Contents

ORAL PRESENTATIONS

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 01: Lessons Learnt in using Large Language Models to facilitate Aphasia Therapy from a Community of Practice

Chloe Hui-Min Ang[1], Pin Sym Foong[2], Natasha Ureyang[2] and Yiting Emily Guo[1,3]

[1]Department of Rehabilitation, National University Hospital
[2]Saw Swee Hock School of Public Health, National University of Singapore
[3]Health and Social Sciences, Singapore Institute of Technology

Introduction:

Aphasia negatively impacts communication and health-related quality of life [1]. While high-intensity speech therapy is effective, constraints abound including acceptability, costs and accessibility barriers [2]. The proliferation and availability of Generative AI and large language models (LLMs) offer the potential for speech-language therapists (SLTs) to use AI-assisted interventions such as personalized therapy and adaptive platforms [3, 4] to facilitate intensity of practice and generalisation of gains or as AI assistive tools [5].

Materials and Methods:

Drawing on prior applications of communities of practice (CoPs) in aphasia rehabilitation [6], a CoP was established to support clinician learning and contextual adaptation of LLMs for aphasia therapy. The CoP comprised four SLTs and two human–computer interaction specialists. Monthly facilitated meetings focused on identifying clinical use cases, developing and refining prompts and mini-GPTs, and examining alignment with evidence-based aphasia therapy principles. Between meetings, members engaged in asynchronous testing, reflection, and discussion. Mini-GPTs were first trialled internally before selective piloting with persons with aphasia in clinical and practice contexts. Qualitative reflections were used to identify implementation-relevant themes including feasibility, clinician confidence, perceived appropriateness, and patient selection.

Results:

Multiple iterations of prompts and mini-GPTs were created based on current evidence methods in aphasia therapy and trialled within the group and with patients with aphasia. Different parameters were explored including goals of therapy, modalities, users and contexts of use including direct therapy, therapy-assistant-mediated sessions and home practice. Guardrails for patient selection and use were developed. All CoP members reported increased knowledge, confidence and readiness to integrate GPT-based tools in clinical practice.

Discussion:

The fast-changing technological landscape necessitates SLTs to ground AI adoption in theoretical and evidence-based frameworks. CoPs and the inclusion of digital literacy training in professional education should be considered as agile and sustainable ways to implement AI in aphasia rehabilitation.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 02: Using generative AI to support language in aphasia: Promise and problems to solve

Achini Adikari[1], Damminda Alahakoon[1], Nuwan Pallewela[1], John E. Pierce[2,3], Nelson J. Hernandez[2,3], Miranda Rose[2,3]

[1]Centre for Cognition and Data Analytics, La Trobe University
[2]Centre of Research Excellence in Aphasia Rehabilitation, La Trobe University
[3]School of Allied Health, Human Services and Sport

Introduction:

The recent explosion in generative AI capability, particularly Large Language Models (LLMs), provides opportunities to support conversational communication in aphasia. Past work has explored accuracy of models predicting intended words during errors in story retell tasks (Salem et al., 2023) and within specific aphasia subtypes (van Vaals et al., 2025). We aimed to evaluate a context-aware model during natural conversation across a range of aphasia subtypes and investigated predictors of accuracy by subtype and error category.

Methods:

Our model used GPT 4.0 with few-shot prompting, incorporating examples of aphasic errors within the prompt. As context for each word prediction, Langchain architecture was utilized to incorporate the six prior conversation utterances. Altogether, 1,982 samples from the Aphasia Bank (n=180 people with aphasia) were analysed. Word prediction accuracy was evaluated using semantic similarity (cosine similarity) and word sequence overlap (ROUGE-L) compared with the Aphasia Bank-annotated intended target. A subsample of predictions (n=40) were also manually rated by two speech-language pathologists (SLPs) for correctness, grammaticality, and semantic fidelity. A regression model explored predictors of model accuracy.

Results:

The model achieved accuracies of 80.00% (semantic similarity) and 76.42% (word sequence overlap). SLP ratings of predictions averaged >4 out of 5 indicating reasonable performance. Aphasia severity was weakly-moderately correlated with model prediction accuracy. Accuracy was lowest in global aphasia and highest in conduction aphasia. Model performance was highest when repairing morphological errors and within-word dysfluency and lowest for phonological, semantic and neologistic errors.

Discussion:

Our context-aware architecture showed good performance in predicting intended words, though accuracy was impacted by factors including word error type. Challenges for future work on this technology will be discussed, including inherent LLM limitations in processing impaired language. Future work should explore the influence of varying the context window and personalising models.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 03: From proof-of-concept to multisite implementation: Lessons learned from adapting the CHAT implementation strategy

Shrubsole, K.[1, 2], Power, E[3], Lannin, N[4, 5], Chew, W. K.[1, 2], Dignam, J.[1, 2], Caird, E.[1, 2], Wedley, H.[1, 2], Copland, D.[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. Faculty of Health, University of Technology Sydney Graduate School of Health, New South Wales, Australia.
4. Department of Neurosciences, Monash University, Victoria, Australia.
5. Alfred Health, Victoria, Australia.

Introduction:

The Comprehensive, High-dose Aphasia Treatment (CHAT) program is a modified Intensive Comprehensive Aphasia Program developed for Australian health services. Despite evidence that ICAPs lead to improved language and communication outcomes for people with aphasia[1], implementation is constrained by clinician- and organisational-level barriers. A theoretically-informed implementation strategy was previously shown to address CHAT implementation barriers within a single health service[2]. The current study explored the process of adapting the implementation strategy across diverse health services.

Materials and Methods:

This multicentre non-randomised before-and-after trial is in progress across five diverse geographical and service settings. Following usual care, all sites received the implementation strategy: i) executive, leadership and stakeholder support; ii) web-based educational training; iii) interactive workshop; iv) resource provision; v) ongoing implementation support; vi) site champions. Local barrier assessments and site readiness checklists informed strategy tailoring. Site-specific action plans were guided by a Theoretical Domains Framework[3]-based survey. Implementation support time was recorded using the COST-IS tool[4]. Quantitative data were analysed using descriptive statistics.

Results:

To date, 87 clinicians (speech pathologists, assistants) and service managers have completed CHAT training. All core implementation strategy elements have been enacted, with an average of 27.2 actions per site. The 'site champion' component was adapted to a monthly online Community of Practice to accommodate staffing availability, receiving positive clinician feedback. CHAT implementation has required alignment with local service delivery requirements, patient rehabilitation pathways, and staffing demands. The research team has provided approximately 1041 hours of implementation support.

Discussion / Conclusion:

Theory-informed implementation strategies can support new service delivery models when flexibly adapted to meet end-user and organisational needs. Systematic documentation of strategy adaptations is important to understand their function and inform future scale-up. The diversity of health services involved is expected to support broader uptake of CHAT to the benefit of people living with post-stroke aphasia.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 04: Aphasia and Alexa: Moving beyond 'Sorry, I Don't Understand' through Collaboration

Abi Roper[1], Amy Hanschell[2], Elaine Scougal[2], Sarah Northcott[1], Stephanie Wilson[1] and Katerina Hilari[1].

[1]City St George's, University of London, [2]University of Dundee

Introduction

Voice-assisted technologies such as Amazon Alexa offer potential benefits for people with aphasia, including supporting communication and daily activities. However, these systems often fail to recognize non-standard speech, leading to frustrating and off-putting experiences (Kulkarni et al., 2022). This study explores how people with aphasia experience and learn to use Alexa, and how collaborative research can inform more inclusive design.

Materials and Methods

Following on from an earlier trial of a custom Alexa skill on Amazon Fire TV stick with two participants with aphasia, we conducted five co-design workshops with four additional participants with aphasia. Four short videos were produced as an outcome of the co-design workshops (https://tinyurl.com/AlexaAphasiaVideos). Study data were analysed using Framework Analysis (Ritchie and Spencer, 2002) to identify patterns in successes, challenges, and strategies for effective use. Data sources included video recordings, transcripts of interactions, and participant reflections.

Results

Analysis is ongoing and full results will be reported at the time of presentation. Initial findings reveal that participants demonstrated creativity and persistence in overcoming barriers, using strategies such as rehearsing commands, making use of multimodal supports (e.g., text-to-speech apps), and switching between voice and manual navigation. Positive experiences included playing music, accessing recipes, and engaging in language exercises. Challenges included speech recognition errors, subscription prompts, and unclear feedback. Co-design sessions generated practical recommendations, including simplified command structures and visual supports.

Discussion/Conclusion

Findings highlight the contribution of lived experience to understanding how to negotiate the limitations of mainstream voice recognition technology. While Alexa's conversational requirements may not immediately lend themselves to accessible interaction, collaborative approaches reveal ways to move on from "Sorry, I don't understand" toward more inclusive voice technology experiences. Future work will develop these insights to inform design guidelines and evaluate further opportunities for mainstream voice recognition applications for people with aphasia.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 05: Addressing the long-term post-discharge needs of people with aphasia and cognitive communication disability through an AI-enabled self-management and support platform: Preliminary results from the Communication Connect pilot trial.

Miranda L. Rose[1,2], John E. Pierce[1,2], Damminda Alahakoon[2], Achini Adikari[2], Nelson Hernandez[1,2], Nuwan Pallewela[2], Dana Wong[1,2], Ian Kneebone[1,3], Dominique A. Cadilhac[1,4], Leonid Churilov[1,5], David Copland[1,6,7], Annie Hill[1,2,6], Kelvin Hill[8], Lucette Lanyon[1,2], Richard I. Lindley[1,11], Emma Power[1,3], Rachael Rietdijk[1,11], Brooke Ryan[1,9], Tracy Sheldrick[10], Ciara Shiggins[1,6,7], Leanne Togher[1,11], Tim Usherwood[1,11], Linda Worrall[1,6]

[1] Centre of Research Excellence in Aphasia Rehabilitation and Recovery
[2] La Trobe University, Plenty Road, Bundoora, Vic, 3086
[3] University of Technology Sydney, Broadway, Ultimo, NSW, 2007
[4] Monash University, Wellington Road, Clayton, Vic, 3168
[5] The University of Melbourne, Royal Parade, Parkville, Vic, 3052
[6] Queensland Aphasia Research Centre, The University of Queensland, Herston Road, Herston, Qld, 4029
[7] Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Queensland, Australia
[8] Stroke Foundation, Bourke St, Melbourne, Vic, 3000
[9] Curtin University, Kent Street, Bentley, WA, 6102
[10] Bendigo Health, Barnard Street, Bendigo, Vic, 3550
[11] The University of Sydney, Sydney, NSW, 2006

Introduction:

Aphasia and cognitive-communication disorder (CCD) can compromise daily life, mental health, and family functioning. Support services do not meet the specialised needs of these groups, placing them at great risk of costly, and potentially avoidable, medical and psychosocial complications. Together with consumers and clinicians, we co-designed Communication Connect, a comprehensive, communicatively accessible, AI-enabled web-platform containing self-management resources, education, and carer support for people with aphasia or CCD, carers/families, and health professionals. For this study we aimed to investigate the acceptability, feasibility, and preliminary efficacy of Communication Connect.

Materials and Methods:

Mixed methods convergent pilot feasibility design, integrating quantitative and qualitative data. We aim to recruit 20 in each of 3 participant groups (people with aphasia/CCD; carers; multidisciplinary health professionals) from 2 urban and 2 non-urban Australian hospitals. Quantitative outcomes are collected before Communication Connect access/engagement and at 1- and 3-months during use; will be analysed using mean difference and confidence intervals. Outcomes included: knowledge about rehabilitation and self-management options, self-efficacy, communication skills, mood, social isolation, quality of life, carer burden, health professionals' self-efficacy and confidence in the management of clients with communication disability. Semi-structured interviews at 3 months analysed thematically for aspects of acceptability and feasibility. Feasibility data included: recruitment rate, % outcomes collected, withdrawals. A bespoke experience survey captures overall ratings of acceptability and website/app usability, and likelihood of future use.

Results:

Data collection commenced July 2025. As of 1 December, we have recruited 36 health professionals, 15 people with communication disability and 6 carers. Data collection ends March 30, 2026. We will present quantitative and qualitative acceptability and preliminary efficacy results.

Discussion/Conclusion:

Communication Connect has potential to address many significant long-term support needs faced by people living with aphasia/CCD and their carers. Trial results will inform platform enhancements and decisions to progress to a powered clinical trial. (300 words).

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 06: Cognitive function predicts intensive aphasia therapy outcomes: Results from the FCET2EC randomised controlled trial

Caterina Breitenstein[1], David Copland[2,3,4,5], Annette Baumgärtner[6], Tanja Grewe[7], Agnes Flöel[8], Wolfram Ziegler[9], and Peter Martus[10] with the FCET2EC study group

[1]Department of Neurology, University of Münster, Germany
[2]Queensland Aphasia Research Centre, The University of Queensland, Brisbane, QLD, Australia.
[3]Faculty of Health and Behavioural Sciences, School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, QLD, Australia.
[4]Centre for Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University, Melbourne, VIC, Australia.
[5]Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Brisbane, QLD, Australia.
[6]Institute of Health Sciences, Department of Medicine, University of Lübeck, Germany
[7]Department of Technology and Health for People, Jade University of Applied Sciences, Oldenburg, Germany
[8]Department of Neurology, University Medicine Greifswald, Germany
[9]Clinical Neuropsychology Research Group (EKN), Institute of Phonetics and Speech Processing, Ludwig-Maximilians-University, Germany
[10]Institute for Clinical Epidemiology and Applied Biometry, University of Tübingen, Germany

Introduction

Individual response to aphasia therapy varies substantially. While cognitive impairments frequently co-occur with aphasia, no adequately powered trial has systematically investigated their influence on treatment outcomes. In a secondary analysis of the large FCET2EC randomised controlled trial (Breitenstein et al., 2017), we examined cognitive predictors of immediate and long-term success following intensive aphasia rehabilitation.

Methods

156 participants with chronic post-stroke aphasia received ≥3 weeks intensive, individually tailored therapy (≥10h/week therapist-delivered, ≥5h/week home practice). Baseline cognitive assessments examined attention, working memory, and non-verbal learning/memory. Exploratory factor analysis (EFA; maximum likelihood extraction, varimax rotation) identified cognitive factors. Primary outcome was verbal communication (ANELT A-scale); secondary outcomes included language performance across phonological, lexical, and syntactic domains, patient-reported quality of life (QoL), and proxy-reported communication effectiveness, measured post-treatment and at 6-month follow-up. Stepwise regressions

determined the predictive value of the cognitive factors on treatment outcomes (change scores), controlling for baseline performance and age.

Results

Treatment produced significant improvements across all outcomes, maintained at 6-month follow-up (all $p<.001$). EFA yielded three cognitive factors: central executive function (36% variance), non-verbal working memory (14%), and attention (12%). Baseline language/communication/QoL performance explained 2-39% of variance in treatment outcomes, respectively. Cognitive factors added 4-25% explained variance for immediate language and QoL outcomes, with executive function showing the strongest prediction. At 6-month follow-up, executive function and attention each explained 4-21% additional variance (beyond baseline performance) in sustained communication and language improvements.

Conclusion Baseline language/communication/QoL status was the single best predictor of immediate and sustained aphasia therapy outcomes. Executive function emerges as the most potent cognitive predictor across outcomes and timepoints. These findings provide empirical evidence for routine cognitive assessment in clinical aphasia management and support treatment personalisation based on individual cognitive profiles. Future research should investigate whether modifying therapy dosage or approach according to cognitive capacity optimises outcomes.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 07: Feasibility and Efficacy of a Hybrid Delivery Model of the Categorization Program for Individuals with Chronic Traumatic Brain Injury

Fofi Constantinidou[1] & Ioulia Solomou[1]

[1] Department of Psychology and Center for Applied Neuroscience, University of Cyprus

Introduction

Traumatic brain injury (TBI) is a major global health concern, with moderate-to-severe TBI (msTBI) often leading to persistent cognitive and functional difficulties years after injury. Although rehabilitation typically occurs in the acute and post-acute phases, evidence indicates that neuroplasticity persists into the chronic stage and that cognitive rehabilitation can yield gains even years post-injury. However, access to long-term interventions remains limited due to funding, mobility, geographic, and logistical barriers. Telerehabilitation offers a promising solution, yet research in chronic TBI populations is scarce. This study examines the feasibility and efficacy of a hybrid, telehealth-adapted version of the evidence-based Categorization Program© for individuals with chronic moderate-to-severe TBI.

Materials and Methods

A single-group, pre–post feasibility design with follow-up assessments was employed. Adults aged 18–65 years with msTBI sustained at least one year prior were recruited from hospital databases. Following baseline neuropsychological assessment, participants completed the eight-level Categorization Program, delivered primarily via telehealth. Neuropsychological measures were administered pre- and post-intervention, and CP-specific outcomes at baseline, post-intervention, and 4- and 8-week follow-ups. Feasibility was assessed using recruitment, adherence, retention, and acceptability indices. Changes in performance were evaluated using Wilcoxon signed-rank tests.

Results

Eighty-two individuals were screened, 21 enrolled, and 16 participants (76.2%) completed the program. Retention for CP-specific assessments was high post-intervention (93.8%) and acceptable at follow-ups (68.8% at 4 weeks; 75.0% at 8 weeks). Participants reported functional gains in orientation, memory strategies, and daily independence. Significant improvements were observed on CP-specific and neuropsychological measures assessing executive functioning, semantic knowledge and decision making tasks. Gains were maintained up to 8 weeks post treatment.

Discussion

The telehealth-adapted CP appears feasible and acceptable for individuals with chronic msTBI. High completion and retention rates, alongside functional gains, support the practicality of this hybrid model. Cognitive improvements and maintenance suggest that meaningful change remains possible in the

chronic phase, highlighting the potential of accessible telerehabilitation and the need for larger controlled trials.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 08: Investigating the effectiveness of "Aphasia + Math", an online intervention for the remediation of acalculia in adults with aphasia

Caroline Newton[1], Kerri Ichikowitz[1], David Brancamp[2], Tami U Brancamp[3]

[1]Language & Cognition, Division of Psychology & Language Sciences, University College London, Gower Street, London, WC1E 6BT, UK
[2]School of Education & Human Development, University of Nevada, Reno
[3]School of Medicine, University of Nevada, Reno

Introduction:

People with aphasia often report that they are unable to understand and use mathematical information. Consequently, they have difficulties doing everyday tasks such as planning travel or calculating a tip, which can impact an individual's confidence and self-esteem (Benn et al., 2022). Despite these indications of the significance of such difficulties, there are few available assessments or therapies targeting this area. The current study investigated whether an intervention targeting everyday maths would be viable and effective. Feedback from participants is reported in a parallel submission.

Materials and Methods:

Twelve adults with aphasia completed the study. They were divided into two groups on the basis of maths ability: Group 1 had poorer scores on addition and subtraction tests; Group 2 had higher level abilities. Treatment was employed for six one-hour sessions over a three-month period. The intervention was grounded in evidence-based principles used to teach mathematics to children, including strategy-based problem solving and real-world application. Outcome measures were subtests from the Numerical Processing and Calculation Battery: Math subtests: Math facts, Approximation, Mental math, Text problems (NPC; Delazer et al., 2003) and the Subjective Numeracy Scale (SNS; Fagerlin et al., 2007). A control task was also completed. Measures were administered immediately before and after intervention and one month later.

Results:

Both groups showed significant improvement in SNS score immediately post-intervention. Significant improvement was also found for NPC scores in Group 2, both immediately post-intervention and at follow-up. Group 1 did not improve on the NPC tasks. There was no change for either group in the control task.

Discussion:

Our study highlights the importance of considering maths abilities in aphasia intervention. Preliminary findings suggest that an intervention focusing on problem solving and real-world application can result in

meaningful improvements. They constitute a first step in determining the effectiveness of the Aphasia+Math programme.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 09: TELE-narraktiv: Biographical-narrative Intervention to support quality of life for people with aphasia in an online setting - initial evidence of effectiveness

Corsten, S.[1], Diehlmann, L.[2], von der Heide, B.[2,3], & Leinweber, J.[3]

[1] Catholic University of Applied Sciences Mainz, Faculty of Healthcare and Nursing, Mainz, Germany
[2] RWTH Aachen University, Faculty of Medicine, Department of Psychiatry, Psychotherapy and Psychosomatics, Aachen, Germany
[3] University of Applied Sciences and Arts Hildesheim/ Holzminden/ Göttingen, Faculty of Engineering and Health, Health Campus Göttingen, Göttingen, Germany

Introduction:

People with aphasia often experience a decline in their quality of life. Biographical work uses life stories to help people cope with difficult life events. The analogue narraktiv intervention improved the quality of life and psychological well-being of people with aphasia (Corsten et al., 2015). TELE-narraktiv addresses barriers to participation, such as limited mobility and service coverage, by delivering the intervention online. This study presents initial data on its impact on quality of life.

Materials and methods:

In a pre-post study, five individual and seven group sessions were conducted via videoconference across six groups of up to four participants. Health-related quality of life (SAQOL-39g, Hilari et al., 2009) and life satisfaction (SWLS, Diener et al., 1985) were measured at baseline (t0), after the 10-week intervention (t1) and at the three-month follow-up (t2). One-way repeated-measures ANOVAs were carried out.

Results:

Twenty-two participants with chronic aphasia showed significant improvements in communicative quality of life ($F(2, 42) = 8.12$, $p < .001$), demonstrating a large effect size ($\eta^2 = .279$). There was no significant change in the physical and psychosocial domains or in the overall SAQOL-39g scores. As hypothesised, SWLS scores remained unchanged.

Discussion/conclusion:

The TELE-narraktiv intervention was feasible in an online setting and improved communicative quality of life. It was expected that the effects in the physical domains would be limited, and that psychosocial gains would require more time as reflective processes develop gradually and are not immediately observable. Reducing session length to avoid digital fatigue may also have limited broader effects. Future research should examine optimal dosage and how therapeutic relationships as an indirect factor influencing therapy effectiveness are established and maintained in digital interventions.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 10: Formal language assessment after right hemisphere stroke: A systematic review and recommendations for research and clinical practice

Ms. Alexandra Durfee[1], Ms. Laura Murray[2], Ms. Caitlin Fromm[1], Ms. Margaret Blake[3], Ms. Melissa Johnson[4], Ms. Perrine Ferre[5], Ms. Ronelle Hewetson[6], Ms. Amanda Love[6], Ms. Stephanie Heffron[1], Ms. Shannon Sheppard[7], Ms. Jamila Minga[8]

[1] Towson University
[2] Western University
[3] University of Houston
[4] Nazareth University
[5] Integrated University Health and Social Services Centre of Northern Montreal Island
[6] Griffith University
[7] Pacific Science & Engineering
[8] Duke University

Clinicians report limited formal language assessment use post-right hemisphere stroke (RHS),[1] potentially contributing to underservice of this clinical population. Accordingly, this systematic review identified and appraised formal language (including pragmatics) assessments reported in the RHS literature to provide assessment recommendations for RHS research and clinical management.

Method:

A PRISMA-guided systematic review of peer-reviewed research (1970-2025) was conducted across multiple databases using broad search terms. Quality appraisal of studies and psychometric property review[2] of common assessments were completed.

