

Stein, J., Wagner, L. (2006) **Is informed consent a “yes or no” response? Enhancing the shared decision-making process for persons with aphasia.** *Topics in Stroke Rehabilitation*, 13(4), 42-46. NARIC Accession Number: J52067.

Abstract: Article addresses the issue of informed consent in individuals with aphasia. Informed consent is the term used for a process of discussion of the risks, benefits, and alternatives to surgical or other medical interventions. Patients must have decision making capacity (DMC) as a prerequisite for providing informed consent. Language and/or cognitive impairments after stroke can pose significant challenges in the assessment of DMC and the patients' ability to provide informed consent. Although DMC may be preserved with aphasia, the patients' ability to verbally formulate a response to exercise DMC is frequently impaired. The authors propose the use of a patient-selected helper during the informed consent process to improve the quality of the informed consent, while reserving final decision-making authority for the patient with aphasia.

Levin, T., Scott, B., et al. (2007) **Aphasia talks: Photography as a means of communication, self-expression, and empowerment in persons with aphasia.** *Topics in Stroke Rehabilitation*, 14(1), 72-84. NARIC Accession Number: J52082. Project Number: H133B031127.

Abstract: Article describes Aphasia Talks, a photography class developed to facilitate self-expression in people with aphasia. A model based on the goals of reintegration, recreation, education, socialization, and strengthening was used to design the class and corresponding website (AphasiaTalks.org) with, rather than for, people with stroke. Through the use of the class as a research tool, the redesign of a digital camera that could be used by people with limited mobility was begun. Exit interviews conducted with each participant following the 5-week course revealed that all participants would take the class again.

Pinhasi-Vittorio, L. (2007) **The role of written language in the rehabilitation process of brain injury and aphasia: The memory of the movement in the reacquisition of language.** *Topics in Stroke Rehabilitation*, 14(1), 44-51. NARIC Accession Number: J52086.

Abstract: Case study describes the use of written language to promote the language rehabilitation process in a young man with aphasia as the result of a brain injury. The automatic movement of his hands while writing with a pencil on paper, (the memory of the movement strategy) enabled the subject to initiate thoughts and ideas and restore his language.

Vitali, P., Abutalebi, J., et al. (2007) **Training-induced brain remapping in chronic aphasia: A pilot study.** *Neurorehabilitation and Neural Repair*, 21(2), 152-160. NARIC Accession Number: 52088.

Abstract: Study examined the neurobiological correlates of improved picture-naming performance in two patients with aphasia who received intensive and specific training for a chronic and severe phonological anomia. Picture-naming performance was assessed before and after phonological cueing training. Training-induced changes in patients' performance were correlated to brain activity patterns as revealed by pre- and post-training event-related functional magnetic resonance image scanning. Training-induced improvement was observed concurrently with changes in the brain activation patterns. Better performance was observed in the patient with the smaller lesion.

NIDRR Grantees on the Cutting Edge

Web-Based Treatment for Aphasia, Rehabilitation Institute Research Corporation (H133G060055) led by Leora R. Cherney, PhD. Dawn Carlson, PhD, MPH, Project Officer.

Abstract: This project conducts a randomized clinical trial to develop and implement an innovative, broadband, web-based treatment program for individuals with chronic aphasia, and evaluates its efficacy and cost-effectiveness. The treatment, Oral Reading for Language in Aphasia (ORLA), is based on a theoretical framework that incorporates two lines of work: the neuropsychological models of reading and observation-execution-matching. The treatment has been computerized and the current version of ORLA uses state-of-the-art virtual therapist technology that allows the individual with aphasia to read aloud, and ultimately speak, sentences at the same time as the words are produced by a perceptive, life-like, animated computer agent, using visible speech. In this clinical trial, ORLA treatment is delivered via the Internet and outcomes are compared to a placebo computer treatment. Twenty-five individuals with chronic aphasia (at least 12 months post onset) are randomized to one of two groups: oral reading treatment group and a control group in which subjects participate in non-language computer activities. Both groups practice for nine hours per week and treatment continues for a six-week period of time. Language and communication skills are evaluated pretreatment, immediately post-treatment, and at six weeks after the end of treatment to assess maintenance effects. The primary outcome measure is the Aphasia Quotient of the Western Aphasia Battery. Additionally, secondary outcome measures have been selected with consideration of the ICFDH-2 categories of body structure/function, activity, and participation and include a variety of standard aphasia tests as well as quality of life indices. Find out more at: ncam.wgbh.org

Express Yourself

Many assistive technology solutions are available to help people with aphasia to communicate. They include computer programs, cards and display boards, and communication skills tutorials. Search for “aphasia” at abledata.com to see full product listings.

Please note: These abstracts have been modified. Full, unedited abstracts, as well as any available REHABDATA citations, are available at naric.com.

