærum Municipality, Norway

³ The Adult Education Centre of Oslo Municipality, Skullerud, Norway

⁴ UiT – The Arctic University of Norway, Department of Education, Norway

⁵ University of Oslo, Department of Linguistic and Scandinavian studies, Norway

Background and aims: Persons with aphasia (PWA) and their communication partners may encounter challenges in conversations. Better Conversations with Aphasia (BCA) is a communication partner training program aimed at improving conversations between PWA and a communication partner (CP). We translated and adapted the BCA to Norwegian.

The main aim of this study was to pilot the clinical use of the Norwegian adaptation (BCA Norsk), and to gather experiences from both PWA and their CPs, and two experienced SLTs. **Methods:** We translated and adapted written material from the English BCA. The BCA e-learning was not translated. Two experienced SLTs delivered the BCA Norsk to two dyads.

Dyad 1 involved a woman with chronic aphasia, and her partner. They struggled with in-depth conversations, and the PWA lacked initiative in conversations.

Dyad 2 consisted of a woman with chronic aphasia, and her husband. The PWA was English and spoke English and Norwegian daily. The PWA had word-finding difficulties, and the dyad reported difficulties having conversations.

Results: The dyads reported that the BCA Norsk was useful. The PWAs gained more selfconfidence, and they found it easier to engage in conversations with others. The CP became more aware of communication barriers. They also reported that the strategies were helpful.

The SLTs reported that the BCA Norsk required a lot of preparations during the sessions. However, as they became more familiar with the material, both SLTs found it easier to carry out the sessions. **Conclusions and implications:** The intervention is feasible in a Norwegian setting and was well received by the dyads. Their experiences were positive, enhancing participation in conversations. The BCA Norsk is available on the BCA website. While the intervention can be implemented in Norwegian, there remains a need for a Norwegian e-learning course. Future work should focus on making this resource accessible for Norwegian speaking SLTs.

28 - Measuring successful conversations for couples affected by aphasia: Content validation of the Measure of Dyadic Conversation in Aphasia

Katerina Hilari¹

Annette Rotherham², Kirstine Shrubsole², Claire Croteau³, Sarah Wallace²

- ¹ City University, United Kingdom.
- ² The University of Queensland, Australia.
- ³ University of Montreal, Canada

Background and aims: The Measure of Dyadic Conversation in Aphasia (MDCA) is a patientreported outcome measure (PROM). The MDCA aims to measure dyadic conversation success and relationship satisfaction for both conversation partners when one person has aphasia. This study aimed to assess the face and content validity (relevance, comprehensibility and comprehensiveness) of the items within the MDCA.

Methods: There are two versions of the MDCA, one for people with aphasia (PWA) and one for primary conversation partners (PCP). Both include a relationship section. Face and content validity were assessed in two stages: (1) cognitive interviews with eight couples with aphasia, followed by (2) review by an expert panel. For the first stage, items were assessed for relevance, comprehensibility, and comprehensiveness using a structured interview protocol and content validation analysis based on COSMIN guidelines. The second stage used an online survey with five participants (manch language thermists and mascarehere) with expertise in conversation thereping for

participants (speech-language therapists and researchers) with expertise in conversation therapies for aphasia and outcome measure development). Data were analysed using descriptive statistics and content validation analysis.

Results: Participants in the cognitive interviews reported that most items were relevant to PWA (84%) and PCP (72%). The number of items tabled for comprehensibility reasons, such as ambiguity or complex sentence structure, ranged from 41% (PWA items) to 80% (relationship items). The items were considered comprehensive, and no new items were suggested. Following the incorporation of feedback, the expert rated items as relevant (80-98%), comprehensible (71-79%), and comprehensive. Leading to additional refinements to the items.

Conclusions and implications: The MDCA items are relevant, comprehensive, and comprehensible to the target population and represent the construct of successful dyadic conversation in aphasia. Future research will consider larger-scale psychometric testing.


29 - Identifying techniques in communication partner training for people with acquired brain injury: National e-Delphi of UK speech and language therapists

Nicholas Behn¹

Carla Magdalani¹, Ian Kellar², Katerina Hilari¹, Leanne Togher³, Madeline Cruice¹

¹ City St George's, University of London, School of Health and Psychological Sciences, UK.

² University of Sheffield, School of Psychology, UK.

³ The University of Sydney, School of Health Sciences, Australia.

Background and aims: Communication partner training (CPT) can improve communication outcomes for people with ABI and their family members, but the evidence base is limited with variability in the delivery of existing programmes. Almost 60% of speech and language therapists (SLTs) do not provide training consistent with best practice and <20% of SLTs use evidence-based programmes due to lack of time and resources. Interventions need to be underpinned theoretically to increase uptake into clinical practice. Therefore, this study will use behavioural change theory and have SLTs identify the most important techniques for training.

Methods: A three-round e-Delphi (Sept 2024-Jan 2025) to build consensus among UK SLTs. SLTs rated the importance of 86 behaviour change techniques linked to 16 mechanisms of action using a 9-point Likert scales ranging from "not important" through to "extremely important". SLTs also responded to open-text questions and suggested additional techniques. Consensus was defined as agreement by >70% of participants. Data were analysed using descriptive statistics and latent content analysis.

Results: Between 89-107 SLTs participated across the three e-Delphi rounds, with 81(76%) completing all rounds. UK SLTs agreed 47 unique techniques for inclusion in future CPT programmes. Key techniques (>90% agreement) included choosing goals, practising skills, giving feedback, and problem solving. Qualitative data led to the inclusion of new techniques (e.g., involve others in goal and outcome monitoring) and provided insight into approaches used in practice (e.g., identity mapping, motivational interviewing).

Conclusions and implications: This study is the first national e-Delphi of UK SLTs working in ABI. Behaviour change theory provided a useful framework for identifying the most important techniques to SLTs when delivering communication partner training and highlights the complex nature of training.

Clinical consensus on CPT treatment techniques provides an opportunity to develop a programme theory to subsequently codesign and evaluate feasibility and efficacy in a future trial of CPT in ABI.

Example questions from a national e-Delphi of UK Speech & Language Therapists SKILLS This mechanism is about DEVELOPING AND REFINING SKILLS in COMMUNICATING THROUGH PRACTICE. Here are **five** techniques that could potentially bring about change in a person's skills. In the context of communication partner training and cognitive-communication disorders...

How important do you think each of the following techniques would be in bringing about change in a person's skills?

Practise skills Definition: Provide opportunities for the person to practise and rehearse the target behaviour over an over of the season, provide opportunities for the dyad to rele, play and practise and rehearse new behaviours in conversation and try out different communication strategies.

Nather important as uninput and the important of the impo

0_____ ...

Can you suggest any additional techniques that could potentially bring about change in a person's skills? [please specify]

Any other comments?

30 - Using behaviour change theory to identify the active ingredients of communication partner training for people with acquired brain injury

Nicholas Behn¹

Madeline Cruice¹, Katerina Hilari¹, Leanne Togher², Fiona Johnson³, Ian Kellar⁴ ¹ CITY ST GEORGES, UNIVERSITY OF LONDON, UK ² THE UNIVERSITY OF SYDNEY, AUSTRALIA ³ LINGUISTIC RESOLUTIONS, UK ⁴ THE UNIVERSITY OF SHEFFIELD, UK

Background and aims: Cognitive-communication impairments are common after acquired brain injury (ABI) and can negatively impact a person's social functioning and quality of life. There is emerging evidence for training communication partners to improve the communication skills of people with ABI, though there is variability in the delivery of training. The strongest evidence is for a single programme, TBI Express, which has three different versions, though is rarely used by speech and language therapists. There is a need to guide future delivery of CPT to ensure that the minimum active ingredients are delivered. Therefore, the aim of this study was to identify and describe the active components of the three versions of TBI Express.

Methods: The treatment manual from each of the training programmes (i.e., TBI Express, TBI Express-Adapted, and TBIconneCT) was coded using the BCTTv1. Mechanisms of action (MoA) and each behavioural change techniques (BCT) were identified and linked using the theory-and-techniques tool. Reliability of coding (% agreement) was conducted for ~20-33% of treatment content.

Results: 27 unique BCTs (range 20-25) were identified linked to 16 unique MoAs (range 15-16). The most common BCTs were providing *information about social and environmental consequences*; *instruction on how to perform the behaviour*; *behavioural practice/rehearsal*; and *feedback on the behaviour*. The most common mechanisms targeted were *beliefs about capabilities*; *skills; and behavioural regulation*. After pilot-coding, reliability of coding BCTs and MOAs was 73-85%. **Conclusions and implications:** Applying behaviour change theory to TBI Express has revealed insight into the active ingredients of training. Communication partners are anticipated to improve their communication behaviours via capabilities, skills and regulation, through SLT-delivered CPT which focuses most commonly on information provision, instruction, rehearsal, and feedback. Future work is now needed to identify the most important active ingredients to practicing clinicians, to test the feasibility of an adapted CPT programme for use in the mainstream health service.

31 - Encouraging relatives of people with aphasia to seek communication support: Collaborative development of a multi-component implementation strategy

Marie-Christine Hallé^{1, 2}

Catherine Labbé^{3, 4}, Perrine Vermeulen³, Lori Lachapelle³, Ali Arabi Ayask^{3, 4}, Dahlia Kairy^{4, 5}, Ingrid Verduyckt^{3, 4}, Claire Croteau^{3, 4}

¹ Quebec Association of People with Aphasia (AQPA), Canada

² Université du Québec à Trois-Rivières, Speech-Language Pathology Department, Canada

³ Université de Montréal, School of Speech-Language Pathology and Audiology, Canada

⁴ Institut universitaire sur la réadaptation en déficience physique de Montréal - Centre for

Interdisciplinary Research in Rehabilitation (CRIR), Canada

⁵ Université de Montréal, School of Rehabilitation, Canada

Background and aims: Communication partner training (CPT) is a best practice whose implementation can be hindered by various factors, including relatives' expectations that services should focus on the person with aphasia or the lack of material to deliver CPT. To overcome such challenges, an innovative community-based service has been developed for speech-language pathologists (S-LP) to routinely provide CPT in dyads' homes. Despite the success of this service, it relies on referrals from S-LPs in rehabilitation facilities and relatives who sometimes wait up to 10 years post-stroke to seek help. This two-phase study aims to: 1) develop with stakeholders a multi-component implementation strategy (e.g. pamphlet, video testimonials) intended to improve relatives' readiness to seek/obtain help related to communication, and S-LPs' readiness to discuss CPT with dyads (Phase 1); 2) evaluate the strategy developed (Phase 2).

Methods: The presentation will focus on the ongoing phase one of this study (Figure 1). Two interviews (2 S-LPs and 4 relatives) were conducted and analyzed using deductive qualitative content analysis based on the Theoretical Domains Framework. Key factors influencing relatives' help-seeking behaviors and SLPs' introduction/delivery of CPT will be identified, mapped to relevant behaviour change techniques, and discussed with a working group of stakeholders (e.g., S-LPs, relatives, individuals with aphasia) to define the content, modality, and dissemination of the strategy. The strategy will be developed by graphics and communications experts, in partnership with the working group who will provide feedback (e.g., accessibility).

Results: The multi-component strategy will be presented. Preliminary results suggest that the components targeting relatives should build on their beliefs that seeking/obtaining help related to communication can foster the independence of the person with aphasia, provide hope, and facilitate their everyday life.

Conclusions and implications: The development of a theory-driven implementation strategy, in collaboration with community and rehabilitation stakeholders, is expected to expand the support provided to families living with aphasia.



32 - Preliminary automated analysis of emotions in individuals with aphasia in natural conversations: An ongoing investigation

Ali Arabi Ayask^{1, 2}

Pierre André Ménard³, Sylvie Ratté³, Claire Croteau^{1, 2}

¹ University of Montreal, School of Speech-Language Pathology and Audiology, Canada

² Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal (CRIR), Canada

³ University of Quebec, École de technologie supérieure (ÉTS), Canada

Background and aims: Facial expressions convey emotional states and are important to consider in speech-language therapy for aphasia. Individuals with aphasia and their partners may seek to engage in more positive conversations, which can serve as an indicator of the success of an intervention. However, language difficulties associated with aphasia present challenges in the use of traditional emotion assessment methods, such as questionnaires. The progress in AI-based tools for automatically recognizing and analyzing facial expressions has the potential to improve the ability of clinical researchers to study emotions. There is still a significant gap in research on the potential use of AI for facial expression analysis in individuals with aphasia. Hence, this pilot study aimed to evaluate a facial expression analysis tool's ability to classify positive and negative facial expressions for individuals with aphasia.

Methods: For this preliminary study, 160 video excerpts (mean length = 2.02 seconds) of facial expressions from eight individuals with aphasia were prepared. The sample comprised 80 positive (e.g., facial expressions indicating joy) and 80 negative (e.g., facial expressions indicating sadness/anger) expressions. All video excerpts, derived from a conversation, were sound-muted, and each was processed using an automatic facial expression analysis system (SHORE tool version 3.1.0), which assigned confidence scores to basic emotions based on trained models. **Results:** The results show that the SHORE tool correctly identified positive and negative expressions respectively at 83.75% and 95% precision at a confidence threshold of 70%, demonstrating its partial performance in detecting both emotional categories through facial expressions.

Conclusions and implications: This preliminary study highlights the potential of automated tools for measuring emotional expression in individuals with aphasia. Future research should explore the application of this tool to analyze continuous conversations between people with aphasia and their communication partners. This could help determine whether training communication partners leads to more positive interactions.

33 - Aphasia in couples. Resources and barriers in communication.

Marie Espeskog¹

Hedda Døli²

¹ Former student, Department of Special Needs Education, University of Oslo, Norway

² Department of acquired brain injury, Statped, Norway

Background and aims: Aphasia affects the communication within couples. Couples living with aphasia may encounter various communication barriers. They may also use different communication strategies to strengthen their communication skills and increase their participation. To gain a better understanding of the consequences of how aphasia affects communication in couples, we explored how couples experience their communication and how they experience that aphasia affects their relationships.

Methods: Three Norwegian-speaking couples participated in semi-structured in-depth interviews. One member of each couple had stroke-related aphasia of varying severity. The informants were interviewed together. The interviews were recorded, transcribed, and analyzed through thematic analysis.

Results: The interviews resulted in three overarching themes: (1) description of the aphasia, (2) communication within the couple, and (3) social consequences. The individuals with aphasia also reported other additional difficulties after the stroke, such as hemiparesis making it difficult to draw as a communication strategy. Aphasia affected the communication of the informants to varying degrees. All couples experienced emotional consequences related to living with aphasia. The couples used several communication strategies, and experienced barriers related to their communication. All informants reported the importance of a supportive partner, and that they had preserved most of their social relationships after the stroke.

Conclusions and implications: The findings describe some of the consequences aphasia has on the communication of couples. The couples all described communication strategies that served as resources in their communication, as well as they reported on barriers. The findings support other studies enhancing the important role of a supporting partner, and the need for accessible information on what aphasia is for others communicating with persons with aphasia.

34 - ECoLoGiC Treatment Improves Conversational Language and Reduces Aphasia Severity: Results from Ten Participants with Moderate and Severe Aphasia

Marion C. Leaman¹

Lisa A. Edmonds², Jacob J. Oleson³, Kristine N. Williams¹

- ¹ University of Kansas Medical Center
- ² Teachers College, Columbia University
- ³ University of Iowa

Background and aims: People with aphasia (PWA) wish to improve their everyday conversational language (Worrall et al., 2011; Wallace et al., 2017). Preliminary results for a recent intervention addressing this need, ECoLoGiC Treatment (ECoLoGiC-Tx), reported positive changes in 4 participants in conversation and monologues, and on test batteries and patient/family-reported outcomes (P/FROMs; Leaman & Edmonds, 2024). In this talk we will share results from a follow-up study investigating the impact of ECoLoGiC-Tx on an additional 10 participants, with therapy delivered by 4 trained community-based speech-language pathologists.

Methods: Ten people with moderate and severe aphasia participated in 1-hour sessions twice per week for 10 weeks. Testing occurred at pre-treatment, post-treatment, and 6-week maintenance (formal batteries, P/FROMs, monologues and conversational discourse). Discourse samples were collected three times per testing phase, and analyzed for linguistic production. See the Table for aphasia type/severity, test batteries administered and discourse measures. Treatment fidelity: 97.4%; Transcription Reliability: Conversation/Monologue = 89.3%/88.4%; Coding Reliability: moderate to excellent (intraclass correlation) or > 91% agreement for nonparametric measures.

Results: Note: additional detail reported in Table.

Group data analyzed via linear mixed effect models (summary of statistically significant results):

a) 6/7 (85.7%) conversation measures

b) 5/7 (71.4%) monologue measures

c) 10/12 (83%) Test Batteries/PFROMS (no change for reading comprehension or sentence construction in a picture task)

Individual data analyzed via published criteria for change (described in Leaman & Edmonds, 2024):

a) Conversation, 58/70 (83%) measures improved; 81% maintained at 6-weeks

b) Monologue, 49/70 (70%) measures improved; 70% maintained at 6-weeks

c) Western Aphasia Battery-Revised (part 1, Aphasia Quotient): 9/10 participants improved meaningfully (Hula et al., 2010), all changes maintained at 6 weeks (medical event prevented P7 from completing maintenance testing).

Conclusions and implications: ECoLoGiC-Tx demonstrates strong results for 9/10 participants, with generalization to spontaneous conversation. All participants/families reported positive outcomes on P/FROMs. Trained SLPs delivered this complex treatment with high fidelity to the protocol.

Description descriptint descriptint descrip															
Non-off control Non-off contro Non-off control Non-off co						GROUP	DATA fo	r DISCOU	JRSE MEJ	ASURES					
Number of Method Point Decretable Decretable Point Decretable Point Decretable Point Decretable Decreta													Monolog	ue	
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Name of Measure				0	Conversation		0	(Nicholas & Brookshire, 1993)						
No. No. <td>~</td> <td colspan="3">Commission Connect</td> <td>Pre</td> <td>Post</td> <td>00000</td> <td>p-v</td> <td>aiue</td> <td>PTE</td> <td>POSt</td> <td>000005</td> <td>p-v</td> <td>aue</td>	~	Commission Connect			Pre	Post	00000	p-v	aiue	PTE	POSt	000005	p-v	aue	
VI VIIII Control 33 30	65	Communicative Success ¹			3.02	3.26	3.29		03	2.60	2.11	2.85	< 1	000	
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	SV	Subje	tt + ven	o integrity.	1.2	.51	.56	.59		24	.44	.46	.49	.0	88
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	KEL	Kelevi	snce or	words in SV		.65	.75	.79	<	000	.37	.44	.46		0/
Display Display <t< td=""><td>cu</td><td>Comp</td><td>ound m</td><td>easure, sv</td><td>+ KEL-, -</td><td>.38</td><td>.49</td><td>.52</td><td>C</td><td>000</td><td>.15</td><td>.23</td><td>.27</td><td colspan="2">.009</td></t<>	cu	Comp	ound m	easure, sv	+ KEL-, -	.38	.49	.52	C	000	.15	.23	.27	.009	
Bits Bits <td>GR</td> <td>Gram</td> <td>maticali</td> <td>ty.</td> <td>- 1.1</td> <td>.79</td> <td>.84</td> <td>.79</td> <td>.8</td> <td>53</td> <td>.57</td> <td>.63</td> <td>.62</td> <td colspan="2">.282</td>	GR	Gram	maticali	ty.	- 1.1	.79	.84	.79	.8	53	.57	.63	.62	.282	
COL 12.8	%CIU	%Corr	%Correct Information Units ^{1, 3}			.60	.67	.68	<.	000	.35 .39 .41 .0		46		
Nome Nome <th< td=""><td>GCS</td><td>GIODB</td><td>Cohere</td><td>ince^*</td><td></td><td colspan="6">2.99 3.25 3.38 <.000 2.00 2.20 2.25</td><td>.0</td><td>03</td></th<>	GCS	GIODB	Cohere	ince^*		2.99 3.25 3.38 <.000 2.00 2.20 2.25						.0	03		
D Time Dirage Dirage <thdirage< th=""> <thdirage< th=""> <thdirage< th=""></thdirage<></thdirage<></thdirage<>				1414.0.4		NDIVIDUAL	DATA, I	ESIBAT	ERIES A	ND PHILO	VIS				
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	ID		Time	(ACI)	WABp2, Rde	WABp2, Wrte	CADI	NAVS	OANB	OANB	A1 A	CORSA	ACOM	ASPIA FACS	CETI
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	P1	-	Dre	73.8	92	48.5	87	0.13	28	20	00	26	45.55	4 33	02.00
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	P1	Mod	Post	73.8	92	48.3	89	0.19	23	20	125	34	54.42	5.43	111.1
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	P1	Ano	Mat	81.2	91	44	93	0.25	25	21	126	31	50.03	5.17	109.7
Part Bit A Si Dist Si Dist Si Dist Si Dist Si Dist Dist <thdis< th=""> <thdis< th=""> <thdis< th=""></thdis<></thdis<></thdis<>	P2	-	Pre	66	44	35.5	84	0.38	21	13	73	23	44.62	46	117.8
P2 Mon	P2	Mod Ano	Post	81.6	58	49.5	90	0.63	26	20	117	26	50.91	5.95	117.0
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	P2		Met	86.3	62	43	92	0.75	24	23	121	34	60.03	5.61	120.7
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	P3	Sev Con	Pre	48.3	55	47.5	70	0	12	15	83	15	29.29	4.31	73.2
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	03		Post	58.2	45	45.5	83	0.06	17	19	72	15	30.13	5.24	71.6
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	P3		Mot	68.6	45	54.5	80	0	17	20	88	17	41.79	6.47	114.4
H Kr F201 55.5 99 37.7 54 47.8 22 2 121 231 422 121 231 232 24 47.9 232 24 67.9 67.7 54 47.8 74.0 231 25 56 57 76 44 74 0 231 23 92 67.7 54 47.7 74.1 74.1 75 75 75 75 74 44.5 74 0.33 31 131 131 35 143 74.1 74.0 74	P4	-	Pre	43.7	72	44	79	0.13	4	5	00	27	93.92	6.16	59.4
N N	P4	Sev	Post	56.5	59	53	78	0.32	2	6	124	33	47.92	6.14	77.7
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	P4	-	Mot	52.7	54	48	74	0	2	2	112	29	66.27	6.18	70.7
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	P5		Pre	43.2	61	42.5	74	0.38	13	9	132	29	47.03		
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	P5	Sev	Post	54	60	41	73	0.31	18	16	115	33	44.2	FAMILY DID NOT	
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	P5	300	Mot	57.7	62	46.5	84	0.19	19	15	107	32	50.24	PARTI	CIPATE
Prim Ord Prim Ord Ord </td <td>P6</td> <td></td> <td>Pre</td> <td>33.2</td> <td>55</td> <td>42</td> <td>44</td> <td>0.25</td> <td>11</td> <td>10</td> <td></td> <td>20</td> <td>50.88</td> <td>4.29</td> <td>64.4</td>	P6		Pre	33.2	55	42	44	0.25	11	10		20	50.88	4.29	64.4
96 900 907 461 445 590 910 110 127 70 441 445 590 910 110 127 70 441 445 590 910 110 127 701 441 445 590 910 110 127 701 441 440 707 441 440 707 441 440 707 441 440 707 441 440 707 441 440 707 441 440 707 441 440 707 441 440 707 441 440 707 441 440 707 441 440 707 441 440 707 441 440 707 441 440 707 441 450 707 441 450 707 441 450 707 441 450 707 441 450 707 441 450 707 441 450 707	P6	Sev	Post	41	58	41	48	0.38	13	16		21	46.58	6.31	110.9
P7 Max Pm 61.5 72 47 PB 61.9 135 135 135 135 21.0 Max Max <thmax< th=""> <thmax< th=""> <thmax< th=""></thmax<></thmax<></thmax<>	P6	300	Mot	39.7	44	44.5	50	0.19	11	12		27	48.14	5.40	125.58
P27 P37 P48 P47 P47 P48 P48 <td>P7</td> <td></td> <td>Pre</td> <td>61.5</td> <td>72</td> <td>47</td> <td>89</td> <td>0.19</td> <td>19</td> <td>11</td> <td>55</td> <td>29</td> <td>31.42</td> <td></td> <td></td>	P7		Pre	61.5	72	47	89	0.19	19	11	55	29	31.42		
PT Vis	P7	Root	Post	74.1	77	60	87	0.25	22	17	101	29	62.79	FAMILY	DID NOT
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	P7	1 ****	Mot											PARTICIPATE	
Prof. Seq. Seq. <t< td=""><td>P8</td><td rowspan="3">Sev BCOC</td><td>Pre</td><td>51.9</td><td>52</td><td>22</td><td>76</td><td>0</td><td>12</td><td>4</td><td>80</td><td>21</td><td>37.72</td><td>6.12</td><td>56.8</td></t<>	P8	Sev BCOC	Pre	51.9	52	22	76	0	12	4	80	21	37.72	6.12	56.8
OP Mon. 46.8 S3 30 40 0 20 21 80 40 40 53 54 55 55 56 57 56 56 57 53 53 51 53 53 53 53 53 55 55 53 53 56 57 55 56 57 55 56 57 55 55 55 55 55 55 55 55 55 55 55 55 55 55 55 55 55 55 55	P8		Post	50.9	58	32.5	78	0.13	13	8	84	19	32.8	6.01	55.7
PP Part 64.1 O? 29 80 0.06 0 1 67 23 31.8 0.33	P8		Mot	46.8	51	30	80	0	19	11	80	18	45.33	5.91	67.1
99 30% Post 6.5 6.61 40.5 79 0.10 8 15 76 28 66.64 6.18 127.3 99 Mag 0.2.2 6.07 38 90 0.31 7 90 8.1 25 76 28 66.64 6.18 127.3 90 Mag 0.2.2 6.07 38 90 0.31 7 90 81 29 64.38 52 252 9.52 97.0 See Post 98.4 25 77 40 4 24 94 27 552 252 9.52 97.0 See Post 57.4 48.4 38.5 78 0.0 7 11 98 46 6.34 5.28 10.34 97.0 57.3 57.4 10.4 72 0 10.1 10.33 5.38 5.23 10.48	P9	Sev	Pre	46.1	67	29	80	0.06	9	8	65	32	51.26	4.33	65.3
PP Voc Mg G.2. 67 38 89 0.3.1 7 39 81 29 64.88 5.9 134.64.85 5.9 134.64.85 7 39 81 29 64.88 5.9 134.64.85 7 7 0 4.1 29 81 29 64.88 5.9 134.64.85 7 7 0 4.2 54 27.5 5.5 22 54 75 5.5 52 77 7 0 4.1 29 84.85 76 0 7 13 98 34 07.44 3.58 76 0 7 13 98 34 07.44 3.58 76 0 7 13 98 34 07.44 3.58 76 0 7 13 98 34 07.44 3.58 76 0 7 13 98 34 07.44 3.58 5.78 5.79 0 1 21 135 <t< td=""><td>P9</td><td>Post</td><td>67.6</td><td>63</td><td>40.5</td><td>79</td><td>0.19</td><td>8</td><td>15</td><td>76</td><td>28</td><td>66.04</td><td>6.18</td><td>127.5</td></t<>	P9		Post	67.6	63	40.5	79	0.19	8	15	76	28	66.04	6.18	127.5
P10 Sev Pre 38.4 25 37 74 0 4 12 94 27 51 52.2 92.6 P10 BCC Poot 50.2 44 38.5 76 0 7 11 98 54 67.4 5.28 76.5 P00 BCC Mot 57.3 51 41 27 10 14 110 33 55.38 52.3 10.44	P9	1	Mot	62.2	67	38	89	0.31	7	19	81	29	61.88	5.9	134.6
P10 800 P01 50.2 44 38.5 76 0 7 11 98 34 67.14 5.28 76.5 P01 Not 57.3 51 41 72 0 10 14 110 33 55.18 5.23 104.8	P10		Pre	38.4	25	37	74	0	4	12	94	27	51	5.22	92.6
P10 Met 57.3 51 41 72 0 10 14 110 33 55.18 5.23 104.84	P10	Bror	Post	50.2	44	38.5	76	0	7	11	98	34	67.14	5.28	76.53
	P10	1 8060	Mot	57.3	51	41	72	0	10	14	110	33	55.18	5.23	104.84

Note: ¹ = Learnan & Edmonds, 2021; ² = Edmonds et al., 2009; ² = Nicholas & Brookshire, 1999; ⁴ = Nirght et al., 2013; AQ = Aphasia Guotent, measuring aphasia sevrity: Bgig = reading: Wgg = writing: CADL = Communication Activities of Dally Low = J. Pholand et al., 2021; MAVS = Northwestlern Ansessment of Verhand Sentences, Adapted (Thompson, 2022); et al., 2021; CADL = Communication Activities of Dally (Charles and Sentences, Adapted (Thompson, 2022); et al., 2021; CADL = Communication Activities and Sentences, Adapted (Thompson, 2022); et al., 2021; CADL = Communication Activities Path Sente (Thomps & Bable); 2021; ACDL = Adapted et al., 2021; CADL = Adapted (Charles Path Sente (Thomps & Bable); 2021; ACDL = Adapted et al., 2021; CADL = Adapted (Charles Path Sente (Charles Path Sente); 2021; ACDL = Adapted et al., 2021; CADL = Adapted (Charles Path Sente); 2021; ACDL = Adapted (Charles Path); 2021; CADL = Adapted et al., 2021; CADL = Adapted (Charles Path); 2021; 202

35 - Replacing Do and Go: ECoLoGiC Treatment Increases Verb Diversity and Informativeness in Conversation in People with Moderate and Severe Aphasia

Marion C. Leaman¹

Christa M. Akers² ¹ University of Kansas Medical Center ² Kean University

Background and aims: Verbs are essential for discourse, with deficits restricting self-expression. Consequently verbs are often targeted in therapy. Verb types must also be considered because different verbs serve unique functions (Halliday & Matthiessen, 2014). <u>Material verbs</u> (walk, drive) communicate doing/acting. <u>Relational verbs</u> (have, am) express being/having. <u>Mental verbs</u> (know, forget) communicate feelings/thoughts. <u>Verbal verbs</u> (tell, mention) describe talking. <u>Behavioral verbs</u> (breathe, listen) describe physiological/psychological events. Restricted verb production limits communication, e.g., limited material verbs can cause difficulty constructing stories; restricted mental verbs may limit sharing opinions. Because people with aphasia prioritize social communication (Worrall et al., 2011), determining how intervention impacts verb type production is needed.