Results:

A small proportion of included articles focused on language assessment development and adaptation (20/140); most reported formal assessments for participant demographics or the experimental design. Language status was not specified in most articles (100/140); when specified, 31 studies included monolingual participants with only 6 studies reporting inclusion of bilingual participants.The most common language batteries were the Montreal Evaluation of Communication, Boston Diagnostic Aphasia Examination, and Western Aphasia Battery. The most common tests of language production were the Boston Naming Task and Object Action and Naming Battery, of language comprehension were the Token Test and the Peabody Picture Vocabulary Test, and of affect and emotion processing was The Awareness of Social Inference Test. No formal assessments for gesture production/comprehension were identified. Appraisal ratings of these 8 most commonly used assessments' psychometric properties indicated concerns such as poor test-retest reliability (5/8), poor measurement error (5/8), and inadequate predictive (5/8) and responsive (4/8) validity.

Discussion/Conclusion:

Formal language assessment methods post-RHS were variable. Psychometric concerns identified among the most commonly used. Formal assessments designed to identify language changes post-RHS were underutilized. In light of recent evidence outlining language assessment priorities for post-RHS,[3] discussion will comprise clinical and research assessment recommendations for RHS, including the need to focus on characterizing RHS language abilities versus ruling out aphasia.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 11: Building a Greek Computer-Adaptive Anomia Test: Psychometric and Corpus Foundations from the CACLA Project

Ilias Papathanasiou[1], Evangelia-Antonia Efstratiadou[2], Athanasios Karasimos[3], & Gerasimos Fergadiotis[4]

University of Patras[1], University of the Peloponnese[2], Aristotle University of Thessaloniki[3], Portland State University[4]

Introduction:

Accurate assessment of lexical retrieval deficits is central to aphasia diagnosis and treatment planning. In Greek, available naming tools lack contemporary psychometric calibration, and computational linguistic resources—especially for aphasic speech—remain limited. The CACLA project seeks to develop an integrated, data-driven framework for evaluating naming performance by combining psychometric modeling with corpus-based linguistic analysis.

Materials & Methods:

Seventy-six adults with chronic post-stroke aphasia meeting all clinical and cognitive criteria participated. Non-verbal cognitive adequacy was confirmed with the Brief Cognitive Screening Test. Language assessment included the Boston Naming Test and 271 Snodgrass and Vanderwart images. Item Response Theory analyses (Rasch 1PL and 2PL) evaluated item fit, difficulty, dimensionality, and measurement precision. Four large Greek corpora—TV scripts, news texts, translated subtitles, and aphasic narratives—were developed and annotated for part-of-speech categories, Zipf-scaled frequencies, lexical diversity, paraphasias, cueing patterns, and agrammatism markers.

Results:

A subset of 43 Boston Naming Test items showed strong Rasch fit, unidimensionality, and interpretable difficulty ordering. Although too small to constitute a full adaptive item bank, this calibrated core provides foundational evidence for the future development of a Greek computer-adaptive anomia test. For the Snodgrass and Vanderwart images, the large item-to-sample ratio produced exploratory, preliminary difficulty estimates requiring larger samples for stability. Corpus analyses revealed reduced lexical diversity, shorter utterances, and greater variability in aphasic speech relative to non-aphasic subtitle-based language. While corpus-derived psycholinguistic predictors were not yet modeled against Rasch difficulty, the corpora supply the necessary infrastructure for these analyses in subsequent phases.

Discussion/Conclusion:

CACLA establishes a foundational framework for modernizing Greek aphasia assessment and outlines key next steps, including expanded stimuli, larger datasets, and more advanced psychometric and computational linguistic models. These developments aim to support more sensitive, scalable, and ecologically valid approaches to diagnosing lexical retrieval deficits in Greek-speaking individuals with aphasia in everyday clinical and research settings.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 12: Development of an Online Toolkit and Training for Telehealth Aphasia Assessment: Findings from the FATE-A Project

Amanda Comer[1], Jaycie Bohan[2], Abi Roper[2], Niamh Devane[2], Sarah Northcott[2], Nicholas Behn[2], Ciara Shiggins[2], Katerina Hilari[2]

[1]Royal Free London NHS Foundation Trust;
[2]City St George's, University of London

Introduction:

Telehealth delivery of aphasia rehabilitation has expanded significantly, yet resources for administering online aphasia assessments remain limited. The FATE-A study (Face-to-Face and Telehealth Equivalence of Assessments in Aphasia) aimed to address this gap by developing a free, evidence-based toolkit and training for clinicians, including resources to use with people with aphasia.

Materials and Methods:

Using mixed methods, barriers and facilitators to online assessment were identified through a UK-wide survey (n=124 clinicians, Hilari et al., 2023), focus groups (n=14 clinicians, Comer et al., 2025), usability testing with people with aphasia (n=6) and clinicians (n=4), and patient and public involvement (PPI) workshops (n=7 people with aphasia). Findings were mapped to the Theoretical Domains Framework to inform toolkit development design (Atkins et al., 2017). The toolkit was structured into three components: (1) resources for people with aphasia, (2) resources for clinicians, and (3) interactive training modules. Components were developed iteratively through consultation and review by the research team and PPI activity (n=9 people with aphasia and carers, n=5 clinicians).

Results:

The toolkit resources for people with aphasia and clinicians include multilingual handouts, platform-specific guides, videos, Frequently Asked Questions, and governance advice. Online assessment training is self-paced (approx. 1.5 hours) and includes interactive tasks, videos, and CPD certification. Training incorporated behaviour change principles and includes seven modules. PPI feedback during development showed high usability and acceptability among clinicians and people with aphasia. Participants emphasised the importance of familiarity, clear instructions, and practice sessions for successful online engagement. The toolkit and training are freely accessible via the City Access website: https://cityaccess.org/toolkits.

Discussion/Conclusion:

This resource addresses critical gaps in telehealth aphasia assessment by offering practical, theory-informed guidance and training. It supports clinicians in delivering reliable, person-centred online assessments and promotes digital inclusion for people with aphasia. Future work will explore long-term uptake of the toolkit and training, and impact on clinical practice.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 13: OptimA: Mapping the Aphasia Therapy App Landscape and Understanding SLT Decision-Making in Clinical Practice

Dr Vasiliki Kladouchou, Prof Katerina Hilari, Jaycie Bohan, Ciara Shiggins

Centre for Language and Communication Science Research, City St George's, University of London, UK

Introduction:

Aphasia affects around one-third of stroke survivors, severely limiting communication, participation, and quality of life. Although international guidelines call for long-term, intensive, personalised therapy, NHS provision falls well below recommended levels. Therapy apps are recommended to reinforce practice; however, the fast-growing marketplace varies widely in quality, accessibility, and clinical relevance.

The literature reports that this variability contributes to clinician uncertainty and high discontinuation rates among people with aphasia when apps are poorly matched. Clinicians also lack structured, evidence-based guidance for selecting apps that meet individual needs. OptimA was designed to address this gap by systematically mapping commercially available aphasia therapy apps and examining how speech and language therapists currently select and use apps in clinical practice

Materials and Methods:

OptimA comprised: (a) a systematic review of commercially available aphasia therapy apps in the Apple App Store and Google Play Store, evaluating therapeutic focus, engagement, functionality, aesthetics, and information quality, as well as platform, cost, and evidence base; and (b) a national survey of UK speech and language therapists, conducted using Qualtrics, exploring app-use frequency, decision-making factors, barriers, facilitators, and unmet needs. Quantitative data was analysed using descriptive statistics, and qualitative responses underwent content analysis.

Results:

More than 80 apps met the inclusion criteria. Substantial variation was observed in therapeutic quality, theoretical grounding, and usability, with very few apps reporting empirical evidence. Survey responses from over 100 speech and language therapists indicated significant uncertainty regarding app suitability, accessibility, and clinical relevance. Clinicians commonly relied on informal strategies (e.g. trial-and-error, peer recommendations) rather than structured decision-making processes. Key barriers included limited guidance, inconsistent service approaches, and concerns about accessibility for people with aphasia who have cognitive or motor challenges and limited support at home.

Conclusions:

OptimA reveals a clear need for an evidence-based, clinically informed framework to guide app selection in aphasia rehabilitation, reflecting speech and language therapists' need for structured decision support. These findings directly inform the next phase of work: (a) co-design of a decision-support framework and prototype, laying the foundations for a future AI-supported decision-making tool; and (b) a proposed consultation hub to support self-management for people with aphasia and training for speech and language therapists in evidence-based app use.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 14: Making audio visual media accessible for people living with aphasia through personalised accessibility features: the Content Accessibility: Highly Individualised Digital Content for Supporting Diverse Needs (CA11y) project

Madeline Cruice[1], Ciara Shiggins[1], Filip Bircanin[2], Alexandre Nevsky[2], Tim Neate[2]

[1]Division of Speech and Language Therapy, City St George's, University of London
[2]Department of Informatics, King's College London

Introduction:

Audiovisual (AV) media has become a cornerstone for information access, social participation, and entertainment. However, people with aphasia (PwA) face persistent barriers to access, as traditional accessibility features e.g., subtitles, often rely heavily on language-processing skills. CA11y investigated how accessibility features could be developed, expanded and tailored to increase the accessibility of AV media to PWA. Accessibility tools were codesigned with PWA (Nevsky et al., 2024) and included simplified captions, speaker spotlighting, playback speed controls, and multi-track volume controls. This presentation explains how PWA experienced these personalised and non-traditional accessibility features when watching TV at home.

Materials and Methods:

We conducted a two-week longitudinal, in-home deployment study with nine participants with aphasia, in London, UK. Researchers introduced participants to a novel content delivery platform on a smart tablet, which contained British Broadcasting Corporation content with these accessibility features. Participants watched content and trialled the features at their leisure in their own homes. Data were collected through system logs, questionnaires/ rating scales, semi-structured interviews, and event-triggered ecological momentary assessments.

Results:

Findings indicated high adoption of multi-track volume controls (used during 92.7% of watch time), allowing PWA to prioritize speech over background noise and music. While simplified captions and speed controls were valued by some, 'interaction latency' (i.e., the need to leave video content to adjust settings and thus break the flow of viewing) emerged as a significant barrier. Spotlighting (the speaker) received mixed responses. Furthermore, personalisation was not just an individual experience; it required 'social negotiation' during shared viewing, where PWA balanced their accessibility needs with those of co-viewers.

Discussion:

Achieving digital accessibility requires moving from "one-size-fits-all" solutions to personalising accessibility, and requires developers and clinicians to also consider the viewing experience. These insights offer a roadmap for creating more inclusive media environments that foster agency and participation for PWA.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 15: “Much better than I thought it would be”: experiences of online aphasia assessment.

Niamh Devane[1], Ciara Shiggins[1], Jaycie Bohan[1], Amanda Comer[1], Sarah Northcott[1], Nicholas Behn[1], Abi Roper[1], Katerina Hilari[1]

[1] City St George's, University of London, London, United Kingdom

Introduction.

Speech and language therapy (SLT) services delivered via telehealth have increased since the pandemic, increasing access to services. However, completing assessments online has been identified as a barrier, with few outcome measures tested for telehealth administration, and little known about how best to facilitate assessment online (Hilari et al., 2024). The Face-to-face And Telehealth Equivalence of assessments in Aphasia (FATE-A) project explored how people with aphasia experience online assessment, as part of a larger psychometric study (Hilari et al., 2025). The qualitative data are presented here.

Materials & Methods.

FATE-A participants (n=103) received three assessment sessions, two online and one face-to-face to yield data for 1) online and face-to-face equivalence and 2) test-retest reliability of online delivery. Participants were invited to complete an experience questionnaire at the end of each online session. They were asked closed and open questions about their experience. Open text responses were transcribed and uploaded to NVivo software. Content (Hsieh & Shannon, 2005) and Thematic Analysis (Braun & Clarke, 2006) were used to analyse the data.

Results.

Overall respondents (n=93) reported positive experience with online sessions. Data revealed things that helped, things to avoid, and barriers and suggestions for future practice. For example, participants shared how online sessions were made better by meeting the therapist in-person first, having opportunities to practice getting online, and feeling like they have time and were supported through the process. Support from family members and friends was beneficial particularly for the first session. Some participants experienced anxiety before the online session, but it was better than they thought it would be. Some participants had issues with Zoom (links, sign in) and needed guidance with this.

Conclusion.

Participants were predominantly positive about receiving aphasia assessments online. Identified barriers and suggestions given by participants offer ways to enhance the experience and training.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 16: An innovative approach to discourse analysis; Can we develop an app to support clinicians?

Ruth O'Hagan[1], Jean Rutter[1]*, Sarah Johnson[1], Niamh Devane[1], Madeline Cruice[1], Lucy Dipper[1]

[1] City St George's, University of London, London, United Kingdom

Introduction:

Stroke survivors with aphasia prioritise the improvement of their spoken discourse (Wallace et al., 2017) but this is difficult to achieve. Supportive technology was identified as a priority by UK clinicians (Cruice et al., 2020) who reported numerous barriers to discourse analysis including time, and lack of training and expertise. This talk outlines the development process of the MARS app and provides reflections on the co-production process from the clinical team.

Method:

The MARS team (including three practicing speech and language therapists experienced in using discourse analysis with people with aphasia) worked with a technology company to develop the app over a twelve-month period. This comprised a coproduction process involving technological development, clinician testing and feedback, technological updating, and further testing. This iterative process involved multiple cycles of feedback and change resulting in the current version of the app.

Results:

MARS app version 0.4 (7) transcribes narratives from audio recordings and completes multi-level analysis at word, utterance and macrostructure levels. At word level it identifies which are narrative words and classifies these according to word class. At utterance level it splits the narrative into utterances, identifying single and multiclause utterances, suggesting which are complete, and identifying phrasal and argument structure. At macrostructure level it identifies candidate pronouns for reference chains and suggests story grammar. It continues to need trained human input to supplement accuracy - the talk will provide detail about which components require this and how.

Discussion: The MARS project produced a prototype app, and learning about how to bring together clinical and technological expertise in co-production. This provides evidence about what technology is currently capable of in support of clinical practice. The MARS app provides efficiency and accuracy gains for research, as intended. Adaptations to allow these gains to all benefit clinical practice will be discussed.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 17: An innovative approach to discourse analysis; Can we develop an app to support clinicians?

Ms Ruth O'Hagan[1], Ms Jean Rutter[1], Ms Sarah Johnson[1], Ms Niamh Devane[1], Ms Madeline Cruice[1], Ms Lucy Dipper[1]

[1] City St George's, University of London, London, United Kingdom

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 18: A feasibility randomised controlled trial of Virtual, Elaborated Semantic Feature Analysis (VESFA) for people with aphasia.

Ms Niamh Devane[1], Prof Jane Marshall[1], Prof Stephanie Wilson[1], Dr Shashivadan P. Hirani[1], Prof Katerina Hilari[1]*

[1] City St George's, University of London, London, United Kingdom

Introduction.

A key priority for aphasia research is rehabilitation that addresses communication skills and psychological adjustment (Stroke Association & James Lind Alliance, 2021). This study explores the feasibility and acceptability of a novel multi-level treatment that addresses 1) word retrieval, 2) word use in conversations and 3) wellbeing for people with aphasia. Therapy was delivered in the virtual world, EVA Park.

Materials and Methods.

This single-blind, phase II feasibility, randomised controlled trial compared usual care plus VESFA with a usual care control (usual care in chronic aphasia is typically community support groups). VESFA therapy comprised individual sessions of Elaborated Semantic Feature Analysis and group conversation sessions. Primary outcomes were pre-specified feasibility targets (>24% cancelled sessions; >60% of those eligible consent; >70% available at follow up; <15% missing data). Secondary outcomes explored the potential for VESFA to impact word finding, word use in discourse, functional communication and health related quality of life. Acceptability was explored in interviewer-administered questionnaires.

Results.

Feasibility targets were met; 92% of those eligible consented to take part; 85% of participants were retained to the study end; there was an average of 7% missing data; all participants received more than 82% of the intervention. Qualitative data showed that participants liked the intervention, describing it as a good challenge but felt the outcome measurement was burdensome. Preliminary clinical findings suggested the VESFA intervention improved word retrieval and quality of life.

Conclusion. The VESFA intervention and research processes were feasible and acceptable suggesting a future definitive trial is indicated.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 19: The development and validation of the Cyprus Aphasia Screening Test (CAST)

Ms. Marina Charalambous[1], Mr Phivos Phylactou[2], Prof Maria Kambanaros[1]

[1] Cyprus University of Technology
[2] Western University, Ontario, Canada

Introduction:

Aphasia screening tools play a vital role in clinical practice by helping healthcare professionals detect communication impairments acquired after a stroke. Early identification enables prompt referral for a full speech and language evaluation and the start of focused rehabilitation to aid functional recovery. Although several tools have been published, there is currently no standardized and validated aphasia screening tool available in the Greek language for use in Greek-speaking countries such as Cyprus.

Aim:

To develop, pilot, and implement the Cyprus Aphasia Screening Test (CAST), and to evaluate its psychometric properties.

Methods:

A cross-sectional study was conducted, involving 99 participants divided into three groups as follows: 43 people with stroke-aphasia, 21 with stroke but without aphasia, and 35 healthy controls.

Results:

The CAST demonstrated excellent internal consistency (Cronbach's $\alpha > 0.967$), high test–retest (ICC ≥ 0.983) and interrater (ICC = .979) reliability, and verified known-groups validity ($p < 0.001$). A significant correlation between the total scores of the CAST and the Greek version of the Boston Diagnostic Aphasia Examination (Short Form) confirmed a linear relationship across the two measures ($p < .001$). A ROC curve analysis (AUC = 0.97) identified 36/40 as the cut-off for detecting aphasia.

Conclusion:

The CAST is a reliable, clinician-administered aphasia screening tool with strong psychometric properties. It is designed to identify post-stroke aphasia and distinguish between stroke patients with and without aphasia. It consists of 10 subtests that assess both language comprehension and production. The CAST is designed for easy scoring and requires minimal equipment, making it well-suited for quick and efficient administration. The development of the CAST represents a major step forward in aphasia screening for Greek-speaking populations in Cyprus.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 21: Bridging Research and Practice: Clinical Application of Transcription-Less Discourse Assessments

Reem S. W. Alyahya[1,2]

[1] Division of Speech and Language Therapy, City St. George's, University of London, London, United Kingdom
[2] King Fahad Medical City, Riyadh, Saudi Arabia

Introduction:

Despite the importance of assessing deficits in spoken discourse in aphasia, existing discourse assessment tools are highly time-consuming, limiting their feasibility for routine clinical use and large-scale research. To overcome this challenge, efficient discourse assessment approaches have been developed that do not require time-consuming transcription and offline analysis, including Content Word Fluency Checklist (CWF)[1], and Main Concept Analysis (MCA)[2]. To date, these approaches have been primarily developed and tested in controlled research settings, and their accuracy and utility during clinical assessments have not been systematically examined. The present study aimed to evaluate the application of CWF and MCA in real-time clinical settings with people with aphasia (PWA) while performing discourse tasks, and to determine whether these approaches can reliably differentiate discourse responses produced by PWA from those of neurotypical adults.

Methods:

Discourse samples were collected on three tasks (picture description, storytelling narrative, and procedural discourse) using the Arabic Discourse Assessment Tool[3], from 70 neurotypical adults and 50 PWA (matched on age and education). Speech-Language Pathologists scored CWF and MCA in real-time during the clinical examination of PWA.

Results:

The analysis showed significantly high accuracy between CWF scores obtained in real-time clinical settings and those identified using the traditional approach of transcribing and analysing discourse samples, across all three discourse tasks (ICC=0.88 to 0.94). Most of the main concepts were absent in PWA, whereas they were produced accurately and completely by neurotypical adults. Further analysis revealed that CWF and MCA can significantly distinguish spoken discourse produced by PWA from that produced by neurotypical adults ($p<0.001$).

Conclusions:

This study provides the first empirical evidence that transcription-less discourse assessment approaches (CWF and MCA) can be administered accurately in real-time during the clinical examination of PWA. These approaches offer reliable means of incorporating accurate and efficient measures of content word production and discourse informativeness into routine aphasia evaluations.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 22: Standardised to dynamic: how assessment interactions reveal therapeutic potential

Professor Deborah Hersh[1], Professor Suzanne Beeke[2], Phoebe Hu-Collins[1], Janine Matus[1], Riley Omelczuk[1], Shelley Tregea[1], Dr Brooke Ryan[1]

[1] Curtin University, Perth, Western Australia
[2] University College London, UK

Introduction:

Assessment of language and cognitive function usually starts in the early days after stroke. Clinicians often rely on informal assessment in acute settings including dynamic assessment, the interactive process of exploring what might be therapeutically useful as the assessment unfolds. Very little research has looked at this interaction in detail (Hersh et al., 2018). This presentation explores an example of an authentic assessment interaction between an occupational therapist (OT) and a patient with aphasia. It is a pilot case preceding the current collection and analysis of 48 videos of assessment sessions between people with aphasia and/or cognitive issues and their speech pathologists, occupational therapists and neuropsychologists as part of a NHMRC-funded study running between 2025 and 2029. This work is exploring the dynamic and interactive aspects of assessment, feedback, and the potential of Therapeutic Assessment to enhance rehabilitation engagement and learning.

Materials and Methods:

The single case was a 59-year-old man, videorecorded two days post left-hemisphere ischaemic stroke with aphasia (WAB-AQ of 34). He was assessed at the bedside on the Montreal Cognitive Assessment (MoCA) by an OT. The recording (24 minutes) was transcribed and Conversation Analysis enabled close observation and systematic description of the talk-in-interaction during the assessment.

Results:

Despite starting the MoCA formally mirroring the administration script, the OT shifted to using the assessment dynamically, adapting it to cater for the patient's aphasia. The OT provided feedback on performance and trialled therapeutic strategies, enabling the patient to reflect on his own performance, demonstrating his emerging insight around his revealed difficulties and learning in the moment.

Discussion/Conclusion:

Dynamic assessment may arise spontaneously during formal, standardised testing as well as informal assessment. Interaction analysis enables exploration of the therapeutic potential within assessment and a theoretical shift beyond traditional conceptualisations of assessment as data gathering to assessment for learning.

Reference:

Hersh, D., Wood, P., & Armstrong, E. (2018). Informal aphasia assessment, interaction, and the development of the therapeutic relationship in the early period after stroke. Aphasiology, 32(8), 876-901. https://doi.org/10.1080/02687038.2017.1381878

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 23: The validity and feasibility of a telepractice screening protocol to identify aphasia post stroke

Ms Selina Teti[1], Ms Laura Murray[1], Ms Keren Kankam[1]*

[1] University of Western Ontario, Canada

Objective:

It is crucial to have a brief screening protocol that could be administered remotely to identify aphasia and/or associated cognitive difficulties in stroke survivors.

Design:

Telepractice administration of the novel telepractice screening protocol was compared to a comprehensive aphasia battery. Each participant completed a feasibility questionnaire to rate their overall experience post-administration, and care partners completed a caregiver-reported measure. Stakeholders of stroke completed a survey to provide their own perceptions of the screening protocol to determine its face validity.

Setting:

Telepractice modality was conducted via Zoom which expanded to communities all over Canada and the United States.

Participants:

Forty-two participants who had previously suffered a stroke, with or without aphasia, were recruited along with their associated care partners. Stakeholders consisted of persons and/or care partners involved with stroke (with or without aphasia), or if they worked with stroke and/or aphasia.

Interventions: No applicable.

Main Outcome Measures: To examine the validity and feasibility of the telepractice screening protocol.

Results:

Spearman's rank correlation yielded a strong positive relationship between the aphasia performance-based tests (rho = 0.90), and a moderate agreement between the cognitive tasks of the performance-based tests (rho = 0.60). High sensitivity (84%) and specificity (82%) were noted for the screening tests. Feasibility was rated positively, with no influence on participant characteristics, and good face validity was noted amongst stroke stakeholders.