Thousands of additional resources on these topics are available from NARIC's resource pages at www.naric.com/public

Current Literature - Selections from REHABDATA

Brumfitt, S. (2006) **Psychosocial aspects of aphasia: Speech and language therapists' views on professional practice.** *Disability and Rehabilitation*, 28(8), 523-534. [NARIC Accession Number: J50471.](#)

Abstract: Speech and language therapists were surveyed about their views on the importance and role of the psychosocial factors in the management of aphasia. Overall, there was strong agreement about the importance of the psychosocial effects of aphasia intervention. Participants who believed that psychosocial aspects were important to overall management of the client also believed that these factors were important to the outcome of the intervention. Quality of life was found to be an important dimension in psychosocial function, and premorbid experiences were perceived as affecting the outcome of the interventions. A range of methods for addressing psychosocial functions were reported. Participants expressed concerns about managing service delivery and reported variations in time spent on psychosocial issues.

Koester, H. (2006) **Factors that influence the performance of experienced speech recognition users.** *Assistive Technology*, 18(1), 56-76. [NARIC Accession Number: J50677.](#) Project Number: H133E980007.

Abstract: Performance on automatic speech recognition (ASR) systems was analyzed for 23 users with physical disabilities to determine the effect of 20 different independent variables on recognition accuracy and text entry rate. Factors that may influence ASR performance include: (1) hardware and software, (2) ASR training and experience, (3) ASR usage techniques, (4) computer experience and usage, and (5) user characteristics. Results showed that use of appropriate correction strategies had the strongest influence on user performance with ASR. The amount of time the user spent on his or her computer, the user's manual typing speed, and the speed with which the ASR system recognized speech were all positively associated with better performance. The amount of perceived adequacy of ASR training did not have a significant impact on performance.



The American Speech Language Hearing Association offers monthly podcasts featuring interviews with people making news in the field. Sign up and listen up at www.asha.org/podcast.

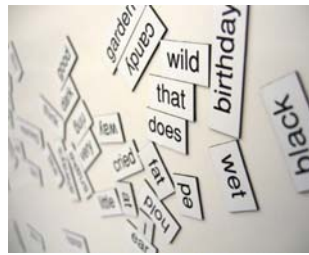


Photo Credit: Dan Meyer, Michigan

Aphasia can be caused by stroke, head trauma, or brain tumors effecting the language center of the brain. People with aphasia may experience difficulty communicating and understanding what is said to them. Typically, reading and writing are more impaired than oral communication.

Where Can I Find More?

A quick keyword search is all you need to connect to a wealth of disability and rehabilitation research. NARIC's databases hold more than 75,000 resources. Visit www.naric.com/research to search for literature, current and past research projects, and organizations and agencies in the US and abroad.



Cochrane Reviews on the topic of aphasia include one review for pharmacological interventions and two for speech and language therapy. It also lists three other reviews and three methods studies. More than 200 clinical trials are included in the search results as well. View these online at www.thecochranelibrary.org

Davidson, B., Worrall, L., Hickson, L. (2006) **Social communication in older age: Lessons from people with aphasia.** *Topics in Stroke Rehabilitation*, 13(1), 1-13. [NARIC Accession Number: J50699.](#)

Abstract: Article presents the stories of three older adults with aphasia following stroke. These case studies provide an example of the impact of aphasia on daily communication and the nature of conversations with family and friends. Each person's story is presented through a descriptive summary based on multiple data sources, including biographical information, social network diary entries, qualitative interviews, and stimulated recall of natural conversations.

Cruice, M., Worrall, L., Hickson, L. (2006) **Perspectives of quality of life by people with aphasia and their family: Suggestions for successful living.** *Topics in Stroke Rehabilitation*, 13(1), 14-24. [NARIC Accession Number: J50700.](#)

Abstract: Article describes the perspectives of four older women with stroke and aphasia, as well as their family members' perspectives, regarding the quality of their lives. The impact of aphasia varies across the cases and the need to accept change to live successfully is illustrated in each of their stories.

Hinckley, J. (2006) **Finding messages in bottles: Living successfully with stroke and aphasia.** *Topics in Stroke Rehabilitation*, 13(1), 25-36. [NARIC Accession Number: J50701.](#)

Abstract: Study reviewed published stories written by people with aphasia to understand what it takes to live successfully with stroke and aphasia. Four themes emerged from the 20 articles and books that met the selection criteria for review. First, positive social support was identified as a critical factor in living successfully. Second, successful living appears to require a change in self-concept. Third, most of the writers looked to the future and set new goals. Finally, the writers emphasized the importance of taking charge of their own continued communication improvement.

Holland, A. (2006) **Living successfully with aphasia: Three variations on the theme.** *Topics in Stroke Rehabilitation*, 13(1), 44-51. [NARIC Accession Number: J50703.](#)

Abstract: In-depth interviews were conducted with three individuals who live full and satisfying lives with stroke and aphasia. These three were chosen to reflect different types and severities of aphasia, lengths of time post-onset, lifestyles, and issues. Similarities and differences in their successful adjustments are discussed. The author compares the subjects in a general way to a larger group of individuals who live well with aphasia and contrasts them to another larger group of individuals who have been less able to establish fulfilling lives.