This study investigates the impact of a conversation-based intervention, ECoLoGiC Treatment (ECoLoGiC-Tx; Leaman & Edmonds, 2024; 2025), on changes in verb production and verb types during spontaneous conversation. ECoLoGiC-Tx focuses on language, but does not target verb types.

Methods: Three participants held three 15-minute assessment conversations at pre-/post-treatment; these samples were analyzed for verb types produced, with change from pre- to post-treatment evaluated via paired t-tests. ECoLoGiC-Tx Dosage: 2x/week for 10 weeks (60-minutes). Transcription/coding reliability: 94-96%.

Results: P1: Severe Broca's

-statistical significance (s.s).: *increased verb production*; *increase in material verbs*

<u>*-Relational verbs*</u> became informative (pre-treat: "that's nice"; post-treat: "I am retired"). No verbal or behavioral verbs pre-treatment; both used post-treatment ("told, watch")

P2: Moderate Broca's

-s.s.: increased verb production

<u>-Material verbs</u> became informative (pre-treat: "went, come, did, go, bid"; post-treat: "fight, miss, broke, cut, afford")

<u>-Mental verbs</u> became diverse (pre-treat: "know, like"; post-treat included: "remember, mean, think")

P3: Moderate Anomia

-s.s.: decreased verb production (beneficial because "do, go", overused at pre-treat)

-Material verbs became informative (pre-treat: "do, go"; post-treat: "switch, shined, training")

(Data for 5 additional participants will be reported at conference)

Conclusions and implications: ECoLoGiC-Tx shows promise for generalization to more diverse/informative verb production in people with moderate and severe aphasia.

36 - Mechanisms for Skilled Facilitation of Spontaneous Personal Storytelling by People With Aphasia During Casual Conversation

Marion C. Leaman¹

Ishita Kapoor¹, Gloria S. Olness² ¹ University of Kansas Medical Center ² University of North Texas

Background and aims: Sharing personal stories is a key aspect of everyday communication, but for people with aphasia (PWA), expressing narratives can be challenging. Personal narrative sharing is crucial during post-stroke recovery, because doing so helps individuals connect with others and rebuild and share identity (Strong et al., 2018). Many interventions address structured discourse tasks, including personal narratives (Strong et al., 2018; Dipper et al., 2024). However, there is no research investigating how personal narratives arise spontaneously during conversation (i.e., 'embedded narratives'; ENs). This knowledge is needed to develop research-based techniques to create communication environments enriched by opportunities for spontaneous personal storytelling. <u>Aims:</u>

1) What percentage of PWAs share ENs in conversations with SLPs?

2) Which SLP turn-types facilitate ENs?

3) What is the distribution of ENs across SLP turn-types?

Methods: Twenty-eight PWAs with mild to severe aphasia each held a conversation with an unfamiliar SLP for 8-12 minutes. SLPs followed the Social Conversation Collection Protocol (Leaman & Edmonds, 2024), to guide their facilitation of socially-oriented conversations. Conversations were transcribed (92.2% reliability). Since no methodology exists for identifying and categorizing ENs and SLP precipitating behaviors, we developed a data-driven methodology and used consensus coding. Only those narratives identified independently by two raters were analyzed. **Results:** (See Table). ENs occurred in 96.4% of the conversations. The most frequent SLP turn-types leading to ENs were comments (48%); then yes/no questions (21%); open-ended questions (11%); and stories (11%). SLP back-channeling ("mhm"/"yeah") also played a role in promoting ENs.

Conclusions and implications: These patterns were produced across all aphasia subtypes, with a higher rate of ENs in people with fluent versus non-fluent aphasia. The findings suggest that through intentional conversational techniques SLPs can intentionally foster an inviting environment for PWAs to share ENs by demonstrating joint interest through comments and asking Y/N questions that align with the topic the person is discussing.

Distribution of	of PWA	ENs for SLP	turn-types
-----------------	--------	-------------	------------

SLP turn-type	<u>Total(</u> %)	Mild	Mod	Sev	Nonfluent	Fluent
Question-closed	3(4%)	1(1%)	1(1%)	1(1%)	0(0%)	3(4%)
Question-Y/N	17(21%)	9(11%)	6(8%)	2(3%)	1(3%)	16(20%)
Question-open	9(11%)	4(5%)	3(4%)	2(3%)	2(3%)	7(9%)
Comment	38(48%)	24(30%)	8(10%)	6(8%)	4(5%)	34(43%)
Story*	7(11%)	4(6%)	3(5%)	0(0%)	1(2%)	6(9%)
Back-Channelling	12(15%)	9(11%)	1(1%)	2(3%)	2(3%)	10(13%)
Total Participants	28	13	10	5	6	22
Total ENs	80	48	21	11	8	72

Note. mean time post-onset=59 months; (6-232 months). Type/severity evaluated with Western Aphasia Battery – Revised (Kertesz, 2006): mild anomia (13 PWA); conduction (mild/2; moderate/4; severe/1); Wernicke's (moderate/1; severe/2); transcortical sensory (moderate/1); Broca's (moderate/3; severe/2); transcortical motor (moderate/1); *24/28 samples included an SLP-produced story, so denominator for 'story' category is adjusted to account only for the 64 narratives within those samples.

37 - The use of Inpatient Functional Communication Interview-Screening Questionnaire among nurses in neurological wards

Sofie Fjord Lauridsen

Sara Louise Larsen^{1, 2}, Robyn O'Halloran³, Jytte Kjærgaard Isaksen^{1, 4}

¹ University of Southern Denmark, Department of Culture and Language, Odense, Denmark

² Institute of Communication & Handicap, Region of Central Denmark, Aarhus, Denmark

³ School of Allied Health, Human Services & Sport, La Trobe University, Melbourne Campus, Australia

⁴ Rigshospitalet, Neurorehabilitation Research and Knowledge Centre, Glostrup, Denmark

Background and aims: Effective patient-provider communication during hospital admission is important for a patient's health outcomes. Patients with difficulties communicating about their health care, are at greater risk of experiencing adverse events and not getting the right treatment. Early screening must be implemented, to ensure that all patients who experience difficulties communicating about their health care are identified in order to receive the right care and support. The Inpatient Functional Communication Interview (IFCI)-Screening Questionnaire suggests screening within the first 24 hours after hospital admission by a nurse on the ward. This study aimed to investigate the relevance and applicability of the IFCI-Screening Questionnaire in Danish hospitals through nurses, who had tried IFCI-Screening Questionnaire.

Methods: Initially, a translation of the IFCI-Screening Questionnaire from English to Danish was made following the standard protocol of the World health Organization. Secondly, semi-structured interviews with components of cognitive interviews with six nurses from neurology wards at three different hospitals were conducted after a period of using the IFCI-Screening Questionnaire. Reflexive thematic analysis was conducted.

Results: Themes from the reflexive thematic analysis revealed a need for modification of layout and language used in the IFCI-Screening Questionnaire to facilitate its use in Danish hospitals. Furthermore, a need for modification of the instructions was identified. Themes also reflected different opinions about the need for a screening questionnaire in neurology wards. While some nurses found the IFCI-Screening Questionnaire to be a useful tool, others found it redundant due to their extensive experience with patients with communication difficulties.

Conclusions and implications: There were different opinions about the relevance of the screening questionnaire, and therefore no explicit conclusion could be drawn. The findings, however, suggest a need for modifications to increase its applicability in a Danish setting. The relevance of the IFCI-Screening Questionnaire should be further investigated in Danish medical wards.

38 - Level Up! - Creating a digital game for and with people with aphasia

Ester Hedberg¹

Linda Bergfeldt¹, Marika Schütz¹ ¹ The Aphasia Association in Sweden

Background and aims: The Aphasia Association in Sweden has been running the *Level Up* project since autumn 2023, aiming to develop a digital game for people with aphasia. The finalized game should be both language training and fun. The background is that many get stuck at one level in existing training programs and lose the feeling of progress. Gamification can increase motivation to train further and level up.

Methods: People with aphasia have a key role in the project. A Design team meets regularly to discuss game ideas, concepts, features and test prototypes. The Design team includes six people with aphasia, one speech therapist, game developers and accessibility experts. Extensive testing is also ongoing throughout the project. The prototype has been tested by participants in, among others, local groups within the Aphasia Association, "Mötesplats Afasi" (meeting spaces for people with aphasia), and at Folkhögskolan, adult education for people with aphasia.

Results: There is a strong interest in the *Level Up* game in Sweden. In the autumn of 2024 alone, around 100 individuals with aphasia participated in testing the prototype, which received positive feedback. The tests revealed that abilities, training needs, and preferences for what is perceived as enjoyable vary considerably—much more than initially anticipated. Many participants emphasized that it is crucial for the game to feel age-appropriate and not childish.

Conclusions and implications: Utilizing AI, the *Level Up* game should provide a variety of exercises with different degrees of difficulty, catering to individuals' needs and desires to train various linguistic skills, including reading, writing, speaking, and listening, while having fun and never losing the feeling of levelling up.

The project *Level Up* is funded by the Swedish Inheritance Fund. Web page: https://afasi.se/levla-upp/

39 - Identification of key elements in pictorial support for persons with aphasia after stroke

Malin Bauer^{1, 2}

Ellika Schalling^{1, 3, 4}, Emma Kjörk^{5, 6}, Monica Blom Johansson^{1, 4}

¹ Department of Public Health and Caring Sciences, Speech-Language Pathology, Uppsala University, Uppsala, Sweden

² Department of Rehabilitation Medicine, Danderyd University Hospital, Stockholm, Sweden.
 ³ Department of Clinical Science, Intervention and Technology, Division of Speech and Language Pathology, Karolinska Institutet, Stockholm, Sweden

⁴ Department of Neurologic and Geriatric Rehabilitation, Uppsala University Hospital, Uppsala, Sweden

⁵ Department of Clinical Neuroscience, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

⁶ Centre for Person-Centred Care (GPCC), University of Gothenburg, Gothenburg, Sweden

Background and aims: Access to health information and shared decision-making are core elements in health-literate organizations and person-centered care. Pictures are sometimes used in adaptations of written information to increase accessibility for persons with aphasia. However, guidelines and principles on how to design accessible pictures for the target group are limited. This study aimed to identify key elements in accessible pictorial support for people with aphasia after a stroke. It was achieved during a co-design process together with stakeholders and an illustrator.

Methods: Stakeholders contributed recurrently to the design process by providing feedback on prototypes of pictures to a new pictorial support used in follow-ups after stroke. Six persons with aphasia participated in individual face-to-face cognitive interviews. Fourteen SLPs were included via an e-mail survey. The focus of the interviews and the surveys was to explore spontaneous reactions and to identify ideas for alterations of pictures. Data was analyzed using reflexive thematic analysis. **Results:** The results are presented as two main themes. The first main theme: *Aspects to consider in the design of pictures in pictorial support,* covers topics connected to the design and features of pictures. The second main theme: *The contextual use of pictorial support,* covers topics about the practical use and presentation of pictorial support in a clinical setting. In addition, a summarised list of key concepts to consider when developing pictorial support is suggested.

Conclusions and implications: This study highlights the importance of including stakeholders to ensure acceptability and avoid pitfalls when developing pictorial support. Important findings from the analysis include that pictures should be relatable and closely align with the text. The list of key concepts may be used as guidelinesn the future development of pictorial support.

40 - Interprofessional collaboration for a healthy lifestyle for stroke survivors

Tonny Methorst

Background and aims: Despite the urgency of interprofessional collaboration in stroke care, especially with the rising shortages of healthcare personnel, interprofessional collaboration in the Netherlands remains inadequate. Information transfer from hospital to primary care is often lacking, adequate referral to experienced stroke therapists is challenging and effective communication between different healthcare professionals is limited (Goossens et al., 2020). Interprofessional collaboration is essential in the prevention of recurrent strokes and coronary events (Bailey et al., 2016). The HeLiUS project aimed to enhance interdisciplinary collaboration in primary care in Utrecht and promote a healthy lifestyle to reduce recurrent strokes.

Methods: The project was based on design-based approaches as described by the British Design Counsel (2004) and uses the Double Diamond framework to enhance interprofessional collaboration and healthy lifestyle. Professionals, stroke survivors and researchers participated in iterative cycles of co-creation sessions.

Results: A Conversation Tool has been developed to initiate conversations between patients after stroke and healthcare professionals about a healthy lifestyle. Healthcare professionals don't need additional training for using the Conversation Tool. The Tool has 6 pillars: social connection, nutrition, physical health, substance use, sleep and mental health. Speech and language therapists (SLTs), as communication experts, play a key role in coaching their colleagues in the use of the Conversation Tool for patients with language disorders or low health literacy.

Interprofessional collaboration was strengthened by establishing a collaboration agreement. All healthcare professionals agreed to use a new, secure communication platform similar to a messaging app.

Conclusions and implications: The Conversation Tool that we will present can facilitate healthcare professionals from different disciplines to discuss healthy lifestyle with patients after stroke. In this presentation, we will reflect upon the experiences of different disciplines in collaborating together to improve healthy lifestyle in patients after stroke.

41 - Living With Aphasia: An educational video series for people with aphasia

Elizabeth Hoover¹

Jerome Kaplan¹, Matthew Parola², Marco Moura², Samantha Doucette²

¹ Department of Speech-Language and Hearing Sciences, Boston University, Boston MA, USA

² Midnight Brunch Production Company, Waltham, MA, USA

Background and aims: Aphasia disrupts language processing and the communication that is essential for daily life. As a result, the condition of aphasia results in a cascade of other social corollaries including reduced participation in work and hobbies. The presence of aphasia contributes to reports of a significantly reduced quality of life compared to stroke survivors without aphasia. People living with aphasia report negative impacts on relationships between family and friends, which is associated with a high prevalence of loneliness and social isolation.

The consequences of aphasia are far reaching and often severe. In recent years, global health challenges contributed to shorter hopsital stays with limited resources to help people understand the condition and options for ongoing care. As such, there is a **critical need** to increase aphasia awareness and to offer support to people living with aphasia.

Methods: This presentation describes how one aphasia community addressed this need by partnering with local documentarians and developed an aphasia-friendly, freely available video series to increase public awareness of aphasia.

Results: These powerful and authentic videos share vital *information* about aphasia through conversations with individuals and their family members who are living with aphasia, as well as conversations with interprofessional clinicians working in the rehabilitation field. During this presentation, we will discuss how these chapters evolved, the importance of the arc of the story line, and other key features in effective media storytelling. We will show the video segments; share how they can be accessed (**freely and permanently**) and discuss how they may be used by the international community as an educational resource for our clients.

Conclusions and implications: The Living with Aphasia series offers a compelling narrative with insight into the mysterious and often misunderstood world of aphasia which can be used by clinicians in their daily practice.

42 - Functional Communication Outcomes for Wernicke's Aphasia: Potential Efficacy of a Metacognitive-Language Treatment

Amanda Wadams¹

Jennifer Mozeiko² ¹ Saint Louis University ² University of Connecticut

Background and aims: In aphasia rehabilitation, generalization of treatment-related language gains to everyday, functional communication is inconsistent. This may be due to (1) the field's collective neglect in treating the cognitive deficits that often accompany aphasia and (2) an inconsistency in defining and quantifying changes in functional communication as related to treatment outcomes. In this study, we aimed to identify if the observed gains in cognition and language following a novel metacognitive-language treatment (M-MAT Meta; Wadams & Mozeiko, 2024) influenced natural, at-home communication for two individuals with severe Wernicke's aphasia.

Methods: Using an ABA design with repeated measures, changes on standardized assessments and probe data were compared with changes in unstructured conversational changes. Conversational data was collected using the Language Environment Analysis (LENA; Gilkerson & Richards, 2020) system, and a total of 20 minutes of conversation per participant was analyzed (10-minutes pre- and 10-minutes post-treatment). Conversational analysis was used to quantify several aspects of functional communication, including unstructured conversational correct information units, linguistic markers, and global coherence (per Leamon & Edmonds, 2021), as well as overall complexity and quality of conversation (Ramirez-Esparza et al., 2014). See table 1 for outcomes and associated analyses.

Results: M-MAT Meta, which integrates aspects of goal management training and video feedback into an evidence-based language treatment, was found to have a positive effect on participants' auditory verbal comprehension, naming, narrative discourse, error awareness, inhibition, and cognitive flexibility. At-home conversations were characterized by fewer error words (\geq -33%), increased self-corrections (\geq +50%), and increased global coherence (\geq 19.6%). The quality and complexity of participants' conversation also increased (\geq +71%).

Conclusions and implications: This preliminary data suggests that metacognitive-language treatment, which integrates language, cognition, and cognitive control in the context of communication, may have a positive effect on micro-linguistic, macro-linguistic, and overall quality of conversation for people with severe Wernicke's aphasia.

Targeted Outcomes				
Outcome		Assessment	Severific Skill	Ambaia
Convenational Discourse	Al-home conversational discourse sample	Leaman & Edmonds (2021) Unstructured Conversational	Correct Information Units	Percent change
	(downiaded with LENA software)	Analyses	Global Coherence	
			Conversational Markers: (i.e., error words, abandoned utternaces, self- corructions, internations	Percent change
		Social Environment Coding of Sound Inventory (Ramitez- Esporta et al., 2021)	Quality/complexity of conversation (i.e., on- topic comments, talking about oneself, including feelings, sosking advice)	Percent change
Expressive Language	Probes	IPNP Stimuli	Naming	
(Televisio)		Norman Rockwell Print Stimuli	Phrase Completion Discourse Informativeness & Efficiency Discourse Coherence	Visual Inspection & Tau-U
Aphania Severity	Standardized Assessment	WAB-R AQ	Aphania Quotient	+8.26 chance (Breitenstein at al., 2023)
Metacognition	Probes	IPNP Stimuli	Online Error Awareness	Visual Inspection & Tau-U
Executive Function	Standardized Assessments	Wisconsin Card Sorting Task	Cognitive flexibility	Reliable Change Index
		Tower of London	Problem Solving Planning Jobshitteen	

44 - Patient participation in team meetings for persons with Cognitive Communication Disorder (CCD) after acquired brain injury- A qualitative study

Maja Karrberg¹

Ulrica Antepohl^{1, 2}, Camilla Olsson³

¹ Department of Rehabilitation medicine, Linköping University Hospital, Linköping, Sweden

² Department of Health, Medicine and Caring Sciences, Linköping University, Linköping, Sweden
 ³ Department of Public Health and Caring Sciences; Speech-Language Pathology, Uppsala
 University, Uppsala, Sweden

Background and aims: Cognitive communication disorder (CCD) is a communication disorder caused by underlying cognitive impairment, and is highly prevalent after acquired brain injury. Communication challenges in this population include initiating or paying attention to a conversation, follow instructions and remembering information. Patient participation is a key aspect of personcentred care. In rehabilitation settings, team meetings where the patient, rehabilitation team and significant others gather to discuss individual goals, progress and planning, are an important tool to achieve patient participation. However, such meetings may represent a considerable challenge for a person with CCD. This study aimed to explore the experiences of participation in team meetings among persons with CCD.

Methods: Semi-structured interviews were conducted with a purposive sample of 13 participants with CCD (8 women and 5 men; mean age: 44) undergoing their rehabilitation at an outpatient clinic. Data were transcribed verbatim, and analyzed using Qualitative content analysis.

Results: The analysis yielded four categories; a) Defining patient participation for oneself, b) Overload disrupts communication c) Factors facilitating communication, and d) Making the journey easier- recommendations for the future. Results indicate a mismatch between participants' communication abilities and the complexity and cognitive load at the meeting, particularly early in the rehabilitation process. An overarching theme was identified, capturing that patient participation is not present from start, but can be developed over time as insights, skills, and adaptations gradually evolve during the rehabilitation process for both the person with CCD and the team members.

Conclusions and implications: Merely attending a meeting does not ensure patient participation. Participation is an evolving process. Understanding and addressing the individual communication challenges faced by persons with CCD are key factors in improving patient participation in team meetings. The results offer insights about how team meetings could be arranged to meet the needs of individuals with CCD.

45 - Language and Communication Difficulties in Persons with Mild Aphasia and Cognitive Communication Disorders: A Qualitative Study

Malin Antonsson¹

Marie Eckerström², Lovis Erelöf Boukema¹, Elsa Klarqvist¹, Charlotta Saldert¹, Kristina Lundholm Fors¹

¹ Department of Health and Rehabilitation, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

² Department of Psychology, Faculty of Social Sciences, University of Gothenburg, Gothenburg, Sweden

Background and aims: Acquired brain injuries (ABIs) affect numerous individuals annually. Language and communication difficulties resulting from these conditions are known to diminish quality of life and restrict daily functioning. However, less is known about how individuals with more subtle language difficulties, such as mild aphasia and cognitive communication disorder (CCD), perceive these challenges and their impact on everyday life. This study aims to explore the lived experiences of individuals with mild aphasia or CCD, focusing on the perceived consequences of their language and communication difficulties, their experiences and future needs of support and rehabilitation. Data collection and analyses are currently ongoing and will be finalized during the spring.

Methods: This interview study includes participants with mild aphasia and CCD due to ABI (stroke, traumatic brain injury, brain tumor) or neurological disease (Parkinson's disease or multiple sclerosis). Data is collected through in-depth interviews using a semi-structured interview guide on the following topics: 1) Background including family situation, work situation, cause of language difficulties; 2) Effects on language and communication including occurrence and frequency of various symptoms); 3) Consequences in everyday life, and; 4) Support and help. The interviews are analyzed using qualitative content analysis to identify categories and overarching themes in the data. **Results:** Analysis of the results are currently ongoing. The included participants have described how language and communication difficulties impact their daily life and also thoughts and wishes about support and rehabilitation. The preliminary findings underscore that also milder difficulties affect everyday living.

Conclusions and implications: This study sheds light on the significant impact of language and communication difficulties in persons suffering from mild aphasia and CCD due to ABI. Insights from this research have implications for rehabilitation for these groups and provide information on what interventions that persons with mild aphasia and CCD find beneficial.

46 - Shorter response time in naming performance after attention process training in a young adult with traumatic brain injury - an exploratory case study

Hanna Persson¹

Tie-Qiang Li^{2, 3}, Gabriela Markovic^{1, 4}

¹ Division of Rehabilitation Medicine, Danderyd University Hospital, Sweden

² Department of Clinical Science, Intervention, and Technology, Karolinska Institute, Sweden

³ Department of Medical Radiation and Nuclear Medicine, Karolinska University Hospital, Sweden

⁴ Department of Clinical Sciences, Karolinska Institute Stockholm, Sweden.

Background and aims: Traumatic brain injury (TBI) often results in attention deficits leading to communication difficulties despite preserved language skills. Attention process training (APT) is a recommended intervention in traumatic brain injury (TBI) targeting five types of attention: focused, sustained, selective, alternating and divided. APT consists of hierarchically organized repetitive auditory and/or visual tasks, psycho-education and selected activities to promote generalization of strategies. Attention is a prerequisite for communication. Naming is part of communication. Will attention training change naming?