Conclusion:

The findings indicate that this novel telepractice screening protocol offers an effective and feasible way to identify individuals with post-stroke aphasia. Some challenges may exist when identifying those with a milder level of aphasia severity, similar to in-person screening procedures.

Keywords: Telepractice, aphasia, videoconference, screening

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 24: Telehealth assessments in aphasia: equivalence with face-to-face assessments and reliability. Psychometric results of the FATE-A study

Katerina Hilari[1], Nick Behn[1], Jaycie Bohan[1], Amanda Comer[1], Niamh Devane[1], Sarah Northcott[1], Abi Roper[1], Ciara Shiggins[1], Silia Vitoratou[2]

[1] Centre for Language and Communication Science Research, School of Health and Medical Sciences, City St George's, University of London.
[2] Department of Biostatistics & Health Informatics, School of Mental Health & Psychological Sciences, King's College London

Introduction:

Rehabilitation for people with aphasia is transforming with many services offering hybrid care: face-to-face and telehealth. Telehealth can improve access to and satisfaction with care and cost-effectiveness (Molini-Avejonas et al., 2015). Despite these benefits, there are challenges with telehealth, including limited understanding of how best to facilitate and interpret telehealth assessment. The Face-to-face And Telehealth Equivalence of assessments in Aphasia (FATE-A) study addressed this challenge. This report focuses specifically on the equivalence of telehealth and face-to-face assessments; and reliability of telehealth assessments.

Methods:

Participants were recruited through five NHS Trusts and multiple community aphasia groups in the UK. Participants completed three core outcome set measures: the Stroke and Aphasia Quality of Life Scale, the General Health Questionnaire and The Scenario Test-UK; and the Communicative Participation Item Bank twice via telehealth videoconferencing (online) and once face-to-face. Cronbach's alpha was used for internal consistency, and Psi co-efficients (item level) and intra-class correlation co-efficients (scale level) for test-retest reliability and equivalence testing.

Results:

103 participants (n=64 male), aged 34 to 85 with a mean (SD) age of 62 (11.4) years took part in the study. 40% of participants were bilingual. 33% had moderate or severe aphasia. With facilitation, there was minimal missing data suggesting feasibility of online assessment. Across measures internal consistency was good-excellent ($\alpha = 0.77 – 0.95$). Equivalence of face-to-face and online assessment was excellent (Psi = 0.62 - 0.74; ICC = 0.83 – 0.87). Test-retest reliability of online assessments was also excellent (Psi = 0.64 - 0.76; ICC = 0.82 – 0.86). Current subgroup analyses explore differences in reliability and equivalence between male vs female; moderate-severe vs mild aphasia; independent in tech use vs not; and monolingual vs bilingual and results will be reported.

Discussion/Conclusion:

Subgroup analyses will be discussed. Overall, our results support the use of telehealth assessment in aphasia rehabilitation.

References

Molini-Avejonas, D.R., Rondon-Melo, S., de La Higuera Amato, C. A., & Samelli, A. G. (2015). A systematic review of the use of telehealth in speech, language and hearing sciences. Journal of telemedicine and telecare, 21(7), 367-376.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 25: LexiGram: A Standardized Test for Lexical and Grammatical Deficits in Greek-Speaking Individuals with Aphasia

Varlokosta Spyridoula[1], Efstratiadou Evangelia Antonia[2], Nerantzini Michaela[3], & Papathanasiou Ilias[4]

[1] National and Kapodistrian University of Athens
[2] University of the Peloponnese
[3] University of Ioannina
[4] University of Patras

Introduction:

Effective rehabilitation in aphasia requires standardized language assessment tools that are sensitive to the structural, morphological, and syntactic properties of the target language. Although English provides several validated instruments (e.g., NAVS, VAST, SPT) [1–4], Greek lacks comprehensive tools tailored to its linguistic characteristics. The Greek Lexical and Grammatical Assessment Test (LexiGram) was developed to address this gap by offering a psychometrically validated battery designed to identify lexical and grammatical impairments across both comprehension and production modalities.

Materials and Methods:

LexiGram evaluates linguistic ability at both the lexical and sentence level through tasks assessing verb and noun naming, verb and noun auditory comprehension, primed production of canonical (SVO) and non-canonical (OVS) constructions, and sentence comprehension of canonical, non-canonical, clitic constructions, reflexive verbs, relative clauses, and wh-questions. Lexical items (39 nouns, 23 verbs) were selected using familiarity ratings from 60 neurotypical adults and standardized for visual recognizability and psycholinguistic features. Sentence stimuli were constructed to target structures empirically shown to deteriorate in Greek agrammatism (e.g., OVS, object relatives). Standardization included 140 neurotypical adults, a control group of 38 adults matched for age and education, and 40 individuals with aphasia, all with a single left-hemisphere stroke at least six months post-onset and adequate MMSE/MoCA performance.

Results:

Across all lexical and sentence-level tasks, significant differences emerged between the aphasia group and both comparison groups ($p < .001$). No significant differences were observed between the neurotypical and matched control groups. LexiGram demonstrated sensitivity to established markers of Greek aphasia, including verb–noun asymmetries, morphosyntactic breakdown, and impaired comprehension of non-canonical constructions.

Discussion/Conclusion:

LexiGram is a linguistically grounded and psychometrically validated assessment tool offering fine-grained evaluation of lexical and grammatical impairments in Greek-speaking individuals with aphasia. Its diagnostic precision and theoretical grounding support evidence-based rehabilitation and fill a critical gap in Greek clinical practice.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 26: Co-Designing an online implementation toolkit for post-stroke aphasia management

Kirstine Shrubsole[1,2], Jade Dignam[1,2], Peter Worthy[1,3], David Copland[1,2], Sarah Wallace[1,2], Emma Power[4], Annie Hill[5,1], Pei-Jun Chou[1,2], Woon Ki Chew[1,2], Lyndal Pritchard[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] School of Electrical Engineering and Computer Science, The University of Queensland, Brisbane, Australia
[4] Faculty of Health, University of Technology Sydney Graduate School of Health, New South Wales, Australia
[5] Aphasia CRE, La Trobe University, Melbourne, Australia

Introduction:

Despite high-quality clinical guidelines and best-practice recommendations, substantial evidence-practice gaps across the continuum of care contribute to unmet needs for people with aphasia[1]. Implementation toolkits packaging practical resources for practice change show promise in healthcare[2]. A prototype aphasia toolkit with Change Champion support demonstrated feasibility and acceptability, with potential to improve clinical practice[3]. To support scale-up, the toolkit requires refinement and translation into an online platform that meets clinicians' needs.

Materials and Methods:

An integrated knowledge translation and human-centred design approach will be used to co-produce an online aphasia implementation toolkit. Ten speech pathologists working with people with post-stroke aphasia in Australia will be purposively sampled to ensure diversity in clinical setting, geographic location and experience. Five online co-design workshops (March-June 2026) will focus on idea generation, existing toolkit review, prototype design, and usability/workflow requirements. Data sources will include workshop recordings, researcher field notes, annotated documents, digital whiteboards and prototype artefacts. An audit trail of design decisions will be maintained and analysed using qualitative content analysis to support iterative refinement.

Results:

A stakeholder advisory committee (10 speech pathologists, 3 people with aphasia) is overseeing the project, having held two meetings prioritising usability, workflow integration, and cross-context flexibility. Based on preliminary input, is it anticipated that co-design will produce a structured online toolkit centred on core functions of guided selection of practice priorities, identification of local implementation barriers, matching of barriers to tailored strategies and resources, and tracking of implementation progress. Future prototype testing will inform navigation and component consolidation. Usability and acceptability outcomes will be reported upon completion.

Discussion/Conclusion:

It is anticipated the co-produced digital implementation toolkit will integrate evidence-based aphasia recommendations with theory-informed implementation strategies, supporting scalable, context-responsive implementation ready for field testing in stroke services.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 27: One neurotherapeutic system for various language dysfunctions: Evidence and possibilities of individualised connectomic tACS for post-stroke aphasia rehabilitation.

Chester Yee-Nok CHEUNG[1], Anthony Pak-Hin KONG[1]

[1] The University of Hong Kong, Faculty of Education, Pokfulam, Hong Kong

Introduction:

Non-invasive brain stimulation (NIBS) has unique application value in post-stroke aphasia (PSA) as it boosts SLT-induced neuroplasticity. However, researchers develop NIBS approaches separately for different dysfunction domains, while most of them are one-size-fits-all approaches (Shah-Basak et al., 2023; Williams et al., 2024). We aim to develop an approach capable of targeting various language dysfunctions under the same individualised targeting framework, namely the individualised connectomic transcranial alternating current stimulation (IC-tACS). IC-tACS utilises EEG connectomics to identify individualised stimulation target focusing on a specific dysfunction subnetwork (a.k.a. dysfunctome) and applies dual-site in-phase tACS with concurrent SLT to facilitate recovery.

Method:

In phase one, EEG was acquired from 24 PWA to derive subnetworks (i.e., dysfunctomes) predictive of various aphasia clinical scores (Zalesky et al., 2010). Individualised stimulation targets were determined by ranking all edges within each dysfunctome, prioritising those with greater predictive centrality and stronger individual's baseline connectivity. Dual-site high-definition in-phase tACS was then delivered over the sites linked by the selected target edge. In phase two, 16 PWA joined the three-arm RCT examined the effects of a 2-week IC-tACS (10 sessions, 30 minutes, 2 mA, 10 Hz) directed at an alpha-band naming dysfunctome, together with concurrent semantic feature analysis. Participants were randomized into individualised stimulation (IN), universal stimulation (UN), or sham stimulation groups. Outcomes were examined at baseline, post-treatment, and 1-month follow-up, focusing on word retrieval and aphasia quotient.

Results:

IN showed significant gains in word retrieval and aphasia quotient at both post-treatment and follow-up, whereas these benefits were not seen in either UN or sham groups. Significant interaction effect was only found between IN and sham.

Discussion:

EEG dysfunctomes can be used as a "map" to pinpoint individual's functional pathways underlying specific language processing, while IC-tACS can induce sustained clinical benefit in PWA through enhancement of these functional pathways.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 28: Optimizing Language Rehabilitation by Matching Treatment Targets to Learning Mechanisms

Amy E. Ramage, Ph.D., CCC-SLP and Collean Combs, M.S., CCC-SLP

University of New Hampshire, Department of Communication Sciences and Disorders, 4 Library Way, Durham, NH 03824 USA

Introduction:

Innovative approaches to learning are critical for informing existing therapeutic concurrent implicit and explicit learning[1]. Skills learned implicitly impose less cognitive demand and are almost automatic. If implicit learning methods facilitate automaticity and ease communication burden, then improved generalization and maintenance effects should result. To test that hypothesis, an intervention was piloted utilizing concurrent explicit and implicit training for use of syntactic structures.

Materials and Methods:

Two individuals with nonfluent aphasia (IWA) of moderate severity were treated in two one-hour sessions/week for 10 weeks. Target syntactic structures were determined by each IWA's performance on baseline measures of verb naming, sentence production, and syntactic priming for verbs varying for regularity and verb tense. Each treatment session began with 10 minutes of auditory bombardment, followed by 25 minutes of explicit training on a targeted syntactic structure[3,4], and then 25 minutes of syntactic priming[5]. Modifications were made in response to IWA needs (e.g., labeling pictures to reduce burden for word retrieval) and to increase complexity improved the protocol.

Results:

Both IWAs improved in trained structure acquisition, and their use of those structures in treatment sessions was somewhat flexible demonstrating horizontal generalization to untrained sentences, but there was not vertical generalization to new settings or in discourse. Thus, while the treatment outcomes were positive based on their use of the structure with untrained stimuli, the social/ecological validity of the approach remained poor with no generalization to discourse.

Discussion/Conclusion:

Implications for how to optimize the treatment protocol to improve generalization are gained and will be operationalized in future studies.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 29: Dose, Generalization, and Script Training for Aphasia: A Randomized Clinical Trial

Leora R. Cherney[1,2], Laura E. Kinsey[1], Erin E. Blaze[1], Elizabeth L. Gray[2], Mary M. Kwasny[2], Sarel Van Vuuren[3]

[1] Shirley Ryan AbilityLab, Chicago, IL
[2] Northwestern University, Feinberg School of Medicine, Chicago, IL
[3] University of Colorado Boulder, Boulder, CO

Introduction.

Determining the optimal dose parameters of treatment is essential for implementing any treatment program for aphasia. This randomized, factorial, single-blind treatment study investigated the effects of practice schedule (distributed versus massed practice) and stimulus repetition (short versus long script) during script training.

Materials and Methods.

Participants with chronic stroke-related aphasia were randomized to one of four treatment conditions: distributed/short script, distributed/long script, massed/short script, massed/long script. In all conditions, participants completed ten 1-hour sessions of computer-based script training. Performance was measured pre-treatment, post-treatment, and at 3- and 6-weeks follow-up. The primary outcome, a generalization measure, assessed performance on the trained script during a simulated conversation with a familiar clinician. Secondary outcomes assessed maintenance as well as performance during an unstructured conversation with a novel clinician unfamiliar with the trained script.

Results.

A total of 85 participants (51 males, 34 females; mean age 54.34 years (SD = 14.28), mean time post-onset 3.86 years (SD = 3.06), mean WAB-AQ 63.36 (SD = 13.37) were enrolled. For the simulated conversation, there was a significant difference between the groups that received massed treatment versus distributed treatment ($p=0.007$), but no significant difference between the groups that received the short 5-sentence versus long 10-sentence script.

Both groups improved significantly from baseline to post-treatment and performance was maintained at 3- and 6-weeks post-treatment. The massed group appeared to retain slightly more improvement at 6 weeks than the distributed, and those randomized to short scripts retained slightly more than the long scripts.

For the unstructured conversation, there was improvement across all groups from baseline to all time intervals but no evidence of differential effects for treatment distribution or script length.

Discussion/Conclusion.

This large RCT adds to the literature supporting the efficacy of script training, providing new evidence about dose and its impact on stimulus generalization and maintenance.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 30: ICAP World: A Collaborative Vision for Global ICAP Research and Practice

Catherine Off[1], Victoria Scharp[2], Jenna Griffin-Musick[1], Katie Monnelly[3], Anthony Pak-Hin Kong[4], David Copland[5], Jane Marshall[3], Lucy Dipper[3], Madeline Cruice[3]

[1] University of Montana
[2] Idaho State University
[3] City St George's University of London
[4] The University of Hong Kong
[5] The University of Queensland

Introduction:

We propose a panel that focuses on the Intensive Comprehensive Aphasia Program (ICAP) service delivery model.

This panel brings together members of ICAP World, an international consortium of 50+ researchers from the U.S., Canada, Brazil, the U.K., Hong Kong, and Australia working to accelerate cumulative ICAP evidence through harmonized data elements, cross-site aggregation, and implementation-focused collaboration. The session directly addresses IARC 2026's theme, Aphasia Rehabilitation: Dynamic Challenges in a Transforming Society and World, and its call to pair innovation with what people with aphasia and their care partners value, within a global context of unmet rehabilitation needs.

Across four panel segments, we will deliver actionable takeaways for clinicians and researchers: a shared "ingredient map" for describing ICAPs, an evidence-informed interpretation of variability across international models, and a clear roadmap for collaborative data sharing to strengthen the ICAP evidence base and promote sustainable implementation of the model.

Panel Segment 1: What is an ICAP, Really? How ICAPs Operationalize Intensity, Comprehensiveness, and Cohort Design

ICAPs are widely referenced but inconsistently specified, making it difficult to compare programs or interpret outcomes across sites. This segment will provide a pragmatic "ingredient map" of the ICAP model across intensity/dose, comprehensiveness, cohort design, and core program components, grounded in complex intervention thinking and reporting standards to support clear description, replication, and implementation.

Panel Segment 2: What Do ICAPS Look Like Around the World? International Perspectives on Implementation and Adaptation

ICAPs are being implemented internationally within very different health systems, funding models, service pathways, and workforce constraints, creating meaningful variation in how core ICAP "ingredients" are operationalized. This segment will compare these implementation choices and clarify what must be reported to interpret outcomes and enable credible cross-site comparison and scalability.

Panel Segment 3: How Might ICAPs Work....or Not? A Provisional Theory of Change and Logic Model for Intensive Comprehensive Aphasia Programmes (ICAPs)

Despite promising emerging evidence, ICAPs often lack an explicit framework describing how multiple components interact to drive change. This segment will introduce a provisional Theory of Change and Logic model that maps pathways from key ICAP ingredients to outcomes. Grounded in stakeholder perspectives, we will also discuss plausible risks and negative impacts, and provide mitigation strategies to ensure person-centered, scalable ICAP delivery. This approach provides a foundation for refining ICAP design, guiding future research, and promoting person-centered service delivery.

Panel Segment 4: Where Do We Go From Here? Strategies for Multi-Site Collaboration and Aggregated Analysis

To build cumulative, actionable ICAP evidence, the field needs harmonized data sharing with common descriptors and outcomes so that findings can be compared and aggregated across sites. This segment will outline how ICAP World is operationalizing this collaborative infrastructure through a complex intervention lens and provide concrete steps attendees can take to align their programs, measurement, and reporting with cross-site efforts.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 31: Development of a communication partner training programme for people with brain injury and their family using behaviour change and co-design approaches

Behn, N.[1], Magdalani, C.[1], Katerina Hilari[1], Ian Kellar[2], Leanne Togher[3] and Madeline Cruice[1]

[1] School of Health and Medical Sciences, City St George's, University of London, UK
[2] School of Psychology, The University of Sheffield, UK
[3] Discipline of Speech Pathology, Faculty of Medicine and Health, The University of Sydney, Australia

INTRODUCTION: Communication changes are prevalent after acquired brain injury (ABI) with training to communication partners (CPs) an important part of rehabilitation. Training can help to improve communication skills in people with ABI. However, the evidence base is limited, with variability in the delivery of existing programmes. The aim of this study was to co-design a programme, informed by behaviour change theory, with people with ABI, their CPs, and Speech and Language Therapists (SLTs).

METHODS: This study recruited people from three stakeholder groups (people with ABI; CPs; SLTs; n=12 in total) from two locations (London and Birmingham). Each group contained two members of each stakeholder group, facilitated by two researchers. Co-design occurred over eight 3-hour sessions (48-hours in total). Sessions were structured around a programme theory underpinned by behavioural change theory (including 16 mechanisms-of-action and 47 unique behavioural change techniques, BCTs). The theory was informed by coding of existing programmes and clinician consensus on key BCTs from a national e-Delphi. Co-designers considered the content, delivery and dosage of training. Methods included voting of techniques in stakeholder pairs, group discussions, individual rating of activities, and active experimentation. Field and observation notes were recorded.

RESULTS: Participation was high, with 91.3% attendance. Triangulation across the two sites (and stakeholders) identified 26 core and 31 optional BCTs, and discussions informed refinement of programme content and delivery methods. Stakeholders were able to discuss and vote on therapeutic activities perceived as most effective. Qualitative feedback highlighted that co-designers valued cross-stakeholder collaboration and multiple perspectives, and that sessions, while complex, remained feasible and engaging.

CONCLUSIONS: Integrating behaviour change theory within a multi-stakeholder, cross-site co-design process provided a structured yet flexible approach to intervention development. Outputs from this work will inform the design and development of training materials to be tested in a future feasibility trial.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 33: Feasibility of implementing components of TeleCHAT, a Comprehensive, High-dose Aphasia Treatment delivered via telerehabilitation, within clinical rehabilitation services.

Jade Dignam[1,2], Hannah Wedley[1,2], Kirstine Shrubsole[1,2], Genevieve Vuong[3], David A. Copland[1,2], Annie J. Hill[1,4]

[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] Faculty of Health, Southern Cross University, Bilinga, Australia
[4] Centre of Research Excellence in Aphasia Rehabilitation and Recovery, La Trobe University, Melbourne, Australia

Introduction:
Despite evidence for the efficacy of delivering aphasia therapy via telerehabilitation [1], the implementation of this service delivery model into healthcare services remains limited. This study evaluated the feasibility of implementing components of TeleCHAT [2], a comprehensive, high-dose aphasia treatment via telerehabilitation, within rehabilitation services.

Materials and Methods:
A phase 1, multi-site feasibility study.

Five adults (3F, 2M; mean age 54.4years, SD=8.2; mean time post onset 7.2months, SD=4.1) with post-stroke aphasia were recruited from three metropolitan outpatient and community rehabilitation services. Speech pathologists received training via online modules and a practical workshop. Components of TeleCHAT (impairment, activity/participation, group therapy) were adapted and delivered via Microsoft Teams®.

Feasibility was measured using dose, technology error logs, and a patient satisfaction survey (5-point Likert scale). Post-implementation, semi-structured interviews and a behavioural determinants survey, based on the Theoretical Domains Framework [3], were conducted with speech pathologists. Quantitative data were analysed using descriptive statistics. Qualitative data were analysed using content analysis [4].

Results:
Sixteen evidence-based aphasia therapies (11 impairment, 5 activity/participation) were delivered. Participants received a mean of 13.5hours of telerehabilitation (SD=9.4; range 4.5-25 hours), with

minimal technology issues (mean 0.85h, SD=0.52, range 0.35–1.67h). The most frequent issues included difficulties joining Microsoft Teams and software issues.

Despite these issues, patients reported high satisfaction with TeleCHAT components (M=4.8, SD=0.45, range 4-5).

Following implementation, survey results revealed improvements in clinicians' knowledge, skills and beliefs about capabilities. Speech pathologists' perspectives of delivering TeleCHAT components encompassed five broad themes: 1) fit with service priorities; 2) training and upskilling; 3) therapy components; 4) telehealth experience; and 5) patient engagement and response.

Discussion/Conclusion:
With appropriate clinician training and support, TeleCHAT components were feasibly implemented within the clinical rehabilitation services. The delivery of aphasia rehabilitation via telerehabilitation will facilitate equitable access to services, with care delivered closer to home.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 34: Comparing the effectiveness and feasibility of the Intensive and Comprehensive Aphasia Program (ICAP) for Cantonese speakers: In-person Verus Virtual

Cherie Wan-Yin Wong[1,2], Anthony Pak-Hin Kong[1,2], Ada Wai-Sze Chu[1,2]

[1] Academic Unit of Human Communication, Development, and Information Sciences, The University of Hong Kong, Hong Kong
[2] Aphasia Research and Therapy (ART) Laboratory, The University of Hong Kong, Hong Kong

Introduction:
An Intensive and Comprehensive Aphasia Program (ICAP) has been increasingly recognized for its emphasis on addressing the needs of people with aphasia through intensive and holistic treatment design (Rose et al., 2013). Despite accumulated studies demonstrating significant gains in impairment and quality-of-life domains following ICAP interventions, ICAPs have been criticized for their high setup costs (Babbitt et al., 2015). Therefore, the effectiveness and feasibility of implementing ICAP through telepractice warrant investigation.

Methods:
Participants: 26 adults (21 males) with chronic aphasia, who spoke fluent Cantonese before the stroke. The mean age and mean post-onset were 64 and 2;09, respectively, for the in-person ICAP group, and 56 and 3;07, respectively, for the virtual ICAP group.

Study design: This ICAP adhered to the principles summarized by Nicholas et al. (2022). All participants received a dosage of 39 treatment hours, with an intensity of 15 hours/week and a frequency of 5 times/week. Quantitatively, we administered several standardized tests to assess changes in linguistic skills and quality-of-life outcomes. Qualitatively, we collected stakeholder feedback to assess the feasibility of telepractice for ICAP.

Results:
Quantitatively, both the in-person and virtual ICAPs demonstrated significantly improved linguistic skills and quality-of-life outcomes at post-treatment, with maintained effects observed. Further analysis revealed that the two ICAP delivery models were comparable.

Qualitatively, all interviewees either agreed or strongly agreed that “Tele-ICAP is feasible.” Overall, factors such as patient characteristics, caregiver assistance, confidence in using technology, and prior exposure to teletherapy were identified as key determinants of the feasibility of the virtual ICAP.

Discussion/Conclusion:
The virtual ICAP achieved similar therapeutic gains with the in-person ICAP, despite the technical breakdowns and challenges shared in the interviews. The summarized implementation procedure and

suggestions could facilitate the future establishment of virtual ICAP studies, particularly benefiting individuals with limited access to services or lower mobility.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 35: Can a modified Intensive Comprehensive Aphasia Programme (mICAP) be integrated into regular Swedish healthcare? Lessons learned from a multi-site feasibility study

Marika Schütz[1], Hanna Steurer[2], Trandur Ulfarsson[3], Ellika Schalling[1]

[1] Department of Public Health and Caring Sciences, Speech-Language Pathology, Uppsala University, Uppsala, Sweden
[2] Department of Clinical Sciences, Intervention and Technology, Division of Speech and Language Pathology, Karolinska Institutet, Stockholm, Sweden
[3] Department of Clinical Neuroscience, Institute of Neuroscience and Physiology, The Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

Introduction: Intensive Comprehensive Aphasia Programmes (ICAPs) are designed to be both intensive and holistic, addressing language function, activity, and participation (Rose et al., 2013). The high resource demands of traditional ICAPs limit their accessibility within regular healthcare. Modified ICAPs (mICAPs) with adjusted intensity and format have emerged to improve feasibility, but their implementation and outcomes in routine clinical settings require further investigation (Monnelly et al., 2024; Scharp et al., 2025).

Materials and Methods: Following training in the mICAP protocol, speech-language pathologists (SLPs) delivered a 60-hour intervention over six weeks to individuals with aphasia or aphasia combined with apraxia of speech (AOS). Feasibility was assessed using recruitment and retention rates, compliance data, treatment fidelity logs, and questionnaires, while outcome trends were analysed using a randomised study design.

Results: Of 40 recruited SLPs, 19 withdrew (notably at single-clinician sites), while only 1 of 26 patients dropped out. Eighteen patients received treatment in small cohorts (2-4 persons) and seven received one-to-one treatment. Participants completed a median of 56 hours of comprehensive therapy. Satisfaction was high among patients and SLPs, although clinicians reported the protocol as time-consuming. A strong patient-reported need for continued rehabilitation was less widely recognised by clinicians. Preliminary outcomes showed substantial variability in assessment scores, with some patients making significant gains and others showing more modest change.

The primary barrier was clinician time constraints, which led to a high SLP dropout rate and hindered the formation of larger cohorts. Other organisational barriers included scheduling conflicts and the prioritisation of dysphagia and initial assessments. Key facilitators were a multi-clinician team environment and comprehensive training.

Conclusion: Implementing the mICAP within regular Swedish healthcare was feasible but posed substantial challenges. To support wider implementation, key requirements include protected clinician time, streamlined administrative and assessment protocols, ready-made materials, and pre-planned programmes to facilitate cohort-based delivery.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 36: Is High-Intensity Aphasia Telerehabilitation (HIPSTER) Superior to Usual Care in Chronic Post-Stroke Aphasia? A Randomized Controlled Trial

Caterina Breitenstein[1], Nina Unger[2], Tanja Grewe[3], Benjamin Stahl[4], Peter Martus[5], Marcus Meinzer[2], Agnes Flöel[2], with the HIPSTER Study Group

[1] Department of Neurology, University of Münster, Germany
[2] Department of Neurology, University Medicine Greifswald, Germany
[3] Department of Technology and Health for People, Jade University of Applied Sciences, Oldenburg, Germany
[4] Department of Psychology, Medical School Berlin, Germany
[5] Institute for Clinical Epidemiology and Applied Biometry, University of Tübingen, Germany

Introduction

One-fifth of stroke survivors develop chronic aphasia, resulting in profound limitations in verbal communication and quality of life. Despite evidence demonstrating the effectiveness of highly intensive in-person multimodal speech and language therapy (ESKOPA-TM; Grewe et al., 2020) for chronic aphasia (Breitenstein et al., 2017), access to such treatment remains severely limited. Barriers include restricted mobility post-stroke and insufficient availability of specialized services, particularly in rural areas. Preliminary studies suggest that intensive telerehabilitation may offer comparable efficacy while overcoming accessibility barriers. This multi-center phase-III randomized controlled trial investigates whether a teleadaptation of evidence-based ESKOPA-TM is superior to usual care for improving verbal communication in chronic post-stroke aphasia.

Materials and Methods

This prospective assessor-blinded, confirmatory, randomized controlled trial will recruit 160 individuals with chronic post-stroke aphasia (≥6 months after stroke). Participants will be randomly allocated to intensive telerehabilitation (n=80; tailored ESKOPA-TM for three weeks, combining 10 hours/week therapist-guided sessions and 5 hours/week self-administered exercises) or waiting-list control with usual care (n=80; <5 hours/week standard speech-language therapy). The primary outcome is verbal communication in everyday situations measured by the Amsterdam-Nijmegen Everyday Language Test (ANELT; Blomert et al., 1994). Secondary outcomes include general language performance, patient-reported therapy success, health-related quality of life, social participation, and psychological well-being. Assessments will be conducted at baseline, post-intervention, and six-month follow-up.

Results

Recruitment is ongoing. We anticipate demonstrating superiority of intensive telerehabilitation over usual care for the primary outcome of verbal communication, with sustained effects at six-month follow-up.

Improvements are also expected across secondary outcomes, including self-reported treatment benefit, quality of life, and social participation.

Discussion

If positive, this trial will provide high-quality evidence supporting telerehabilitation as an accessible, effective alternative to in-person intensive aphasia therapy. Results may fundamentally advance clinical care for individuals with chronic aphasia, particularly those facing geographical or mobility-related barriers to treatment access.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 38: Communication experiences after aphasia in Latin America: informing the cultural adaptation of Better Conversations with Aphasia (BCA)

Claudia Olivares-Matus[1,2], Anna Volkmer[2], Suzanne Beeke[2]

[1] Department of Speech, Language and Hearing Sciences, Faculty of Medicine, University of Chile
[2] Division of Psychology and Language Sciences, Language and Cognition Department, University College London, UK

Introduction

Communication Partner Training (CPT) is a core evidence-based approach in aphasia rehabilitation; however, most CPT programmes have been developed and evaluated in English-speaking, high-income contexts. There is limited qualitative evidence on how communication after aphasia is experienced in Latin American sociocultural settings, and how these experiences should inform culturally responsive intervention design. This study aimed to explore communication experiences of people with aphasia (PwA) and their communication partners (CPs) across Latin America to inform the cultural adaptation of Better Conversations with Aphasia (BCA).

Materials and Methods

A reflexive thematic analysis was conducted on focus group data involving PwA and CPs across multiple Latin American countries. All focus groups were analysed as a single, integrated Spanish-language dataset using NVivo. An inductively developed bilingual codebook guided coding, with analytic attention to emotional, relational, cultural, and systemic dimensions of communication. Cross-group patterns were explored using matrix coding queries to support reflexive interpretation.

Results

Seven interrelated themes were identified. Communication difficulties were experienced as disruptions to identity, agency, and social participation rather than solely as linguistic impairments. Emotional experiences—particularly fear, shame, frustration, and emotional fatigue—were central to communicative participation for both PwA and CPs. Participants described a range of adaptive communication strategies; however, tensions emerged between supportive behaviours and over-assistance. Communication was consistently framed as relational work, shaped by family roles, cultural norms of politeness and responsibility, and structural barriers such as environmental noise and limited access to long-term rehabilitation.

Discussion/Conclusion

These findings highlight communication after aphasia as emotional, relational, and culturally embedded. They provide strong empirical justification for adapting CPT interventions beyond linguistic translation, incorporating emotional validation, family-centred approaches, and culturally relevant interactional examples. The results directly inform the ongoing cultural adaptation of BCA for Latin American Spanish-speaking contexts and contribute qualitative evidence to support culturally responsive aphasia rehabilitation.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 39: Bridging workforce gaps in aphasia support after stroke: Trial outcomes from a Phase II Hub-and-Spoke, Peer-led Community Aphasia Group service model

Lucette Lanyon[1,2], Bronwyn Rademaker[3], Emily Eley[1,2], Miranda L. Rose[1,2], Kathryn Pettigrove[1,2], John E. Pierce[1,2], Acushla Thomson[3], Dana Wong[1,2], Alesha Sayner[3,4], Ciara Shiggins[1,5,6]

[1] Centre of Research Excellence in Aphasia Rehabilitation and Recovery
[2] College of Science, Health and Engineering, La Trobe University, Plenty Road, Bundoora, Vic, 3086
[3] Grampians Health, Ballarat, Vic, 3350
[4] Western Alliance Academic Health Science Centre, Warrnambool, Vic, 3280
[5] Queensland Aphasia Research Centre, The University of Queensland, Herston Road, Herston, Qld, 4029
[6] Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Queensland, Australia

Introduction:

Stroke survivors with aphasia often experience communication difficulties which have profound, sustained psychosocial consequences that extend beyond the individual. Community aphasia groups (CAGs) offer long-term, community-based support, yet speech-pathology-led group services don't meet community demand. Evidence supports sustainable, alternative approaches to improve service access without compromising benefits. This project designed and evaluated a Hub-and-Spoke (H-S), peer-led CAG service model. Trained volunteer facilitators, with and without aphasia, delivered local CAGs- 'Spokes', supported by a central multidisciplinary clinical 'Hub'.

Methods:

We conducted a waitlist-controlled, unblinded, randomised controlled trial and process evaluation. Feasibility criteria included recruitment and retention rates, group attendance, outcome assessment completion, model fidelity and clinical resource requirements. Acceptability measures included participant and personnel confidence and group functioning ratings. Preliminary efficacy was assessed across multiple language, communication and psychosocial domains using linear mixed models and minimal detectable change (MDC90).

Results:

Eight volunteer facilitators (3 with aphasia, 5 without) and 36 group participants (20 with aphasia, 16 close others) were recruited. Drop-out rates remained below 20% across intervention and waitlist control cohorts. Attendance averaged above 80%. Use of clinical Hub resources to support group functioning reduced by 50% for the second cohort.

Participants reported high confidence in the model, (mean rating of 8/10 for recommending the program to peers)). Facilitator and Hub confidence and satisfaction with group functioning remained high across cohorts (mean 9/10). Clinically meaningful gains were identified in language impairment, functional communication, communication confidence, and health-related quality of life. No meaningful improvement was observed in carer burden or psychological distress.

Discussion/Conclusion:

The H-S, Peer-led CAG demonstrated a feasible, acceptable and clinically promising service model suitable for further investigation. Volunteer facilitators successfully delivered and sustained four local CAGs. Over time, facilitator confidence increased while demands on clinical input reduced. Preliminary efficacy results suggested meaningful group and individual treatment effects.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 40: “This is everything I've ever wanted to do on a platter ... I think it's absolutely possible” – staff and volunteer experiences of establishing and delivering a Hub-and-Spoke, Peer-Led Community Aphasia Group Model within a community health service.

Kathryn Pettigrove[1,2], Bronwyn Rademaker[3], Emily Eley[1,2], Miranda L. Rose[1,2], Lucette Lanyon[1,2], John E. Pierce[1,2], Acushla Thomson[3], Dana Wong[1,2], Alesha Sayner[3,4], Ciara Shiggins[1,5,6]

[1] Centre of Research Excellence in Aphasia Rehabilitation and Recovery
[2] College of Science, Health and Engineering, La Trobe University, Plenty Road, Bundoora, Vic, 3086
[3] Grampians Health, Ballarat, Vic, 3350
[4] Western Alliance Academic Health Science Centre, Warrnambool, Vic, 3280
[5] Queensland Aphasia Research Centre, The University of Queensland, Herston Road, Herston, Qld, 4029
[6] Surgical Treatment and Rehabilitation Service (STARS) Education and Research Alliance, The University of Queensland and Metro North Health, Queensland, Australia

Introduction:

Community aphasia groups (CAGs) offer cost-effective long-term services for people with aphasia and can promote psychosocial wellbeing. Partly due to the traditional reliance on speech pathologists (SPs) as facilitators, insufficient numbers of CAGs are available. Alternative delivery models show potential for improving access without overburdening clinical services. We evaluated a Hub-and-Spoke (H-S), Peer-led CAG model in which trained volunteer facilitators, with and without aphasia, delivered local CAGs (Spokes) supported by a central multidisciplinary Hub. Following a Phase II RCT confirming feasibility and preliminary efficacy, this qualitative study explored staff and volunteer experiences of implementing the model within a community health service.

Materials and Methods:

We conducted semi-structured interviews with 15 H-S, Peer-led CAG service delivery participants including the SP Hub Coordinator, 9 multidisciplinary Hub Staff, and 5 Volunteer Facilitators (2 with, 3 without aphasia). Interviews explored experiences, barriers and facilitators to delivering the model in their local context. Data were analysed using Framework Analysis.

Results:

Interviews provided insights into staff and volunteer experiences across phases of implementation including setting up the service, preparing for service delivery, and delivering the groups. Data were mapped to the Exploration, Preparation, Implementation and Sustainment (EPIS) model of implementation. Themes spoke to significant initial and ongoing time investment required particularly for

the SP Hub Coordinator during the first round of groups, and to increased ease of delivery for subsequent groups. Issues raised included sourcing, retention and training of volunteers, and challenges obtaining funding within public health. However, participants found the model highly acceptable and beneficial.

Discussion/Conclusion:

The H-S, Peer-led CAG model was considered acceptable and beneficial by both staff and volunteers. This study raises important considerations for future implementation research, including staffing resources – particularly for initial set-up and continued volunteer support – and funding; however, findings suggest that the H-S model holds potential for proliferating peer-led CAGs in the community.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 41: Connecting Couples Impacted by Aphasia: Preliminary Marital Outcomes of Relationship-Centered Communication Partner Training

Tyson G. Harmon[1], Shawn Nissen[1], Sarah Laws[1], Kimberly Gale[1], Olivia Shepherd[1], Rebecca Ostler[1], Anna Dummer[1], Jonathan Sandberg[2], Kathryn-Anne Pertab[3], Sarah Cheung[3], William S. Evans[4]

[1] Department of Communication Disorders, Brigham Young University
[2] Department of Marriage and Family Therapy, Brigham Young University
[3] Intermountain Health
[4] Department of Communication Science and Disorders, University of Pittsburgh

Introduction

Couples impacted by aphasia experience significant changes in their marriage relationship, which often lead to shifts in roles and responsibilities, strained relationships, and decreased emotional connection[1–3]. Thus, there is a need for therapy approaches that not only target improved transactional communication but also marital attachment and psychosocial adjustment.

Relationship-Centered Communication Partner Training (RC-CPT) is a recently developed treatment approach for addressing both communication and emotional closeness[4]. It combines traditional communication partner training with adjustment counseling to foster deeper connection for couples impacted by aphasia.

Method

Twelve couples impacted by aphasia completed a three-week/six-session intervention. Sessions 1 and 2 provided education about aphasia and supportive communication strategies. In sessions 3-6, the speech therapist guided couples in using strategies to discuss relationship roles and responsibilities then establish goals and plans for improvement. Marital communication (relationship communication; conflict resolution satisfaction), marital attachment (personal responsiveness, accessibility, and engagement), and psychosocial well-being (loneliness; psychological distress) were measured from each partner (person with aphasia; spouse) via pre-intervention, post-intervention, and 1-month follow-up testing. Preliminary outcomes were analyzed using paired-samples t tests.

Results

Pre-Post Intervention

Both partners showed significantly higher ratings of their relationship communication ($p < .002$) pre-post intervention. Participants with aphasia showed significantly increased responsiveness ($p = .019$) and decreased psychological distress ($p = .046$). Spouses showed significantly greater conflict resolution satisfaction ($p = .014$).

Pre-intervention to 1-month post

Both partners maintained their higher relationship communication ratings ($p < .02$). Participants with aphasia also maintained increased responsiveness ($p = .046$). Spouse engagement decreased significantly from baseline ($p = .002$) but so did their psychological distress ($p = .021$).

Discussion/Conclusion

Results demonstrate preliminary evidence that participants with aphasia and their spouses benefit from RC-CPT. Findings will springboard a randomized controlled trial comparing RC-CPT to traditional communication partner training with relationship communication as a primary outcome.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 42: Managing Conversations about Personal Troubles and Building Common Ground: Facilitator Role in Online Aphasia Group Therapy.

Von der Heide, Bianca[1,2,3]; Diehlmann, Lara Elena[1]; Werner, Cornelius Johannes[1,4]; Corsten, Sabine[5]; Heim, Stefan[1,6]; Leinweber, Juliane[2] & Azios, Jamie Hartwell[3]

[1] RWTH Aachen University, Faculty of Medicine, Department of Psychiatry, Psychotherapy and Psychosomatics, Aachen, Germany
[2] University of Applied Sciences and Arts Hildesheim/Holzminden/Göttingen, Faculty of Engineering and Health, Health Campus Göttingen, Göttingen, Germany
[3] University of Louisiana at Lafayette, Department of Communication Disorders, Lafayette, USA
[4] Johanniter-Hospital Stendal, Department for Neurology & Geriatrics, Stendal, Germany
[5] Catholic University of Applied Sciences Mainz, Faculty of Healthcare and Nursing, Mainz, Germany
[6] Forschungszentrum Jülich, Institute of Neuroscience and Medicine (INM-1), Jülich, Germany

Introduction:

Group therapies for people with aphasia (PWA) offer more than language rehabilitation. They foster social connectedness, identity work and emotional exchange. However, little is known about how conversations about personal trouble unfold in this setting. In conversation analysis, Troubles Talk (TT) in non-aphasic speakers is a flexible process involving the phases Approach, Announcement, Delivery, Work-Up, Closing Implicature, and Exit (Jefferson, 1988). This study investigates TT in online, biographically oriented group therapies with PWA, focusing on the facilitators (i.e., speech and language therapists guiding the sessions).

Materials and Methods:

257 minutes of video recordings from the TELE-narraktiv project, in which the biographic-narrative intervention narraktiv (Corsten et al., 2015) was delivered via videoconferencing, were analyzed. The fourth of seven sessions from three groups (4 participants each, n = 12; two different facilitators), was selected for its thematic focus on “health, illness, and age” containing rich TT instances. All TT sequences were transcribed following conversation analysis conventions and analyzed regarding TT phases and interactional function.

Results:

Twenty-one TT sequences were identified, reflecting all TT phases. Sixteen sequences were initiated by facilitators. When participants introduced trouble, affiliative responses were crucial for maintaining the narrative. Facilitators influenced whether TT was picked up or redirected. Despite word-finding difficulties, PWA actively engaged in TT through multimodal resources, while facilitators and peers offered supportive feedback. In eleven sequences, participants reflected collaboratively and shared similar experiences. In closing sequences, facilitators highlighted positive statements and commonalities, reinforcing group cohesion.

Discussion / Conclusions:

Online group therapy provides PWA with a space for emotional support. Participants can address personal troubles and work through them collaboratively. This study shows how narraktiv enables identity work and social connectedness. While TT followed patterns from non-aphasic interactions, facilitators played a central role in initiating, sustaining, and closing TT sequences, ensuring that emotional narrative spaces were maintained.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 43: The differing effects of conversation group treatment for individuals with chronic aphasia: An updated summary and comparison of findings with regard to aphasia profile, group size and group composition.

Elizabeth Hoover[1], Gayle DeDe[2], Gretchen Szabo[3], Sarah Vitale[1], Francine Kohen[2] and Nicholas McCloskey[2]

[1] Dept of Speech-Language and Hearing Sciences, Boston University, Boston, MA, USA
[2] Dept of Communication Sciences and Disorders, Temple University, Philadelphia, PA, USA
[3] Adler Aphasia Center, Maywood, NJ, USA

Introduction:

This paper presents updated findings from a large clinical trial examining whether effects of conversation treatment for people with aphasia differ as a function of group size (dyad or large group), group composition (mixed vs homogenous), or aphasia severity (mild to moderate).

Methods:

IwA (n=193) were recruited over a four-year, multisite clinical trial. In years one and two, participants with varied severities of aphasia were randomly assigned to one of three conditions: mixed large treatment group (6-8 IwA); dyad treatment group (2 IwA) or delayed-treatment/control group. In years three and four, individuals with moderate-severe to severe and mild profiles respectively 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) subtests and Communicative Activities of Daily Living-3rd Edition (CADL-3).

Results:

Group size. Compared to controls, both dyad and large groups showed significant change post-treatment on the ACOM, CADL-3, and CAT Naming. Only CAT Naming effects were maintained 6-weeks post-treatment. Control groups demonstrated no significant improvements.

Aphasia severity: IwMildA demonstrated treatment benefits on the ACOM, CADL-3, and CAT Naming, but IwMod-severeA demonstrated benefits on only the ACOM and CADL-3.

Group composition. Only IwMod-severeA in the homogeneous group demonstrated significant change post-treatment on ACOM and CADL-3. IwMildA showed significant change in both homogenous and mixed groups on ACOM and CAT Naming; only the homogeneous group showed change post-treatment on the CADL-3. No effects were observed on measures of monologic discourse or standardized psychosocial measures.

Conclusion:

These findings offer support for conversation group treatment as a cost-effective option for IwA across the continuum of care. However, specific outcomes may differ as a function of aphasia severity and group composition.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 44: Creative Expression as a Tool for Communicative Success in Persons with Aphasia

Mareike Hartmann[1], Lotta Heidemann[1], Carola de Beer[1,2], Martina Hielscher-Fastabend[1,2] & Kerstin Richter[1,2]

[1] CRC 1646, Faculty of Linguistics and Literary Studies, Bielefeld University, Bielefeld
[2] WG Clinical Linguistics, Faculty of Linguistics and Literary Studies, Bielefeld University, Bielefeld

Introduction

Linguistic creativity is a cognitive ability of every person and enables the formation of complex words and expressions. An expression is considered creative if it is both original and effective, with effectiveness having a decisive influence on the success of communication (Körtvélyessy et al. 2022).

For persons with aphasia (PWA) communication is challenging, forcing them to explore ways to communicate successfully. Semantic-lexical deficits, particularly when retrieving complex word forms, require compensatory behavior. While semantic paraphrases are widely accepted as communicative strategies, creative expressions - such as semantic neologisms and deviations - are predominantly treated as errors in research and clinical practice (e.g. Howard & Gatehouse 2006). Only few approaches highlight the importance of linguistic creativity for communication in PWA (e.g. Holland 2021; Liederman et al. 1983).

We aim to investigate the extent to which PWA demonstrate creative language use in naming and interactive explanations and how this creativity affects communicative success.

Materials and Methods

Two experimental tasks were designed: (1) the oral naming of complex objects using compound words and (2) the interactive description of compound nouns based on the taboo-paradigm.

Both tasks place high demands on the retrieval and processing of German compound words and on communicative skills. They therefore require creative language use, not only in PWA but also in neurologically unimpaired controls (NUC), enabling the comparison of approaches used by PWA and NUC. At the time of abstract submission, first data have been collected from PWA (n=2), as well as from NUC (n=35). Additional data will be available by the time of the conference.