Methods: Explorative case study of a young adult with chronic mild TBI reporting difficulties with concentration, memory, word-finding, fatigue, headache, tinnitus, and stress sensitivity. The APT was administered for 20 hours, during five weeks. Functional magnetic resonance imaging (fMRI) and assessment of linguistic correctness and response time in Boston Naming Test (BNT) was conducted pre- and post-intervention, including A Quick Test and Rapid Automatized Naming after every third training hour.

Results: Sum of all items-response time in all naming performances was reduced during and post intervention. For the BNT (60 pictures) there was a decrease in response time with 34% and a slight increase in number of correct responses (4%). The neuro imaging showed changed connectivity with separate change patterns for left and right hemisphere in supramarginal gyrus post intervention. **Conclusions and implications:** Shorter response time in naming could reflect increased modulatory control following APT or just learning of the repeated tests. The connectivity changes might be the result of the natural course in the brain after a traumatic lesion since the brain is continuously changing, also in the chronic phase. Time keeping in naming performance adds one more dimension besides number of correct responses time appear sensitive to changes in language recovery trajectories and could be useful for assessing improvement in aphasia rehabilitation when using BNT.

48 - Using immersive virtual reality for assessing cognitive-communication disorders following traumatic brain injury: What do speech pathologists think?

Sophie Brassel¹

Melissa Brunner¹, Emma Power², Andrew Campbell³, Leanne Togher¹

¹ Discipline of Speech Pathology, Faculty of Medicine and Health, University of Sydney, Australia

² Speech Pathology, Graduate School of Health, University of Technology Sydney, Australia

³ Discipline of Biomedical Informatics and Digital Health, Faculty of Medicine and Health,

University of Sydney, Australia

Background and aims: Up to 75% of people experience cognitive-communication disorders (CCD) following a traumatic brain injury (TBI), resulting in difficulties with social communication and engaging in successful conversations. The use of virtual reality (VR) for brain injury rehabilitation is emerging and may offer a way to assess communication skills following TBI in dynamic and contextual simulated environments. Exploring the needs and opinions of VR users is recommended for developing VR tasks that are successful and meaningful. Therefore, this study engaged speech pathologists in user-based testing of commercially available VR applications to determine acceptability, usability, feasibility, tolerance, and perspectives of using VR for assessing conversation skills after moderate-severe TBI.

Methods: This was an exploratory, mixed-methods study with a user-based testing approach. Speech pathologists with at least one year of work experience in TBI rehabilitation were recruited. Participants tested two commercially available VR applications. Data were collected via observations, questionnaires, and semi-structured interviews. Data were analysed using descriptive statistics and conventional content analysis.

Results: Five speech pathologists participated in this study. All participants found VR to be acceptable. Three participants experienced mild or moderate side effects of VR use (e.g., eye strain) and all participants encountered VR usability challenges. Content analysis of interviews generated three categories: (1) "I can see potential": Using VR apps and tasks for conversation assessment; (2) "I wonder whether you could…": Exploring broader applications and perspectives of VR; and (3) "I think that would be more challenging": Realistic considerations for using VR in TBI and CCD assessment.

Conclusions and implications: The findings from this study provide insights into VR usability and preliminary evidence that speech pathologists view commercially available VR applications as being acceptable for assessing conversation skills following moderate-severe TBI. Future research may explore this VR use on a larger scale, and with people with TBI and other acquired brain injuries.

49 - Longitudinal analysis of written text production in genetic frontotemporal dementia

Fredrik Sand Aronsson^{1, 2}

Linn Öjersted^{3, 4}, Vesna Jelic^{5, 6}, Robert Östling⁷, Per Östberg^{1, 2}, Caroline Graff^{3, 8}

¹ Department of Clinical Science, Intervention and Technology, Division of Speech and Language Pathology, Stockholm, Sweden.

² Theme Women's Health and Allied Health Professionals, Medical Unit Allied Health Professionals, Speech and Language Pathology, Karolinska University Hospital, Stockholm, Sweden.

³ Department of Neurobiology, Care Sciences and Society, Division of Neurogeriatrics, Karolinska Institutet, Solna, Sweden.

⁴ Department of Neurology, Karolinska University Hospital, Stockholm, Sweden

⁵ Department of Neurobiology, Care Sciences and Society, Division of Clinical Geriatrics, Stockholm, Sweden.

⁶ Theme Inflammation and Ageing, Clinic for Cognitive Disorders, Karolinska University Hospital – Huddinge, Sweden.

⁷ Department of Linguistics, Stockholm University, Sweden.

⁸ Theme Inflammation and Ageing, Unit for Hereditary Dementia, Karolinska University Hospital – Solna, Sweden.

Background and aims: Frontotemporal dementia (FTD) is a common cause of early onset dementia. Language impairment including dysgraphia is common in FTD, but there is limited information on changes in written language production in genetic FTD. The aim of this study was to see whether presymptomatic carriers of FTD-associated mutations differed from non-carrier controls in the number of words and average dependency distance (ADD) in written language tasks. **Methods:** Written texts from 41 participants elicited using the Cookie Theft picture and the sentence writing task in the Mini-Mental State Examination were analysed using an automated analysis pipeline. Longitudinal differences in ADD and total number of words between carriers and controls from the GENFI cohort were analysed using linear mixed effect models.

Results: None of the two models including ADD as the dependent variable showed a significant effect. However, a positive effect of mutation status on number of words was found in the Cookie Theft picture model, indicating that mutation carriers produced more words compared to controls. Additionally, a positive interaction effect between age and genetic status was found in the same model, indicating that the number of words in the task varied between groups.

Conclusions and implications: The positive effect of mutation status on number of words in the Cookie Theft picture task was unexpected. These findings might reflect early positive effects associated with mutations as previously reported in FTD and Huntington's disease. Previous studies also suggest that differences in cognitive test results can be observed five years or less before diagnosis. Since the estimated time before symptom onset in our cohort was approximately 13.5 years on average, this might explain the lack of group differences, particularly in the models using ADD as the dependent variable.

50 - Cognitive training for people with aphasia - do not let LET go?

Eric Lindström¹

Hanna Persson² ¹ Optima Rehab ² University Department of Rehabilitation Medicine, Danderyd Hospital

Background and aims: Attention deficits in people with aphasia (PWA) are common and may interfere with language therapy and language comprehension. Research is limited, but indicates that addressing attention may be rewarding, either by making the PWA more able to participate in and benefit from language therapy or by influencing language via the attentional processes that support language processing. The Finnish speech language therapist (SLT) Leena Salonen promoted training of cognitive functions alongside with language remediation in her Language Enrichment Therapy (LET). LET is designed to ensure that aphasia therapy includes tasks for working memory, inertia (task maintenance) and selection problem, all functions connected to attention. LET has been adapted to English by British SLT and evaluated by spouses to PWA regarding home use between therapy sessions.

Methods: Leena Salonen was invited to a speech and language clinic where she held a two-day course about LET. The language materials in LET were adjusted to linguistic differences between Finland and Sweden by a group of SLT:s. The drawings in the picture material in LET were reprinted in a ring binder. The instructions for LET were summarized in a leaflet.

Results: A Swedish version of LET is available with tasks for "reintegration of the linguistic systems and restoration of interactions between language and other mental functions". The Swedish version has been used in a randomized controlled trial on very early speech and language therapy for aphasia following stroke. A master thesis reviewing aphasia treatment methods in Swedish targeting word-finding difficulties concluded that there is limited evidence for LET.

Conclusions and implications: Cognitive training as part of aphasia rehabilitation has support in literature. LET has to some extent been evaluated for these purposes but further research is needed.

51 - Self-reported cognitive functioning in persons with aphasia

Eike Wehling^{1, 2}

Trine Lise Hanse², Hege Skoge Opedal², Eva Nordset²

¹ University of Bergen, Norway, Department of Biological and Medical Psychology

² Haukeland University Hospital, Bergen, Norway, Department of Physical Medicine and

Rehabilitation

Background and aims: Cognitive impairment (CI) goes along with aphasia after stroke. These impairments still receive less attention than language deficits. However, they may contribute to or disturb daily activities to a similar extent than language deficits. In this study we aimed to examine how persons with aphasia (PwA) experience, understand and cope with cognitive changes. **Methods:** Ten patients with mild/moderate aphasia (five women, aphasia > 3 years, aged 47-81 years) participated in a semi-structured interview steered by a topic guide on cognitive domains (attention, memory, executive functioning). Interviews were audio recorded, transcribed and analyzed using thematic content analysis.

Results: Preliminary analyses revealed that all participants experienced changes in the preset domains. All reported slowed information processing speed and limited mental capacity. Eight participants provided examples on how cognitive changes affect daily activities. Changes in attention affect conversations, watching movies, reading, mobility, and monitoring the environment. Memory changes hamper recalling names, faces, phone numbers, general knowledge, content of movies, books and newspapers, passing on messages and meal preparation. Executive dysfunction hinders individuals to take initiative (being social, make calls), make decisions (holidays, dinner, dressing), think ahead (the next thing to do, plans for the next day), expose themselves to new/unknown situations. The participants reported various strategies for how they meet the cognitive changes including routines, calendars, alarms, take rests, withdrawal, and openness. Despite strategies, several describe increased anxiety levels and reduced self-esteem.

Conclusions and implications: The results exemplify how cognitive changes are experienced by PwA and what strategies they may use. For stroke patients, cognitive training programs have been developed. Yet, they are not fitted for PwA. These could improve understanding of changes and contribute to implementing strategies. Greater emphasis should be placed on utilizing and developing cognitive assessment and training methods for PmA. Greater emphasis should be placed on psychoeducation about these changes.

52 - Exploring Language and Communication Challenges in Individuals with long COVID: A Qualitative Study

Kristina Lundholm Fors¹

Marie Eckerström², Charlotta Saldert¹, Venus Houman¹, Jessica Ögren¹, Malin Antonsson¹ ¹ Department of Health and Rehabilitation, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

² Department of Psychology, Faculty of Social Sciences, University of Gothenburg, Gothenburg, Sweden

Background and aims: Post-infectious syndromes, including long COVID, affect brain function and have effects on cognition, language and speech. A few studies have indicated that individuals with long COVID experience language and communication difficulties similar to persons with acquired brain injuries, but the research in this field is scarce. Hence, this study aims to investigate the language and communication challenges experienced by individuals with long COVID and their implications for daily life. The study also aims to explore rehabilitation experiences and reflections about support.

Methods: This qualitative interview study included participants with long COVID who experienced language and communication difficulties. Data were collected through in-depth interviews conducted by researchers and speech and language pathology-students using a semi-structured interview guide on the following topics: 1) Background including family, work situation and COVID infection history 2) Effects on language and communication including occurrence and frequency of symptoms); 3) Consequences in everyday life, and 4) Support and help. The interviews were analyzed using qualitative content analysis to identify recurring themes and factors influencing language and communication experiences.

Results: Analysis of the results are currently ongoing. The participants have described a wide range of effects on language and communication and how these difficulties have an extensive impact on their daily life. Data are currently being coded into themes that will be presented at the conference.

Conclusions and implications: This study contributes to an understanding of the association between long COVID and language and communication difficulties, and how these difficulties affect everyday life and self-perceived identity. The preliminary findings indicate that language and communication difficulties are perceived as a significant obstacle, even though they may look mild. The results from this research can be used to guide intervention planning and to indicate what avenues may lead to improved quality of life for the affected individuals.

53 - Speech and language therapy services for people with primary progressive aphasia: A patient and public involvement led health economics study

Anna Volkmer¹

Victory Ezeofor², Bethany Anthony², Rhiannon Tudor Edwards² ¹ University College London

² Bangor University

Background and aims: Primary Progressive Aphasia (PPA) describes a group of language-led dementias (Gorno-Tempini et al, 2011). Speech-language therapy is the MAIN intervention currently available for people with PPA. However, people with PPA report difficulties in accessing services, services not being tailored to their needs and feeling abandoned when therapy is discontinued (Loizidou et al, 2022). Speech and language therapists often do not feel equipped to support these clients (Gallée et al, 2024). Informed by the views of people affected by PPA who advocated for research to improve speech and language therapy services for people with PPA, this study aimed to understand what people affected by PPA preference in relation to speech and language therapy services.

Methods: This study used a discrete choice experiment (DCE) - a health economics technique that helps predict health-related choices. Patients and public involvement discussions and consensus work using nominal group technique informed the development and descriptions of initial attributes for the DCE. Within each attribute, individual levels were identified based on a review of the relevant literature (Wauters et al, 2024), a survey of speech and language therapists in the UK (Volkmer et al, 2020) and relevant professional guidance (Royal College of Speech and Language Therapy). Research participants – people affected by PPA - were recruited via email from support organisations and charities and interviewed online or in person, asking them to vote on the preferences across twenty-four choice sets.

Results: Initial results indicate that participants preference specialist speech-language therapy services that result in maintenance or improvement over other attributes such as paying more income tax, the type of therapy, dosage and modality. Full results will be presented at the conference.

Conclusions and implications: Quantifying people's preferences for health and healthcare will allow us to better plan, fund and deliver speech-language therapy for people affected by PPA with an aging society and limited resources

54 - An international perspective on Primary Progressive Aphasia (COS-PPA): Cultural differences in what people want to change about their lives with PPA.

Anna Volkmer¹

Emily M Alves², Hagit Bar-Zeev³, Petronilla Battista⁴, Brotherhood Emilie⁵, Inês R Cadorio⁶, Jade Cartwright⁷, Claire Farrington-Douglas⁸, Heleen Hendriksen^{9, 10}, Lize Jiskoot^{9, 10}, Adi Lifshitz-Ben-Basat¹¹, Regina Jokel¹², Marcus Meinzer¹³, Carolina Mendez¹⁴, Carly Millanski¹⁵, Nuria Montagut^{16, 17}, Iris E Nowenstein¹⁸, Avanthi Paplikar¹⁹, Antoine Renard²⁰, Anna Rysop¹³, Nina Unger¹³, Lizet van Ewijk²¹, Sandra Wielaert²², Ingvild I Winsnes²³, Ibrahim Can Yasa²⁴, Jason D Warren⁵, Sarah Wallace^{25, 26}, Chris Hardy⁵, Maya Henry⁵, Samantha DeDios-Stern⁵, Rosemary Varley¹

¹ Psychology and Language Sciences, University College London UK

² Graduate Programme in Medical Sciences, Federal University of Rio Grande do Sul

³ Sheba Medical Center, Tel Hashomer, Israel

⁴ Istituti Clinici Scientifici Maugeri IRCCS, Laboratory of Neuropsychology

⁵ Dementia Research Centre, Department of Neurodegenerative Disease, UCL Queen Square Institute of Neurology, University College London

⁶ Center for Health Technology and Services Research (CINTESIS@RISE), Porto, Portugal; FP-I3ID, FP-BHS, Universidade Fernando Pessoa, Porto, Portugal; Fernando Pessoa School of Health Sciences

⁷ School of Health Sciences, College of Health and Medicine, University of Tasmania

⁸ Claire Farrington-Douglas, Independent speech and language therapist, UK

⁹ Alzheimer Center Amsterdam, Neurology, Vrije Universiteit Amsterdam, Amsterdam UMC location VUmc, Amsterdam, The Netherlands

¹⁰ Amsterdam Neuroscience, Neurodegeneration, Department of Neurology and Alzheimer Centre Erasmus Medical

¹¹ Department of Communication Disorders, Faculty of Health sciences, Ariel University, Ari'el

¹² Rotman Research Institute, Toronto; Temerty Faculty of Medicine, University of Toronto

¹³ Department of Neurology, University Medicine Greifswald

¹⁴ Speech, Language and Hearing School, Health Sciences Department, Faculty of Medicine, Pontificia Universidad Católica de Chile

¹⁵ Departments of Speech, Language, and Hearing Sciences and Neurology, University of Texas, Austin

¹⁶ Alzheimer's Disease and other Cognitive Disorders Unit. Hospital Clínic de Barcelona, Barcelona, Spain

¹⁷ Fundació de Recerca Clínic Barcelona-IDIBAPS

¹⁸ Speech-Language Pathology Unit, National University Hospital and Institute of Linguistics, University of Iceland

¹⁹ Department of Speech and Language Studies, Dr. S. R. Chandrasekhar Institute of Speech and Hearing, Bangalore, India

²⁰ HEC-ULg Ecole de Gestion de l'Université de Liège, Unité PsyNcog, ULG

²¹ Research Group Speech and Language Therapy, Participation through Communication, Research Centre Health and Sustainable Living, HU University of Applied Science Utrecht

²² Rijndam rehabilitation centre, Westersingel, Rotterdam

²³ Department of Linguistic and Scandinavian Studies, University of Oslo

²⁴ Department of Speech and Language Therapy, Faculty of Health Sciences, Bahcesehir University

²⁵ Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The

University of Queensland, Brisbane, Australia

²⁶ Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Queensland, Australia

Background and aims: Primary Progressive Aphasia (PPA) describes a group of language led dementias. Several speech and language interventions have been developed (Wauters et al, 2024), and person-centred care has been recommended as best practice speech and language therapy for people with PPA (Volkmer et al, 2023). Yet there has been little research exploring what key stakeholders: people with PPA and their family care partners want to change about their lives with the disease.

Methods: Speech and language therapy/pathology collaborators across 17 countries recruited participants with primary progressive aphasia and their family care partners to participate in separate consensus groups (Volkmer et al, 2024). The Nominal Group Technique was used to ask participants what they would like to change about the way primary progressive aphasia affects communication and their lives. Two researchers coded the top three constructs identified by each group of participants in each country using the six Hofstede (2006) cultural dimensions. Coded constructs were compared to data on cultural values across participating countries.

Results: 89 people with PPA and 101 family care partners identified 102 constructs across participating countries. All constructs were coded as aligned with one of the six Hofstede cultural dimensions. Of these, 35 aligned with the dimension of uncertainty avoidance, whilst 22 aligned with the dimension of a collectivistic culture. The coding of constructs did not align with Hofstede data on cultural values across these countries.

Conclusions and implications: What people wanted to change about their lives with PPA was similar across countries internationally. People with PPA and their family care partners identified a desire for more certainty around their future lives as well as wanting more collaboration from within their social networks and communities to help them manage the way PPA affects their lives. This demonstrates an urgent need for research to improve our understanding of the progression of primary progressive aphasia.

55 - Examining reporting of dose and intensity parameters in behavioural interventions for Primary Progressive Aphasia: A systematic review

Fern Rodgers¹

Chris Hardy¹, Suzanne Beeke¹, Anna Volkmer¹ ¹ University College London (UCL)

Background and aims: Primary progressive aphasia (PPA) describes a group of "language-led" dementias that are characterised by progressive impairment of speech, language and communication (Gorno-Tempini et al., 2011). Symptoms typically present in later mid-life, when people are likely to have work and parenting commitments. Despite increasing evidence in support of behavioural interventions for PPA, particularly speech and language therapies, there is limited consensus regarding optimum dosage and intensity of these. Understanding how much therapy is required for people with PPA, and with what intensity it should be delivered, is crucial for informing clinical service provision and achieving best-possible outcomes for patients. The aim of this study was to systematically review the current literature on behavioural interventions for PPA to explore what is reported on dosage and intensity.

Methods: This study replicated and extended the systematic review of Wauters et al (2024). The search was conducted across relevant databases (including but not limited to: MedLine, CINAHL, PsycInfo) replicating and extending search terms used by the original authors. Behavioural interventions targeting speech and language, cognition, and psychological wellbeing in PPA were included. Interventions with pharmacological or neurostimulation components were excluded. Data on dosage and intensity of intervention delivery was extracted data using the Multidimensional Dose Articulation Framework (MDAF; Hayward et al., 2021). Where possible, meta-analyses were undertaken to compare dose responses.

Results: Extracted results will be presented.

Conclusions and implications: Behavioural intervention studies for PPA could benefit from reporting dose and intensity parameters in more depth and granularity. By prioritising conceptualising, monitoring, and reporting on dosage in behavioural interventions for PPA we can better understand each intervention with regards to efficacy, feasibility, and potential for implementation, ultimately improving outcomes for patients.

56 - Living with primary progressive aphasia - a co-designed questionnaire

Ingeborg Sophie Ribu¹

Monica Norvik², Peter Bekkhus-Wetterberg³, Hedda Døli⁴, Nina Helen Erikstad⁴, Nina Høeg⁵, Ingvild Elisabeth Winsnes⁶

- ¹ Oslo Metropolitan University, Faculty of Education and International Studies, Norway
- ² UiT The Arctic University of Norway, Norway, Department of Education, Norway
- ³ Oslo University Hospital, Department of Geriatrics, Memory Clinic, Norway
- ⁴ Statped, Department of acquired brain injury, Norway
- ⁵ Skullerud Adult Education Center, Norway
- ⁶ University of Oslo, Department of Linguistic and Scandinavian studies, Norway

Background and aims: Primary progressive aphasia (PPA) refers to a group of language-led dementias, with extensive impact on different areas of a person's life. Norway has no existing tool to measure the impact of living with PPA. We aimed to develop a self-report questionnaire to measure the impact of living with PPA.

Methods: Three people, each with a different subtype of PPA were recruited as co-researchers. We organised four meetings, with three of the authors (1, 5, 6) as moderators. In the first meeting, the co-researchers discussed how PPA impacts well-being and participation. Their reflections informed the development of the questionnaire. In the remaining meetings, we discussed and refined the questionnaire. This is an ongoing study, and the questionnaire is currently being piloted.

Results: The co-design process led to the development of a questionnaire that can be used with persons with PPA and their healthcare providers. The questionnaire comprises 28 questions across five domains: Language, Activities, Help and support, Emotions, and Other. The Language domain addresses different language modalities and multilingualism, while Activities relate to daily life tasks. The Help and support domain covers aspects that facilitate communication, and Emotions inquire about negative and positive emotions. The Other category includes questions that the corresearchers highlighted as important but not fitting in any of the other categories, such as "Have you understood the information you got about your disease?" or "What do you think I as a professional can help you with?".

Conclusions and implications: This co-designed questionnaire is the first in Norway to measure the impact of PPA. The responses can be used alongside language assessment to evaluate the impact of PPA and to tailor interventions to support persons living with PPA.

Poster session 2

2025-06-10 14:15 - 15:30 Coffee/tea & poster session

1 - Simulating Aphasic Speech with Large Language Model Adapters

Pierre André Ménard¹

Sylvie Ratté¹ ¹ École de technologie supérieure

Background and aims: The aim of this study is twofold. First, to improve our understanding of how generative language models can emulate aphasic speech using adaptive integrated neural layers called adapters. Second, to validate which type of architecture is most suited for this task and understand the mechanisms that achieve that performance.

Methods: Fifty-nine interviews of people with aphasia taken from AphasiaBank were manually annotated in order to create a control-like answer for each of the interviewer interactions. Both the original and annotated answers were used to train different types of adapter architectures like: prefix tuning, compacter, bottleneck, and LoRA. We use both linguistic and attention probes in order to better understand how each architecture adjusts their neurons and layers to produce different aphasic phenomena like anomia, false starts, etc.

Results: We present the probing schemes for each architecture and compare their behaviors based on the study of various linguistic and attention probes. A diagnostic-oriented analysis (conduction, broca, etc.) is also offered to illustrate the emergent patterns. Probing is used to show of each layers of the model is acquiring information and reacting to simulate different aphasic phenomena.

Conclusions and implications: The results of this study are a first step in developing artificial neural simulations on aphasic speech production. The language models created as a byproduct of this study can be used to simulate aphasic speech in any normal conversation transcript. This opens the way for new training tools to simulate people with aphasia.
2 - SYNTACTIC PROCESSING IN PEOPLE WITH APHASIA

Martina Vuković Ogrizek¹

Karolina Lice¹, Marijan Palmović²

¹ Polyclinic SUVAG, Zagreb

² Faculty of Education and Rehabilitation Sciences, Department of Speech and Language Pathology, Zagreb

Background and aims: People with aphasia (PwA), regardless of aphasia type, show significant difficulties in syntactic processing. These difficulties in PwA are more pronounced when processing sentences with non-canonical word order and complex sentences. Previous behavioral researches have shown that PwA have a longer processing time for complex sentences, but they do not provide insight into the nature of the processes that underlie impaired syntactic processing.

In Croatian, language with rich morphology, word order is not specified, and morphological keys facilitate sentence processing. The processing of complex attributive sentences in healthy adults can be facilitated by animateness. Healthy adults use the animateness of sentence elements to reduce the processing demands associated with increased sentence syntactic complexity and non-canonical sentence form (Traxler et al., 2002; DeDe and Kelleher, 2021).

The aim of this research is to investigate syntactic processing in PwA compared to healthy participants.

Methods: The time course of processing complex sentences in PwA will be observed, the influence of word order and animateness of attributes in the sentence processing, and the strategies that PwA use in syntactic processing compared to healthy participants, using the visual world paradigm in eye-tracking which enables insight into the automated syntactic processing of the sentence.

Results: Statistical analysis of within and between group differences in the time of the first fixation and the total duration of fixation of the target stimulus will be carried out under the conditions of animate vs. inanimate attribute and canonical versus non-canonical word order in the sentence, and the difference in the time of the first fixation and the total duration of fixation between target stimuli and distractors on a particular condition (animateness, word order).

Conclusions and implications: Research like this is still very rare, especially in languages with rich morphology, such as Croatian, which makes it a valuable contribution to understanding syntactic processing in PwA.

3 - Predictive role of semantic memory on the success of object naming in people with aphasia after stroke

Karolina Lice¹

Ana Matić Škorić², Jelena Kuvač Kraljević²

¹ Polyclinic SUVAG, Zagreb

² Faculty of Education and Rehabilitation Sciences, Department of Speech and Language Pathology, Zagreb

Background and aims: Naming difficulty is a common clinical sign of all types of post-stroke aphasia (Saber-Moghadam et al., 2022). Although there is a high consensus among authors on the predictive role of aphasia severity, verbal fluency, and word comprehension abilities for naming difficulties (Saber-Moghadam et al., 2022; Faroqi-Shah & Milman, 2018), less is known about the role of semantic memory in the naming ability of people with aphasia (PwA).

Semantic memory refers to long-term knowledge of the world and object meaning (Antonucci&Reilly, 2008). Research has shown that PwA can have difficulties retrieving stored semantic representations, i.e., have an access deficit (McCarthy & Kartsounis, 2000) and that semantic control deficits in PwA can manifest as: 1) inability to suppress the influence of semantically related distractors; 2) associative errors in object naming; 3) strong benefit from cues in object naming, etc. (Lambon Ralph et al., 2017). However, the relationship between semantic memory and naming remains contradictory (Chapman et al., 2020; Dresang et al., 2019).

This study aims to examine the predictive role of semantic access and fluency on the success and types of errors in object naming in PwA.

Methods: In this study, 32 PwA (24 M; 8 F) with impaired spoken word comprehension and absence of verbal apraxia and visual perception deficits were included. All were diagnosed with aphasia (16 mild, 16 moderate; 14 nonfluent, 18 fluent) and tested with the Croatian version of the CAT (CAT-HR) test in the acute (16) or subacute phase (16). The PwA were tested with a semantic memory task, a one-minute semantic fluency task, and an object naming task from the CAT-HR. **Results:** The correlation and regression analysis showed that only semantic fluency significantly correlated with naming, explaining 43.3% of the variance of naming achievements. **Conclusions and implications:** Semantic fluency has been shown to be a significant predictor of

object naming abilities in PwA.

4 - Self-initiated self-repair in aphasia: exploring lexical repair markers

Johanna Knechtges¹

Helene Killmer², Martin Pfeiffer¹

¹ Universität Potsdam, Department of German Studies, Germany

² Oslo Metropolitan University, Special needs education, Norway

Background and aims: In conversations of persons with aphasia (PWA), communication problems often arise, increasing the need for repair. While previous research focused on the role of communication partners in repair, less attention was given to self-involvement of PWA through selfinitiated self-repair, despite its importance (Simmons & Mackie, 2008; Archer & Leaman, 2022, 2024). In persons without language impairments (PWLI), repair markers (e.g. "uh", "um") used to self-initiate repair have specific interactional functions, indicating the type of repair (e.g. correction, elaboration) (Laakso & Sorjonen, 2010). This study examines lexical markers used by PWA. Methods: Self-initiated self-repairs in conversations of 33 German-speaking persons with different types of aphasia and severities were analysed in two corpora using a mixed-methods approach, including Interactional Linguistics (following Pfeiffer, 2015) and descriptive statistics: the Berlin Aphasia Corpus (RCT, group therapy, 20h, 30 persons with chronic aphasia, Pulvermüller, 2001) and AphaDB (longitudinal, home setting, 12h, 3 persons with (sub-)acute aphasia, Bauer, 2003). Results were compared to a corpus of PWLI (mixed data, 23h, 44 PWLI, Pfeiffer, 2015). Results: 259 lexically marked self-initiated repairs with 292 repair markers were identified in the PWA data. While PWA use markers similar to PWLI ("uh", "um"), they also employ problemindicating markers ("shit") not found in PWLI. Additionally, recurring utterances appear in repair marker positions. Descriptive analysis reveals that these PWA use different markers for different repair types, more pronounced than in PWLI, with marker distribution reflecting repair type distribution. Preliminary results suggest that time post onset and aphasia fluency influence PWA's repair marker use.

Conclusions and implications: Despite the aphasia, all PWA in this study initiate self-repair by using lexical repair markers - just as PWLI. However, PWA also use distinct markers reflecting greater problem marking. These findings highlight the resilience of repair mechanisms and emphasize the need to better understand the use of repair markers to inform therapy.



5 - The impact of language production on reaching movement of the upper limb: a proof-ofconcept study

Luisa Cacciante¹

Andrea Turolla^{2, 3}, Elena Piazzalunga⁴, Laura Danesin⁴, Francesca Burgio⁴, Mariagrazia Ranzini⁵ ¹ Laboratory of Healthcare Innovation Technology, IRCCS San Camillo Hospital, Venice, Italy ² Department of Biomedical and Neuromotor Sciences – DIBINEM, Alma Mater Studiorum Università di Bologna, Bologna, Italy

³ Unit of Occupational Medicine, IRCCS Azienda Ospedaliero-Universitaria di Bologna, Bologna, Italy

⁴ Laboratory of Neuropsychology, IRCCS San Camillo Hospital, Venice, Italy

⁵ Department of General Psychology (DPG), University of Padova, Padova, Italy

Background and aims: The interaction between language and motor functions has been supported by evidence of shared neural networks. Studies have shown that action words (AW) related to upperlimb (UL) movements influence motor planning and execution in healthy individuals. However, this relationship remains underexplored in post-stroke aphasia (PWA). This study evaluates whether language production, particularly reading UL-related AW, impacts the kinematic performance of reach-to-grasp movements in PWA.

Methods: This proof-of-concept study involved two PWA participants with left hemisphere damage. The experimental task required participants to perform a reach-to-grasp movement while reading UL-related or UL-unrelated AW. Movements were recorded using an electromagnetic motion-tracking system to capture kinematic parameters (i.e., reaching velocity, grasping aperture, and timing). Language accuracy during reading and semantic judgment tasks was also assessed. Statistical analysis employed non-parametric tests to compare conditions.

Results: Preliminary results revealed significant improvements in overall reaching time when ULrelated AW were presented compared to UL-unrelated AW for one participant (p = 0.02). No significant differences were observed for grasping parameters in either participant. Language accuracy was higher for UL-related AW in both semantic judgment and reading tasks.

Conclusions and implications: Preliminary results from this study show a slightly better performance of a reaching movement when an UL-related AW is presented, especially for one participant. The absence of significant grasping effects might reflect the higher cognitive demand required for planning and executing grasping movements. These preliminary results align with previous findings in healthy populations, which suggest a priming effect of AW processing on reaching movements. This highlights the potential of implementing rehabilitation programs that integrate language and actions for PWA. The objective for future research should be to systematically test the effects of such rehabilitation programs and, conversely, evaluate the potential effect of using UL movements as primer of language production.

6 - Teleneurorehabilitation for post-stroke continuity of care: a multicentric pilot study

Luisa Cacciante¹

Sara Federico¹, Lorenza Maistrello¹, Pawel Kiper¹, Roberto De Icco^{2, 3}, Tommaso Milanesi³, Cristina Tassorelli^{2, 3}, Roberto Gatti^{4, 5}, Johanna Jonsdottir⁶, Marco Franceschini⁷, Michela Goffredo^{7, 8}, Rocco Salvatore Calabrò⁹, Andrea Turolla^{10, 11}

¹ Laboratory of Healthcare Innovation Technology, IRCCS San Camillo Hospital, Venice, Italy

² Department of Brain and Behavioral Science, University of Pavia, Pavia, Italy

³ Movement Analysis Research Unit, IRCCS Mondino Foundation, Pavia, Italy

⁴ Humanitas Clinical and Research Center, IRCCS, Rozzano, Milan, Italy

⁵ Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, Milan, Italy

⁶ IRCCS Fondazione Don Carlo Gnocchi, Milan, Italy

⁷ Department of Neurological and Rehabilitation Sciences, IRCCS San Raffaele Roma, Rome, Italy

⁸ Department of Human Sciences and Promotion of the Quality of Life, San Raffaele University, Rome, Italy

⁹ IRCCS Centro Neurolesi "Bonino Pulejo", Messina, Italy

¹⁰ Department of Biomedical and Neuromotor Sciences – DIBINEM, Alma Mater Studiorum Università di Bologna, Bologna, Italy

¹¹ Unit of Occupational Medicine, IRCCS Azienda Ospedaliero-Universitaria di Bologna, Bologna, Italy

Background and aims: Much research has been conducted to demonstrate the non-inferiority of telerehabilitation (TR) to conventional in-person treatments. However, one of the major advantages of TR is the possibility for patients to have treatment at home, increasing perceived quality of life (QoL) levels, which can also positively affect patients' performance. With this work, we wanted to evaluate the feasibility of an integrated multi-domain TR system in stroke patients, together with observing whether there are changes in QoL levels and whether there is an improvement in language performance of patients with aphasia who received TR treatment.

Methods: This work is part of a multicentric, longitudinal pilot study. Patients were enrolled and then assessed when discharged from hospital's ward and at the end of 20 sessions of TR. Feasibility of the integrated TR system was assessed by calculating treatment adherence and by collecting data from the Technology Acceptance Model (TAM) and the System Usability Scale (SUS). Language functions were assessed with the Aachen Aphasie Test (AAT). Information on time and travel distance savings were also collected. We evaluated changes in QoL with the Euro-Qol 5-dimensions (EQ-5D) and the Short Form-36 (SF-36), and in caregiver burden through the Zarit Burden Inventory.

Results: We enrolled 84 patients, 16 of them had aphasia. Our system was feasible (treatment adherence= 85%), usable (SUS= 73.36/100, classifying it as a "good" system), and well-accepted by patients. QoL levels and linguistic functions improved significantly (EQ-5D: p = 0.0014; SF-36 general health: p = 0.047; AAT: p = 0.034). Caregivers perceived little or no significant care burden. **Conclusions and implications:** TR treatment is feasible, usable, and well accepted by patients, even with comorbidities and cognitive deficits. The use of well-designed and tailored TR systems can allow continuity of treatment and accessibility to rehabilitation treatments, while saving time and increasing perceived-QoL levels, which in turn could impact on person functioning.

7 - Developing a telehealth assessment toolkit for speech and language therapists using the COM-B and TDF behaviour change models

Amanda Comer¹

Nicholas Behn¹, Sarah Northcott¹, Abi Roper¹, Niamh Devane¹, Jaycie Bohan¹, Katerina Hilari¹ ¹ City St George's, University of London

Background and aims: A survey of UK speech and language therapists (SLTs) suggests increased telehealth use since the COVID-19 pandemic, however few outcome measures have been tested for telehealth administration and little is known about how best to facilitate this process. The COM-B and Theoretical Domains Framework (TDF) provide a structured approach to identifying barriers and facilitators to behaviour. This study aimed to investigate barriers and facilitators to SLTs delivering telehealth assessment, explore which intervention functions are salient in the design of a telehealth assessment toolkit and identify techniques and relevant resources to facilitate behaviour change in SLTs.

Methods: Qualitative data exploring the views and experiences of people with aphasia and SLTs in the UK, including PPI, interviews, focus groups and ethnographic observations of telehealth assessment, were synthesised using a meta-ethnography approach. Iterative themes (n=26) were identified for barriers and facilitators of telehealth assessment. These themes were deductively mapped to 14 domains of the TDF, with intervention functions and related behaviour change techniques identified.

Guidelines for authors say "Use only standard abbreviations. Place special or unusual abbreviations in parentheses after the full word the first time it appears." So I don't think we need to spell this out, saving us words.

Results: Physical opportunity and cognitive capability facilitated telehealth assessment, with reduced motivation described as a barrier. Themes were mapped to 12 TDF domains, with five intervention functions (education, training, persuasion, modeling and enablement) identified as main functions to target. Eleven behaviour change techniques will directly influence the design of the prototype toolkit.

Conclusions and implications: Using the TDF COM-B models of behaviour change is suggested as a systematic and feasible method for designing a stakeholder informed telehealth assessment toolkit. It is suggested that there is a need to go beyond instruction to facilitate behaviour change.

8 - User acceptability of a telerehabilitation delivered Intensive Comprehensive Aphasia Program: TeleCHAT

Annie Hill^{1, 2, 3}

Jade Dignam^{1, 2}, Clare Burns^{2, 4}, Genevieve Vuong^{1, 2}, Hannah Wedley^{1, 2}, Natalie Hickey^{1, 2}, Jaycie Bohan^{1, 2}, Helen Wallace^{1, 2}, Rachel Levine^{1, 2}, David Copland^{1, 2}

¹ 1 Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia

² 2 Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Queensland, Australia

³ 3 Centre of Research Excellence in Aphasia Rehabilitation and Recovery, School of Allied Health, Human Services and Sport, La Trobe University, Victoria, Australia

⁴ 4 Royal Brisbane and Women's Hospital, Metro North Health Service, Brisbane, Australia.

Background and aims: Access to intensive comprehensive aphasia programs is challenging for many people with aphasia due to inequitable geographical distribution of services, leading to travel and financial burdens. TeleCHAT is the telerehabilitation delivery of the Comprehensive High-dose Aphasia Therapy (CHAT) program. CHAT is a modified intensive comprehensive aphasia program (ICAP) that is evidence-based, person-centred and goal driven. This study aimed to explore the acceptability of TeleCHAT from the perspective of the participants with aphasia.

Methods: A prospective, non-randomised, feasibility study was conducted with 24 people with aphasia (16 M, 8F; mean age 61.9 years, SD = 15.2; mean time post onset 27.46 months, SD = 36.8). Participants with aphasia engaged in a total 50 hours of tailored and comprehensive therapy across 8 weeks, delivered via Zoom[©] Enterprise into their home. Acceptability data was collected through semi-structured interviews and 5-point Likert-scales (1-5). The interviewer made field notes during the interviews. Quantitative data were analysed descriptively, and qualitative data were analysed using a Framework Analysis approach.

Results: All 24 participants with aphasia completed the TeleCHAT program and were interviewed about their views. One transcript was lost, so field notes were used for this participant. Quantitative data revealed that all participants would do TeleCHAT again (mean 4.92; range 4-5) and would recommend it to others (mean 4.92, range 4-5). Qualitative analysis revealed seven key themes: 1) A beneficial and positive experience; 2) Building communication confidence; 3) Structure and content; 4) Convenience and comfort of telerehabilitation; 5) Challenging and motivating; 6) Meeting the needs of individuals; 7) More TeleCHAT is needed.

Conclusions and implications: TeleCHAT was highly acceptable to the participants with aphasia with all expressing a desire to 'do' TeleCHAT again. Participants considered themselves the 'lucky few' and called for TeleCHAT to be more widely available to others with aphasia.

9 - Can people with aphasia and speech pathologists use a telerehabilitation system to complete TeleCHAT, a Comprehensive High-dose Aphasia Treatment?

Genevieve Vuong^{1, 2, 3, 4, 5}

Clare L. Burns^{2, 4, 6}, Jade Dignam^{1, 2, 3, 4}, David Copland^{1, 2, 3, 4}, Hannah Wedley^{1, 4}, Annie J. Hill^{1, 3, 4} ¹ Queensland Aphasia Research Centre, The University of Queensland, Australia ² School of Health and Rehabilitation Sciences, Faculty of Health and Behavioural Sciences, The University of Queensland, Australia

³ Centre for Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University, Melbourne, Australia

⁴ Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Queensland, Australia

⁵ Faculty of Health, Southern Cross University, Bilinga, Queensland, Australia

⁶ Speech Pathology and Audiology Department, Royal Brisbane and Women's Hospital, Metro North Health, Queensland, Australia

Background and aims: Usability studies are crucial in designing and implementing effective telerehabilitation systems for users with complex needs, such as aphasia. This usability study aimed to evaluate the effectiveness, efficiency and user satisfaction of a telerehabilitation configuration used by people with aphasia (PWAs) and speech pathologists (SLPs) to complete Comprehensive High-dose Aphasia Treatment via Telerehabilitation (TeleCHAT).

Methods: Two SLPs and three consecutive cohorts of four PWAs (n=12) used a configured telerehabilitation system incorporating the videoconferencing platform Zoom[©]. Clinical aphasia assessment, treatment and technology planning for PWAs, and telerehabilitation training for SLPs and PWAs occurred pre-intervention. TeleCHAT intervention consisted of 50 hours of individual and group therapy delivered across eight weeks. Effectiveness and efficiency outcomes (therapy task completion, accurate system use, issue resolution) were collected in session data (clinical notes and issue registration). User satisfaction was collected on a 5-point Likert scale survey.

Results: The configured telerehabilitation system supported the successful delivery of 99.2% of sessions to completion. Technical and user issues were minimal, lasting ~3% of the total session length. Most issues were resolved in-session by or with the help of SLPs. Usability enhancements informed by session data and user suggestions were incorporated into subsequent TeleCHAT cohorts. Both user groups were highly satisfied with the telerehabilitation system (PWAs (n=9) M 4.66, range 3-5, SD 0.71; SLPs (n=6 ratings), M 4.66, range 4-5, SD 0.47).

Conclusions and implications: SLPs and PWAs, two user populations with diverse needs, could effectively, efficiently and satisfactorily use the telerehabilitation system to engage in TeleCHAT. The results highlight that high usability depends on both the initial human-centred design of the system and the optimisation of its use through thoughtful preparation, planning of, and ongoing provision of individualised support. Optimisation of telerehabilitation systems is essential for ensuring the accessibility and usability of telerehabilitation for PWAs.

10 - Telerehabilitation with Verb Network Strengthening Treatment in individuals with aphasia: a randomized controlled trial

Charlotte Johansson-Malmeling^{1, 2}

Joana Kristensson^{1, 3}, Hanna Forslund^{1, 4}, Julia Lundgren^{1, 5}, Malin Torinsson^{1, 6}, Francesca Longoni¹ ¹ Speech and Language Pathology Unit, Department of Health and Rehabilitation at the Institute of Neuroscience and Physiology, Sahlgrenska Academy at the University of Gothenburg, Gothenburg, Sweden

² Region Västra Götaland, Department of Otorhinolaryngology, Sahlgrenska University Hospital, Gothenburg, Sweden

³ Region Västra Götaland, Department of Neurology, Sahlgrenska University Hospital, Gothenburg, Sweden

⁴ Department of Neurology and Rehabilitation Medicine, Region Västra Götaland, Södra Älvsborg Hospital, Borås, Sweden

⁵ Speech and Language Pathology Unit, Skaraborg Hospital, Region Västra Götaland, Sweden

⁶ Region Västra Götaland, Department of Geriatrics, Neurology and Rehabilitation, Alingsås Hospital, Alingsås, Sweden

Background and aims: Verb Network Strengthening Treatment (VNeST) is a treatment targeting word-finding and sentence production in people with post-stroke aphasia. Single-case studies showed training and generalization effects. However, controlled group studies are lacking. Further, there is an increasing need for evidence of intervention effects when therapy is provided via telerehabilitation. The study aimed to evaluate, through a randomized controlled trial, treatment effects of VNeST delivered via telerehabilitation.

Methods: Ten adults with different types and degrees of post-stroke aphasia were included. Five participants were randomly assigned to the therapy group. Individual treatment via telerehabilitation was offered twice a week for 10 weeks. Assessments were carried out before, after treatment, and at 4-weeks- follow-up with different tasks including sentence production with trained and untrained but semantically related verbs, picture naming (nouns and verbs), and a control task (nonword repetition). Individuals' self-perceived health related quality of life and self-perceived functional communication were evaluated with questionnaires. Scoring was performed by speech and language pathologists blind to the condition (pre-/post-treatment) and group (therapy/control group). **Results:** Control and therapy group did not differ in any language measure before intervention. After intervention, there was a significant difference between the groups on sentence production with trained verbs.

The therapy group showed a significant improvement in sentence production with trained verbs after therapy. At follow-up, results for sentence production with trained verbs were still significantly higher than before therapy. No generalization was achieved for any other measure. Performance in the control task remained stable. Self-perceived health related quality of life and self-perceived functional communication remained unchanged.

Conclusions and implications: This randomized controlled trial shows that VNeST delivered online, via telerehabilitation, can give treatments effects and improve sentence production with trained verbs. However, further studies with larger groups are needed to explore generalization effects.

11 - Telerehabilitation with Verb Network Strengthening Treatment (VNeST) in two participants with aphasia: A single-case experimental design study

Malin Torinsson^{1, 2}

Charlotta Saldert^{1, 3}, Signe Rödseth Smith^{1, 4}, Joana Kristensson^{1, 3}, Francesca Longoni¹ ¹ Speech and Language Pathology Unit, Department of Health and Rehabilitation at the Institute of Neuroscience and Physiology, Sahlgrenska Academy at the University of Gothenburg, Gothenburg, Sweden

² Region Västra Götaland, Department of Geriatrics, Neurology and Rehabilitation, Alingsås Hospital, Alingsås, Sweden

³ Region Västra Götaland, Department of Neurology, Sahlgrenska University Hospital, Gothenburg, Sweden

⁴ Region Västra Götaland, Department of Otorhinolaryngology, Sahlgrenska University Hospital, Gothenburg, Sweden

Background and aims: In aphasia rehabilitation, a generalisation of treatment gains is highly desirable. Verb Network Strengthening Treatment (VNeST) is a semantic aphasia treatment that seeks to improve word finding and sentence production using the priming effect between verbs (e.g. *dig*) and their related content words (e.g. *gardener*, *ditch*). Previous studies have reported promising results of VNeST on trained and untrained verbs in several participants. This study aims to investigate the effects of VNeST through telerehabilitation on word retrieval and sentence production with trained and untrained but semantically related verbs, as well as a possible generalisation to confrontation naming, connected speech, and self-perceived communication. **Methods:** In this single-case experimental design study with multiple baselines, one participant with mild-to-moderate Broca's aphasia and one participant with moderate-to-severe Wernicke's aphasia were treated with VNeST through telerehabilitation. Treatment effects on word retrieval and sentence production were elicited through video-clips and analysed using Percentage non-overlapping data, Baseline Corrected Tau and effect size (d-index). Treatment effects on confrontation naming of nouns and verbs, connected speech and questionnaires were analysed using descriptive statistics.

Results: Results indicate improvements in word finding of both trained and untrained semantically related verbs for the participant with moderate-to-severe Wernicke's aphasia. She also improved in verb confrontation naming. The participant with mild-to-moderate Broca's aphasia withdrew after half of the planned dosage as he did not find VNeST suitable for his needs. He did not improve in word retrieval or sentence production.

Conclusions and implications: VNeST may successfully contribute to treatment effects in people with aphasia. The study adds to the existing reports of the use of VNeST in relation to different aphasia types and severities, as well as the use of VNeST through telerehabilitation.

12 - Online aphasia groups for people with aphasia – from a temporary Covid-19 initiative to a sustainable community

Maria Nysom Kjærgaard^{1, 2}

Sara Louise Larsen^{1, 3}, Sofie Fjord Lauridsen^{1, 3}, Birgitte Forchhammer⁴, Anne Hertz⁴, Julie Dalgaard Guldager^{5, 6}, Jytte Isaksen^{1, 7}

¹ Department of Culture and Language, University of Southern Denmark, Odense, Denmark

² Center for Communication and Welfare Technology; Region of Southern Denmark, Odense, Denmark

³ Institut for Kommunikation og Handicap, Region Midtjylland, Aarhus, Denmark

⁴ Danish Stroke Association, Høje Taastrup, Denmark

⁵ University College South, Esbjerg, Denmark

⁶ Department of Public Health, University of Southern Denmark, Esbjerg, Denmark

⁷ Neurorehabilitation Research and Knowledge Centre, Rigshospitalet, Glostrup, Denmark

Background and aims: During the Covid-19 pandemic an online aphasia community was made fighting isolation and loneliness that people with aphasia often experience and that became more evident during the pandemic. For post pandemic continuation, further development was needed to form a community that could continue to exist. Therefor this study aimed at 1) developing a model for a sustainable online aphasia community; and 2) evaluation of the members' satisfaction, quality of life, and aphasia impact after participation in the online community.

Methods: The RE-AIM framework with its five key outcomes (Reach, Effectiveness, Adoption, Implementation, Maintenance) was used to guide and evaluate the development process and member evaluation. 28 members was tested with before and after 6-8 months of participation with The Stroke and aphasia quality of life scale (SAQOL-39gDK) and Aphasia Impact Questionnaire (AIQ) was used as measures. Furthermore, seven members have been interviewed about their experience of and satisfaction with the online community.

Results: The aphasia online community are organised in different group with variable content and frequency and are either run by people with aphasia themselves or by volunteers (speech-language therapists or students). Welcoming new members and placing them in the right groups are done by a coordinator (paid student assistant) under the supervision of an experienced speech-language therapist. SAQOL-39gDK and AIQ did not show significant changes in the members' quality of life, and aphasia impact, However, the qualitative evaluation showed great satisfaction with the online community where the members felt at home in a meaningful fellowship and enjoyed time with other people with aphasia and volunteers.

Conclusions and implications: A sustainable model for delivering online aphasia groups on zoom includes volunteers, student coordinator and supervisor and hence continuous funding. The online aphasia community is meaningful and valuable for people with aphasia.

13 - Mapping usual care aphasia rehabilitation against Best Practice Statements: Evidence from the Measuring and Monitoring Aphasia Services project

Sam Harvey^{1, 2, 3}

Kirstine Shrubsole^{1, 2, 3}, Marissa Stone^{1, 2, 3, 4}, Sally Zingelman^{1, 2, 3}, Muideen Olaiya⁵, Monique Kilkenny^{3, 5, 6}, Dominique Cadilhac^{3, 6, 7}, David Copland^{1, 2, 3}, Erin Godecke^{3, 8, 9}, Deborah Hersh^{10, 11}, Annie Hill^{1, 3, 12}, Joosup Kim^{6, 7}, Robyn O'Halloran^{3, 12}, Carolyn Unsworth^{13, 14, 15, 16}, Sarah Wallace^{1, 2, 3}

¹ Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia

² Surgical Treatment and Rehabilitation Services (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Brisbane, Australia

³ NHMRC Centre for Research Excellence in Aphasia Recovery and Rehabilitation

⁴ St Vincent's Hospital Melbourne, Victoria, Australia

⁵ Department of Medicine, School of Clinical Sciences at Monash Health, Monash University, Victoria, Australia

⁶ Stroke theme, the Florey Institute of Neuroscience and Mental Health, University of Melbourne, Victoria, Australia

⁷ Stroke and Ageing Research, Department of Medicine, School of Clinical Sciences at Monash Health, Monash University, Victoria, Australia

⁸ Perron Institute for Neurological and Translational Science, Western Australia, Australia

⁹ School of Medical and Health Sciences, Edith Cowan University and Sir Charles Gairdner Hospital, Western Australia, Australia

¹⁰ Australian Aphasia Association, Queensland, Australia

¹¹ Curtin School of Allied Health and EnAble Institute, Curtin University, Western Australia, Australia

¹² School of Allied Health, Human Services and Sport, La Trobe University, Victoria, Australia

¹³ Institute of Health and Wellbeing, Federation University

¹⁴ Department of Neurosciences, Monash University, Australia

¹⁵ Jönköping University, Sweden

¹⁶ James Cook University, Australia

Background and aims: The Australian Aphasia Rehabilitation Best Practice Statements (BPSs) include 23 treatment recommendations, of which 20 relate to acute and subacute care.¹ As part of the *Measuring and Monitoring Aphasia Services* multicentre observational pilot study, ² we sought to describe acute and subacute usual care aphasia treatment and compare this to BPSs to identify any gaps in treatment provision and data collection methods.

Methods: Analysis of clinician-reported treatment data collected at five health services from February-December 2024. For each usual care treatment session, clinicians recorded the date, duration, setting (e.g., acute hospital), type (e.g., impairment focused), approach (e.g., semantic therapy), target (e.g., spoken discourse), and delivery mode (e.g., group, telehealth). Data were summarised using descriptive statistics and mapped to treatment-related BPSs. Data were not collected for three BPSs relevant to recovery beyond three months post onset. Data collection and analyses are ongoing.