Results

Our contribution provides preliminary findings from an ongoing investigation and includes a qualitative analysis of response reactions during naming and examples from the interactive explanation task. First data suggest that PWA are quite capable of using their preserved language skills creatively.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 45: Reframing museums and art galleries as places for aphasia rehabilitation and life participation

Jayne Lindsay[1], Professor Eamonn McKeown[2], Dr Nuala Morse[3], Professor Madeline Cruice[1]

[1] Division of Speech & Language Therapy, Department of Allied Health, School of Medical & Health Sciences, City St George's, University of London, UK
[2] Department of Population Health and Policy, City St George's, University of London, UK
[3] School of Museum Studies, University of Leicester; and Honorary Lecturer, Division of Speech & Language Therapy, City St George's, University of London, UK

Introduction

Aphasia rehabilitation is multi-faceted: an important aim is life participation (LPAA 2000). The need for interventions to extend beyond the therapy room is well-known, however people with aphasia (PWA) experience difficulty in everyday environments. Museum and gallery (M/G) visits illustrate this challenge. Research with other visitors indicates M/G enhance interaction and well-being; PWA identify the potential for self-improvement, restored identity and participation, but barriers limit visits and benefits derived (Lindsay et al 2024).

Methods

The MAIA project explored PWA visit experiences, to inform future Speech and Language Therapy and M/G practice. It comprised evidence synthesis; 1:1 semistructured interviews with 22 PWA; and nine 1:1 walking interviews. Aims included identifying barriers, facilitators and potential supports to participation. Presented here are findings of walking interviews. These took place in-M/G, were informed by a topic guide, and included communication supports. Interviews were handnoted in-situ and transcribed post-interview (Parr 2000). Data was analysed thematically.

Results

Nine PWA (5 women, 4 men; 40–72 years; 1.08–10.4 years post-stroke; 5 mild aphasia, 3 moderate, 1 severe) took part in walking interviews. All had visited M/G pre and post-stroke. Interviews revealed a dynamic physical, sensory and human environment containing multiple barriers and fewer facilitators. PWA perceived they were not included in aspects of the M/G experience. Findings are discussed in terms of barriers and impacts, instances of positive engagement and opportunity, and the potential for transformed M/G to contribute to aphasia rehabilitation, including life participation.

Discussion

M/G are challenging places for PWA. However M/G could be places for life participation (e.g. accessible visits, aphasia-friendly programming) and situated rehabilitation (language and discourse therapy, conversation partner training) provided there are suitable environments and enabling practices. Their potential contribution to PWA well-being and inclusion fits with WHO 2030 Goals 3 (Good Health and Wellbeing) and 10 (Reduced Inequalities).

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 46: Co-Designing Solutions for Cross-Linguistic and Cross-Cultural Aphasia Therapy: Development and Pilot Evaluation of a Collaborative Tool for Speech Pathologists and Interpreters.

Chelsea Larkman[1,2], Lucette Lanyon[1,2], Miranda Rose[1,2]

[1] School of Allied Health, Human Services and Sport, College of Science, Health and Engineering, La Trobe University, Bundoora, Australia
[2] Centre of Research Excellence in Aphasia Recovery and Rehabilitation, Bundoora, Australia

Introduction

Aphasia caseloads internationally are becoming increasingly diverse, resulting in speech pathologists needing to provide rehabilitation to clients with whom they do not share a language. This requires close and dynamic collaboration with interpreters. Speech pathologists and interpreters have identified multiple challenges to adapting and providing aphasia therapy across languages and cultures (Larkman et al., 2024; Larkman et al., 2023). This study aimed to explore, develop, and evaluate potential solutions to the challenges of cross-linguistic and cross-cultural aphasia therapy.

Materials & Methods

Eight participants (four speech pathologists and four interpreters) took part in five co-design workshops. One proposed solution—a tool to support speech pathologists' and interpreters' preparation and collaboration in aphasia therapy—was iteratively developed across the workshops. This tool was the Latrobe University Aphasia Therapy Collaboration Tool for Speech Pathologists and Interpreters (LTU ACT-SPI). The tool was evaluated in the final workshop when participants were divided into four dyads of one speech pathologist and one interpreter. Each dyad engaged in a one-hour online workshop, role-playing a briefing session for a hypothetical case study using the LTU ACT-SPI as guidance. Participants were interviewed about their use of the LTU ACT-SPI. 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 LTU ACT-SPI has multiple benefits.

Discussion

Participants found the LTU ACT-SPI beneficial for supporting a comprehensive briefing, which they felt improved cultural and linguistic appropriateness of therapy and increased clinician confidence. The LTU ACT-SPI may support speech pathologists and interpreters in preparing and collaborating for therapy with culturally and linguistically diverse people with aphasia. It combines evidence-based recommendations from the literature on Briefing, Interaction, and Debriefing in aphasia therapy with insights identified through codesign research.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 47: Bridging Global Gaps in Community Aphasia Management through Codesign and Cultural Adaptation

Shu En Lee[1,2], Fatimah H. Hassan[3], Miranda L. Rose[1,2], John E. Pierce[1,2], Annie J. Hill[1,2]

[1] School of Allied Health, Human Services and Sport, La Trobe University, Melbourne, Australia
[2] Centre for Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University, Melbourne, Australia
[3] Faculty of Health Sciences, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Introduction

In many countries, long-term aphasia rehabilitation is limited by low awareness, restricted service access, and in multicultural nations, insufficient culturally and linguistically appropriate care. Malaysia exemplifies these challenges through its predominantly multicultural and multilingual population, limited community aphasia services and low aphasia awareness (Aziz et al., 2025; Lee et al., 2025). Communication Connect, an online aphasia self-management platform, offers a potential solution to improving access. This research aims to identify gaps in aphasia management in Malaysia, and explore how Communication Connect, originally developed in Australia, may be culturally and linguistically adapted for Malaysia.

Materials and Methods

This research adopts a mixed-methods design comprising an online survey, focus groups and codesign workshops. Malaysian health professionals are being recruited to explore current aphasia rehabilitation practices and views toward Communication Connect. Survey data is being analysed using descriptive statistics and content analysis, while focus group data will be analysed using framework analysis. The codesign workshops will inform the cultural and linguistic adaptation of Communication Connect.

Results

Preliminary survey findings show that health professionals have substantial knowledge gaps in supporting people with aphasia to access community aphasia rehabilitation, and positive initial attitudes towards Communication Connect as a potential solution. The focus groups will provide deeper insights into the cultural and contextual factors influencing potential implementation of Communication Connect, which will guide the codesign process of culturally and linguistically adapting Communication Connect.

Discussion

Malaysia has a multilingual and multicultural health system, where access and continuity of aphasia care are challenging. This project will develop a culturally relevant solution for aphasia support in Malaysia, and offer a transferable methodology for identifying service gaps and engaging local stakeholders to adapt aphasia management tools for other multicultural and underserved contexts. This research highlights the potential of codesigned digital tools to enhance long-term aphasia support and promote more equitable access to rehabilitation services globally.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 48: Better Conversations with primary progressive aphasia & other rare dementias: A randomised controlled speech-language teletherapy trial.

Volkmer, A.[1], Talbot, R.[1], Anthony, B.[1], Henry, M.[3], Edwards, R.T.[2], Varley, R.[1], Warren, J.[4]

[1] Division of Psychology and Language Sciences, UCL, UK
[2] Centre for Health Economics and Medicines Evaluation (CHEME), Bangor University
[3] Department of Speech, Language, and Hearing Sciences, University of Texas-Austin, Austin, Texas, USA
[4] Dementia Research Centre, UCL Queen Square Institute of Neurology, UCL, London, UK

Introduction:

Language and communication difficulties are common across a range of dementias including primary progressive aphasia. Better Conversations with primary progressive aphasia (BCPPA) is a communication partner training intervention that aims to improve the experience of conversations for a person with communication difficulties. An NHS based pilot study of BCPPA demonstrated positive outcomes, trained speech and language therapists could deliver BCPPA in the NHS, and people with PPA and their families found it acceptable (Volkmer et al, 2023). However, this study also raised questions about when and where this intervention should be delivered (at diagnosis or later; face to face and/or remotely), how to best measure the effectiveness of the intervention in line with participant's priorities, and whether BCPPA might be acceptable and useful to people with a range of dementia types.

Materials and methods:

In line with Medical Research Council guidance on evaluating complex interventions (Skivington et al, 2021), this study describes a phase II mixed-methods process evaluation study in the form of a randomised controlled cross-over pilot feasibility study comparing the BCPPA communication partner training intervention to a waiting list control, for people with PPA and other rare dementias and their communication partners. 36 participant dyads were recruited at diagnosis and review appointments from two UK based national health services.

Participants were randomised to either the BCPPA intervention or a waiting list control group. The intervention was delivered via teletherapy over 4-6 weeks. All participants were assessed immediately post intervention and again at 3-months post intervention. Outcome measures were selected in line with the current recommendations for a core outcome set for PPA.

Results:

The study is feasible, with successful recruitment at the point of diagnosis and later. Participants report the teletherapy is acceptable, though there have been some difficulties in collecting full outcome data sets from participants with later stage illness. This presentation will describe the initial results from the study.

Discussion:

The results from this study will inform a future full trial of BCPPA for people with dementia and their families.

References:

Volkmer, A., Walton, H., Swinburn, K., Spector, A., Warren, J. D., & Beeke, S. (2023). Results from a randomised controlled pilot study of the Better Conversations with Primary Progressive Aphasia (BCPPA) communication partner training program for people with PPA and their communication partners. Pilot and Feasibility Studies, 9(1), 87.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 49: Co-development of an international Primary Progressive Aphasia awareness campaign: enhancing understanding of speech & language therapy

Volkmer, Anna[1], Townsend, Rosemary[2], Anthony, Bethany[3], Antonucci, Sharon M.[4], Battista, Petronilla[5], Basaglia-Pappas, Sandrine[6], Gallée, Jeanne[7], Grasso, Stephanie[8], Henry, Maya L.[8], Just, Peter[9], Karpathiou, Nomiki[10], Khayum, Becky[11], Lavoie, Monica[12], Moffat, Helen[1], Petley, Michael[1], Robinson, Philip[1], Shibata, Kiiya[13], Taylor-Rubin, C[14], Ward, Vanessa[1], Warren, Jason D[15], Zimmerman, Nikki[16], and the BCPPA Patient and Public Involvement group[1].

[1] Division of Psychology and Language Sciences, UCL, UK.
[2] Dyscover, UK.
[3] Bangor University.
[4] The Aphasia Center at Jefferson Moss-Magee Rehabilitation, Jefferson Moss Rehabilitation Research Institute, USA.
[5] Istituti Clinici Scientifici Maugeri IRCCS, Laboratory of Neuropsychology, Institute of Bari, Bari, Italy.
[6] Cognitive Psychology and Neuropsychology Department, University of Mons, Belgium.
[7] Department of Medicine, University of Washington, Seattle, WA, USA.
[8] Department of Speech, Language, and Hearing Sciences, University of Texas-Austin, Austin, Texas, USA.
[9] Royal College of Speech and Language Therapy, UK.
[10] Department of Speech and Language Therapy, University of the Peloponnese, Kalamata, Greece.
[11] Memory and Aphasia Care, USA.
[12] Research Chair on Primary Progressive Aphasia – Fondation de la famille Lemaire, CHU de Québec-Université Laval, Quebec (QC), Canada.
[13] Department of Hearing and Speech Sciences, Vanderbilt University, Nashville, Tennessee, USA.
[14] Taylor-Rubin Speech Language Pathology, Sydney, Australia.
[15] Dementia Research Centre, UCL Queen Square Institute of Neurology, UCL, London, UK.
[16] Rare Dementia Support, Dementia Research Centre, UCL Queen Square Institute of Neurology, UCL, UK.

Abstract:

Introduction:

Globally, there is a lack of awareness of primary progressive aphasia (PPA). The main treatment for PPA is speech and language therapy, yet many people are unaware of the benefits and are often not referred on by other health care professionals (Loizidou et al, 2023). Some people affected by PPA can seek out information independently and navigate their own way to these services, but others experience substantial challenges in accessing support. This study was born out of discussions with people affected by PPA who

identified an urgent need to raise awareness of the benefits for people with PPA to be referred to speech and language therapy. The aim of the project was to codevelop a PPA awareness campaign and understand the impact of the campaign on awareness and knowledge.

Methods:

Informed by the People with Aphasia and Other Layperson Involvement (PAOLI) framework (Charalambous et al, 2023) for guiding patient and public involvement in aphasia research a World Café was held with 30 people affected by PPA to coproduce key components of the PPA awareness campaign. Engagement data were collected from social media posts, and registration and attendance at the co-planned webinars. A feedback survey was circulated, and a micro-costing analysis conducted to understand the costs.

Results:

The 10-week PPA awareness campaign spanned seven countries. Attendees reported increased knowledge of the role of speech and language therapists and valued hearing the voices of people affected by PPA. Webinar events were well attended across participating countries with an average of 300 attendees, ranging from 233 in Greece to 369 in the UK.

Discussion:

The awareness campaign webinars are now permanently accessible as resources on the International Speech and Language Therapist / Pathologist PPA network (International SLT/P PPA network) website. Future campaigns will take a more focused approach by targeting more specific audiences such as trainee doctors.

References:

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 50: Better Conversations with Primary Progressive Aphasia: translation and cultural adaptation to Norwegian

Ingvild Winsnes[1], Monica Norvik[2], and Anna Volkmer[3]

[1] University of Oslo
[2] UIT – The Arctic University of Norway
[3] University College London

Introduction

Primary progressive aphasia (PPA) describes a group of language-led dementias. People with PPA report that being able to have conversations with family and friends is one of the most important aspects of their lives, and they would like to address this in therapy (Volkmer et al., 2024). A study from the UK found that Better Conversations with Primary Progressive Aphasia (BCPPA), a communication partner training program, holds promise as an intervention to improve conversations between people with PPA and their communication partners (CPs) (Volkmer et al., 2023). This study described the cultural adaptation of BCPPA into Norwegian.

Materials and Methods

The adaptation process was guided by the cultural adaptation elements identified by Day et al. (2023) and the Framework for Reporting Adaptations and Modifications-Enhanced (Wiltsey Stirman et al., 2019). We translated the BCPPA into Norwegian before piloting it with four people with PPA and their CPs. The translated version was compared to the original English version to identify adherence to the core components (i.e., the active ingredients) in the intervention (Day et al., 2023). Additionally, we conducted individual semi-structured interviews post-intervention, which were analysed using content analysis, to explore acceptability.

Results

We found high adherence to the core components. The participants found the intervention acceptable; however, they suggested some changes to peripheral components (i.e. components that do not impact the effectiveness of the intervention). We identified the themes: (1) awareness of how communication works, (2) communication strategies, (3) the amount of work, (4) unfamiliar terminology, and (5) the BCPPA provides a different perspective.

Discussion and conclusion

The results of this study indicated that the BCPPA intervention was acceptable to the participants in the study. However, there is a need for some adjustment to the peripheral components to enhance the cultural adaptation. Overall, the Norwegian BCPPA is a promising intervention.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 51: Teletherapy communication partner training for Alzheimer's with prominent language difficulties: discourse outcomes.

Talbot, Richard[1,3], Warren, Jason D.[2,3], Varley, Rosemary[1], Volkmer, Anna[1,3]

[1] Division of Psychology and Language Sciences, UCL, London, UK
[2] Dementia Research Centre, Queen Square Institute of Neurology, UCL, London, UK
[3] National Hospital for Neurology & Neurosurgery, University College London Hospitals NHS Foundation Trust, London, UK

Introduction:

Alzheimer's pathology accounts for around 60-70% of dementia diagnoses (World Health Organisation, 2025). Communication difficulties are common in Alzheimer's disease (AD). People with AD often produce fluent but tangential discourse, with word finding difficulties prevalent in conversations. Better Conversations with Primary Progressive Aphasia (BCPPA) is a communication partner training intervention co-designed with and for people with dementia and their communication partners, often a friend, spouse or relative. Outcomes of this intervention have hereto focussed on changes in conversation behaviours, rather than discourse. This study investigates whether BCPPA has any impact on discourse in people with communication difficulties associated with AD.

Materials and Methods:

Participants with Alzheimer's disease (including typical Alzheimer's, posterior cortical atrophy and logopenic variant primary progressive aphasia) and a communication partner were recruited from two National Health Service organisations to participate in a randomised controlled pilot study. This repeated measures crossover study compared 4-8 weeks of BCPPA delivered via teletherapy to a no treatment wait list condition. Participants were assessed on two monologic discourse measures: a picture description (highly structured) and a personal narrative (highly unstructured). Discourse assessment was multilevel and theoretically informed (Dipper et al., 2021).

Results:

Preliminary discourse analysis suggests changes at the macrostructural level, with gains in story grammar and narrative organization. The full discourse outcomes will be presented.

Discussion/Conclusions:

Demonstrating discourse changes alongside conversation behaviour changes following BCPPA may strengthen intervention implementation and support sustainability by offering additional meaningful outcomes to both participants and therapists. This study adds to the developing evidence base for communication partner training interventions for those living with AD and their communication partners.

References:

Dipper, L., Marshall, J., Boyle, M., Hersh, D., Botting, N., & Cruice, M. (2021). Creating a Theoretical Framework to Underpin Discourse Assessment and Intervention in Aphasia. Brain Sciences, 11(2), 183. https://doi.org/10.3390/brainsci11020183

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 52: Evidence-Based Clinical Practice Guidelines for Communication Strategies to Support End-of-Life Decision-Making by Persons with Aphasia

Alexandra Stipinovich[1], Kerstin Tönsing[1], Shakila Dada[1]

[1] Centre for Augmentative and Alternative Communication, University of Pretoria, South Africa

Introduction:

The right to participate in important life decisions, including decisions about end-of-life, underpins the ethical principle of autonomy. The communication barriers experienced by Persons with aphasia (PWA) present challenges to their participation in such decisions. With appropriate support, PWA may be able to participate in end-of-life decision-making. This presentation describes the development and appraisal of evidence-based clinical practice guidelines for communication strategies to assist speech-language pathologists (SLPs) in supporting PWA to make end-of-life decisions.

Methods:

An exploratory sequential mixed method design, guided by the framework of evidence-based practice, was implemented in developing the guidelines. The study was divided into three phases. In Phase 1, evidence from three sources, namely research evidence, clinician expertise, and client preferences was gathered. In Phase 2, an aggregative synthesis of the information gathered in Phase 1 was performed in developing the guidelines. In Phase 3, the quality of the guidelines was appraised using an adaptation of the Appraisal of Guidelines for Research and Evaluation (AGREE) II Instrument (Brouwers et al., 2017).

Results and Discussion:

The outcome of this study is evidence-based clinical practice guidelines comprising end-of-life decisions that PWA may be faced to make, and communication strategies that support the different components of the decision-making process. Challenges and facilitators to the decision-making process are described, as are ways to approach difficult conversations. The guidelines were appraised to be of a high quality.

Conclusion:

SLPs are in an ideal position to support complex decision-making by PWA. The guidelines developed can guide SLPs in optimizing participation by PWA in end-of-life decision-making.

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Brouwers, M. C., Kho, M. E., Browman, G. P., Burgers, J. S., Cluzeau, F., Feder, G., Fervers, B., Graham, I. D., Grimshaw, J., Hanna, S. E., Littlejohns, P., Makarski, J., & Zitzelsberger, L. (2017). AGREE II: advancing guideline development, reporting and evaluation in health care. CMAJ, 182(18), E839–E842. https://doi.org/10.1503/CMAJ.090449

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 53: The Speech and Language Therapist's Role in Supporting Decision-Making for People with Aphasia: An International Cross-Sectional Survey

Mark Jayes[1], Winsy Wing-Sze Wong[2], Alexandra Stipinovich[3], Elyse Shumway[4], Annette Rotherham[5], Analisa Marie Pais[6], Maria Assunção Matos[7], Elissa Larkin[8], Anthony Pak-Hin Kong[9], Nomiki Karpathiou[10], Jytte Kjærgaard Isaksen[11], Virginia Brinkley[12], Anna Volkmer[13]

[1] Department of Health Professions, Manchester Metropolitan University, Manchester, UK
[2] Speech Therapy Unit, Department of Chinese and Bilingual Studies, Faculty of Humanities, The Hong Kong Polytechnic University, Hong Kong SAR
[3] Centre for Augmentative and Alternative Communication, University of Pretoria, South Africa
[4] Aphasia Institute, Toronto, Canada; Rehabilitation Sciences Institute, Toronto, Canada
[5] Older Persons' Mental Health, Te Whatu Ora, Christchurch, New Zealand
[6] School of Health and Social Care, University of Essex, Colchester, UK
[7] CINTESIS@RISE, Aveiro School of Health Science, University of Aveiro, Portugal
[8] Center for Aphasia Research and Treatment, Shirley Ryan AbilityLab, Chicago, USA
[9] Academic Unit of Human Communication, Learning, and Development (HCLD) & Aphasia Research and Therapy (ART) Laboratory, The University of Hong Kong, Hong Kong SAR
[10] Department of Speech and Language Therapy, University of the Peloponnese, Greece; Athens Alzheimer's Association, Greece
[11] Department of Culture and Language, University of Southern Denmark, Denmark; Neurorehabilitation Research and Knowledge Centre, Rigshospitalet, Denmark
[12] Norwich Community Hospital, Norwich, UK
[13] Division of Psychology and Language Sciences, University College London, London, UK

Introduction:

With the right support, many people with aphasia can participate in decision-making [1,2]. Different countries and legal jurisdictions around the world provide different guidance on the role of speech and language therapists (SLTs) in supporting decision-making. This is the first study to describe current SLT practice in supporting people with aphasia during decision-making conversations and decision-making capacity assessments across countries.

Materials and Methods:

The study employed a convergent mixed methods design involving a descriptive, cross-sectional online survey comprising 41 questions. The survey was disseminated via social media and professional networks of SLTs working clinically across the six World Health Organisation Regions of the World. Data collected were analysed using descriptive statistics and content analysis.

Results:

195 SLTs from 32 countries responded to the survey. Just over half of respondents (n=116, 59.5%) were aware of the existence of relevant legislation in the country or state where they worked. Most (n=141, 86.5%) had experience of supporting people with aphasia to make decisions as part of a general conversation and around a third (n=57, 35%) had experience of leading a capacity assessment themselves. Other members of the multidisciplinary team were identified as a barrier to supporting people with aphasia in decision-making; respondents explained that other professionals often do not request the involvement of SLTs in the decision-making process or capacity assessments. A lack of education and guidance, lack of time and the role not being within their scope were also identified as barriers. Facilitators included collaborative work environments and a good understanding of the SLT role amongst other professionals and families.

Conclusions:

There remains a lack of legislative and policy guidance about the SLT role. Future research should further explore clinical pathways and training opportunities, to ensure that SLTs and other members of the multidisciplinary team can better support people with aphasia to participate in decision-making throughout the world.

References:

[1] Kim ES, Suleman S, Hopper T. Decision Making by People With Aphasia: A Comparison of Linguistic and Nonlinguistic Measures. Journal of Speech, Language, and Hearing Research. 2020 Jun 22;63(6):1845–60.