Results: Fifty-four participants contributed data to preliminary analyses. All participants received usual care aphasia treatment within the first month of stroke recovery (Table 1). Treatment was provided by speech pathologists, speech pathology students, and allied health assistants in acute and

subacute settings. Participants received, on average, 20 treatment sessions (IQR 7-29; maximum 114) over four weeks (IQR 2-8; maximum 24). Treatment addressed language impairment (96% of participants), communication activity and participation (89%), environmental factors (50%), and personal factors (50%). Treatment targeted spoken language (96%), auditory comprehension (72%), reading (74%), and writing (70%). Patient and service factors precluded treatment at times (e.g., medical instability, reduced staffing). Analyses of data relevant to seven BPSs are ongoing. **Conclusions and implications:** Preliminary analysis of clinician-reported data indicates that at least 13 of 20 acute and subacute care BPSs were addressed in usual care aphasia rehabilitation by health services participating in the *Measuring and Monitoring Aphasia Services* project. These findings could inform quality improvement initiatives to enhance aphasia care.

Best Practice Statement (BPS) MEASuRES m Treatment provided Within first month of strol atment pro alysis ongoing 100% se tre nic phase treatment national Classification of Functioning 5.5 Internation nt typ 96% 89% 50% 50% /sis ong ed elsev eeds of significant others provision ce & self-management nquage (word or sentence level) 289 729 74% ind Augm ntative Con 16 Group tr 17 Telereha 63% Telerenabilitation Use of trained volu Psychological treat Psychological treat 5.21 Enhancing social identity 5.22 Community Aphasia Groups 5.23 Communities and the training Notes. Proportions calculated based on pre-treatment at time of date extraction. Data o treatment-related variables, the MEASURE indicator, and outcome measurement varia Evaluation of Aphasia SeRviceS. See BPS 5.5 Beyond so Quality india sis of n=54 p Reported else ing Quality indicator Reported ad on preliminary analysis of n=54 participants who had n. Data collection and analyses ongoing. In addition to EASURES minimum dataset includes sociodemographic ent variables that are not reported here. MEASURES Me

Table 1 – Treatment-related Best Practice Statements, MEASuRES minimum dataset variables and performance metrics

14 - Language and cognitive communication assessment in a changing world – future directions and possibilities for the "Assess for Success" study.

Deborah Hersh¹

Brooke Ryan¹, Emma Power², Britta Biedermann¹, Suzanne Beeke³

¹ Curtin School of Allied Health, and the EnAble Institute, Curtin University, Australia

² Speech Pathology, Graduate School of Health, Faculty of Health University of Technology, Sydney, Australia

³ UCL Division of Psychology and Language Sciences, London, United Kingdom

Background and aims: Assessment is a key aspect of working with people with acquired brain injury (ABI). While we know about the language and cognitive assessment approaches and tools that therapists use, we know less about how clients feel about their assessment sessions or what they learn from them. Clients have reported assessments as confusing, and the subsequent revelation of deficit can be emotionally difficult and disengaging. This presentation introduces a new large Australian NHMRC-funded four-year interdisciplinary study (speech pathology, occupational therapy and neuropsychology) exploring how to improve assessment and feedback practices: *Assess for Success*.

Methods: We will use Experience Based Co-Design, behaviour change theory, self-efficacy theory, and empirical research from adult education on *assessment for learning* and *feedback literacy*, applied to a rehabilitation context. We will gather stakeholder experiences through 144 interviews and 48 observations of assessment interactions (analysed using Conversation Analysis). We will use stakeholder workshops and nominal group technique to prioritise the ingredients of a training program on communication and feedback around assessment. We will test the acceptability, feasibility and preliminary efficacy of *Assess for Success*, as well as run a cost-analysis of time spent in assessment and develop a model to predict the value of improved engagement.

Results: Through this study, we aim to establish the capabilities, opportunities and motivations for behaviour change around delivery, receipt and use of assessment feedback in the context of ABI. The co-designed Assess for Success training will be useful across disciplines.

Conclusions and implications: This study radically challenges traditional thinking about assessment as a data gathering exercise by exploring assessment practice and feedback to enable greater focus on assessment for learning. By engaging clients more effectively, this approach represents value for money, better outcomes, and more efficient, effective and satisfying use of the time spent in assessment through the recovery journey after ABI.

15 - Global collaborations in aphasia care need a common language: Secondary analysis of organizational and system-level barriers to best practices uptake

Marie-Christine Hallé^{1, 2}

Natalie F. Douglas^{2, 3}, Robyn Gibson^{2, 4}, Megan E Schliep^{2, 5}, Kirstine Shrubsole^{2, 6}, Carla Tierney-Hendricks^{2, 5}

¹ Université du Québec à Trois-Rivières, Department of Speech-Language Pathology, Canada ² Collaboration of Aphasia Trialists (CATs), Implementation Science in Aphasia Working Group, International

³ University of Louisiana at Lafayette, Department of Communicative Disorders, United States

⁴ Te Whatu Ora Waitematā, New Zealand

⁵ MGH Institute of Health Professions, Communication Sciences & Disorders, United States

⁶ The University of Queensland, School of Health and Rehabilitation Sciences, Australia

Background and aims: The growing literature in implementation science (IS) and aphasia aims to bridge research-practice gaps and highlight barriers to the uptake of best practices. These barriers span different levels (e.g., individuals, the practice itself, context of implementation). However, implementation strategies often focus more on changing individual-level characteristics (e.g., knowledge of healthcare providers) and less on those related to the healthcare organizations (e.g., leadership support) and systems (e.g., policies). A better understanding of organizational and system-level challenges similar among aphasia implementation initiatives is key to support global collaboration in designing interventions to overcome such broader barriers. This proposal aims to: 1) Identify organizational and system-level factors impacting effective and sustainable implementation of best practices in aphasia care; and 2) Synthesize identified factors using a common language from IS frameworks.

Methods: We conducted a secondary analysis of the most recent and comprehensive scoping review of IS research in communication sciences and disorders (Douglas et al., 2022). Publications related to aphasia rehabilitation were included. For each article, two independent coders extracted general information on the study (e.g., target behaviors) as well as specific data related to organizational and system-level factors, and mapped factors to the constructs of the Consolidated Framework for Implementation Research (CFIR). Discrepancies were resolved by discussion during team debriefings.

Results: A total of 17 articles were included, targeting behaviors such as the use of outcome measurement or communication partner training. Full analysis will be completed, and a synthesis of barriers will be presented. Preliminary results suggest that there were more examples of factors related to the inner setting (e.g., work infrastructure, available space) than to the outer setting (e.g., policy limitations).

Conclusions and implications: This synthesis of organizational and system-level factors using a common language rooted in IS frameworks provides a critical foundation for global collaborations to accelerate the international uptake of best practices in aphasia.

16 - Does a Champion-led implementation toolkit have the potential to improve aphasia guideline adherence? Results from a pilot feasibility study.

Kirstine Shrubsole^{1, 2}

Charmaine Briffa³, Joanna Nestor³, Rachel Levine^{1, 2}, Elizabeth Lynch⁴, John Pierce⁵, Bridget Burton^{1, 2}, Megan Trebilcock⁶, Sarah Wallace^{1, 2}, Emma Power⁷

¹ Queensland Aphasia Research Centre, The University of Queensland, Brisbane, Australia

² STARS Education and Research Alliance, Metro North Hospital and Health Service, Brisbane, Australia

³ Speech Pathology Department, Eastern Health, Melbourne, Australia

⁴ College of Nursing and Health Sciences, Flinders University, Adelaide, Australia

⁵ Centre for Research Excellence in Aphasia Recovery and Rehabilitation, LaTrobe University, Melbourne, Australia

⁶ Australian Catholic University, School of Allied Health, Sydney, Australia

⁷ University of Technology Sydney, Faculty of Health, Sydney, Australia

Background and aims: Targeted implementation efforts are needed to reduce evidence-practice gaps in post-stroke aphasia services. Although guidelines recommend that speech pathologists should provide information to people with aphasia in 'aphasia-friendly' formats, there are challenges in doing so; this unmet need has been identified as a key priority for people with lived experience of aphasia. An implementation toolkit incorporating evidence-based implementation tools, led by trained Change Champions, is one potential solution. We aimed to develop and evaluate the feasibility, acceptability and potential effectiveness of a prototype toolkit to improve speech pathologists' practice.

Methods: *Design*: Mixed methods, pre-post, feasibility study with one Australian public health service; 12 speech pathologists participated. *Intervention*: Two Change Champions completed training then selected tools to support provision of written aphasia-friendly information for a 3-month implementation period. *Outcome measures:* (i) pre-post medical record audits, (ii) pre-post behavioural-determinants surveys, and (iii) post-study clinician focus groups. *Analysis:* Descriptive statistics and non-parametric (Fisher's exact) tests for quantitative data and content analysis for qualitative data; data were integrated using a convergent interactive mixed methods approach. **Results:** Clinicians perceived the toolkit to be feasible and acceptable, and highlighted the benefit of Change Champions and accessible resources in facilitating change. Provision of written aphasia-friendly information increased by 60% post-implementation (p = 0.005) and the majority (12/14) of the targeted barriers improved, suggesting the toolkit had the potential to improve practice. Clinicians emphasised that ongoing support was required to sustain implementation.

Conclusions and implications: The Champion-led implementation toolkit prototype was feasible and acceptable, and improved guideline-recommended aphasia care. This pilot project is the first step of developing a theory-informed and tailorable Aphasia Implementation Toolkit to improve aphasia services. This will contribute to global efforts to sustainably advance aphasia rehabilitation services and outcomes for people with aphasia.

17 - Measuring care and outcomes in post-stroke aphasia services: A multicentre pilot study to implement a co-developed minimum dataset

Marissa Stone^{1, 2, 3, 4}

Sam Harvey^{1, 2, 3}, Sally Zingelman^{1, 2, 3}, Monique F. Kilkenny^{3, 5}, Catherine Burns⁵, David A. Copland^{1, 2, 3}, Kirstine Shrubsole^{1, 2, 3, 6}, Muideen Olaiya⁵, Deborah Hersh^{7, 8, 9}, Annie Hill^{1, 2, 3, 10}, Erin Godecke^{3, 11, 12}, Carolyn Unsworth¹³, Robyn O'Halloran^{3, 4, 10}, Sarah J. Wallace^{1, 2, 3}

¹ Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The University of Queensland, Queensland, Australia

² Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Queensland, Australia.

³ Centre of Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University, Victoria, Australia

⁴ St Vincent's Hospital Melbourne, Victoria, Australia

⁵ Stroke and Ageing Research, Department of Medicine, School of Clinical Sciences at Monash Health, Monash University, Victoria, Australia

⁶ Faculty of Health, Southern Cross University, Queensland, Australia

⁷ School of Medical and Health Sciences, Edith Cowan University, Western Australia, Australia

⁸ Australian Aphasia Association, Queensland, Australia

⁹ Curtin School of Allied Health, Curtin University, Western Australia, Australia

¹⁰ School of Allied Health, Human Services and Sport, La Trobe University, Western Australia, Australia

¹¹ Perron Institute of Neurological and Translational Science, Western Australia, Australia

¹² School of Medical and Health Sciences, Edith Cowan University and Sir Charles Gairdner

Hospital, Western Australia, Australia

¹³ Institute of Health and Wellbeing, Federation University, Victoria, Australia

Background and aims: Health service monitoring is essential to delivering high-quality healthcare. The MEASuRES (Meaningful Evaluation of Aphasia SeRvicES) minimum dataset was codeveloped to provide a consistent and comprehensive approach to measuring the quality of aphasia care and outcomes. This study aimed to pilot the MEASuRES minimum dataset in clinical settings to describe participant sociodemographics, quality of care, and outcomes.

Methods: Multicentre, prospective, observational pilot study conducted in hospital settings nationally within five metropolitan health services. Eligible participants were patients with new onset of aphasia caused by a new stroke. The MEASuRES variables (Figure 1) were collected by treating speech pathologists using a purpose-built REDCap database. Descriptive statistics were used to summarise participant sociodemographics, adherence to quality of care indicators, and aphasia outcomes.

Results: To date, data collection has been completed for 45 of 66 recruited participants (58% male; median age 72; 97% English speaking). On average, participants received 7/10 patient-specific quality of care indicators (IQR 6-8). The quality indicators achieved most frequently were: completion of a screener/assessment to determine presence of aphasia (93%) and provision of aphasia therapy (98%). Communication partner training was provided to 54% of primary communication partners. Participants were more likely to have outcome measures completed at baseline than post-therapy for language (75% vs 41%), communication (50% vs 25%), emotional wellbeing (57% vs 39%) and quality of life (57% vs 34%), with improvements in raw scores observed across all domains. Full results will be presented.

Conclusions and implications: Preliminary data provides insight into hospital-based aphasia care which can be compared with quality standards for post-stroke aphasia services. The completion rates of outcome measures highlight challenges in collecting outcome data in clinical settings. These findings are an important step to informing quality improvement initiatives and improving routine monitoring of outcomes to support high-value aphasia care.



Figure 1. MEASuRES (Meaningful Evaluation of Aphasia SeRvicES) m dataset variable:

18 - Comparing healthcare quality and outcomes for people with and without aphasia within rehabilitation services: findings from a national audit study

Marissa Stone^{1, 2, 3}

Sarah J. Wallace^{1, 2, 3}, David A. Copland^{1, 2, 3}, Catherine Burns⁴, Dominique A. Cadilhac^{3, 4, 5}, Tara Purvis⁴, Kelvin Hill^{3, 6}, Monique F. Kilkenny^{3, 4, 5}

¹ Queensland Aphasia Research Centre, School of Health and Rehabilitation Sciences, The University of Queensland, Australia

² Surgical, Treatment and Rehabilitation Service Education and Research Alliance, The University of Queensland and Metro North Hospital and Health Service, Queensland, Australia

³ Centre for Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University, Victoria, Australia

⁴ Stroke and Ageing Research, Department of Medicine, School of Clinical Sciences at Monash Health, Monash University, Victoria, Australia

⁵ Stroke Division, The Florey Institute of Neuroscience and Mental Health, Victoria, Australia
 ⁶ Stroke Foundation, Melbourne, Victoria, Australia

Background and aims: The United Nations' Agenda for Sustainable Development aims to achieve universal access to quality healthcare services. However, little is known about whether the presence of aphasia influences the quality of stroke care. We aimed to investigate whether there were differences in the quality of inpatient rehabilitation stroke care and outcomes for people with and without aphasia.

Methods: Observational, cross-sectional pooled data from the Stroke Foundation National Stroke Audit Rehabilitation Services from 2016, 2018 and 2020. Metropolitan, regional and rural services submit ~40 consecutive retrospective medical record audits. Descriptive statistics and multivariable logistic regression were undertaken to examine associations between aphasia status, clinical guideline-based processes of care (adjusted for service), and patient outcomes including complications, independence and discharge destination (adjusted for age, sex, stroke type, severity e.g. independence on admission, and service).

Results: Among 9,660 audited records, 3160 (32.7%) patients had aphasia (aphasia 56% male; median age 75; no aphasia 56% male; median age 76). When compared to patients without aphasia, patients with aphasia were more likely to have mood impairment (aphasia 54% versus 44%) and were less likely to be assessed by a psychologist (aphasia 40% versus 49%). Fewer patients with aphasia were involved in goal setting (aphasia 84% versus 88%) and development of care plans (aphasia 91% versus 96%). Patients with aphasia were less likely to be asked about returning to work (aphasia 67% versus 74%) or driving (aphasia 41% versus 45%). Patients with aphasia were less independent on discharge (aOR 0.80, 95% CI 0.71, 0.90) and fewer were discharged home (aOR 0.85 95% CI 0.77, 0.94).

Conclusions and implications: We found variations in the quality of rehabilitation care and outcomes for people with aphasia post-stroke, compared to those without. The findings highlight important areas for improvement to achieve universal high-quality inpatient stroke rehabilitation.

19 - Temporal Patterns of Stress in Aphasia: Evidence from Ecological Momentary Assessments

Courtney Jewell¹

Jessica Krok-Schoen¹, Stacy Harnish¹ ¹ The Ohio State University

Background and aims: People with aphasia (PWA) experience higher levels of stress in comparison to adults without aphasia. The degree of stress in PWA is suspected to be secondary to communication challenges inherent to living with aphasia on top of day-to-day stressors unrelated to communication. The longitudinal trajectory of stress has yet to be explored in PWA. Ecological momentary assessments (EMA), or repeated sampling of self-reported experiences, allow data collection within the participant's environment. EMA's can provide unique insights into the daily experiences of PWA. The present study explored the trajectory of stress during an EMA protocol. Methods: Twenty-five PWA were sent text messages to answer five prompts one time a day for ten consecutive days. Participants were asked to rate their general stress and stress perceived during communication events. Data was analyzed using linear mixed-effects models, which handle missing data that can be innate to EMA protocols by appropriately modeling the variance in incomplete data. **Results:** There was a statistically significant decrease in general (estimate = -0.04579, SE = -0.01877, t = -2.44) and communicative stress (estimate = -0.04389, SE = 0.02067, t = -2.12) over time. The residual variance for communicative stress (0.7276) was higher than for general stress (0.677). See Figure 1. Post-hoc analyses were conducted to explore factors contributing to observed variance. Depression significantly predicted the variability in stress levels (Estimate = 0.09003, p = (0.003). Aphasia severity did not significantly predict the variability in stress levels (Estimate = -0.01767, p = 0.870).

Conclusions and implications: Perceived stress significantly decreases over time, with a higher degree of residual variability during communicative stress. Individual factors outside of aphasia severity, such as baseline depression levels, may account for individual variability in stress responses. Future research should explore the sources of individual variability in stress over time and explore how EMA protocols may shape perceptions of stress.



20 - Training Future Speech Therapists in Life Storytelling for Aphasia: An International Educational Initiative in Speech Therapy

Sabine Corsten¹

Bianca Spelter^{2, 3}, Rianne Brinkman^{4, 5, 6}, **Katie Strong**⁷

¹ Katholische Hochschule Mainz, Fachbereich Gesundheit und Pflege, Germany

² Rheinisch-Westfälische Technische Hochschule Aachen, Medizinische Fakultät, Klinik für

Psychiatrie, Psychotherapie und Psychosomatik, Germany

³ Hochschule für angewandte Wissenschaft und Kunst Hildesheim/Holzminden/Göttingen, Fakultät Ingenieurwissenschaften und Gesundheit, Gesundheitscampus Göttingen, Germany

⁴ Research Center Innovations in Care, Rotterdam University of applied sciences, Rotterdam, Netherlands

⁵ Care Ethics, University of Humanistic Studies, Utrecht, the Netherlands

⁶ Research Center Healthy Ageing and Allied Nursing, Hanze University of applied sciences, Groningen, Netherlands

⁷ Department of Communication Sciences and Disorders, Central Michigan University, Mount Pleasant, Michigan, United States of America

Background and aims: Life storytelling is crucial for meaning-making and identity formation (Ricoeur, 1992) and has been implemented in aphasia care (Corsten et al., 2015; Strong et al., 2018). Life storytelling not only targets language impairment but also can improve quality of life (Corsten et al., 2015) and psychological wellbeing (Ryan et al., 2020). However, speech therapists often feel unprepared for providing psychological support due to inadequate training (Northcott et al., 2018). We implemented a life storytelling training program for speech therapy students in the United States, Germany, and the Netherlands to address this gap.

Methods: Students from five speech therapy education programs (two German, two Dutch, and one US) participated in storytelling workshops based on the 'narraktiv' (Corsten et al., 2015) and 'My Story' (Strong et al., 2018) approaches. Training encompassed storytelling theory, active listening, and aphasia conversation support. Working in tandem with people with aphasia, German and Dutch students conducted up to 6 sessions, while US students completed up to 12 sessions. Each pair created symbolic life story products and joined instructor led- reflection sessions. Students' experiences were analysed through interviews or focus groups using photo elicitation, followed by thematic analysis.

Results: Participants included 18 German qualified speech therapists pursuing bachelor's degrees, 7 Dutch students at various educational stages, and 38 US master's level students. Students reported improved storytelling moderation skills and patient engagement. US participants particularly noted enhanced listening skills. While students experienced personal growth in creativity and self-reflection, some expressed concerns about emotional boundaries and desired additional guidelines and supervision.

Conclusions and implications: Life storytelling enables students to integrate counseling techniques into aphasia intervention in a person-centered manner. Results highlight storytelling's transformative potential in healthcare education while revealing tensions between technical and therapeutic roles. Future training should balance practical skills with professional mindset development and clear responsibilities.

21 - Training Future Speech Therapists in Life Storytelling for Aphasia: Impact on People with Aphasia

Rianne Brinkman^{1, 2, 3}

Bianca Spelter^{4, 5}, Sabine Corsten⁶

¹ Research Center Healthy Ageing and Allied Nursing, Hanze University of applied sciences, Groningen, Netherlands

² Care Ethics, University of Humanistic Studies, Utrecht, the Netherlands

³ Research Center Innovations in Care, Rotterdam University of applied sciences, Rotterdam, Netherlands

⁴ Rheinisch-Westfälische Technische Hochschule Aachen, Medizinische Fakultät, Klinik für Psychiatrie, Psychotherapie und Psychosomatik, Germany

⁵ Hochschule für angewandte Wissenschaft und Kunst Hildesheim/Holzminden/Göttingen, Fakultät Ingenieurwissenschaften und Gesundheit, Gesundheitscampus Göttingen, Germany
⁶ Katholische Hochschule Mainz, Fachbereich Gesundheit und Pflege, Germany

Background and aims: Storytelling is essential for identity formation (Ricoeur, 1992) and, when applied in aphasia therapy, can enhance quality of life (Corsten et al., 2015) and psychological wellbeing (Bronken et al., 2012) of people with aphasia. Nevertheless, speech therapists often report lacking the knowledge or skills to deliver psychological support because of insufficient training (Northcott et al., 2018). To address this gap, a storytelling training program for speech therapy students was implemented in the US, Germany, and the Netherlands. The training included storytelling theory, active listening, and supported conversation. In the Netherlands, additionally, creative methods such as collage, and life tree were used to elicit life stories (Brinkman, 2018). This abstract is part of a broader study on experiences of US, Dutch and German speech therapy students with the program and focuses on the results of the Dutch participants with aphasia.

Methods: Dutch students conducted six sessions with 10 people with varying degrees of aphasia severity, supporting them in creating a product representing their life story and preparing a final presentation. Experiences of the people with aphasia were explored through interviews, then analyzed thematically. The results will be illustrated by the products created by the participants.

Results: People with aphasia reported feelings of improved well-being and empowerment, as well as experiences of emotional support and understanding. They appreciated the opportunity to share their stories with students, who were unfamiliar with the impact of aphasia. Creative methods were used frequently and highly accepted.

Conclusions and implications: The study highlights the importance of integrating storytelling into speech therapy education. The program added value for people with aphasia, who perceived participation as meaningful and empowering. Also, they felt acknowledged and supported. Creative methods provided additional opportunities for self-expression and reflection, suggesting these could be considered a beneficial addition to existing storytelling programs in aphasia care.

22 - We would like to help, but we can't: When psychological needs of families with aphasia challenge the service provision

Sille Nielsen^{1, 2}

Madeline Cruice³, Charlotte Overgaard⁴, Jens Bak Sommer², Jytte Isaksen^{1, 5}

¹ Department of Culture and Language, University of Southern Denmark, Denmark

² Vejlefjord Rehabilitation, Denmark

³ Department of Language and Communication Science, City St George's University of London, United Kingdom

⁴ Department of Public Health, University of Southern Denmark, Denmark

⁵ Neurorehabilitation Research and Knowledge Centre, Rigshospitalet, Denmark

Background and aims: Background and aims

People with aphasia and their family members are at high risk of experiencing a variety of psychosocial consequences, including post-stroke depression. Despite previous research showing inconsistencies between the psychological needs of families with aphasia and the service provision, little is known about how Danish healthcare professionals and managers address mental health issues in these families or how this important area can be improved in the future. This study aims to explore how key Danish healthcare professionals and managers:

- support the mental health of families with aphasia
- collaborate in addressing the mental health of families with aphasia
- envision future services to improve the mental health support of families with aphasia

Methods: Methods

Twenty-three semi-structured qualitative interviews were conducted with speech and language therapists, neuropsychologists, and managers from regions, municipalities, and private practices. The interviews were analyzed using reflexive thematic analysis.

Results: Results

Almost none of the participants regularly offered mental health support to families. While 'special cases' may receive more attention, most speech and language therapists, neuropsychologists, and managers are not accustomed to collaborating on the mental health of families with aphasia, both in terms of assessment and treatment. There is a clear need for strengthened collaboration among healthcare professionals, spanning the regional, municipal, and private sectors throughout the entire care pathway. Several suggestions for future improvements were identified, including a widespread desire to establish a shared approach with colleagues to enhance support. **Conclusions and implications: Conclusions and implications**

Despite the identified need for increased psychological support, key healthcare professionals have limited experience in assessing or treating the mental health of families with aphasia. This knowledge will inform future processes of co-developing and feasibility testing a family-based intervention.

23 - Development of the CLOSA Intervention for Carers of People with Aphasia

Nelson J. Hernandez¹

Miranda Rose¹, John E. Pierce¹, Dana Wong¹

¹ Centre of Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University

Background and aims: Carers of people with aphasia face unique challenges, including a higher caregiving burden and more negative stroke-related outcomes compared to carers of stroke survivors without aphasia. Despite these challenges, there is a notable lack of targeted interventions specifically designed for this population. Additionally, clinicians often lack adequate resources to support carers effectively. The current healthcare model fails to recognise carers as clients, leading to significant barriers in securing funding and staffing for carer-specific programs.

To develop a self-guided, web-based intervention that empowers carers to independently identify and address caregiving challenges associated with post-stroke aphasia.

Methods: The Carers **LO**oking after themselves and **S**upporting **A**phasia (CLOSA) intervention was co-produced in collaboration with carers of people with aphasia through iterative meetings and feedback. Content development was informed by findings from systematic scoping reviews on carer interventions, carer needs, and challenges faced by carers of people with post-stroke aphasia. The intervention structure followed key theoretical frameworks, including instructional design principles from Fink's Taxonomy of Significant Learning. CLOSA also integrated insights from existing webbased and in-person post-stroke carer interventions.

Results: CLOSA consist of three e-learning modules: (1) Adjustment to Change, (2) Supporting Someone with Aphasia, and (3) Supporting Yourself. These interactive modules feature a variety of learner engagement strategies including pictures, diagrams, videos, and knowledge checks. The modules were designed to be completed in approximately 2 hours and are accessible on computers, tablets, and smartphones (See Figure 1).

Conclusions and implications: The web-based carer intervention represents a novel approach to addressing the complex needs of carers of people with aphasia. By leveraging co-production, educational design principles, and evidence-based porgrams, the intervention aimed to enhance carers' resilience, knowledge, and well-being. A pilot study is scheduled to commence in early 2025 at a health network in Australia.



24 - Computer Adaptive Anomia Test in Greek

Evangelia Antonia Efstratiadou

Athanasios Karasimos¹, Ilias Papathanasiou²

¹ Aristotle University of Thessaloniki, School of English, Thessaloniki, Greece

² University of Patras, Department of Speech and Language Therapy, Patra, Greece

Background and aims: Anomia, a hallmark of aphasia, significantly impairs communication and diminishes the quality of life for people with aphasia (PWA). Despite advances in treatment approaches, the development of sensitive and robust metrics to assess anomic deficits remains a significant challenge. This study aims to create a psychometric framework for assessing anomia severity and treatment efficacy in PWA using item response theory (IRT). The proposed metric will (i) address calls for increased value in healthcare delivery, (ii) provide precise estimates of overall anomia severity, (iii) support repeated assessments without compromising validity, and (iv) dynamically adapt to patient severity, thereby minimizing testing burden while maintaining precision.

Methods: The study is being conducted in Greece, recruiting PWA following left hemisphere strokes from public hospitals and rehabilitation centers. Data collection includes administering the Boston Naming Test, Boston Diagnostic Aphasia Examination, and Oral Confrontation Naming Task featuring 56 verbs and nouns, using the Snodgrass and Vanderwart (S&V) picture set adapted for Greek speakers. The study aims to recruit 70 participants by July 2025. Responses will be analyzed using a Bayesian 1-parameter logistic (1-PL) IRT model to calibrate item difficulty and refine the metric

Results: Data from 35 participants show promising response variability across noun and verb naming tasks, supporting the feasibility of an IRT-based approach. Preliminary findings indicate that the proposed framework can enhance the assessment of individual anomia severity by addressing a broader spectrum of lexical retrieval difficulties.

Conclusions and implications: These findings highlight the potential of a dynamic and psychometrically robust metric for anomia assessment. This tool is expected to improve clinical evaluations, support repeated and adaptive testing, and reduce patient burden while maintaining high precision. Continued data collection and refinement will further validate its utility and effectiveness.

25 - Naming objects and actions: A validation study

Emma Wahlstrand^{1, 2}

Charlotta Saldert^{1, 3}

¹ Speech and Language Pathology Unit, Department of Health and Rehabilitation at the Institute of Neuroscience and Physiology, Sahlgrenska Academy at the University of Gothenburg, Gothenburg, Sweden

² Region Västra Götaland, Skaraborg Hospital, Department of Speech and Language Pathology, Skövde, Sweden

³ Region Västra Götaland, Sahlgrenska University Hospital, Department of Neurology, Gothenburg, Sweden

Background and aims: Anomia refers to difficulties retrieving content words, such as nouns and verbs, and is a common symptom in aphasia. Picture naming tests are often used to evaluate anomia, but it is important that noun and verb naming instruments are valid and matched in difficulty. The aim of this study was to examine the validity of two naming tests, evaluating object and action naming.

Methods: A total of 19 people with aphasia following stroke and 19 matched controls were included in the study. The results on the two naming tests were compared to results on an internationally established picture naming instrument. Correlations with rated aphasia severity, age and educational level were also examined. Target nouns and verbs were compared on word frequency, length and phonological complexity.

Results: There was a significant difference in scores between participants with aphasia and controls on the action and object naming tests. There were ceiling effects in both tests. The results were highly correlated with results on the established test and with rated aphasia severity. In controls, the results on the action naming test correlated with age and educational level, but not the result on the object naming test. For the group with aphasia, there was no correlation between test results and age or educational level. There were no significant differences between the naming tests regarding word frequency, word length in syllables or phonological complexity.

Conclusions and implications: Both tests showed good validity, were comparable in difficulty and can be used to evaluate moderate-severe anomia following stroke. The tests are not sensitive enough to detect mild anomia. In line with previous studies, the results also suggest that somewhat lower scores may be expected in healthy, elderly people with few years of schooling. The reliability of the tests needs further investigation.

26 - An Examination of Noun and Verb Naming Differences in Aphasia: Effects of Lesion Site, Aphasia Type and the Use of Static or Dynamic Stimuli

Emma Wahlstrand^{1, 2}

Charlotta Saldert^{1, 3}

¹ Speech and Language Pathology Unit, Department of Health and Rehabilitation at the Institute of Neuroscience and Physiology, Sahlgrenska Academy at the University of Gothenburg, Gothenburg, Sweden

² Region Västra Götaland, Skaraborg Hospital, Department of Speech and Language Pathology, Skövde, Sweden

³ Region Västra Götaland, Sahlgrenska University Hospital, Department of Neurology, Gothenburg, Sweden

Background and aims: A dissociation in naming nouns and verbs has been used in diagnostic classifications of aphasia and related to lesion location. However, there is evidence that action naming is more difficult for many clinical populations as well as for healthy speakers. A potential source of error in evaluations of verb naming is the static depiction in naming tests, since verbs describe a dynamic activity. The aims of this study were to explore the effects of lesion location, aphasia type and use of static or dynamic stimuli on ability to name objects and actions in a stroke population and matched controls.

Methods: A total of 19 participants with aphasia after stroke and 19 matched controls were included in the study. Participants with aphasia were divided into fluent and non-fluent subgroups. Naming performance was compared on three tests, where one used video clips as verb stimuli.

Results: There was a significant difference between nouns and verbs in 11 of 19 participants with aphasia. Only one participant, with a temporo-occipital lesion, had a substantial noun-verb difference (\geq 30%). Individual results showed some agreement with the fluent-nonfluent classification, but this was not reflected at group level. While only the control group scored significantly higher on object than action naming, response latencies were longer for action naming in both groups. There was no difference in action naming performance that could be related to using dynamic or static stimuli.

Conclusions and implications: The results suggest that a dissociation in naming nouns and verbs is common in aphasia. However, the relationship between noun-verb dissociation, lesion location and aphasia type is not straight forward. The study adds to previous findings suggesting that action naming is more difficult than object naming. The question whether action naming is facilitated by using dynamic stimuli needs to be further investigated.

27 - Verb and noun retrieval in confrontation naming versus connected speech

Merje Viigand^{1, 2} Marja-Liisa Mailend¹ ¹ University of Tartu ² Tartu University Hospital

Background and aims: Word-finding difficulties, the most ubiquitous symptom of aphasia, is typically assessed with confrontation naming of concrete nouns. However, number of investigations have found that generalizing confrontation naming results to everyday communication is problematic. Furthermore, large discrepancies between word classes (e.g., better retrieval for noun vs. verbs) is common in aphasia. The latter may be exacerbated in languages with complex morphology.

This study investigated noun versus verb retrieval in confrontation naming and connected speech in Estonian-speaking people with aphasia.

Methods: Seven native Estonian-speakers with chronic post-stroke aphasia participated. Lexical retrieval was tested in two contexts: confrontation naming (nouns, verbs) and connected speech (elicited by video stimuli). Confrontation naming was measured in percent accuracy; connected speech samples were coded for the number of unique content-relevant nouns and verbs. Phonological errors and grammatical errors (e.g., errors of inflection) were ignored in both tasks if the utterance remained intelligible. Finally, results were expressed in z-scores for cross-task comparisons.

Results: We observed the expected pattern of better or comparable retrieval of nouns versus verbs for all participants in confrontation naming. The discrepancy was particularly pronounced for P6 who accurately named most nouns but almost no verbs. Interestingly, the same participant (P6) showed the opposite pattern in connected speech along with two other participants (P2 and P8). The results were mixed for overall word retrieval in naming versus connected speech.

Conclusions and implications: The initial findings of noun and verb retrieval in Estonian-speakers with aphasia highlighted the importance of testing word retrieval in different tasks and cross-linguistically. While the expected pattern of better noun- vs verb-retrieval was observed in confrontation naming, several participants exhibited the opposite pattern in connected speech despite relatively complex verb morphology in Estonian. Future directions and theoretical implications of cross-linguistic research in this area will be discussed.

Р	Object naming accuracy %	Verb naming accuracy %	Unique word count (nouns)	Unique word count (verbs)
1	60%	57.14%	8	8
	z=-0.2	z=0	z=0.45	z=0.16
2	10%	14.29%	3	10
	z=-2	z=-1,57	z=-0.98	z=0.92
4	60%	57.14%	10	10
	z=-0.2	z=0	z=1.02	z=0.92
5	70%	85.71%	8	9
	z=0.16	z=1.04	z=0.45	z=0.54
6	80%	28.57%	1	5
	z=0.52	z=-1.04	z = -1.55	z=-0.97
7	90%	85.71%	10	3
	z=0.88	z=1.04	z=1.02	z = -1.73
8	90%	71.43%	5	8
	z=0.88	z=0.52	z = -0.41	z=0.16

 Table 1. Verb and noun retrieval in confrontation naming and connected speech

*z - standard deviations from the mean, P - patient

28 - Treatment selection for naming impairment: Evidence from error types

Yingxue Tian¹

Marja-Liisa Mailend^{1, 2}, Erica Middleton¹

¹ Jefferson Moss Rehabilitation Research Institute, Elkins Park, PA, USA

² Department of Special Education, University of Tartu, Tartu, Estonia

Background and aims: Retrieval practice (practice naming objects from pictures) and errorless learning (hearing/seeing/repeating names for depicted objects) benefit naming impairment in aphasia. Retrieval practice engages both the semantics-to-word (Stage-1) and word-to-phonology (Stage-2) mappings during naming, whereas errorless learning relies less on Stage-1 mapping. Since the two approaches differentially engage the two retrieval stages, we examined whether the pretreatment erroneous nature of items predicted relative degree of benefit from each approach. **Methods:** In each of 30 participants with chronic stroke aphasia, pre-treatment naming performance on 150 naming items (two trials per item) was coded as correct, phonological error, semantic error, or other error. For each item per participant, item nature was defined as: correct (two correct responses), pure Stage 1 (two semantic errors), blended Stage 1 (a semantic error and a correct or other error), pure Stage 2 (two phonological errors), blended Stage 2 (a phonological error and a correct or other error), or *unclear* (not the aforementioned combinations). Items were randomly assigned within-subjects into a retrieval practice versus errorless learning condition. All treatment trials ended in correct-answer feedback. The 120 treated items and 30 untreated items were probed at a next-day naming test following treatment. Test accuracy was modelled with logistic mixed-effects regression. We predicted greater benefit to Stage-1 items after retrieval practice than errorless learning.

Results: Both treatment approaches improved naming performance compared to the untreated condition (p's < .001). Retrieval practice outperformed errorless learning for pure (p = .01) and general Stage 1 items (p = .03) and general Stage 2 items (p = .02; all other p's > .05; Figure 1). **Conclusions and implications:** This supports the use of retrieval practice in clinical practice, as it provides better or comparable improvements relative to errorless learning for a variety of naming errors, despite being more effortful.



Figure 1. Average post-treatment naming accuracy per treatment approach and item nature category. Error bar = standard error of each condition. RP = retrieval practice, EL = errorless learning. * = p < .05, ns = p > .05 for the effect of treatment type (RP versus EL) in the logistic mixed-effects model.

29 - Clinical use of semantic verbal fluency tasks

Ida Luotonen¹

Minna Lehtonen¹, Henry Railo¹, Pirjo Korpilahti¹

¹ Department of Psychology and Speech-Language Pathology, University of Turku, Finland

Background and aims: Semantic verbal fluency (SVF) tasks are commonly used to assess impairments in semantic and lexical processing. Successful performance in SVF relies on both language and executive functions with strategies like clustering and switching playing crucial roles. In clinical settings, the number of correct words produced is the most common measure. Although additional performance measures have been proposed, their clinical use is limited by the lack of standardized analyzing methods and increased time demands. To reach the full potential of the SVF tasks in clinical settings, we aim to explore which variables influence the performance in different groups.

Methods: Three groups of elderly adults took part in the study: (1) 59 healthy adults, (2) 11 persons with AD and (3) 17 persons with stroke-aphasia. We scored two SVF tasks (animals and clothes) for the total score in 60 seconds, the total score for four 15-second intervals, and the switch-ratio. For analyzing the data, we will employ two linear mixed-effects models: 1) with the total score and 2) with the total score in a 15-second interval as the response variable. We will apply group, semantic category, switch-ratio (model 1), ordinal position of the 15-second interval (model 2), and background variables as predictors.

Results: Preliminary results from model 1 show that group, category, switch ratio, and education significantly affect the total score, with the AD group combined with category 'clothes' and higher switch ratios leading to a negative effect. In model 2, the ordinal position of the 15-second interval, category, and group are associated with the total score in that interval.

Conclusions and implications: Different neurological patient groups may have distinct SVF profiles. The implication of the switch-ratio and time intervals for clinical use may prove to be important for specifying the underlying cognitive deficit and differential diagnosis.

30 - Recovery of language skills compared with recovery of gestures for persons with severe non-fluent aphasia and limb apraxia: A long-term follow-up

Sanna Lemmetyinen¹

¹ Sanna Lemmetyinen, Department of Speech-Language Pathology, Faculty of Medicine, University of Helsinki, Helsinki, Finland. Services of Speech and Language Therapy, Wellbeing Services County of North Karelia, Joensuu, Finland

Background and aims: Persons with severe non-fluent aphasia and limb apraxia following left hemisphere strokes often face significant challenges in speech and gesture use as a means to replace absent speech. This study aimed to investigate whether improvements in language skills occur beyond the initial months post-stroke and to explore the potential shared recovery trajectory between language skills, abstract visual reasoning, and the production of speech-replacing gestures. **Methods:** The study included seven participants with severe non-fluent aphasia and limb apraxia, aged 61 to 78 years, evaluated five times over three years post-stroke: 1-3 months, 6 months, 1 year, 2 years, and 3 years. Assessments included auditory verbal comprehension, speech output, abstract visual reasoning, and speech-replacing gestures (emblems and pantomimes produced after an oral request) by using subtasks from the Western Aphasia Battery (WAB, Finnish version), a novel Yes/No Questions task, the Florida Screening Test-Revised, and the Visual Puzzle and Matrix Reasoning from the Wechsler Adult Intelligence Test, 4th edition.

Results: Results indicated that four out of seven participants' speech output improved during the follow-up. However, recovery of speech comprehension was inconsistent across assessment methods, with better performance noted on the Yes/No Questions task compared to subtasks in WAB II. No significant changes in abstract visual reasoning were observed. A correlation was found between the recovery of naming and repetition skills and between naming and the production of gestures.

Conclusions and implications: The results suggest a relationship between the recovery of naming abilities and the capacity to produce speech-replacing gestures in individuals with severe non-fluent aphasia and limb apraxia. This finding underscores the importance of considering not only limb apraxia but also the cognitive processes that underpin both naming and the production of speech-replacing gestures when evaluating an individual's potential for improvement in gestural communication.

31 - Further development and evaluation of the TALES programme with stroke survivors with chronic aphasia: a mixed-methods case series study

Berzan Cetinkaya¹

Katherine Twomey¹, Mark Jayes², Paul Conroy³

- ¹ The university of Manchester
- ² Manchester Metropolitan University
- ³ Trinity College Dublin

Background and aims: Technology and Literacy Engagement after Stroke (TALES) programme is an online, group-based intervention that aims to improve literacy skills and social engagement in people with aphasia (PWA) post-stroke. This study builds upon the initial evaluation of TALES and aims to further investigate the feasibility, acceptability, and potential benefits of the programme in a more diverse sample of PWA.

Methods: A mixed-methods case series study was conducted with six participants with varying severities of aphasia and related conditions who were recruited to take part in an 8-week TALES programme. The intervention involved weekly online group sessions, one-to-one sessions, and independent practice using the Cuespeak software. Outcome measures, including the Western Aphasia Battery-Revised (WAB-R), subtests from the Psycholinguistic Assessments of Language Processing in Aphasia (PALPA), and the Communication Outcomes After Stroke (COAST) scale, were administered pre-treatment, post-treatment, and at a 12-week follow-up. Semi-structured interviews were conducted with participants to explore their experiences and perceptions of the programme.

Results: Friedman tests showed significant differences in aphasia quotient (AQ: p = 0.015), communication quotient (CQ: p = 0.007), and language quotient (LQ: p = 0.007) across the three time points. Significant improvements were also observed in COAST scores (p = 0.043). In addition, the results showed significant differences between the time points for Reading Total (p = .016), Sentence Reading (p = .022), Spelling High Imageability (p = .015) and Spelling Low Imageability (p = .050), but not for Reading High Imageability (p = .101), Reading Low Imageability (p = .056). Qualitative findings identified three primary themes: positive experiences with the programme, application of learned skills, and feedback on delivery and technology. **Conclusions and implications:** The TALES programme demonstrated potential benefits across various aphasia severities, improving language function, literacy skills, and communication confidence. The mixed-methods approach provided comprehensive insights into the programme's impact, supporting its feasibility and efficacy for individuals with chronic aphasia.
32 - Colored overlays and their effect on reading speed and efficiency for adults with acquired brain injury

Sarah Weström¹

¹ University Department of Rehabilitation Medicine, Danderyds Hospital, Stockholm, Sweden

Background and aims: Reading-related symptoms are common after acquired brain injury (ABI) and the causes can be multi-factorial. Visual stress is a possible contributing factor. The purpose of this study was to investigate the effect of individually selected colored overlays and their effect on reading speed and efficiency.

Methods: The study included 25 participants with ABI. Data from medical records covered assessments of reading ability, visual attention, self-reported mental fatigue and visual examination. Assessment of visual discomfort included *Visual Discomfort Scale* (VDS). The *Intuitive Overlays* was used for trying out a color overlays and the *Wilkins Rate of reading test* (WRRT) was used for investigating the effect on reading speed calculated in words per minute. The *Readalyzer* was used for recording the eye movements when reading connected text with the purpose to study eye movement parameters.

Results: The mean reading speed with an overlay was 119, 6 +/- 28,8 and 115,1 +/- 32,5 words per minute without (p: 0,04, Cohen's *d*: 0,436). Eleven participants read faster by a median of 11 % (5%- 67%). The overall score in VDS on a group level was low, though participants with post-infection sequelae, scored almost significantly higher than other diagnosis groups. The increased reading speed had a positive correlation with the scored symptoms of visual stress with the VDS. There was no significant difference in reading speed when reading connected text, the mean fixation duration was however significantly shorter when reading with an overlay (p: 0,05, Cohen's *d*: 0,413).

Conclusions and implications: The improvement in reading speed with the overlays and the positive correlation with visual discomfort score seem consistent with characteristics of reading difficulties associated with visual stress for some participants with acquired brain injury. The overlays showed promise as a tool for alleviating visual discomfort and improve reading speed. Combined with other methods of reading, the overlays may provide optimal reading conditions.

33 - TEXT-FROM – a person-centred framework for acquired text comprehension disorders

Sarah-Maria Thumbeck¹

Katharina Dressel², Annette Baumgärtner³, Julia Büttner-Kunert⁴, Irene Ablinger⁵

¹ University of Erfurt, Department of Linguistics, Germany

² SRH University of Applied Health Sciences Heidelberg, Campus Düsseldorf, Germany

³ Universität zu Lübeck, Institute of Health Sciences, Germany

⁴ Ludwig Maximilians University of Munich, Department of Linguistics, Speech-Language-Therapy, Germany

⁵ SRH University of Applied Health Sciences Heidelberg, Campus Bonn, Germany

Background and aims: Person-centred rehabilitation focusses on individually meaningful change. Frameworks like the *International Classification of Functioning, Disability and Health* (ICF; World Health Organisation, 2005) or *Living with Aphasia: Framework for Outcome Measurement* (A-FROM; Kagan et al., 2008) help to structure thinking about relevant outcomes. In A-FROM, the quality of life (living with aphasia) is formed by an interplay of the outcome domains aphasia severity, participation in life situations, personal factors, and environment. We aimed to create a framework for outcome measurement for people with acquired text comprehension disorders by adapting A-FROM to this target group.

Methods: Based on a narrative literature review, we identified models on text comprehension that related to at least one A-FROM domain. We extracted model-specific descriptions on the A-FROM domains with a focus on text comprehension. The results guided the adaptation of the names and descriptions of each domain.

Results: We extracted information from the *multilevel model of reading* (Rosebrock & Nix, 2020), the *Heuristic for Thinking About Reading Comprehension* outlined by the RAND Reading Study Group (Snow, 2002), the *model of reading engagement* by Guthrie et al. (2012), the *situation model* (van Dijk & Kintsch, 1983), the *Construction-Integration model* (Kintsch, 2018), *A Blueprint of the Reader* (Perfetti, 1999) and the *Integrated Model of Text and Picture Comprehension* (Schnotz, 2014). The integration of the extracted information into A-FROM resulted in TEXT-FROM. Central to TEXT-FROM is the quality of life in the context of acquired text comprehension disorders, which is moderated by the outcome domains reader characteristics, reading environment, participation and everyday reading activities, as well as text comprehension functions and their impairments. **Conclusions and implications:** TEXT-FROM can help to guide outcome measurement and collaborative intervention planning for acquired text comprehension disorders. It is a simple, ICF-compatible framework that emphasizes individual strengths, needs, and perspectives.

34 - Evaluating the Efficacy of Mapping Therapy in Greek-Speaking Individuals with Aphasia: A Randomized Control Trial

Evangelia Antonia Efstratiadou¹

Ilias Papathanasiou²

¹ University of the Peloponnese, Department of Speech Therapy, Kalamata, Greece

² University of Patras, Department of Speech and Language Therapy, Patra, Greece

Background and aims: Mapping therapy is a specific type of language therapy designed to facilitate individuals with aphasia in improving their ability to comprehend and produce grammatically correct sentences. The present study is a randomized control trial investigating the effectiveness of sentence-level therapy via two delivery approaches—direct (one-to-one therapy) and combination therapy (one-to-one with group therapy). —compared to a control group receiving delayed therapy, targeting Greek-speaking individuals with aphasia. The study explored the effectiveness of: a) Mapping vs control and b) direct vs combination Mapping Therapy. **Methods:** The study recruited 14 individuals with aphasia. Participants were randomly assigned to a control group for delayed treatment (n=6), direct therapy (n=8), or combination therapy (n=6). Therapies were administered for 3 hours per week over 12 weeks. Assessments included a confrontation-naming task of sentence production (Newcastle University Aphasia Therapy Resources - number of Sentences=218). Secondary outcome measures included a range of assessments tapping on all WHO ICF levels (e.g. ASHA Functional Assessment of Communication Skills for adults (ASHA –FACS), Stroke and Aphasia Quality of Life scale (SAQOL-39g), General Health Questionnaire).

Results: Outcomes have shown: (a) a significant main effect of time on the primary outcome measure of the confrontation-naming task of sentence production for therapy vs control, F (1.05, 18.82) =123.17, p<.001, large effect size $\eta_p^2 = .87$; a significant interaction between time and group, F (1, 18) = 4.75, p=.04, (b) a significant main effect of time on the primary outcome measure for both approaches, F (1.51, 18.08) =217.45, p<.001, large effect size $\eta_p^2 = .95$. Furthermore, a significant main effect of time on word finding task (BNT) for both approaches, F(3,36)=14.36, p=<.001.

Conclusions and implications: This pioneering randomized controlled study reveals insights into the effectiveness of mapping therapy in different therapeutic contexts. The findings support evidence-based practices in Greece and underscore the importance of cross-cultural comparative research.

35 - Can discourse be improved using mobile technology? Comparing outcomes of the NADIIA protocol with and without the NADIIApp

Anne Whitworth¹

Deborah West², Elissa Burton², Tristan Reed³, David McMeekin⁴, Jade Cartwright¹, Britta Biedermann², Elizabeth Cardell⁵, Pamela Windram^{1, 6}, Denis Visentin¹

¹ School of Health Sciences, University of Tasmania, Australia

² Curtin School of Allied Health, Curtin University, Australia

³ UWA Business School, University of Western Australia, Australia

⁴ School of Electrical Engineering, Computing and Mathematical Sciences, Curtin University, Australia

⁵ School of Health and Medical Sciences, University of Southern Queensland, Australia

⁶ Speech Pathology, Multiple Sclerosis Western Australia, Australia

Background and aims: The NADIIApp was developed to supplement delivery of the Narrative and Discourse Intervention in Aphasia (NADIIA) protocol, previously published as NARNIA (Novel Approach to Real-life communication: Narrative Intervention in Aphasia), a structured evidencebased multilevel discourse therapy (Whitworth et al, 2015). Delivered with a clinician, the NADIIApp was developed to increase dose, intensity, and access when the clinician was not present. This study sought to determine the feasibility and effectiveness of the NADIIApp, and compare outcomes to individuals who received the NADIIA protocol without the mobile app.

Methods: Fifteen participants with post-stroke aphasia (>3 months post-onset) received 20 hours of individual, twice-weekly, NADIIA therapy with a clinician using the app. Seven participants received the NADIIA protocol without the app. Effectiveness was measured immediately post- and 5-weeks post-intervention in language performance (word, sentence and discourse level) in narrative and everyday discourse genres, social participation and QoL. Client feedback was elicited through semi-structured interviews.

Results: There was strong evidence for treatment effectiveness in both groups. Significant improvements and mod-large effect sizes were seen when using the NADIIApp post-intervention and at maintenance, across most language measures (at all levels) in both narrative and everyday genres. This was consistent with the significant gains at both timepoints in everyday genres for the NADIIA group. The NADIIApp group, however, showed superior gains when producing narratives. Significant gains were seen in QoL and participation measures in both groups.

Conclusions and implications: The delivery of NADIIA using the app was effective, with some key differences seen in patterns of improvement between the two groups. These differences are proposed to relate to the increased scaffolding and the equal attention given to all discourse genres, including narratives, built into the app, in comparison to the original protocol. Implications for clinical practice and future research directions are discussed.

36 - Multilevel aphasia interventions: exploring the evidence for facilitating and measuring effectiveness, generalisation and impact

Grace Aryee¹

Jade Cartwright¹, Janet Webster², Denis Visentin¹, Anne Whitworth¹

¹ School of Health Sciences, University of Tasmania, Australia

² School of Education, Communication and Language Sciences, Newcastle University, United Kingdom

Background and aims: Maximising linguistic generalisation and impact of our aphasia interventions remains an overarching goal in clinical practice. In recent years, multilevel aphasia interventions targeting more than one linguistic level (e.g. words, sentences, discourse), have reported significant gains in effectiveness and generalisation (Edmonds, 2016; Webster et al, 2015), with further significant gains in generalisation and post treatment maintenance captured across language levels when the discourse level is targeted (Dipper et al., 2024; Whitworth et al 2015). While these interventions are promising, some of the methodological principles on which the protocols rest remain unclear, particularly related to generalisation, and which potentially muddy the waters for clinicians. Further, there is currently no synthesis of multilevel aphasia interventions to assist clinicians in navigating this area to understand how these therapies work, who they may best work for, and how we might measure their success.