[2] McCormick M, Bose A, Marinis T. Decision-making capacity in aphasia: SLT's contribution in England. Aphasiology. 2017 Jul 28;31(11):1344–58.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

OP 54: Access to the court system for people with aphasia

Sue Sherratt[1]

[1] Communication Research Australia

Background:

Communicative access to participate in daily life is of paramount importance to individuals with communication disorders such as aphasia. Access to the courts may present additional hurdles due to inaccessible legal information, lack of awareness of legal issues, high costs, and the difficulties involved in testifying and giving evidence. This presentation aims to highlight the issues faced by people with aphasia (PWA) accessing the court system as victims, plaintiffs, or defendants and what modifications or accommodations to the court process are permitted.

Method:

1,926 court cases documenting aphasia/dysphasia were identified in a systematic review of US court cases (1915–2021). Of these, 389 were analysed to identify types of cases, description and assessment of aphasia and involvement of health professionals. Accommodations were permitted in only 15 cases. Quantitative descriptive statistics are provided and exemplified with quotes.

Results:

Analysis revealed the continued confusion and inaccuracy surrounding the terms “aphasia/dysphasia,” the lack of knowledge about these deficits both generally and within the justice system, and the absence of involvement of speech pathologists. Assessments of PWA were usually conducted by psychologists or medical professionals, and accommodations determined by the court, judge or psychologists.

Discussion and Conclusions:

PWA are at continued risk of being unable to access and participate in the justice system, particularly without appropriate accommodation. As a profession, we have no choice but to raise awareness of access to court for PWA. Furthermore, we need to advocate for the role of speech pathologists within the health and legal professions in assessing, supporting, and developing strategies to facilitate PWA to be more equitable members of society and equal participants in the justice system. Three practical strategies and a preliminary provisional list of modifications relevant to PWA are presented so that PWA may more fully and competently participate in court whenever needed.

POSTER PRESENTATIONS

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 003: Detecting latent/very mild aphasia with a neutral cue discourse task

Deborah Levy[1,2], Kent Meinert[1,3], Davida Fromm[4], Brian MacWhinney[4], Brielle Stark[1]

[1] Indiana University Bloomington
[2] Princeton University
[3] University of Queensland
[4] Carnegie Mellon University

Introduction:

"Latent aphasia" describes a mild acquired language impairment wherein individuals report difficulties with language despite scoring normally on standardized language evaluations. While the Cinderella narrative is often used to detect milder language impairments, many aspects—including its child-like nature and cultural specificity—render it non-ideal as an assessment task. Thus, investigation of other highly sensitive discourse tasks is warranted. Here we characterize the linguistic properties of the neutral cue (NC) task—drawn from the neuropsychology literature—to present its feasibility for use in language assessment. We then compare the Cinderella narrative to the NC task to investigate their respective abilities to distinguish latent aphasia from healthy speech.

Materials/Methods:

72 adults—26 with latent aphasia and 46 with healthy speech—completed both the Cinderella narrative and the NC task. CLAN was used to extract ten linguistic variables of interest. The ability of each task and each CLAN metric to distinguish between speaker groups was then calculated using area under the receiver operating characteristic curve (AUC). Statistical significance was assessed using 10,000-iteration permutation tests.

Results:

Four CLAN metrics—mean length of utterance (Cinderella AUC=0.76, $p<0.01$; NC AUC=0.68, $p<0.01$), number of tokens (Cinderella AUC=0.68, $p<0.01$; NC AUC=0.74, $p<0.01$), words per minute (Cinderella AUC=0.87, $p<0.01$; NC AUC=0.91, $p<0.01$), and percent word error (Cinderella AUC=0.88, $p<0.01$; NC AUC=0.86, $p<0.01$)—reliably distinguished between latent aphasia and healthy speech across tasks. No statistically significant differences in AUC between the two tasks were observed (mean length of utterance difference=0.08, $p=0.36$; number of tokens difference=0.06, $p=0.43$; words per minute difference=0.04, $p=0.47$; percent word error difference=0.01, $p=0.81$).

Conclusion:

These results suggest that the NC task may be a viable alternative to the Cinderella narrative—not subject to many of the same limitations—for obtaining discourse samples that are sensitive to the differences between latent aphasia and healthy speech.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 004: Discourse Fluency Disruptions in Latent Aphasia: A Mixed-Effects Analysis Across Elicitation Contexts

Brielle Stark[1], Kent Meinert[1], Davida Fromm[2], Brian MacWhinney[2]

[1] Indiana University
[2] Carnegie Mellon University

Introduction:

Latent aphasia, also known as “mildest” aphasia or scoring above standardized aphasia test cut-offs, is characterized by subtle discourse impairments that often evade detection in clinical assessments. This study quantified group- and task-level differences in spoken discourse fluency metrics between individuals with latent aphasia and cognitively healthy adults (CHA).

Materials and Methods:

Fifty-nine participants (32 CHA, 27 latent aphasia) completed six discourse elicitation tasks from AphasiaBank at two timepoints (test and retest). The CHA group (23 female; mean age = 65.0 ± 10.3) and latent aphasia group (15 female; mean age = 56.7 ± 12.1) were comparable in education and sex, with CHA participants significantly older. Generalized linear mixed-effects models were fitted to eight fluency metrics derived from the FLUCALC function in CLAN—percent filled pauses, word repetitions, phrase repetitions, word revisions, phrase revisions, fragments, intra-utterance pause ratio (pause time / total duration), and words per minute—with group and task as fixed effects and participant and timepoint as random intercepts. Age was included as a covariate when it improved model fit.

Results:

Fluency metrics were stable across timepoints. Participants with latent aphasia exhibited significantly higher rates of filled pauses, word repetitions, phrase repetitions, word revisions, and intra-utterance pause ratios across most tasks. Speech rate (words per minute) was significantly lower in this group. Older age predicted fewer filled pauses but was unrelated to other metrics. Task effects emerged but did not change the overall pattern of group differences; narrative tasks elicited the greatest differences. Phrase revisions were modestly elevated in latent aphasia and varied by task.

Conclusion:

Findings demonstrate consistent fluency disruptions in latent aphasia, including increased disfluency types and reduced temporal efficiency. These effects were robust across tasks and largely independent of age, highlighting the value of multidimensional discourse analysis for detecting subtle language impairments.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 005: Assessing Apraxia of Speech in Persons with Aphasia: Eliciting and Analyzing Sufficient Speech Samples

Wambaugh, J.[1], Salomon, D.[1], & Kraemer, R.[1]

[1] University of Utah, Salt Lake City, Utah, USA

Introduction

Aphasia is frequently accompanied by acquired apraxia of speech (AOS), a motor speech disorder that disrupts speech motor planning/programming. Zeigler and colleagues [1] reported that 44% of persons with chronic aphasia had at least mild AOS. Conversely, AOS is almost always accompanied by aphasia [2]. It is crucial that AOS is correctly diagnosed and characterized in persons with aphasia (PWA) for optimal clinical management and research replicability.

Diagnosis of AOS in PWA has historically been challenging, as evidenced in both clinical practice and research [3]. However, over the past decade, the Apraxia of Speech Rating Scale [ASRS; 4] has been developed, refined, and is receiving increasing clinical and research attention. The current iteration of the ASRS [v3.5; 2] involves rating 13 speech features.

For accurate ASRS scoring, a sufficient speech sample is necessary. The ASRS does not include a specific elicitation protocol.

The purpose of this presentation is to describe the speech elicitation protocol developed by our laboratory for use with the ASRS. The aims are 1) to provide the protocol with operational definitions, and 2) offer guidance in the rating of ASRS speech features relative to the protocol.

Method

Our group has substantial experience in the administration and scoring of the ASRS. We analyzed hundreds of ASRS administrations. These included our own administrations as well as those of trained research clinicians who had significant experience with PWA but were not experts in motor speech disorders.

We noted instances in which speech samples were sub-optimal for scoring. Using these scoring insights, we developed a protocol for acquisition of adequate speech samples.

Discussion

The ASRS v3.5 is the most psychometrically sound tool available for AOS diagnosis. Its use should be strongly considered by those who work with PWA+AOS. Our protocol is designed to elicit an adequate speech sample to serve as the basis for an accurate AOS diagnosis.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 006: Introducing the REAL-EVAL Studio for streamlined, clinician-forward evaluation of discourse with a specialty in analyzing aphasia

STARK, B.[1], & Pittman, J.[2]

[1] Indiana University Bloomington

[2] University of Maryland Global Campus

Introduction

Quantifying discourse in aphasia remains clinically valuable but operationally burdensome. Correct Information Unit (CIU) analysis and related semantic discourse measures can support diagnosis, treatment planning, and outcomes tracking, yet manual annotation is time-intensive and difficult to standardize across raters and sites. We present REAL-EVAL Studio, Real-world Evaluation of Aphasic Language Studio, a clinician-facing web application designed to streamline transcript-based evaluation for single-task diagnostic samples (e.g., picture description), combining automated NLP/ML outputs with transparent, editable annotations.

Materials and Methods

The system ingests a plain-text transcript for a single elicitation task and converts it into utterance- and token-level representations. A modular analysis engine executes preprocessing, tokenization, CIU scoring, and discourse-level semantic extraction (including coherence, sequencing, story grammar elements, and main concepts). Results are rendered in an interactive interface that supports review at multiple granularities (utterance, token, and summary metrics). Clinicians can override system-identified words, CIU labels, and extracted concepts; edits are persisted to enable revision tracking, downstream reporting, and future inter-rater workflows. The minimally viable product is implemented with a lightweight Flask backend (a Python micro framework) and a no-build front-end deployment, lowering barriers to pilot deployment in clinical environments.

Results

In the current prototype, the interface presents per-utterance and overall CIU rate visualizations, token-by-token annotation controls, and structured discourse-level summaries. The end-to-end workflow supports account registration/login, transcript upload, automated analysis, and clinician correction with export-ready outputs for research and clinical documentation.

Discussion

This work provides an extensible foundation for semi-automated aphasia discourse assessment that balances computational efficiency with clinician judgment. Ongoing work will evaluate agreement with expert annotations, quantify time savings, and extend the pipeline to additional tasks, richer metadata, and inter-rater adjudication to support robust clinical and research use.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 007: Phased development of REAL-TALK (Representative Elicitation and Analysis of Language - Toolkit of Applied Language tasKs): Toward a Realistic and Person-Centered Discourse Assessment Battery and Analysis Tool for People with Acquired Language Impairment

STARK, B.[1], Gomes Woods, A.[2], & Dalton, S.G.[3]

[1] Indiana University Bloomington

[2] Wesleyan College

[3] University of Georgia

Introduction

Traditional discourse assessment tasks for individuals with aphasia often rely on outdated, decontextualized stimuli that fail to reflect the real-life communication needs of people with aphasia (PWA). The REAL-TALK (Representative Elicitation and Analysis of Language – Toolkit of Applied Language tasKs) project aims to develop a modern, ecologically valid, and person-centered discourse assessment battery that incorporates graded difficulty and co-designed materials to enhance clinical utility.

Materials and Methods

Guided by the Exploration and Preparation stages of the EPIS (Exploration, Preparation, Implementation, Sustainment) implementation framework, which is a model for translating innovations into practice, Phase I of REAL-TALK employed a co-design mixed methodology. Two virtual focus groups (n=9 PWA; four sessions) were conducted using semi-structured protocols, followed by a confirmatory quantitative survey. Participants represented diverse demographics, aphasia types, and severities. Discourse elicitation genres (e.g., picture descriptions, picture sequences, story retell, personal and procedural narratives) were discussed to assess motivation, relevance, and feasibility.

Results

Focus group findings revealed a strong preference for tasks that are modern, diverse, personally meaningful, and adaptable to different recovery stages and severities. Participants emphasized the importance of complexity tiering—such as varying the number of characters, actions, or inferencing demands within a task—to ensure accessibility across and sensitivity to severity levels. Some favored clinician-driven task selection, while others wanted the ability to choose within a prescribed tier. The confirmatory survey validated these preferences, with ≥80% agreement on most proposed improvements.

Discussion

Findings from Phase I provide a stakeholder-informed blueprint for the development of a tiered discourse battery. REAL-TALK will proceed to create co-designed stimuli across four genres, followed by complexity tiering and validation in clinical and crowdsourced populations. Ultimately, this work addresses a critical gap in aphasia assessment by delivering an evidence-based, person-centered toolkit that is both theoretically grounded and practically implementable in clinical settings.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 008: Exploring the Relationship Between Reading Ability and Reading Attitudes in Aphasia

Frederisen S.[1], Harrington R.[1], Anderson G.[1], Hart M.[1], Laures-Gore J.[1], & Copple J.[1]

[1] Georgia State University

Introduction

Reading impairments impact everyday functional and pleasure reading in people with aphasia (PWA) and decrease quality of life (Knollman-Porter et al., 2015). Few studies have explored postmorbid attitudes toward reading in PWA. Two studies analyzed small samples using qualitative methods, while one addressed reading comprehension as a measure of aphasia severity. Consequently, a gap remains regarding how objective reading performance aligns with self-reported attitudes after aphasia onset. This study aims to examine the relationship between reading ability and reading attitudes in aphasia.

Materials and Methods

A sample of 40 PWA includes individuals diagnosed with aphasia after a left hemisphere stroke or brain tumor. Participants are assessed with a battery of language and reading measures: the Western Aphasia Battery-Revised (WAB-R) aphasia quotient (AQ); the Comprehensive Assessment of Reading in Aphasia Part B (CARA), assessing self-reported thoughts, feelings, and reading abilities; and the Test of Word Reading Efficiency-2 (TOWRE-2), measuring sight word efficiency (SWE). Data collection is ongoing.

Correlations and multiple regression models will determine whether WAB-AQ, and TOWRE-2 scores predict CARA Part B attitudes. Using a mixed-methods approach, transcriptions of individual interviews will be coded for commonly reported themes and contextualized against quantitative data.

Results

Preliminary simple correlational results show a positive correlation between Likert scale self-reported thoughts and TOWRE-2 SWE scores (n = 15; R = 0.21). Early emerging themes through qualitative analyses show that participants desire to read regardless of their reading abilities. Understanding the relationship between reading attitudes and abilities in PWA supports quick identification of reading impairments, enabling clinicians to begin reading interventions sooner, maximizing therapeutic potential during post-stroke neuroplasticity. Projected findings are hypothesized to be consistent with established research trends and further inform clinical decision-making by emphasizing the value of integrating reading-specific interventions to enhance communication outcomes and quality of life.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 009: ACG: Assessment of Communicative Gestures – Content Validation

Nordio S.[1], Costanza M.L.[1], Zampieri M.[1], Rallo A.[1], Maistrello L.[1], & Arcara G.[1]

[1] IRCCS San Camillo, Lido di Venezia, Italy

Introduction

Gestural communication is a fundamental component of human interaction, often impaired in adults with neurological language disorders. Despite its clinical relevance, standardized tools for assessing communicative gestures in conversational contexts are lacking. The Assessment of Communicative Gestures (ACG) was developed to fill this gap, providing a structured measure of gestural performance in adults with neurological communication impairments.

Materials and Methods

The ACG comprises four sections: demographic and clinical information, a scoring table for seven gesture-related items (Initiative, Quality, Quantity, Function, Typology, Communicative Effectiveness, and Modifiability), detailed item definitions with a scoring guide, and a qualitative observation section. A content validation study was conducted in July 2025 with 15 Italian speech-language pathologists experienced in adult neurological disorders. Experts rated each item for relevance, clarity, completeness, and appropriateness using a 4-point Likert scale. Feedback was incorporated to refine item definitions and scoring instructions. Subsequently, ACG videos from 40 adult patients were collected; these recordings will be randomized and independently rated by three trained raters to assess inter- and intra-rater reliability as well as test-retest stability.

Results

Content validity indices (I-CVI and S-CVI) indicated excellent agreement among experts for all items, with modified kappa values confirming that consensus was unlikely due to chance. Minor revisions improved clarity and operational definitions, particularly for items such as Quantity, Typology, and Function. The overall content validity of the ACG was supported, suggesting it is a precise, comprehensive, and clinically relevant tool.

Discussion/Conclusion

The ACG demonstrates strong content validity as an instrument for assessing gestural communication in adults with neurological language disorders. It enables quantitative and qualitative profiling of gestures, supports monitoring over time, and provides data to guide personalized rehabilitation. Ongoing studies on reliability and responsiveness will further establish its psychometric properties, promoting its use in clinical and research settings.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 010: Post-Stroke Speech-Language Pathology Evaluation: Patterns of Care from Medicare Claims Data

Ellis, C.[1], & Jacobs, M.[1]

[1] University of Florida

Introduction

Timely evaluation by speech-language pathologists (SLPs) is a critical step in initiating rehabilitation for individuals with aphasia. However, evidence related to early access to aphasia evaluation is limited.

Materials and Methods

Using a 100% sample of Medicare claims filed between 2016 and 2019, stroke events were identified from inpatient claims listing stroke as the primary diagnosis. Each stroke was treated as a distinct episode, allowing multiple strokes per beneficiary. Post-stroke evaluations occurring within 90 days of the admission date listed on the inpatient claim were identified using a multi-source claims strategy. Carrier (Part B) claims were used to identify professionally billed evaluations performed by SLPs, defined by International Classification of Diseases, 10th Revision (ICD-10) Current Procedural Terminology (CPT) codes for assessments and by the provider specialty code for speech-language pathology. Results were classified into four mutually exclusive groups: (1) speech evaluation by an SLP, (2) speech evaluation without an SLP, and (3) no evidence of speech evaluation.

Results

From 2016-2019, 805,930 unique stroke events were identified. Among those were 119,345 stroke events (14.8%) that also had an aphasia diagnosis. Of the 119,345 stroke events with aphasia, 1094 (<1%) had a speech evaluation with an SLP, 2,176 (1.8%) had a speech evaluation without an SLP and 116,075 (~97%) did not have a speech evaluation within 90 days. Women comprised 54.1% of those without any evaluation ($F=43.52$, $p<.0001$), and only 51.68% and 50.44% of those with SLP and non-SLP evaluations, respectively. Nearly 85% of those with an SLP evaluation were non-Hispanic White, and only 7.42% and 3.7% were Black and Hispanic.

Conclusions

Analyses indicated that most beneficiaries hospitalized for stroke and receive an aphasia diagnosis are not evaluated by an SLP. These findings highlighting a lack of responsiveness to recommended rehabilitation guidelines for early aphasia evaluation and management.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 011: Comparing Adult Reading Impairment Across Developmental and Acquired Etiologies

Anderson, G.[1], Harrington, R.[1], Laures-Gore, J.[1], & Morris, R.[2]

[1] Department of Communication Sciences & Disorders, Georgia State University, Atlanta, Georgia, USA

[2] Department of Psychology and Trends, Georgia State University, Atlanta, Georgia, USA

Introduction

Reading is a critical life participation activity for people with aphasia (PWA), supporting autonomy, social connection, and quality of life. Developing a stronger understanding of adult reading impairment is important for developing participation-focused interventions. Developmental reading disorder (RD) and acquired dyslexia (AD) following stroke share similar observable reading difficulties in adulthood (Shaywitz & Shaywitz, 2005; Woollams et al., 2018), yet the underlying mechanisms differ (Kolinsky & Tossonian, 2023; Bahrami Balani & Bickerton, 2025). Understanding whether these two etiologies show similar or different reading profiles is important for developing and determining whether treatment approaches may be generalized or etiology-specific. Few studies directly compare RD and AD using the same reading measures alongside a typical reader (TR) comparison group. This study compared behavioral reading performance across RD, AD, and TR adults.

Materials and Methods

Fifty-five native English-speaking adults (RD n = 22; AD n = 11, TR n = 22; ages 18-89) completed Woodcock-Johnson III reading subtests: Letter-Word Identification, Word Attack, Reading Fluency, and Passage Comprehension. Due to unequal group sizing, Kruskal-Wallis tests were conducted for each measure, followed by Bonferroni-adjusted Mann-Whitney U post-hoc comparisons. Raw scores for subtests were analyzed to avoid limitations associated with normed scores in PWA.

Results

Group differences were significant for all reading measures (all $p < .001$). The RD and AD groups performed significantly worse than the TR group across Letter-Word Identification, Word Attack, Reading Fluency, and Passage Comprehension. Reading Fluency was the only subtest that differentiated the two clinical groups, with RD demonstrating higher fluency scores than AD (adjusted $p = .015$).

Discussion/Conclusion

Results for adults with RD and AD showed broad reading impairment when compared to age-matched typical readers, with reading fluency emerging as a distinguishing behavioral feature between developmental and acquired reading impairment etiologies.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 012: New process-oriented word-level assessment instrument for aphasia and speech apraxia: a norming study.

Feiken, J.[1], Snippe, N.[1], Kee, M.[1], de Kok, D.[1], & Jonkers, R.[1]

[1] Center for Language and Cognition Groningen, Research School for Behavioral and Cognitive Neurosciences (BCN), University of Groningen, The Netherlands

Introduction

A novel digital process-oriented, word-level assessment instrument for aphasia and speech apraxia (PAI A/SA) has been developed, in order to monitor treatment during the rehabilitation stage for each underlying process (Feiken et al., 2025). To date, there has been a limited evidence on the effectiveness of process-oriented treatment during the early stages following stroke (Kiran & Thompson, 2019). This might be partially due to the absence of a reliable instrument capable of evaluating progress per underlying process during the early post-stroke period (Schevenels et al., 2022). The goal of the current study is to collect normative data and compare two matched versions, to assure they can be used interchangeably.

Methods

The PAI A/SA webtool comprises four language modalities: (1) spoken language, (2) written language, (3) auditory comprehension, and (4) visual comprehension. It incorporates explicit criteria for the identification of underlying linguistic processes and the severity of problems.

Matched versions (A and B) have been designed and the items are presented in pseudo-randomised order to minimise learning effects.

The norming study was carried out with 43 non-brain-damaged Dutch-speaking adults, distributed across various age groups and educational levels. They completed the whole test battery (either version A or B). Based on this, norm-scores will be calculated.

Additionally, versions A and B of all tasks were administered to 11 Dutch-speaking participants between 41 and 72 presenting with chronic aphasia and/or apraxia. Performance on both versions are compared using paired t-tests.

Results/ Conclusion

Preliminary results indicate that non-brain-damaged participants score at ceiling for both difficult and easy items of all tasks. The data of people with aphasia and/or apraxia show that the A and B versions are interchangeable for most tasks and only minor adjustments are necessary for the remaining three tasks. At the IARC conference more specific results will be presented.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 014: “Leave the Thorn, Enjoy the Rose” Identity Formation of People with Aphasia in the Early Rehabilitation Phase

Brinkman, R.[1,2], Cardol, M.[3], Neijenhuis, K.[3], Luinge, M.[1], & Leget, C.[2]

[1] Research Center Healthy Ageing and Allied Nursing, Hanze University of Applied Sciences, Groningen, The Netherlands

[2] Care Ethics, University of Humanistic Studies, Utrecht, The Netherlands

[3] Research Center Innovations in Care, Rotterdam University of Applied Sciences, Rotterdam, The Netherlands

Background and purpose

Aphasia can profoundly affect an individual’s identity [1]. Yet studying identity in people with aphasia presents methodological challenges, as language, our primary medium for self-expression, is disrupted.

This study explored how people with aphasia experience and reshape identity during early rehabilitation, using narrative inquiry and visual ethnography. This approach aims to deepen understanding of identity formation and change, and the potential value of creative arts in supporting meaningful research participation.

Methods and Materials

Twenty-two people with post-stroke aphasia (aged 34–62) were recruited from Dutch rehabilitation centers six to eight weeks post-admission. Each participant took part in two sessions: one individual session and one follow-up session attended by proxies. In the individual sessions, arts-based visual participatory methods were used to elicit narratives.