Methods: This paper will report the outcomes of a scoping review (Arksey & O'Malley, 2005; Vardell & Malloy, 2013) where multilevel aphasia interventions were identified following a systematic search across CINAHL, MEDLINE (Ovid), PsycINFO, PubMed, and Scopus databases. **Results:** Multilevel aphasia interventions were analysed according to their aims, critical ingredients, treatment effectiveness and generalisation across the language levels targeted, and the methods used to measure linguistic generalisation and impact of intervention on communication and participation. **Conclusions and implications:** This synthesis will inform clinical practice by providing insights into the relationship between language targets (specifically which levels are targeted), and how the effectiveness and reach around generalisation and impact may be better understood. How, when, and in what contexts, gains have been measured will directly assist clinicians in decision making around which approaches and measurement tools to use, and with whom, but importantly, understand why multilevel interventions may be critical to maximising linguistic generalisation and impact. Directions for further research are discussed.

37 - Adapting Phonological Components Analysis therapy to French Sign Language : a multiple case study

Anna Pietrzak¹

Charlotte Hauser¹, Sylvie Moritz-Gasser^{2, 3}

¹ Université Paris 8, Language sciences Department, CNRS - SFL lab, Paris, France

² Faculty of Medicine Montpellier, Speech therapist Department, Montpellier, France

³ CHU Montpellier, Neurosciences Department, Montpellier, France

Background and aims: According to the literature, both sign language (SL) and spoken language (SpL) users can be similarly affected by aphasia, showing that the neural organization for language is modality independent[1,2]. While research has mainly addressed SL aphasia on a descriptive level, no studies have focused on the intervention level. Our aim is thus to see if the recovery mechanisms also are modality independent. To do so, we use the key parameters of sign formation[3] (handshape, orientation, movement, and location) to adapt a well-established anomia therapy, the Phonological Components Analysis[4] to the signed modality. Selected references: [1] Goldberg & Hillis (2022), [2] Patel (2020), [3]Bentari (2011), [4] Leonard et al. (2008)

Methods: Three SL users with chronic aphasia were recruited and underwent SL-PCA combined with executive training. Participants were assessed on language and executive functions skills before undergoing a three-phase protocol (control without treatment, intensive training phase, withdrawal phase without training). Naming scores were collected on a list of 94 items across each phase of the protocol. Depending on their initial performance, participants were trained on a subset of missed items using the SL-PCA.

Results: With these measures, we were able to evaluate recovery within participants i) without therapy, ii) just after training, and iii) six weeks after training ended. As shown in Fig-1, the SL-PCA positively impacted naming abilities both for trained items and untrained items, showing generalized improvements that persisted after therapy withdrawal across all participants. Additionally, all participants reported increased confidence and ease in SL-communication.

Conclusions and implications: This study provides encouraging evidence for the effectiveness of a signed adaptation of an SpL oriented therapy, emphasizing shared mechanisms underlying aphasia in both modalities. Such adaptations could address the gap in care options targeting SL users with aphasia. These findings show the need for further research in SL-aphasia recovery methods.



Fig-1 : Percentage of correct answers given during naming task within a 5 seconds span after presenting the target picture in trained items (left panel) and untrained items (right panel), across sessions (x-axis) and participants (lines). The orange area indicates the period during which participants underwent intensive training (phase B).

38 - Individualized transcranial direct current stimulation in subacute aphasia – a boost for linguistic and communicative skills?

Ilona Carola Rubi-Fessen^{1, 2}

Kathrin Gerbershagen¹, Prisca Stenneken², Klaus Willmes³

¹ Neurological Rehabilitation Hospital, RehaNova Köln, 51109 Cologne, Germany

² Department of Rehabilitation and Special Education, Faculty of Human Sciences, University of Cologne, 50931 Cologne, Germany

³ Department of Neurology, Medical Faculty, RWTH Aachen University, 52074 Aachen, Germany

Background and aims: Transcranial direct current stimulation (tDCS), has been shown to increase the outcome of speech and language therapy (SLT) in chronic aphasia. However, only few studies have investigated the effect of tDCS on SLT in the early stage of aphasia. This may be due to the influence of spontaneous remission and the difficulty of establishing stimulation protocols in clinical routines.

Methods: Thirty-seven participants with subacute aphasia (PwA) after stroke (mean age 62 ± 12 years; mean duration 49 ± 28 days) were included in two consecutive periods of treatment lasting two weeks each. During the first period (P1) the participants received 10 sessions of SLT, during the second period (P2) SLT was supplemented by anodal left hemispheric 2 mA tDCS over the left hemisphere. Severity-specific language tests (Aachen Aphasia Test (AAT), n = 27 and Bielefeld Aphasia Screening-Reha (BIAS-R), n = 10) as well as tests for functional communication (Amsterdam-Nijmegen Everyday language test (ANELT), n=26 and Scenario test, n=8) were administered before P1, between P1 and P2, and after P2. For the AAT sample, the results were corrected for spontaneous remission, and all therapy outcomes of P1 and P2 were compared. **Results:** Participants' overall language abilities improved significantly during P1 and P2. However, improvement during P2 was significantly higher than during P1 (p < 0.001; AAT sample and p = 0.005; BIAS-R sample). Concerning functional communication, measured by the ANELT and the Scenario test, improvement during P2 also exceeded improvement during P1 significantly in the Scenario Test (p<0.001). For the ANELT sample, there was a trend towards significance (p= 0.081) in favor of P2 with tDCS.

Conclusions and implications: Thus, tDCS protocols can be implemented in early aphasia rehabilitation and we provide first evidence that individually tailored tDCS can have a significant effect on the linguistic and communicative outcome of aphasia therapy in subacute aphasia.

Change of linguistic skills and functional communication between assessments



48 446 446 447 440 38 38 T1 T2 T3 Time ANOVA: F[12]8]9555, p.001, n¹₂=0.80 p.st-ho:: 1, 1, 2, 13 [-15:8], Mom]

BIAS-R: Mean percentage value (MPV) (n=10)

ANELT A scale: raw score Version 1 (n=26) & 2 (n=22)





ANOVA: F(2,14)=11.77, p<.001, η²_p =0.63 post-hoc: (T1,T2) <T3 (t-Tests, Holm)

39 - The effects of Verb Network Strengthening Treatment (VNeST) on treated verbs in four Finnish speakers with mild aphasia

Johanna Hjerling¹

Minna Lehtonen¹, Claudia Peñaloza², Juliana Front¹, Oona Haukkasalo¹, Kasper Junnila¹, Rosa Nora¹, Janina Ylinen¹, Kati Renvall¹

¹ Department of Speech-Language Pathology, University of Turku, Finland

² Department of Cognition, Development and Educational Psychology, University of Barcelona, Spain

Background and aims: Although VNeST is an effective therapy approach to improve lexical retrieval in people with aphasia via sentence production related to treated verbs, its effectiveness has not yet been studied in Finnish. This study aimed to examine the short-term (1 week) and long-term (1 month) effects of VNeST on treated verbs and sentences in four Finnish-speaking participants with stroke-induced aphasia.

Methods: This case-series study provided VNeST to four participants with mild aphasia over the course of 3-10 weeks. Participants underwent multiple assessments before, during and after treatment. The primary outcome measure was a sentence production task from with two performance metrics: production of treated verbs and production of sentences. Therapy effects were analysed using the Weighted Statistics methodology (WEST).

Results: The evaluation of short-term therapy effects on treated verbs revealed a positive trend of improvement (WEST-Trend) for three participants, but their rate of change (WEST-ROC) was not statistically significant. Likewise, three participants showed a statistically significant positive trend towards improvement in sentence production. However, only one showed a significant rate of change. The assessment of long-term therapy effects revealed a significant positive change in verb and sentence production (WEST-COL) for two participants, but neither of these showed significant rehabilitation effects in the short-term.

Conclusions and implications: These findings suggest that VNeST might not be effective in all individuals with mild aphasia. It is possible that the outcome measure in this study was not sensitive enough to capture some of the changes that the participants reported. Future analyses of the connected speech samples and patient reported outcome measures may show such reported improvements. Potential generalisation effects to untreated verbs will also be analysed at a later stage.

40 - Speech and Language Therapists' Views and Experiences of Working with People with Wernicke's Aphasia

Susie Williams¹

Sarah Northcott², Freyja Bell³, Suzanne Beeke⁴

- ¹ East Suffolk and North Essex Foundation Trust
- ² City St Georges, University of London
- ³ Croydon Health Services NHS Trust
- ⁴ University College London

Background and aims: People with Wernicke's aphasia (PwWA) post-stroke present with fluent speech and impaired auditory comprehension. A range of speech and language therapy approaches are described in the literature to address these challenges. This study aimed to explore how speech and language therapists (SLTs) assess and treat PwWA.

Methods: In this qualitative interview study, 15 SLTs were recruited through social media and professional newsletters. Interviews via videoconferencing followed a topic guide and were transcribed then analysed using Framework Analysis. 15 SLTs with varying levels of experience, working in England and Wales across a range of inpatient and community settings participated. **Results:** SLTs approached assessing and treating PwWA in the same way as people with other types of aphasia, however, difficulties with expressive and receptive language, and cognition resulted in challenges throughout therapy from building a therapeutic alliance to assessment and treatment. Many SLTs viewed working with PwWA negatively. They wanted to help but felt unsure about how and that the current evidence base was limited. There was a lack of consensus regarding the theoretical models guiding impairment-based therapy resulting in SLTs using trial and error. SLTs offered communication partner training (CPT) to PwWA and their families throughout the stroke pathway, however there was uncertainty around which communication strategies to recommend and a lack of resources to support CPT. SLTs felt that multi-disciplinary team working was important for PwWA but identified challenges around access to mental health support and the quality of decision-making capacity assessments.

Conclusions and implications: SLTs want to know how best to support PwWA. Further research is needed to inform treatment including CPT and impairment-based approaches specific to PwWA, Clinical supervisors could offer additional support to SLTs when they are first working with PwWA.

41 - The Mini Linguistic State Examination – adaptation to Norwegian

Ingvild Elisabeth Winsnes¹

Monica Norvik², Peter Bekkhus-Wetterberg³, Hedda Døli⁴, Nina Helen Erikstad⁴, Ingeborg Sophie Ribu⁵

¹ University of Oslo, Department of Linguistic and Scandinavian studies, Norway

² UiT – The Arctic University of Norway, Department of Education, Norway

³ Oslo University Hospital, Department of Geriatrics, Memory Clinic, Norway

⁴ Staped, Department of acquired brain injury, Norway

⁵ Oslo Metropolitan University, Faculty of Education and International Studies, Norway

Background and aims: There is a growing demand for language-specific tools to assess and monitor language function in people with primary progressive aphasia (PPA). The Mini-Linguistic State Examination (MLSE) is a short clinical assessment tool to classify and monitor PPA (Patel et al., 2020).

Methods: We adapted the MLSE from English to Norwegian incorporating linguistic and cultural features while maintaining fidelity to the original. We considered linguistic variables, such as frequency, word structure and syllable length. We commissioned new pictures, and name agreement ratings were obtained from 50 neurologically healthy people over two rounds. We administered a pilot version to 15 neurologically healthy people (7 female, mean age 65,2, mean education 12.2 years).

Results: After the pilot, we selected the final items for the Norwegian version of MLSE. We are now in the process of collecting norm data. Data will be collected from 50 neurologically healthy adults and a minimum of 20 people with PPA, using the Montreal Cognitive Assessment and a short version of the Comprehensive Aphasia test (Norwegian versions) as control measures.

Conclusions and implications: We are currently adapting the first language assessment tool for PPA in Norwegian. We will present preliminary findings from the norming process. When finished, the Norwegian version of the MLSE will be a valuable tool to aid the classification of the different subtypes of PPA and to monitor the progression of the disease.

42 - Experiences from the adaptation of the «Therapeutisch Instrument voor Apraxie van de Spraak'' (TIAS) into Norwegian

Melanie Kirmess¹

Hedda Døli², Øydis Hide³, Nina Helen Erikstad², Live Günther⁴, Eli Anne Kjølberg⁵, Anders Haarklau Nordeide⁶, Therese Senneset⁷, Judith Feiken⁸

- ¹ Department of Special Needs Education, University of Oslo, Norway
- ² Statped, Department of acquired brain injury, Norway
- ³ Statped, Department of speech and language disorders, Norway
- ⁴ School at Sunnaas Rehabilitation Hospital, Nesodden upper secondary education, Norway
- ⁵ Oslo Municipality, Frogner District, Norway
- ⁶ Haukeland University Hospital, Norway
- ⁷ Oslo University Hospital, Norway
- ⁸ UMCG Centrum voor Revalidatie, The Netherlands

Background and aims: Acquired apraxia of speech (AOS) is a neurological communication disorder following stroke and often accompanied by aphasia. A person with AOS struggles with will-controlled production of sounds, syllables and words despite normal muscular movements. There are few systematic intervention programs for AOS available internationally, and so far, none in Norwegian. Therefore, the aim of this project was to translate and adapt the Therapeutic instrument for apraxia of speech (TIAS, Feiken 2016) Into Norwegian. TIAS includes a manual, 5 workbooks and an app-version. The TIAS is based on an articulatory-kinematic approach to AOS.

This presentation aims to discuss challenges in the linguistic and cultural adaptation, the barriers with an app-version, and the current piloting of the Norwegian version of the TIAS. **Methods:** The adaptation from Dutch into Norwegian included the translation and cultural adaptation of the manual through three different stages. The translation, selection and development of workbook stimuli was done in cooperation with the original author and illustrator. Integration of the app-version included funding-applications and considerations of privacy regulations. Piloting of the five workbooks is ongoing with neurologically healthy speakers and planned for persons with AOS as well as evaluation by speech-language pathologists for clinical implication feedback. **Results:** The translation of the manual revealed the need for major revisions compared to the original to enhance content concurrency with the Norwegian version of the Diagnostic instrument for apraxia of speech (DIAS) and availability for clinical practice. The workbooks are linguistically adapted and currently in the first round of piloting with neurologically healthy speakers. The development of an app-version has been postponed because of privacy restrictions and economic reasons.

Conclusions and implications: The Norwegian TIAS adaptation has been challenging because of linguistic, economic and privacy issues. However, it will be published in paper versions and made available for SLTs working with Norwegian speaking persons with AOS.

43 - Adding time for home practice – participant experience from the revised SunCISTprogram for aphasia

Sopary Min Aslaksen^{1, 2}

Mats Marshall-Brown^{1, 3}, Iselin Partee⁴, Melanie Kirmess¹

¹ University of Oslo, Department of Special Needs Education, Norway

- ² Lillesand Logopedi, Norway
- ³ Skien municipal adult education senter, Norway

⁴ Sunnaas Rehabilitation Hospital, Norway

Background and aims: Sunnaas intensiv aphasia group rehabilitation program (shortened SunCIST) is a well-established group treatment for persons with non-fluent aphasia in Norway. The language intervention is based on constraint-induced language therapy in a multidisciplinary and holistic in-patient rehabilitation setting. The original 3-consecutive-week program has been revised, resulting in a 2-week+home+1-week schedule, where participants spend a few weeks at home to practice their skills after the first 2 weeks before returning for a final week. This paper investigates the personal experiences with the new program structure by persons with aphasia and their significant others.

Methods: Twelve semi-structured interviews were conducted (6 persons with non-fluent aphasia, 3 females, 3 males); 6 significant others (4 females, 2males) following the completion of a SunCIST-program. Interviews were conducted face-to face. Strategies from supportive conversation for aphasia were applied for persons with aphasia. All interviews were videotaped for transcription and saved on a secure server. Thematic analysis was conducted using NVIVO.

Results: Three main themes emerged: experience with the SunCIST-program; organisation and group structure; and information sharing and involvement. Participation and experiences outcome was described as positive, even though the group composition could be challenging for some persons with aphasia. Many participants appreciated the home break though the reasons for this varied (e.g., tiredness, home practice), while others would prefer more treatment before going home. Several significant others wanted more information about the program and their role, particularly during the home period.

Conclusions and implications: The positive experience and individual outcomes with SunCISTprograms was confirmed also within this new time frame. Within the available group setting, individual tailoring is recommended. Further, in line with ICAP-programs, significant others could have a more active role in the program.

44 - Designing a logic model and theory of change with people with aphasia for an Intensive Comprehensive Aphasia Programme (ICAP)

Katie Monnelly¹

Marshall Jane¹, Lucy Dipper¹, Cruice Madeline¹ ¹ City St George's, University of London

Background and aims: A positive development in aphasia rehabilitation is the inclusion of people with aphasia (PWA) in intervention design. PWA have rarely been involved in the creation of theory for an intervention, despite the fact that stakeholders have unique insights into how interventions might work, and possible negative side-effects. Theory of change (TOC)/logic modelling is a framework to explain how an intervention might work and why. It has not typically been applied to aphasia interventions, though it is increasingly used in other sectors.

Methods: In phase 1, an initial TOC and logic model for ICAPs was formulated by the authors based on existing evidence syntheses. This was enhanced via presentations/discussions with aphasia researchers. In phase 2, 12 focus groups were run with eight PWA. 50% had taken part in an ICAP. Using logic modelling, the group discussed desired inputs, activities, outcomes, and impacts of ICAP intervention. They provided their perspective on potential intervention theory where gaps in the literature existed. Their contributions were analysed via qualitative data analysis, and quantitative methods for focus groups e.g., consensus voting.

Results: Phase 1 has produced a TOC and visual logic model for an ICAP, including evidence for intensive therapy, group therapy, individual therapy, education, and benefits of a cohort. Phase 2 will conclude in February 2025, and results will enhance the initial TOC and logic model via stakeholder input and will provide potential alternatives or adjustments to the ICAP model e.g., what intensity is desired by PWA.

Conclusions and implications: The final TOC and logic model will be used to develop and evaluate a future ICAP in the UK and may be used by other ICAP providers and researchers internationally to reflect on their provision and outcomes. This study will hopefully provide an example of how logic modelling and a TOC framework can be applied when designing aphasia intervention.

45 - Intensive Comprehensive Aphasia Programme (ICAP) outcomes from pre-post studies

Katie Monnelly¹

Jane Marshall¹, Lucy Dipper¹, Morgane Griffiths¹, Madeline Cruice¹ ¹ City St George's, University of London

Background and aims: ICAPs are an example of a future possibility in aphasia rehabilitation – a bootcamp style intervention to boost gains. A systematic review of ICAP outcomes demonstrated that gains were mostly limited to improvements in word finding difficulties (Monnelly et al., 2023). However, this review summarised results from eight studies and did not publish the results of ICAPs which collected pre and post assessment data only. Though not experimentally designed, these excluded studies may indicate a broader picture of ICAP outcomes.

Methods: Data extraction was conducted by two raters on 13 ICAP studies excluded from a systematic review. The process followed the same methods and research questions as the systematic review i.e., what outcomes are used on ICAPs, what improvements are demonstrated, what factors influence outcomes, and whether there are negative outcomes from ICAPs. Assessment data was synthesized and combined for analysis across studies.

Results: ICAP studies used 52 outcome measures across ICF domains. Studies found that ICAP cohorts achieved group-level improvement in at least one outcome measure, mostly the ICF domain of body functions. Statistical analysis of significance is in process and will be presented at conference. Factors reported by studies to have an influence on outcomes included the participants' age, the severity of their stroke, time post-onset of stroke, and whether they were a repeat ICAP attendee. There was also evidence to suggest that some participants experienced a lack of change after attending an ICAP.

Conclusions and implications: ICAPs may provide broader benefits across a range of ICF domains than previously documented in a systematic review. The strongest benefits were noted on measures of language ability, specifically the Western Aphasia Battery. Future ICAP research should consider what outcome measures are worth using on an ICAP as there may be an issue of what demonstrates change. It is worth exploring ICAP candidacy as not everyone benefits.

46 - Specifics of Current Complex Rehabilitation of Aphasia in the Czech Republic: Limits and Challenges

Jana Horynová^{1, 2}

Michal Kraft^{3, 4}

¹ 1st Faculty of Medicine of Charles University and General University Hospital in Prague, Department of Rehabilitation Medicine, Czech Republic

² Faculty of Education of Charles University in Prague, Department of Special Education, Czech Republic

³ 2nd Faculty of Medicine of Charles University, Prague, Czech Republic

⁴ Motol University Hospital, Prague, Centre of Aftercare and Department of Geriatrics, Czech Republic

Background and aims: Acquired language impairment significantly affects the quality of life of the patients and their relatives. The current focus on effective rehabilitation requires involvement of multiple disciplines and therapy forms. The aim of this paper is to present the current complex rehabilitation of aphasia in the Czech Republic, emphasizing multidisciplinarity, cooperation, and intensive therapy, combining individual and group therapy, especially for expressive types of aphasia, often accompanied by apraxia of speech.

Methods: A case study design was used with a pragmatic selection of 11 patients with subacute and chronic stroke-induced expressive aphasia of varying severity. All patients underwent the same assessment and a half-year intensive treatment for acquired aphasia (3–5 days a week). Different treatment procedures were implemented for all patients, aiming to identify the most effective approach for each, based on the severity of aphasia and comorbidity of apraxia of speech. **Results:** The case studies present different types of expressive aphasia, demonstrating the need for

individualized and customized treatment procedures for each patient according to the type and severity of the impairment. Post-treatment assessments show improvements in language and speech competencies of the patients.

Conclusions and implications: Even in chronic aphasia patients' improvements in communication skills and alleviation of apraxia of speech can be achieved, especially through intensive speech and language therapy. Factors influencing the language rehabilitation include age, extent of brain damage, comorbidities, premorbid state of language functions, intensity of therapy, integration of practiced skills throughout the day, family support. Involvement of different specialists in the therapy of communication skills requires intensive interdisciplinary collaboration and coordination. Group speech therapy can be a suitable complement to intensive individual therapy and an important motivational factor for patients to continue in often long-term speech and language therapy.

47 - Changes of brain activations during auditory language task after intensive speech and language therapy in aphasia after stroke

Dorothea \mathbf{Peitz}^1

Stefan Heim^{1, 2, 3, 4}, Christoph Ritter⁵, Katja Hussmann¹, Lea Plum¹, Beate Schumann-Werner^{6, 7}, Hannah Born¹, Katja Schönewald¹, Bruno Fimm¹, Svenja Caspers^{3, 8}, Nina Scholtes⁹, Ferdinand Binkofski¹⁰, Jörg B. Schulz^{1, 11, 12}, João Pinho¹, Cornelius J. Werner^{1, 7}

¹ Department of Neurology, Medical Faculty, RWTH Aachen University, Germany

² Department of Psychiatry, Psychotherapy and Psychosomatics, Medical Faculty, RWTH Aachen University, Germany

³ Institute of Neuroscience and Medicine (INM-1), Research Centre Jülich, Germany

⁴ Institute for Midwifery, Medical Faculty, RWTH Aachen University, Germany

⁵ Brain Imaging Facility, Interdisziplinäres Zentrum für Klinische Forschung (IZKF), RWTH Aachen University, Germany

⁶ Institute of Cognitive Neurology and Dementia Research, Otto-Von-Guericke-University, Germany

⁷ Department of Neurology and Geriatrics, Johanniter Hospital Stendal, Germany

⁸ Institute for Anatomy I, Heinrich-Heine-University Düsseldorf, Germany

⁹ Division of Neuropediatrics and Integrated Health Care, Department of Pediatrics and Adolescent Medicine, KJF Klinikum Josefinum Augsburg, Germany

¹⁰ Section Clinical Cognitive Sciences, Department of Neurology, Medical Faculty, RWTH Aachen University, Germany

¹¹ JARA-BRAIN Institute Molecular Neuroscience and Neuroimaging, Research Centre Jülich GmbH, Germany

¹² JARA-BRAIN Institute Molecular Neuroscience and Neuroimaging, RWTH Aachen University, Germany

Background and aims: In people with aphasia (PWA) following stroke, language can improve after intensive speech and language therapy (SLT). However, it is still debated which exact changes of brain activation in the ipsilesional and contralesional hemisphere are associated with these improvements. This study investigates the effects of an intensive SLT on brain activation during auditory language processing in PWA.

Methods: Included inpatients (n=14, 43% female, mean age = 54 years, mean months post onset = 11) with mild to severe aphasia underwent individually tailored SLT (9-10 hours/week) over six weeks. The treatment and language assessments were conducted under routine clinical care at the Aachen aphasia ward. Language improvements were assessed with the Aachen Aphasia Test. Structural and functional measurements using magnetic resonance imaging ((f)MRI) were conducted in the first (T1) and last week (T2) of therapy. The task-based fMRI measured brain activation during passive listening to words, pseudowords, sentences, and pseudoword sentences. Similarly, a control group with age- and sex-matched people without aphasia (n=14) was measured at the same time points.

We examined the interaction of functional activation patterns between "group" and "time point," with a threshold of $p \le 0.001$ (uncorrected) and a cluster size of k>30 voxels.

Results: Significant language improvements were observed in 86% of PWA. Structural MRI showed peri-sylvian lesions in most PWA in the left hemisphere, leading to reduced activations in this region during auditory language processing compared to controls at T1. Preliminary results of the interaction indicate a bilateral increase of activation between T1 and T2 in PWA compared to

controls. Significant clusters are located in the temporal lobe, mainly in the left hemisphere (Figure 1).

Conclusions and implications: Overall, these findings suggest a therapy-induced increase of brain activations in bilateral areas previously associated with neurotypical language processing. Further analyses need to investigate if these changes correlate with the language improvements.



Figure 1: Increase of brain activation between T1 and T2 for PWA in comparison to controls (flexible factorial design, p<0,001 uncorrected, k>30)

48 - Development and implementation of a framework for delivering intensive language action therapy in collaboration between in- and outpatient wards

Ellen Grut¹

Hanna Persson¹, Mi Johansson¹, Åsa Lindström¹, Emma Holmbro¹, Yanira Hernandez Maillard¹, Julia Löfgren¹, Fredrik Gustavsson¹, Sarah Weström¹, Gunilla Zaar¹, Helena Hybbinette^{1, 2}, Marit Lundgren¹, Susanne Kolacz Palmcrantz^{1, 2}, Ann-Christine Persson¹, Kajsa Söderhielm³, Malin Bauer⁴

¹ Division of Rehabilitation Medicine, Danderyd University Hospital, Stockholm, Sweden

² Department of Clinical Sciences, Karolinska Institute, Danderyd University Hospital, Stockholm, Sweden

³ Department of Neurobiology, Care Sciences and Society, Karolinska Institute, Stockholm, Sweden
 ⁴ Department of Public Health and Caring Sciences; Speech-Language Pathology, Uppsala
 University, Uppsala, Sweden

Background and aims: Intensive Language Action Therapy (ILAT) is an intensive group intervention for persons with aphasia (PWA) that has been shown to lead to significant reduction in aphasia severity and depression scores. ILAT is thus a desirable intervention for PWA. Even so, creating group interventions is challenging due to heterogeneity regarding aphasia type and severity and capacity for participation as well as access to speech language pathologists (SLPs). To increase access to ILAT and optimize groups, the SLPs at The Division of Rehabilitation Medicine, Danderyd Hospital started a structured collaboration between the in- and outpatient wards. **Methods:** Eight SLPs meet regularly to plan combined ILAT groups. The SLPs identify, document and discuss the PWA's needs and strengths and share the clinical and administrative workload. Every ILAT group is offered 2 hours per day during a period of 15 days. After each treatment period, patients rate their perceived benefit from the intervention on a scale of 1 to 10, with 10 indicating the highest possible benefit.

Results: The collaboration has increased access to ILAT and resulted in improved group constellations. Clinical experiences from the SLPs are that combined groups can lead to inpatients gaining hope for the future and outpatients growing as mentors. The collaboration contributes to the rehabilitation process by acting as a bridge between rehabilitation phases. It also offers clinical development for SLPs, as colleagues can discuss challenges and inspire each other. A shared administrative infrastructure facilitates collaboration. Five rounds of ILAT for a total of fifteen participants (eleven unique participants) were given during 2024. The patients' mean rating of benefit from participation was 8.7 (median 10, 5-10). Two participants commented that it was good that the SLPs leading the groups were shifting.

Conclusions and implications: A structured SLP collaboration between in- and outpatient wards is beneficial for both PWA and SLPs.

49 - Assessment of naming abilities in Catalan-dominant bilinguals using the Comprehensive Aphasia Test

Io Salmons¹

Helena Muntané-Sánchez², Anna Gavarró¹ ¹ Universitat Autònoma de Barcelona (Spain)

² Hospital Sant Rafael de Barcelona (Spain)

Background and aims: Anomia is a core feature of aphasia. Recent studies suggest that people with aphasia (PWA) present difficulties in naming objects due to deficits in lexical retrieval and executive function. The latter is crucial to inhibit inappropriate responses in code-switching, which is particularly important to consider when assessing bilingual populations. Here we investigate the production abilities of Catalan-dominant speakers, who are also bilingual speakers of Spanish, with the goals of generating normative data for Catalan and examining the efficiency of the Catalan version of the *Comprehensive Aphasia Test*.

Methods: We evaluated 29 participants with aphasia (14 women, Mean age = 66.3 years) and 109 control subjects (65 women, Mean age = 50 years) with a picture naming task (PNT) and a verbal fluency (VF) task, which recruits executive function to a larger extent.

Results: The PWA performed significantly worse on all tasks (Table 1). Consistent with the literature, control subjects showed great variability in VF correlated with age (r = -.406, p < .001), suggesting that the PNT is more reliable as a diagnostic tool. The PWA group produced a total of 48 responses in Spanish, the most common error in the VF task, compared to 28 by the controls, who autocorrected most of them. On the other hand, the PWA made a greater variety of errors in the PNT, such as paraphasias or nonresponses, which are very informative regarding the type of difficulties they experience. Yet, the PWA's –but not the controls'– scoring on VF correlated with both measures of the PNT (r = .614, p < .001 and r = .595, p < .001).

Conclusions and implications: Our study highlights the diagnostic value of object naming tasks for people with aphasia, and highlights the advantages of picture naming tasks over verbal fluency tasks, especially for bilingual populations.

Subtest	Cutoff /Max	Control	Participants with appasia	Mann- Whitney II
	/1107	Subjects	with apriasia	winniey O
Verbal	10/-	Mean = 20.85	Mean = 6.00	W = 95.5,
fluency		Range = 7 - 39	Range = 0 - 17	p < .001
(animals) ¹		SD = 6.00	SD = 4.77	-
Object	23/24	Mean = 23.86	Mean = 16.86	W = 388.5,
naming ²		Range = 22 - 24	Range = 0 - 24	p < .001
-		SD = .39	SD = 7.22	
	46/48	Mean = 47.54	Mean = 31.48	W = 132,
		Range = 44 - 48	Range = 0 - 48	p < .001
		SD = .92	SD = 14.24	

Table 1 Results by group and subtest

¹Production of as many animal nouns as possible in one minute. ²The participants are asked to name the objects depicted. Responses evaluated with to two scoring scales: (i) correct vs. incorrect (maximum of 24), (ii) scoring including other factors such as response delay or self-corrections (maximum of 48).

50 - Evaluating a co-designed collaboration tool for cross-cultural and cross-linguistic aphasia therapy.

Chelsea Larkman^{1, 2, 3}

Lucette Lanyon^{1, 2}, Miranda Rose^{1, 2}

¹ La Trobe University, School of Allied Health, Human Services and Sport, College of Science, Health and Engineering, Australia.

² Centre of Research Excellence in Aphasia Recovery and Rehabilitation, Australia.

³ Concord Repatriation General Hospital, Speech Pathology Department, Australia.

Background and aims: Increasing cultural and linguistic diversity internationally is resulting in speech pathologists needing to provide aphasia services to clients with whom they do not share a language. This necessitates close collaboration with interpreters to deliver aphasia therapy across cultures and languages. This study aimed to evaluate an aphasia therapy collaboration tool for speech pathologists and interpreters which was developed through earlier stages of co-design. **Methods:** This study is the second, evaluative phase of a larger co-design study. Eight participants (four speech pathologists and four interpreters) from a range of language backgrounds, experience levels, workplaces, and genders were recruited. The sample was divided into four dyads involving one speech pathologist and one interpreter. Each dyad engaged in a one-hour, online workshop during which participants role-played a pre-briefing session for a hypothetical aphasia therapy case study, applying the collaboration tool as guidance. Participants were interviewed about their use of the tool. The data were analysed using Framework Analysis.

Results: Four themes were identified: (1) mutual engagement promotes active and productive collaboration, (2) engaging in adaptation can be complex and requires additional skills and resources, (3) time is a limited resource, and (4) the collaboration tool has multiple benefits. **Conclusions and implications:** Participants found the tool beneficial for supporting a comprehensive pre-briefing session which they felt improved the cultural and linguistic appropriateness of therapy, and increased clinician confidence for the session. Whilst participants noted the additional time requirements of such an in-depth briefing, they anticipated this would reduce with greater clinician familiarity with the tool and interpreter continuity across bookings. Participants recommended that the key content for briefing be presented in a checklist format to maximise ease and efficiency of use.

The collaboration tool has the potential to support speech pathologists and interpreters in their preparation and collaboration for therapy sessions with culturally and linguistically diverse people with aphasia.

BRIEFING CONTENT FOR APHASIA THERAPY

Patient background.
Respective experience with the other
profession.
Languages +/- dialects spoken by the
interpreter.
Interpreter's familiarity with aphasia.
Typical features & errors in aphasia.
Key features of the target language & culture.
Plan for the session incl. therapy activities,
processes, & goals. Review therapy stimuli &
target words/sentences.
Mode of interpreting.
Management of disordered communication.
Observations needed from the interpreter.
Larkman et al., 2024

51 - Adapting ECoLoGiC-Treatment (Expanding Communication and Language Opportunities Generated in Conversation) for Bilingual Populations: Two Case Studies

Yael Neumann¹ **Marion Leaman**², Aviva Lerman³ ¹ Queens College, CUNY ² University of Kansas Medical Center ³ Hadassah Academic College

Background and aims: Conversation skills are often disrupted for people with aphasia (PWA). Although research addressing individual conversation treatment that is authentic, spontaneous, multimodal, and interactive exists for monolingual PWA, there is no such research for bilinguals (Neumann & Leaman, 2023). The purpose of this study is to test whether an established conversation treatment, ECoLoGiC-Treatment (ECoLOGiC-Tx; Leaman & Edmonds, 2024; Leaman, 2025), adapted for bilinguals, demonstrates improved language in bilingual PWA. **Methods:** Two bilingual men, P1 (70-y.o., Hebrew-English, moderate Broca) and P2 (73-y.o., Yiddish-English, mild Anomic), participated in this quasi-experimental, pre-test/post-test single-subject design study, with follow-up sessions six weeks post-treatment.

A battery of standardized tests for language, functional communication, and patient/family-reported outcome measures (P/FROMs) was used. Twenty hours of bilingually-adapted ECoLoGiC-Tx was delivered over 10 weeks. Adaptations supported codeswitching, translanguaging, and language-mixing. Additionally, cross-linguistic stimulation and flexibility in language choice throughout the therapy protocol was allowed. Clients also led the choice of language used in conversations and therapy was based on culturally appropriate discourse which incorporated individual language histories and community-specific norms.

Results: Consistent with results of monolingual ECoLoGiC-Tx (Leaman & Edmonds, 2024; Leaman, 2025), both participants demonstrated generalization of language improvements across formal test measures, functional communication, and P/FROMs. These gains were largely maintained at six-week follow-up. Importantly, improvements were observed across languages and modalities, even on tasks not directly targeted in therapy (Table 1).

Conclusions and implications: This study highlights the importance of holistic, culturally-sensitive, conversation-based bilingual-adapted ECoLoGiC-Tx for bilingual PWA. Findings demonstrated that encouraging the use of both languages in complex conversation led to generalized improvements across multiple domains in both languages, even when those specific tasks were not directly targeted in therapy. This underscores the potential for ECoLoGiC-Tx at a high level of complexity to stimulate cross-linguistic improvements and foster greater real-world communication gains.

Measures		P1			P2	
	Baseline	Post-Treatment	Maintenance	Baseline	Post-Treatment	Maintenance
WAR-H						
AQ (/100)	55.8	50.6	52.9	86.5	85.5	89.6
10 (2100)	46.5	44.1	552	72.7	70.3	82.4
man.n subtests	40.2		17	111	19.2	
Information content (/12)	8			2	2	10
Fluency (210)	5	4	4	9	9	9
Soordaheous seeech ((22)	13	12	12	58	18	12
Auditory verbal comprehension	6.4	6.8	7.6	8.9	8.6	
[73]						
Receibler (712)	47	2.6		7.9	12	7.8
Reading (1901)	62	5.8	74	80	26	A1
Welling (/100)	41	M	51	87	50	42
BAT-English-Screening subtests:						
Spontaneous speech (192)	12	17	16	25	24	25
Auditory verbal discrimination (/7)	7	3	4	6	6	7
Syntactic comprehension (/10)	6	7	6	3	7	5
Repetition of words and nonsense	2	7	6	10	10	12
words (r12)				-	-	-
Residen (CD)		-	1	1	1	
Medical Research (PR)		1	1		1	
Remark one-sites (%)	0	2	1	1	1	1
Easter (7)	9	9	0	1	9	
Capying (2)	1	2	2	2	2	2
Reading comprehension of words	4	4	3	4	4	4
(4)			-			
Reading comprehension for	4	4	4	2	4	4
sentances (4)					-	-
Relation (N)	1	- 12	12	- 12		12
Finally and sami complex	1		17	- 12	12	1
commande (E)	*			1.	1°	-
Complex commands (72)	3	0	0	0	1	2
Distation (2)	1	1	1	2	1	2
BAT-Hobrew-Screening				BAT-Yiddish-		
sublests:				Screening subtests	E .	
Naming (/E)	5	3	4	5	5	5
Portro (5)	-	-				
Simple and semi-compex	•	1	1°	1.	•	•
Complex compands (72)	0	0	1			
Secretarian anearth (199)	11	14	36	54	14	54
Verbal auditory discrimination (%)	5	6	5	6	6	6
Runtactic comprehension (710)	3	7	7	5	8	7
Repetition of words and nonsense	17	15	17	7	54	50
words (/24)						
Repetition of sentences ((3)	0	1	0	2	3	3
Series (/2)	0	1	1	2	2	2
Varbal fuence	1 word	1 word	0 word	2 words	2 words	2 words
Semana: opposites (5)	0	0	1		1	4
Maading words (12)	4	1	1	- 11		13
resourced servers (25)	1	1	1		1.	1
Pictuling (70)	0	6	1	11		1
Reading commission of words	4	4	4	3	3	4
(4)		- F	1 ·	1.	1.	
Reading comprehension of	1	1	3	1	2	
sentences (4)					-	-
CADL-3 (*100)	51	74	75	79	90	91
ACOM: T-score estimate	43.5	43.23	36.93	59.6	65.8	57
CCRSA (P1000)	440	630	490	552	482	510
CETI: Mean	12	34	34	65.5	92.1	82.5
ASHA-FACS	z	4.8	4.3	0.0	6.8	5.9
Overal Communication		1	1		1	1
#1 #-2 (2152)	62	nia	a la	113	ale	ala
Control: PALPA	1	1	5	15	15	58
Subtest 8: Norword repetition (/30)						
Vote: Green indicates change was deen hange exceeding 4.1 points, was deen nd was "statistically significant for the indicates clinically meaningful improvement	red meaningful if red clinically mean ifinimal Detectable (exceeding the 10)	the score exceeded a 10% singful (Hute et al., 2010), F e Change Criteria (MDC80) 5 threshold based on Palmer e	criterion (Palmer et al., 201 or CADL-3, change was cli of 9.3 points. For the ACO tal., 2019). For the CETI, a	 For the WAB-R.AQ score. nically meaningful if the score M, a clinically meaningful changes clinically meaningful changes 	tor P1, a change exceedin exceeded 4 points Stand rge exceeded 4.8 points (3.84; statistically significa	g 1.8 points, and for P2, a vd Error of Measurement (SEM) Hula & Doyle, 2021). nt exceeded 8.91 points

52 - A Systematic Review of Semantic-Feature Based Treatments (SBTs) in Bilingual Aphasia

Javad Anjum¹

Niharika M. K², Ahmet Emre Keser³, Kara Scoggins¹

¹ Department of Communication Sciences and Special Education, University of Georgia, Athens, GA, USA

² Department of Speech-Language Pathology, JSS Institute of Speech and Hearing, Mysuru, India

³ Department of Linguistics, University of Georgia, Athens, GA, USA

Background and aims: As the word bilingual population grows, a greater number of bilinguals are forecasted to seek aphasia rehabilitation in the future. Lexical retrieval deficits commonly seen in aphasia are further compounded in bilingual people with aphasia (BWPA), as predictors of recovery are also determined by impairment in each language, pre-morbid proficiency, use, educational attainment, code-switching, and linguistic distance across the two languages. Semantic-Feature Based Treatments (SBTs) are widely used in improving naming abilities in BPWA. However, the mechanism of action and generalization patterns of SBTs among BPWA are poorly understood. The main aim of this systematic review was to identify the active ingredients of SBTs and characterize how these treatment components contribute to improving naming accuracy and generalization in BPWA.

Methods: Following PRISMA guidelines, a comprehensive search strategy was used to identify peer-reviewed empirical studies meeting prespecified inclusionary criteria across available databases, registers, and grey literature in the last 25 years. Two authors (JA and NMK) independently evaluated the methodological quality of studies by using a combination of critical appraisal tools across five major study designs. Discrepancies were resolved through discussions, consensus, and additional appraisals by remaining authors.

Results: A total of 17 studies were included in the final tally. The most prominent active ingredients of SBTs were observed to be spontaneous naming, feature analysis (selection, assignment, verification), word association, and sentence production using target words – all of which improve lexical retrieval by strengthening lexical-semantic connections, promoting both within-language generalization and cross-linguistic transfer. The effectiveness of these ingredients also depends on treatment goals, grammatical category of treated words (nouns vs verbs), and individual patient characteristics.

Conclusions and implications: Naming treatments based on SBTs are effective in enhancing naming accuracy and generalization in BPWA. Further examination of individual components of these treatments will help refine treatment protocols to maximize aphasia rehabilitation outcomes in an increasingly bilingual world.

Identification of	tudies via databases and registers	
Records identified from: "Databases (n = 309) "Registers (n = 12)	Records removed before amening Dayloate records (n = 10) Records removed reasons (n = 60)	bre removed for other
Records screened (1 = 248)	Records evoluted (n = 162)	
Reports sought for retrieval (n = 54)	Reports not retrieved (n = 0)	
Reports assessed for eligibilit (n = 84)	Reports excluded (n = 67)	
Studies included in review (# = 17)	7	

Databases: Academic Search Complete, APA Psychinfo, CINHAL, MEDLINE, Google Scholar, and PulMed "Register: Crimical Trials pov, ISRTCN Registry, and WHO International Clinical Registry Trial Failform Search terms used. (Blingual" AND aphasia" AND Semantic OR Naming (Itab) OR Anomia (Itab)

53 - Multilingual Naming Test: A Pilot Study of Linguistic Adaptation

Viktória Kevická^{1, 2}

Petra Brandoburová^{2, 3}, Eva Krajčovičová¹, Petr Novák⁴

¹ Department of Communication Disorders, Faculty of Education, Comenius University, Bratislava, Slovakia

² MEMORY Centre, Bratislava, Slovakia

³ Department of Psychology, Faculty of Arts, Comenius University, Bratislava, Slovakia

⁴ Institute of Neuroimmunology, Slovak Academy of Sciences, Bratislava, Slovakia

Background and aims: The Multilingual Naming Test (MINT; Gollan et al., 2012) was designed to assess naming ability across various languages. Our study aimed to create and validate a Slovak adaptation of the MINT, evaluating its feasibility in Slovak conditions. This pilot study was conducted on a normative sample and a sample of individuals with mild cognitive impairment (MCI), contributing to the development of a culturally and linguistically relevant Slovak version of the test.

Methods: The MINT was administered to 103 cognitively intact Slovak-speaking individuals. Responses were analysed to identify culturally appropriate alternative answers. To investigate the impact of age, education, and gender on test performance, participants were divided into three age groups (<60, 60–69, \geq 70 years), three education levels (primary, secondary, university), and by gender. Additionally, the test was administered to 40 individuals with MCI, matched with a control group using paired selection.

Results: Preliminary analysis suggests that the MINT is a suitable tool for Slovak-speaking populations, though cultural adjustments and alternative responses were necessary. Age (F = 12.9, p < .001) and gender (t = 2.97, p = 0.004) significantly influenced performance, while education did not (F = 1.02, p = 0.368). Moreover, the MINT demonstrated the ability to distinguish individuals with MCI from the control group (U = 237, p < 0.001).

Conclusions and implications: Based on preliminary results, the Slovak adaptation of the MINT appears to be a culturally appropriate tool for assessing confrontation naming in Slovak populations, requiring only minor modifications. Future research should focus on validating the test in individuals with Alzheimer's disease and among minority groups in Slovakia to explore its applicability in multilingual and diverse contexts.

The study was carried out as part of the grant project VEGA 1/0677/2.

54 - Frameworks to guide cultural adaptations, and their documentation in aphasia treatments.

Analisa M. Pais^{1, 2}

Caroline Jagoe³, Jytte K. Isaksen^{4, 5}, Yina M. Quique⁶

¹ University of Essex, Essex, UK

² City St. Georges, University of London, London, UK

³ Trinity College Dublin, Dublin, Ireland

⁴ University of Southern Denmark, Odense, Denmark

⁵ Neurorehabilitation Research and Knowledge Centre, Glostrup, Denmark

⁶ Speech and Hearing Department, University of New Mexico, USA

Background and aims: Aphasia research is not representative of the world's cultures and languages. Over 85% of aphasia treatment research is focused on English speakers (Beveridge & Bak, 2011), leaving a need to improve cultural and linguistic representation in the field of aphasia research and practice. Adapting existing evidence-based interventions for diverse cultural contexts is one way to increase fit, acceptability, and engagement (Stirman et al., 2019), thereby increasing access to aphasia interventions. However, such adaptation must be approached critically, and where appropriate, documented in a transparent and systematic manner. A step towards improving adaptation of aphasia interventions is to critically apply existing frameworks that are designed to facilitate adaptation of evidence-based interventions according to the context and needs of diverse populations. Aims: 1) to present two frameworks that can guide cultural and linguistic adaptations of aphasia treatments (i.e., top-down and bottom-up approaches); 2) to present a framework that can guide the documentation of critical elements that must be considered when adapting aphasia treatments. Specifically, we will discuss the Framework for Reporting Adaptations and Modifications-Enhanced (FRAME; Stirman et al., 2019) applied to aphasia treatment adaptations (FRAME-A) with some illustrative examples.

Methods: This paper uses a problem-solution approach to critically discussing existing approaches to the cultural adaptation of interventions and discusses this in the context of aphasia interventions. **Results:** The approaches and frameworks discussed in this paper can help clinicians and researchers adapt evidence-based treatments for aphasia, document their adaptation process, and trace a path for future treatment modifications.

Conclusions and implications: This paper could provide much-needed support for increasing aphasia intervention development and research for diverse cultures and languages, thereby increasing access to appropriate interventions for persons with aphasia globally, particularly across under-researched cultural and linguistic contexts and in doing so, addresses Sustainable Development Goal (SDG) 10 (Reduce inequality within and among countries).

43 - The involvement of persons with aphasia in shared decision-making following cerebrovascular accident(s) across clinical contexts

Bahale Mehale

Background and aims: Shared decision making (SDM) is a collaborative process built on the notion of co-construction that involves both client and clinicians in making health-related decisions. Research exploring the SDM of persons with aphasia in decision-making remains scattered across the knowledge base. The aim of this study was to review and synthesise the current research surrounding SDM processes for adults with aphasia. This can be undertaken as a resource to inform future research and clinical practice. Additionally, the social implication of exploring involvement is imperative given the vulnerability of participation for this population.

Methods: A scoping review guided by Arksey and O'Malley's six steps was used. Comprehensive searches were conducted on platforms including EBSCOhost, PubMed, and SCOPUS. Following duplication removal, screening at the title and abstract level and at full text by two reviewers, and recording using PRISMA flow diagram, N=35 records remained for data extraction. In the final step, perspectives were gained from persons with aphasia as well as speech, language therapists as a form of social validation.

Results: The involvement of persons with aphasia in decision making is imperative to provide meaningful and person-centred care. Healthcare, however, still tends to follow pathways that centre clinicians as decision-makers - leaving a notable absence in the incorporation of persons with aphasia.

Conclusions and implications: By prioritising the involvement of persons with aphasia in their own intervention processes, their inclusion as both a human right and an essential function of being human is acknowledged and the erroneous assumption that no persons with aphasia can make decisions for themselves and are thus unable to participate in shared decision making processes can be refuted.

47 - The role of inner speech during a nonverbal problem-solving task in persons with and without aphasia

Julianne Alexander

Tessa Hedrick, Brielle Stark

Background and aims: Inner speech is a pervasive phenomenon, can be spared in post-stroke aphasia, and facilitates cognitive functions like problem solving. Our aim was to identify aphasia's impact on nonverbal problem solving, considering the role of inner speech in people with and without aphasia.

Methods: Participants with aphasia (n=31) and cognitively healthy adults (CHA; n=37) completed nonverbal Wisconsin Card Sorting (WCST) baseline, then two conditions: articulatory suppression (saying "na") and motor interference (tapping chest). Condition order was random. Participants reported on their inner speech during the conditions.

Results: A preliminary linear mixed effect model examined how reaction time (RT) was impacted by group (aphasia; cognitively healthy adults), condition (articulatory suppression; motor interference), condition order, baseline RT, and subjective perception of inner speech during each condition, and their interactions. Generally, CHAs were faster than the aphasia group: (baseline = p<.001, aphasia M=343.64, CHA M=165.93s; articulatory suppression = p<.001; aphasia M=231.05s, CHA M=169.34s; motor interference = p<.001, aphasia M=298.17s, CHA M=139.88s). Inner speech was mostly present during each WCST manipulated condition (aphasia, articulatory: 60.83%, motor: 68.55%; CHA, articulatory: 58.78%, motor: 64.58%). The model identified a main effect of condition, with unexpectedly slower RTs on motor interference across participants (p=0.02). RT at baseline expectedly related to RT during manipulated conditions (p=0.0002). During the manipulated conditions, less inner speech was associated with faster RTs (p<0.009), whereas more inner speech was associated with slower RTs (p<0.05). There was an interaction of inner speech with condition (p=0.04), where the articulation RT, but not the motor RT, was adversely impacted (see figure). The triple interaction of group, condition, and inner speech was not significant.

Conclusions and implications: Persons with aphasia perform worse on nonverbal problem-solving tasks. Inner speech is present during nonverbal problem solving. Greater presence of inner speech during the articulation suppression condition, but not the motor interference condition, adversely impacted RT for both groups.

Articulatory Suppression Condition

Main takeaway: cognitively healthy adults are better at the WCST even during articulatory suppression (except for perseverative errors, where there is no significant difference), and the perceived inner speech during the task does not significantly differ between subject groups.

	U	df,	р
Artic: Categories Completed (how many times did they reach 10 correct in the Store: correct? Number from 0-6)	956.000		< .00
Artic: Overall Correct	972.500		< .001
Artic: Failure to Maintain Set Errors (category has not changed, but participant uses a new sorting rule)			< .00
Artic: Perseverative Errors (category has changed, but participant sorts according to old rule)			0.47
Artic: Non-perseverative/Random Errors (errors that do not fit within the other error types)			< .00
Artic: Inner Speech Rating (Not at all = 0, Sometimes = 25, Half of the time = 50, Most of the time = 75, The whole time = 100)			0.70
Artic: Reaction Time	277.000		< .00

Group Descriptives Group N SE Coefficient of variation Mean Rank Sum Rank Mean SD Artic: Categories Completed (how many times did they reach consecutive correct?) Control Aphasia 37 31 4.054 2.161 0.848 1.594 0.139 0.286 0.209 0.737 44.838 22.161 1659.000 687.000 Control Aphasia 51.946 39.871 3.153 12.564 45.284 21.629 1675.500 670.500 Artic: Overall Correct 37 31 0.518 2.257 0.061 0.315 37 31 37 31 Control Aphasia Artic: Failure to Maintain Set Errors (category has not changed, but participant uses a new sorting rule) 2.514 7.387 1.660 5.863 0.273 1.053 0.661 0.794 24.932 922.500 45.919 1423.500 Artic: Perseverative Errors (category has changed, but participant sorts according to old rule) Control Aphasia 4.378 5.194 1.255 4.183 0.287 0.805 32.946 1219.000 36.355 1127.000 0.206 0.751 Control Aphasia 5.189 11.516 3.044 8.414 0.501 1.511 0.587 0.731 27.122 43.306 1003.500 1342.500 Artic: Non-perseverative/Random Errors (errors that do not fit within the other error types) 37 31 Artic: Inner Speech Rating (Not at all = 0, Sometimes = 25, Half of the time = 50, Most of the time = 75, The whole time = 100) 37 30 Control Aphasia 58.784 60.833 31.850 35.162 5.236 6.420 0.542 0.578 33.189 35.000 1228.000 1050.000 Artic: Reaction Time Centrol 36 169340.406 254713.418 Aphasia 31 231047.467 141422.224 42452.236 25400.181 1.504 0.612 26.194 43.065 943.000 1335.000