Data analysis integrated the listening guide [2], embodiment, and the production of the image and the image itself [3].

Results

Findings reveal that identity formation after aphasia is complex and ongoing, characterized by multiple, complementary, and sometimes conflicting voices. Affirming, coping, and challenging voices interact within key tensions: connection versus disconnection, agency versus disempowerment, and personal growth versus living loss. Visual participatory methods were valued by participants. The creative process provided an alternative way to express experiences when verbal communication was limited.

Conclusions

Combining narrative inquiry and visual ethnography, supported by skilled facilitation, offers a promising way to reveal identity changes and support people with aphasia in sharing their experiences. This study shows that using integrated approaches is not only methodologically necessary but also ethically important for enabling meaningful participation [4].

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 015: “I find it very valuable that I was allowed to do this” Narrative Approaches to Aphasia as a Catalyst for Professional Identity Formation in Speech-Language Therapy Students

Brinkman, R.[1,2], von der Heide, B.[3,4], & Corsten, S.[5]

[1] Research Center Healthy Ageing and Allied Nursing, Hanze University of Applied Sciences, Groningen, The Netherlands

[2] Care Ethics, University of Humanistic Studies, Utrecht, The Netherlands

[3] Faculty of Engineering and Health, Health Campus Göttingen, University of Applied Sciences and Arts Hildesheim/Holzminden/Göttingen, Germany

[4] Faculty of Medicine RWTH Aachen University, Germany

[5] Faculty of Healthcare and Nursing, Catholic University of Applied Sciences Mainz, Germany

Background and purpose

Although speech and language therapists recognize the importance of psychosocial support, many lack the knowledge, skills, and confidence to apply effective approaches. Therefore, training programs should equip students with competencies to integrate psychosocial well-being support into their professional identity and practice [1]. To address this gap, we developed the narraTive stOryteller Program (TOP) for speech-language therapy students to introduce identity-centered approaches to aphasia care through life narratives. Implemented simultaneously at universities in the Netherlands and Germany, this study explored students’ experiences of professional identity formation and program evaluation, alongside with the perspectives of the participating Dutch people with aphasia (PWA) on its feasibility and added value.

Materials and Methods

TOP combines existing narrative approaches narraktiv [2] and My Story [3], and creative methods from the book Building Identity [4]. Training comprises: (a) hands-on workshops adapted to institutional settings and student experience levels, (b) individual sessions with PWA, (c) instructor-led reflection meetings, and (d) a presentation session in which each PWA presented their final product on an aspect of their life story together with the student(s). 33 students and 10 PWA participated in semi-structured individual or focus group interviews, and the data were analyzed using thematic analysis.

Results

Findings reveal that TOP is feasible and positively evaluated by both groups. Students experienced growth in professional identity, particularly in adopting a holistic perspective, applying clinical skills, and personal development. PWA reported meaningful improvements in psychosocial well-being.

Conclusion

Training of narrative approaches combined with creative arts can be effectively integrated into speech-language therapy curricula to foster students' professional identity formation and enhance psychosocial well-being of PWA. Live and online formats are feasible when tailored to students' skill levels, demonstrating the approach's flexiblity.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 016: Identifying a Robust Discourse Signature of Latent Aphasia Across Speech Genres

STARK, B.[1], Levy, D.[2], Meinert, K.[1], Fromm, D.[3], MacWhinney, B.[3], Kumar, H.[1], & Bolte, H.[1]

[1] Indiana University Bloomington

[2] Princeton University

[3] Carnegie Mellon University

Background

Latent aphasia is characterized by subtle language inefficiencies that may not be captured by traditional severity measures, yet it occupies an important position between neurologically healthy speech and overt aphasia. Identifying a small, robust set of discourse measures that reliably distinguish Latent aphasia from Anomic aphasia and healthy controls would improve phenotyping and inform scalable language-based assessment.

Methods

Discourse samples were drawn from the NEURAL-2 AphasiaBank-supplemented discourse battery. Participants (N = 90; 47 Control, 26 Latent, 17 Anomic) completed multiple discourse genres, including single picture descriptions, picture sequence descriptions, and narrative tasks. Analyses were conducted across all available discourse data to characterize each individual's overall language profile rather than task-specific performance. For each participant, measures were averaged to generate a single composite profile. Features were screened using area under the receiver operating characteristic curve (AUC) to quantify single-measure discriminability and Cohen's d to estimate effect size and direction. Analyses were restricted to features with 80% data availability, and highly correlated variables ($|r| > 0.85$) were removed. Pairwise group comparisons (Latent-Control, Control-Anomic, Latent-Anomic) were conducted, along with an across-group ranking based on minimum AUC.

Results

A small set of variables consistently distinguished groups. Latent-Control differences were driven primarily by higher percent word errors (AUC = 0.94), along with reduced speech rate, shorter utterances, and lower lexical diversity in Latent speakers. Control-Anomic contrasts were larger, with words per minute emerging as the strongest separator (AUC = 0.97; d = 2.99), alongside pronounced grammatical and lexical differences. In contrast, Latent-Anomic separation was weaker and driven by morphosyntactic features, particularly past tense use (AUC = 0.84) and person-marking patterns. An across-group analysis identified 11 features performing consistently across all comparisons.

Conclusions

Latent aphasia demonstrates a distinct global discourse profile that is not simply intermediate between Control and Anomic speech. A limited set of interpretable discourse measures captures meaningful variation across groups, supporting the clinical and research relevance of Latent aphasia as a measurable language phenotype.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 017: An Exploratory Analysis of a Communication Specific Support Group for Individuals with Brain Tumor-Related Language Impairment

Laures-Gore, J.[1], Hart, M.[1], Williams, D.[1], Johns-Freestone, E.[2], & Malhotra, J.[3]

[1] Georgia State University

[2] Emory University Healthcare System

[3] Emory University

Introduction

Brain tumor-related language impairments can occur regardless of tumor type and location. Type and severity of language impairment can also vary, including potential deficits in naming and word finding, reading and writing, and conversational language. Because persons with this type of etiology differ from those with post-stroke aphasia, their experiences associated with the language impairments and the support they need may also be different. The current study explores how individuals with tumor-related language impairment who participate in a communication specific support group describe their communication impairments and seeks to understand the perceptions and experiences of these individuals.

Materials and Methods

A qualitative design using semi-structured interviews was employed to investigate perspectives of seven individuals with tumor-related language impairment and their experiences with a brain tumor and aphasia specific support group. Reflexive thematic analysis was used to identify themes across interviews.

Results

Individuals with tumor-related language impairment described their communication challenges as aphasia, but identify their aphasia as different from other etiologies of aphasia. They also noted the cognitive impact on their language impairment and discussed how they navigate communication challenges. Regarding the brain tumor and aphasia specific support group, participants described the importance of shared experiences and mutual understanding, the benefits of providing and receiving support, and the impact of the support group format on their experience.

Discussion/Conclusion

Addressing the needs of persons with brain tumor-related language impairments is important yet often overlooked. The current results indicate that although the participants label their language impairments as aphasia, their communication challenges differ from other persons with aphasia. The positive impact of a support group specific to their communication needs was evident throughout the interviews suggesting that provision of support groups such as this is an important consideration for speech-language pathologists and other allied health professionals.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 020: Knowledge Levels of Senior Speech and Language Therapy Students in Türkiye Regarding the Life Participation Approach to Aphasia

Tüysüz, S.[1], & Özdemir, Ş.[2]

[1] Kütahya Health Sciences University, Türkiye

[2] Muğla Sıtkı Koçman University, Türkiye

Introduction

Recognizing the need to evaluate understanding of the Life Participation Approach to Aphasia (LPAA), Hassan and Hallowell (2025) introduced the LPAA Knowledge Scale. Our study aims to adapt this scale into Turkish and explore how Speech and Language Therapy (SLT) students perceive the benefits of LPAA.

Materials and Methods

We conducted content validity and internal consistency analyses through Content Validity Index (CVI) and Cronbach Alpha (CA). During content validity, eight speech and language therapists with experience in aphasia rehabilitation assessed the items for cultural and linguistic equivalence. We also explored how SLT students perceived the benefits of LPAA compared to impairment-based approaches through an open-ended question, which was analyzed through thematic analysis (Braun & Clarke, 2006).

Results

The study sample consisted of 62 undergraduate final-year SLT students from a local university in Türkiye (MeanAGE= ; 22.04; SD= 0.79). The CVI value was calculated to be 1.00. The CA value of the scale was 0.81. The mean scale score was 9.93 out of a possible 13 (SD= 2.35). Two distinct codes were identified from the open-ended responses: (1) Ensuring functional and meaningful treatment outcomes, (2) facilitating treatment process and its efficacy.

Discussion / Conclusion

The Turkish version of the scale demonstrated high internal consistency, alongside a relatively high mean score among participants. Participants are increasingly cognizant of the advantages of implementing the LPAA within their clinical practice. The recent introduction of a novel communication partner training program in Türkiye by Tüysüz (2023) is expected to bolster knowledge levels among SLT students as well as professionals, potentially mitigating the gaps in communication information provision identified by Özdemir et al. (2025). Moving forward, the scale will also be used to assess the knowledge levels of practicing SLT professionals.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 021: Investigating Gesture Use in Individuals with Traumatic Brain Injury (TBI) Using Kong's (2015) Gesture Coding System

Wager, J.A.[1]

[1] Speech and Language Therapy, The University of Hong Kong

Introduction

Traumatic Brain Injury (TBI) frequently results in persistent discourse-level communication impairments similar to those found in aphasia. Such impairments include reduced fluency, coherence, and informativeness. Whilst these difficulties are well documented in speech, communication is inherently multimodal, and the role of co-verbal gesture in TBI remains underexplored. Gesture may function as a compensatory or regulatory resource when linguistic processing is disrupted. This study addresses this gap by examining gesture-speech integration in adults with TBI using Kong's (2015) Gesture Coding System.

Materials and Methods

A two-phase mixed-methods design is employed. Phase 1 involves secondary analysis of video-recorded narrative, procedural, and conversational discourse from the TBI TalkBank corpus. Phase 2 comprises new UK-based data collection following the TBI Bank 2.0 protocol. Gestures are annotated in ELAN using Kong's (2015) system, independently coding gesture form and communicative function. Linguistic measures of fluency, lexical diversity, syntactic complexity, informativeness, discourse coherence amongst others are also calculated. Quantitative analyses examine gesture-language relationships, supported by qualitative microanalysis of gesture-speech coordination during linguistic difficulty.

Results

It is hypothesised that individuals with TBI will produce a higher proportion of content-carrying and regulatory gestures than controls, particularly during pauses and word-finding difficulties, with systematic variation across different discourse genres.

Discussion/Conclusion

This study provides a robust empirical foundation for integrating gesture into clinical assessment and intervention in TBI. By identifying systematic gesture profiles associated with linguistic breakdown, the findings inform multimodal assessment practices that capture communicative competence beyond speech alone. Clinically, the results support the development of gesture-informed intervention approaches that leverage preserved gestural resources to enhance message conveyance, discourse coherence, and participation. More broadly, the project advances a theoretically grounded, multimodal model of communication in TBI with direct translational relevance for Speech and Language Therapy.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 022: Examining the Feasibility and Acceptability of Aphasia + Math: An Online Group Intervention for Acalculia in Adults with Aphasia

Brancamp, T.U.[1], Brancamp, D.[2], Ichikowitz, K.[3], & Newton, C.[3]

[1] School of Medicine, University of Nevada, Reno, USA

[2] School of Education & Human Development, University of Nevada, Reno, USA

[3] Language & Cognition, Division of Psychology & Language Sciences, University College London, London, UK

Introduction

Numeracy difficulties frequently co-occur with aphasia and can substantially limit everyday participation (Proios et al., 2021, Benn et al., 2022). Despite their functional impact, rehabilitation approaches targeting math-related skills in people with aphasia are scarce. Aphasia + Math is a strategy-focused intervention designed to support functional numeracy in people with aphasia. This subset of a larger study examined participant-reported feasibility, acceptability, and perceived functional impact of the intervention delivered in an online, group format.

Methods

Twelve participants completed six group intervention sessions in either Level 1 (N=6) or Level 2 (N=6). Level 1 focused on developing basic number sense through addition and subtraction, as well as applying time concepts in daily life. Level 2 emphasized expanded number sense through logic-based tasks, multiplication, division, elapsed time and schedule management. Participants completed post-intervention feedback questionnaires addressing instructional approach, group size and dynamics, online delivery, home practice program, perceived benefits and challenges.

Results

Across both levels, participants reported high satisfaction with instructional intervention, content difficulty, group structure, and understanding of intervention activities. Participants also reported meaningful – though modest – perceived improvements in math ability. Group interaction and shared problem-solving were cited as key strengths. Participants reported improvements in number sense, particularly related to money use and time concepts. Reported challenges included engagement with home practice program (e.g., managing materials, remembering to complete homework, lack of a practice partner), difficulty with higher-level operations (e.g., division and multiplication), and individual auditory and/or visual processing overload.

Discussion

Participant feedback indicates that Aphasia + Math is a feasible and acceptable intervention for supporting functional numeracy in a virtual group setting for people with aphasia. Findings underscore the importance of strategy-based intervention as well as careful matching of participants to intervention level. These preliminary results support continued program refinement and future research examining functional outcomes and quality-of-life impact.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 023: Building Relationships Online: Biographical work with people with aphasia in the TELE-narraktiv study

Diehlmann, L.E.[1], Von der Heide, B.[1,2], Corsten, S.[3], Baumgaertner, A.[4], & Heim, S.[1,5]

[1] RWTH Aachen University, Faculty of Medicine, Department of Psychiatry, Psychotherapy and Psychosomatics, Aachen, Germany

[2] University of Applied Sciences and Arts Hildesheim/Holzminden/Göttingen, Faculty of Engineering and Health, Health Campus Göttingen, Göttingen, Germany

[3] Catholic University of Applied Sciences Mainz, Faculty of Healthcare and Nursing, Mainz, Germany

[4] University of Luebeck, Institute of Health Sciences, Luebeck, Germany

[5] Forschungszentrum Jülich, Institute of Neuroscience and Medicine (INM-1), Jülich, Germany

Introduction

In psychotherapy, therapeutic alliance is a key factor influencing treatment outcomes independent of treatment modality. As relationship building relies on communication, aphasia may affect the therapeutic alliance. Qualitative studies indicate that the therapeutic alliance in aphasia deepens with increasing therapy duration and frequency. Based on Bordin's (1979) model, this study examines whether videoconference-based alliances are comparable to face-to-face alliances and how they change over a teletherapeutic intervention, addressing a research gap, particularly for digital settings.

Materials and Methods

In the TELE-narraktiv study, 22 people with aphasia participated online in the 10-week biographic-narrative intervention narraktiv (Corsten et al., 2015) consisting of five individual and seven group sessions. Therapeutic alliance was assessed using the German patient version of the Aphasia Stroke Therapeutic Alliance Measure (A-STAM; Lawton et al., 2019) comprising 38 items on a 5-point Likert scale (range 38–190). Measurements were taken at t0b (after two individual sessions) and t1 (post-intervention). A one-sided paired-samples t-test was conducted to test the a priori hypothesis of an increase in therapeutic alliance strength from t0b to t1. For exploratory comparison with face-to-face therapy, the present A-STAM data were contrasted with those from Lawton et al. (2019), using an independent-samples t-test.

Results

A-STAM scores were already high at t0b (M = 162.36, SD = 19.17) and increased slightly at t1 (M = 166.64, SD = 14.71), with a small but statistically significant increase over time (p = 0.033). Exploratory comparison with a face-to-face setting showed a small, non-significant advantage for in-person therapy (M_diff = 4.9, p = 0.25).

Discussion / Conclusions

Results indicate that positive therapeutic alliances with people with aphasia can be established early in teletherapy and may increase over time, consistent with qualitative evidence. Exploratory comparison suggests a slight, non-significant advantage for face-to-face therapy despite comparable dosage. Overall, the results highlight the potential of digital formats for building therapeutic alliances. Further studies with larger samples are needed, and analyses linking therapeutic alliance to outcomes are planned.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 024: Methods for Assessing and Treating Severe Aphasia: A State-of-the-Art Scoping Review

Murray, L.[1], Wallace, S.E.[2], Mayer, J.[3], Patterson, J.[4], Dutta, M.[5], Hauge, M.[3], Mamlekar, C.R.[6], Sandberg, C.[7], Madden, E.[8], Sterner, E.[3], & Purdy, M.[9]

[1] Western University, School of Communication Sciences and Disorders

[2] University of Pittsburgh, Communication Science and Disorders Department

[3] Northern Illinois University, School of Allied Health and Communicative Disorders

[4] VA Northern California Health Care System, Research Service

[5] Portland State University, Department of Speech and Hearing Sciences

[6] Misericordia University, Department of Speech-Language and Pathology

[7] Penn State University, Communication Sciences and Disorders

[8] Florida State University, School of Communication Science and Disorders

[9] Southern Connecticut State University (Emeritus), School of Health and Human Services

Introduction

Many people with aphasia present with severe language deficits (Hoover et al., 2020; Sierpowska et al., 2020). Despite the need for specialized methods for evaluating and treating severe aphasia, it is unclear whether the empirical literature provides guidance, particularly given that studies regarding aphasia management often exclude individuals with severe aphasia. This scoping review addressed the following questions:

1. What procedures in the literature are used to quantify and qualify severe aphasia?

2. What procedures are used to evaluate language, cognition, functional communication, and quality of life in people with severe aphasia?

3. What treatment protocols are used with people with severe aphasia?

Method

We used established scoping review methodology and guidelines (Aromateris et al., 2022; Tricco et al., 2018). A search of electronic databases (e.g., PubMed) was completed in December 2023 and updated in April 2025. We used search terms to identify articles, inclusion and exclusion criteria to determine article inclusion, and a data extraction template.

Results

We identified 683 articles for inclusion. Of the 54 standardized assessments used to qualify or quantify aphasia severity, the Western Aphasia Battery-Revised (Kertesz, 2007) was used most often. Many studies with standardized assessments used different criteria or no criteria to define severity. There was substantial variation in the standardized and bespoke tasks used to measure language, cognition, functional communication, and/or quality of life in people with severe aphasia. About one-third of the studies focused on treatment. Named linguistic behavioral treatments (e.g., Semantic Feature Analysis) and described linguistic behavioral treatments (e.g., variations of phonological naming treatments) accounted for 80% of these treatments.

Discussion

Methods for evaluating severe aphasia and interpreting related information are inconsistent. Notable gaps in the literature included: inconsistent criteria for qualifying and quantifying severe aphasia; nominal use of assessments designed for severe aphasia; and limited treatments directly targeting social participation.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 026: A case study about Soundscape (A Multisensory Digital Music Instrument) for Music Therapy in Post-Stroke Aphasia

Yang, Y.[1,2], Hunter, T.[1,3], & Worthy, P.[1,2]

[1] School of Electrical Engineering and Computer Science, The University of Queensland, Australia

[2] Queensland Aphasia Research Centre (QARC), Australia

[3] School of Music, The University of Queensland, Australia

Introduction

Post-stroke aphasia can limit communication and participation in rehabilitation[1]. Music therapy, including neurologic music therapy, can support engagement and language outcomes in non-fluent aphasia [2,3,4]. Digital musical tools often lack accessible, easily learned interaction mappings for clinical use [5]. We developed Soundscape, a multisensory digital music instrument (DMI) designed for embodied, non-verbal, exploratory music making in post-stroke aphasia.

Materials and Methods

Soundscape utilises a stretch fabric interface with eight flex sensors, connected to an Arduino Mega 2560, which is mapped in real-time in Ableton Live and Max for Live to generate responsive audiovisual feedback. Building on prior Soundscape work [6], we conducted an early-stage mixed-methods evaluation with one music therapist, utilising a walkthrough, observation, a semi-structured interview, and Mobile App Rating Scale (MARS) ratings [7].

Results

The therapist rated usability 5/5 and rated ease of learning, few difficulties, satisfaction, and perceived feature development 4/5 (MARS items). Qualitative feedback highlighted an initial learning curve when gesture-to-outcome mappings were unclear and tactile confirmation was weak. Suggested improvements included clearer early-stage audio differentiation, stronger tactile or haptic confirmation, and reduced looping audio that could mask interaction effects. After familiarisation, the therapist described the interaction as “meditative,” suggesting Soundscape can support calm, exploratory engagement once mappings become legible.

Discussion/Conclusion

This study indicates Soundscape is usable and clinically plausible as a multisensory DMI for aphasia-oriented music therapy, and it surfaces design priorities for onboarding, mapping legibility, and confirmatory feedback. Next steps include iterative redesign and evaluation with music therapists with related experience and people living with aphasia in therapy contexts.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 028: Social Robotics and AI in Post-Stroke Aphasia Rehabilitation – A Work in Progress

Čiernik Kevická, V.[1,2,3], Benko, T.[2], & Cséfalvay, Z.[2]

[1] Institute of Informatics, Slovak Academy of Sciences, Bratislava, Slovakia

[2] Department of Communication Disorders, Comenius University, Bratislava, Slovakia

[3] MEMORY Centre, Bratislava, Slovakia

Introduction

Growing evidence shows that post-stroke aphasia rehabilitation must be sufficiently intensive to be effective, a position also reflected in recent guidelines of the European Stroke Organization (Brady et al., 2025). However, in routine clinical practice, the recommended therapy intensity is often difficult to achieve due to limited availability of speech and language therapists and restricted service capacity. This gap highlights the need for complementary approaches that can support speech and language rehabilitation beyond standard face-to-face intervention.

Methods

A survey of existing post-stroke aphasia rehabilitation approaches was conducted, with a particular focus on their potential implementation in computer-assisted interventions. Special attention was given to the integration of social robotics and large language models (LLMs) into speech and language rehabilitation. Findings from human–robot interaction research relevant to engagement and motivation were reviewed, alongside technical considerations for implementing discourse-level conversational practice that simulates everyday communication. Based on this review, a pilot therapeutic framework was developed.

Results

The outcome of this study is a design of a technology-supported therapeutic intervention aimed at increasing therapy intensity in post-stroke aphasia rehabilitation. The intervention employs a social robot as a conversational guide for discourse-level therapy inspired by principles of script-based approaches, while LLMs enable flexible, context-sensitive conversational generation beyond fixed scripts. The pilot intervention is being developed using a co-design methodology involving individuals with aphasia, and initial pilot testing is currently underway. The perspectives and experiences of the co-design participants will be presented as part of the study outcomes.

Conclusion

This study presents a therapeutic intervention with the potential to support increased therapy intensity within the practical constraints of speech and language rehabilitation service delivery in Slovakia. The study also contributes to scientific knowledge on the use of social robotics and large language models in post-stroke aphasia rehabilitation.

Reference

Brady, M. C. et al. (2025). European Stroke Organisation (ESO) guideline on aphasia rehabilitation. European Stroke Journal, 10(4), 1189-1220.

The presented study is conducted as part of the VV-MVP-24-0072 Therapy of Aphasia Using Social Robotics and Artificial Intelligence project.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 029: Selected Predictors of Quality of Life in People with Aphasia After Stroke in Slovenia: A Preliminary Doctoral Study

Širca Ule, P.[1,2], & Vidmar, G.[3,4,5]

[1] University of Ljubljana, Faculty of Education

[2] University of Primorska, Faculty of Education

[3] University Rehabilitation Institute, Republic of Slovenia, Ljubljana, Slovenia

[4] Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia

[5] Department of Psychology, University of Primorska, FAMNIT, Koper, Slovenia

Introduction

Aphasia following stroke profoundly affects communication, social participation, and daily functioning. Although quality of life (QoL) in people with aphasia has often been examined in relation to depression, this focus does not fully capture the multidimensional nature of QoL. There is limited evidence on how specific language domains and broader social and clinical factors contribute to quality of life independently of depression. This poster presents the design and analytical framework of a preliminary study conducted within ongoing doctoral research.

Methods

The study is designed as a quantitative cross-sectional investigation. The preliminary phase will include 20 adults with chronic post-stroke aphasia living in the community. Language abilities will be assessed using the Frenchay Aphasia Screening Test (FAST), which provides domain-specific measures of auditory comprehension, reading comprehension, spoken expression, and written expression. Quality of life will be measured using the aphasia-specific questionnaire SAQOL-39g. Sociodemographic (education, partner status, living with family), clinical (type of aphasia), and health-related factors (presence of physical disability) will be collected through a structured interview. Individuals with a documented diagnosis of depression will be excluded. Data will be analysed using descriptive statistics and exploratory analyses examining associations between language domains, contextual factors, and quality of life outcomes.

Results

At the time of submission, data collection and analysis are ongoing. This preliminary phase is intended to test the feasibility of the research protocol, refine variable selection, and inform the final analytical model for the larger doctoral sample.

Discussion

This preliminary study establishes a structured approach to examining quality of life in people with aphasia beyond impairment severity and psychological comorbidity. By focusing on specific language domains alongside social and clinical factors, the study aims to contribute to a more comprehensive conceptualisation of QoL in aphasia and to provide a methodological foundation for subsequent phases of the doctoral research.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 030: Comparing an intensive and comprehensive aphasia program (ICAP) and conventional speech and language therapy for chronic aphasia: a dose-controlled crossover study

Wong, C.W.Y.[1,2], Kong, A.P.H.[1,2], & Chu, A.W.S.[1,2]

[1] Academic Unit of Human Communication, Development, and Information Sciences, The University of Hong Kong, Hong Kong

[2] Aphasia Research and Therapy (ART) Laboratory, The University of Hong Kong, Hong Kong

Introduction

The literature indicates that speech and language therapy offers substantial benefits for individuals with chronic aphasia when compared to no intervention (Brady et al., 2016). Over the past decade, the Intensive and Comprehensive Aphasia Program (ICAP) has been extensively studied and has demonstrated significant treatment effects in linguistic and functional communication skills (e.g., Nicholas et al., 2022). A comparative analysis of these two models may facilitate a comprehensive evaluation of their respective merits and challenges, thereby enhancing the services to better address the needs of diverse individuals with aphasia.

Methods

Eight adults (3 females) with chronic aphasia were recruited to this nonrandomized, dose-controlled crossover study. All participants were first assigned to either the ICAP group or the conventional treatment group (c-SLT group) based on recruitment timing and their availability to attend treatment. A minimum washout period of six months was observed between interventions.

Both treatment groups received a dosage of 45 hours. The ICAP group followed the principle summarized by Nicholas et al. (2022), with an intensity of 15 hours/week and a frequency of 5 times/week. The c-SLT group received fewer than 5 hours/week of intensity and fewer than 3 times/week of frequency, and only targeted the “impairment level”.

Results

Significant improvements were observed in the aphasia standardized test results, discourse abilities, communication confidence, and effectiveness in the ICAP group, whereas only reduced error production in naming, discourse abilities, and communication confidence were substantially increased in the c-SLT group. When the two models were compared, the expression scores and some discourse measures were significantly higher in the ICAP group.

Discussion/Conclusion

The merits and challenges of the ICAP and c-SLT models with respect to participants' linguistic abilities and quality-of-life outcomes were compared. Our findings provide evidence of the new treatment model (i.e., ICAP) to rehabilitation service providers.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 031: Keeping Words Alive: Partner-Supported Script Training for Advanced Nonfluent PPA

CSÉFALVAY, Z.[1], Čiernik Kevická, V.[1,2], Benko, T.[1], & Fless, Z.[3]

[1] Department of Communication Disorders, Comenius University, Bratislava, Slovakia

[2] Institute of Informatics, Slovak Academy of Sciences, Bratislava, Slovakia

[3] Communicative Disorders and Sciences Department, San Jose State University, California, USA

Introduction

Advanced nonfluent primary progressive aphasia (nfvPPA) is characterized by severely reduced verbal output, leading to substantial limitations in functional communication. Script training aims to improve functional spoken discourse by automatizing personally relevant, context-specific utterances through intensive, repeated practice. Involving communication partners may facilitate everyday communication; however, evidence for partner-assisted interventions in advanced nfvPPA remains limited.

Methods

Two individuals with advanced nfvPPA (aged 65 and 72) participated in a 12-month hybrid intervention, combining weekly online speech-language therapy (SLT) with four weekly partner-assisted home practice sessions under clinician supervision. At baseline, spontaneous speech was limited to mostly poorly intelligible single words. Script training targeted automatization of verbal material using a hierarchical protocol. During the first five months, therapy focused on repetition of highly familiar, high-frequency material (e.g., proverbs), progressing to partial sentence completion, delayed repetition, and sentence completion from initial cues. From months 6 to 12, therapy emphasized functionally relevant, individually tailored sentences reflecting daily routines. Sentences were practiced through immediate repetition, delayed repetition, and completion tasks, with gradually increasing demands on independent retrieval. Trained sentences were embedded into daily routines, and multimodal gestures were introduced as supplementary communication supports.

Results

Both participants engaged intensively in partner-assisted practice, systematically integrating up to 10 functional sentences into daily communication. One participant maintained functional sentences for nearly two years before gradually transitioning to targeted single-word productions, with improved communicative efficiency and reduced reliance on caregiver prompts. The other participant showed marked verbal decline after one year; meaning-based gestures were introduced to represent previously trained sentences and were used consistently until the end of life, preserving social interaction and daily participation. Both participants and their communication partners rated the intervention as meaningful and feasible. Gestures provided effective compensatory strategies, demonstrating durable learning and functional adaptation despite progressive verbal decline.

Conclusion

Partner-assisted script training enabled individuals with advanced nfvPPA to maintain functional communication through systematically practiced, personally relevant sentences. Even with progressive verbal decline, multimodal gestures supported preserved social interaction and sustained participation in daily routines, highlighting the value of intensive, partner-involved interventions for durable communication benefits in advanced nfvPPA.

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July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 032: Facilitating Online Aphasia Groups: Paradox and Borrowed Identity

Gulick, E.[1], & Azios, J.[2]

[1] University of Wyoming

[2] University of Louisiana at Lafayette

Introduction

Online aphasia groups have grown in popularity as clinicians and others work to address the unmet needs of people with aphasia. While research regarding online aphasia groups is very sparse, findings do indicate that attendance can support communication and quality of life gains (Dunne et al., 2023; Pitt et al., 2019). In addition to clinical trials and observational studies, we can inform treatment practices based on the lived experiences of those who have already been involved with online aphasia groups. In this study, we aimed to understand the experience of facilitating an online aphasia group.

Methods

We completed six semi-structured focus groups with experienced facilitators of online aphasia groups. We recorded and transcribed each focus group, then used thematic qualitative analysis to understand participants' experiences facilitating online aphasia groups.

Results

We identified two main themes which captured that facilitators navigate a borrowed identity and paradox within online aphasia groups. Within the main theme of borrowed identity, the subthemes explain how most participants transitioned from facilitating in person groups to online groups as a rapid response to the recent global pandemic. Facilitators experienced a steep learning curve during their transition and continue to work through what is, or should be, different about online compared to in-person aphasia groups. Within the second main theme, paradox, facilitators described the contradictory ideas they work through around how aphasia groups relate to accessibility as well as the concept of "what counts" as therapy for people with aphasia.

Discussion

Our analysis provides insight on the history of online aphasia groups as well as how facilitators are continuing to navigate their role as a part of the rehabilitation continuum. The perspectives of facilitators captured in this project also provide direction for future work that is informed by community members' experiences.

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July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 033: How do People with Aphasia Experience Transportation: A Scoping Review

SHASHIKANTH, S.[1], Velichko, J.[1], & Archer, B.[1]

[1] Bowling Green State University

Introduction

Transportation is a crucial service for all individuals to participate in society. Almost 36 million Americans currently present with one or more disabilities, thus barriers to accessing transport prevent individuals from social, economic and political environments of their community. (Bezyak et al., 2019)

As a communicative disability, aphasia causes language difficulties that impact an individual's ability to use transportation. Further physical impairments resulting from stroke can also lead to problems in navigating activities like public services and/or driving.

Despite this issue affecting millions of Americans, and even more globally, the literature is sparse. The current study aims to understand what research exists regarding transportation and adult communication disorders, but more specifically people with aphasia (PWA).

Methods

We collected articles from five databases (Cochrane, PubMed, CINAHL, PsychNet, and PsychInfo) using transportation-related search terms for adult communication disorders to conduct a scoping review following the framework described by Arksey & O'Malley (2005). We identified articles which addressed the challenges of transportation for people with aphasia.

Results

Within adult communication disorders, we found the following number of studies that explored transportation in a specific population. Traumatic brain injury (TBI)=177; Dementia=82; Parkinson's=12; other communication disorders (e.g. Deafness, etc.)=26 and aphasia=21.

Many PWA cease driving after stroke, either due to medical advice or because they no longer feel confident behind the wheel, though not all PWA are legally obligated to stop driving. Cessation of driving can result in increased isolation.

Navigation of public transport services relies heavily on language use, so PWA may struggle to communicate with bus drivers, purchase tickets, or understand timetables.

We also reviewed papers that discussed themes, experiences and factors that contribute to social participation and found several that cited transportation as a barrier to social participation, such as costs, delayed travel time or struggling with return to driving.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 035: Exploratory study of adjuvant tDCS in aphasia recovery

Lee, T.I.C.[1], Kwan, M.K.Y.[2], Oey, N.E.[3], & Guo, Y.E.[1,4]

[1] Health and Social Sciences, Singapore Institute of Technology

[2] Department of Rehabilitation, Alexandra Hospital

[3] Department of Medicine, National University Hospital

[4] Department of Rehabilitation, National University Hospital

Introduction

Post-stroke aphasia significantly impacts individuals. Transcranial direct current stimulation (tDCS) has demonstrated potential to enhance language outcomes when applied adjunctively with speech-language therapy (SLT)[1]. However, evidence remains limited in the Singapore population, especially during the subacute post-stroke window where neuroplasticity may be heightened [2]. This study aimed to: (1) examine the efficacy of bifrontal anodal tDCS combined with SLT in language recovery and (2) descriptively explore patient characteristics that may influence individual recovery trajectories.

Materials and Methods

A multiple single-case series design was employed. Three participants with post-stroke aphasia (age range: 48–79 years; time post-onset: 39–120 days) underwent 20 sessions of bifrontal tDCS (2.0 mA, 20 minutes per session; anode over left Broca's area, cathode over the right homotopic region) delivered concurrently with usual-care SLT over 2.5 months. Language performance was assessed at baseline and immediately post-intervention using the Western Aphasia Battery–Revised (WAB-R) or the Singapore General Aphasia Test (SGAT). Individual-level change was evaluated using the Reliable Change Index (RCI; critical value ±1.96, $p < .05$).

Results

All participants completed the full protocol without adverse effects. Two of three (67%) showed statistically reliable language improvement (Participant 1: RCI = +7.88; Participant 3: RCI = +14.89). One demonstrated positive, but statistically unreliable change (Participant 2: RCI = +1.87). Descriptive cross-case comparison suggested that younger age, higher educational attainment, earlier intervention timing, lesion location, and absence of comorbidities may be associated with greater language gains.

Conclusion

Our preliminary findings support bifrontal tDCS as an effective adjunct to SLT in Singapore, with clinically meaningful improvement observed in a subset of participants. While causal inference is limited by small sample size and absence of a control, observed variability in response highlights the potential influence of individual patient factors. Larger, controlled studies are warranted to confirm efficacy and refine candidate selection.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 036: Presence of aphasia associates with higher self-reported depression scores, even in mildest aphasia

Levy, D.[1,2], Meinert, K.[1,3], Fromm, D.[4], MacWhinney, B.[4], & Stark, B.[1]

[1] Indiana University Bloomington

[2] Princeton University

[3] University of Queensland

[4] Carnegie Mellon University

Background

Depression is common in aphasia, but there is a relative dearth of research on the psychosocial effects of very mild/latent aphasia. A recent study (Mathur et al., in press) demonstrated that, in a chronic post-stroke cohort with on average moderate-mild language impairment, self-reported depression severity was higher in individuals with aphasia than healthy controls. However, the generalizability of these findings to individuals with milder aphasia remains unclear.

Aims

This study sought to replicate the findings of Mathur et al. regarding correlates of depression in a cohort consisting predominantly of individuals with very mild/latent aphasia.

Methods

68 individuals with a history of neural injury and self-reported aphasia and 68 healthy controls were evaluated for depression using the PHQ9. Several variables—including age, years of education, gender, race, median income in zip code, stroke-related physical impairment, aphasia severity, and months post-stroke—were investigated due to their similarity to variables investigated in Mathur et al., in press. An ANCOVA was used to compare PHQ9 scores between individuals with aphasia and healthy controls. A linear regression was then used in the aphasic cohort to further probe relationships between these variables and PHQ9 scores.

Results

An ANCOVA revealed significant differences in PHQ9 scores by group ($F=15.82$, FDR-corrected $p=0.001$) and by age ($F=11.99$, FDR-corrected $p=0.002$). The aphasia-only linear regression showed a negative effect of age on PHQ9 score ($t=-2.32$, $p=0.02$) such that younger individuals showed higher PHQ9 scores.

Conclusion

This study demonstrates the robustness of two findings regarding predictors of depression in aphasia: first, that depression scores are higher in individuals with aphasia than healthy controls, even when that aphasia is very mild; and second, that age is inversely related to depression scores. These results demonstrate that even individuals with the mildest forms of aphasia experience elevated depression as compared to their neurologically healthy peers.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 037: Screening Aphasia in Slovenian-Speaking Adults: Clinical Utility of the Frenchay Aphasia Screening Test

Trček Kavčič, M.[1], Knavs, S.[2,4], Hržič, T.[3,4], Širca Ule, P.[1,4,8], Vidmar, G.[1,6,7], & Farago, E.[4,5]

[1] University Rehabilitation Institute Republic of Slovenia

[2] Institute for the Deaf and Hard of Hearing Ljubljana

[3] University Clinical Centre Ljubljana, Clinic ENT

[4] University of Ljubljana, Faculty of Education

[5] University of Zagreb, Faculty of Education and Rehabilitation Sciences

[6] University of Ljubljana, Faculty of Medicine

[7] University of Primorska, FAMNIT

[8] University of Primorska, Faculty of Education

Introduction

Aphasia following stroke can profoundly affect communication, social participation, independence, and quality of life. Early identification is crucial for effective rehabilitation. In smaller language communities, such as Slovenian-speaking population, standardized assessment tools are scarce. This study examines the clinical utility of the Slovenian version of the Frenchay Aphasia Screening Test (FAST) for detecting language difficulties in adults after stroke in the chronic phase.

Materials and Methods

The study examined inter-rater reliability, concurrent validity (N=50), and content validity of FAST items. Concurrent validity was assessed against three clinical criteria: clinical SLT assessment, stroke lesion location, and referral for speech therapy. Inter-rater reliability and content validity were assessed by three experienced clinical speech therapists.

Results

The FAST demonstrated excellent inter-rater reliability (ICC = 0.998; $p < 0.001$), indicating high reliability in clinical use. Screening demonstrated perfect sensitivity (100%), and strong agreement with comprehensive clinical assessment of language abilities. Referral to speech therapy showed high specificity (82%), indicating good discrimination between individuals with and without language impairment. Moderate agreement was observed with lesion location, reflecting the functional rather than anatomical focus of screening. Content validity supported the clinical relevance and appropriateness of FAST items for aphasia screening after stroke.

Discussion

The findings address a critical gap of smaller language communities, such as Slovenian-speaking clinical practice by demonstrating that the Slovenian version of the FAST has an adequate psychometric properties for identifying aphasia following stroke in the chronic phase within rehabilitation setting. Systematic use of the FAST can support early detection of language deficits after stroke, guide further rehabilitation planning, and allow monitoring of treatment outcomes and the rehabilitation process. However, as a screening instrument, it cannot replace comprehensive diagnostic language assessment using more extensive diagnostic batteries. Additionally, FAST does not account for specific factors such as cognitive impairment, which may lead to false-positive results. Careful clinical interpretation is required.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 039: Training Various Communication Modalities for Korean Speakers with Aphasia

Rhee, V.[1], Kim, E.[2], Hyun, J.[3], Lee, B.[4], Wallace, S.E.[5], & Park, H.[6]

[1] Department of Clinical Psychology, Teachers College, Columbia University

[2] Department of Neuroscience in Education, Teachers College, Columbia University

[3] Department of Speech, Language & Hearing Sciences, Auburn University

[4] Department of Speech-Language Pathology, Touro University

[5] Department of Communication Sciences and Disorders, University of Pittsburgh

[6] Department of Communication Sciences and Disorders, University of Mississippi

Introduction

People with aphasia experience language disorders, including verbal expression. Multimodal Communication Treatment (MCT) encourages individuals with aphasia to facilitate flexible switching modalities between spoken and non-spoken (gesturing, drawing, writing, and pointing in a communication book) to prevent and repair communication breakdowns. Variations of MCT have demonstrated positive outcomes in English speakers with aphasia1,2,3, but its effect on speakers of other languages remains unexplored. This study evaluated the outcomes from a recent modified MCT4 completed by Korean speakers with aphasia (K-PWA).

Methods

Participants included two male K-PWA with chronic anomic aphasia. P1 was a Korean monolingual, and P2 was a Korean-English bilingual. They received MCT in Korean for 10 weeks via telepractice.4 During treatment sessions, participants practiced four target items using multiple modalities at the single-word level and discourse level (picture description). Four pre- and four post-treatment assessments measured the overall accuracy using any modality and the types of modalities to communicate 30 items (20 trained and 10 untrained nouns).

Results

The ABA case study design revealed that P1 showed no changes in his overall accuracy at the word and discourse levels. His use of non-spoken modalities significantly increased at the word level (Cohen's d=.600 for trained and 4.01 for untrained items), but not at the discourse level. P2 showed a positive trend of increasing the accuracy and the use of spoken and non-spoken modalities at both word and discourse levels, but they were not statistically significant.

Discussion and Conclusion

The findings indicate that modified MCT has the potential to improve various communication skills in K-PWA. However, the limited treatment effects can be related to the high baseline accuracy, aphasia severity, modality preference, and individual variance. Future research should target individuals with more severe aphasia and increase the amount or type of discourse-level practice.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 040: Digital implementation of the Slovak Mini Language State Examination (MLSEsk)

Benko, T.[1], Cséfalvay, Z.[1], & Čiernik Kevická, V.[1,2]

[1] Department of Communication Disorders, Comenius University, Bratislava, Slovakia

[2] Centrum MEMORY, Bratislava, Slovakia

Introduction

The accurate and early identification of language impairments in individuals with primary progressive aphasia (PPA) remains a demanding task, even for experienced speech and language therapists (SLTs). The Mini Linguistic State Examination is a concise assessment tool designed to evaluate major linguistic domains affected by PPA. Building a digital version of its Slovak adaptation (MLSEsk) may improve administration consistency and optimize the data acquisition process essential for its ongoing validation.

Methods

An interactive iPad application was developed, integrating pre-recorded spoken instructions, automatic presentation of visual stimuli and animations, and simultaneous audio-video capture of each session. The app was administered by one experienced SLT and pilot-tested on 5 patients with neurodegenerative disorders (including 2 PPA patients) at Centrum MEMORY.

Following administration, patients completed a brief feedback questionnaire assessing clarity of instructions, comprehensibility of the interface, and overall satisfaction with the testing process.

Results

All five participants completed the full MLSEsk administration without technical failures. Four of five patients reported that instructions and stimuli were immediately clear; one patient required occasional repetition for longer items. The app automatically captured audio–video for every session and produced downloadable session summaries that facilitated subsequent scoring and review.

Questionnaire responses were uniformly positive: all patients stated that they understood the instructions during administration, found the application clear and comprehensible, and were satisfied with the testing process. These early observations suggest that the digital version is feasible for use in clinical settings and demonstrates promising usability from the patient perspective.

Conclusion

The digital MLSEsk appears to be a practical tool that can support both clinical assessment and formal validation of the Slovak version of MLSE. Further work will involve comparative evaluation of the two formats and completion of psychometric validation studies.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 041: Associations between functional communication and cognitive-linguistic skills in aphasia: Preliminary results of a scoping review

Bailey, T.[1], Renvall, K.[2], & Tuomenoksa, A.[1]

[1] University of Helsinki

[2] University of Turku

Introduction

Functional communication is an emerging topic in speech-language pathology but is not routinely assessed for persons with aphasia. Traditional aphasia tests tend to focus on isolated, decontextualized cognitive-linguistic skills which may not generalize to everyday communication when targeted in rehabilitation. Comprehensive assessment is crucial in setting meaningful goals for aphasia therapy. Recent reviews have identified functional communication measures available in aphasia rehabilitation (Doedens & Meteyard, 2020; Hammond, 2025). The aim of this scoping review is to identify existing information about the potential linguistic and cognitive skills underpinning functional communication in persons with aphasia.

Methods

We will conduct a scoping review following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018). The review was pre-registered on Open Science Framework on January 12, 2026. A search was conducted through Medline, PsycINFO, CINAHL, Scopus, and Web of Science electronic databases on January 6, 2026. The search identified 4218 citations. After de-duplication, 2102 citations remained. Included studies will assess the relationship between functional communication and linguistic or cognitive skills in individuals with post-stroke aphasia or primary progressive aphasia. Title and abstract screenings and full text screenings will be conducted by two independent reviewers. Any disagreements regarding inclusion will be resolved through a third reviewer.

Results

Data from included studies will be extracted and synthesized based on study characteristics, characteristics of measures of functional communication and cognitive-linguistic abilities, participant characteristics, and results. Preliminary descriptive analysis of the associations between functional communication outcomes and linguistic and/or cognitive abilities will be presented.

Conclusion

A synthesis of known relationships between functional communication and cognitive-linguistic abilities will support clinicians in selecting tools and rehabilitation targets that are most relevant to real-world communication. The results may guide more person-centered rehabilitation beyond impairment-based language treatment.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 042: Do Famous Faces Tell a Different Story? Quantitative and qualitative insights in adults with aphasia

Hickey, E.[1], & Harris Wright, H.[2]

[1] Dalhousie University, Nova Scotia, Canada

[2] East Carolina University, Greenville, NC, USA

Introduction

Naming familiar people relies on cognitive and neural mechanisms that are partially distinct from object or picture naming and involve processes of familiarity recognition, semantic access, and proper name retrieval (e.g., Borghesani et al., 2019). Proper names are not reliably supported by cognitive reserve (Kalscheur et al., 2019; Delazer et al., 2020) and are particularly vulnerable to disruption in healthy aging and neurodegenerative disease. Performance on the Famous People Protocol (FPP) was moderately correlated with WAB-R AQ performance, which may capture aspects of communication not reflected in traditional naming measures (Holland et al., 2019). The present study investigates the clinical utility of the FPP by: (1) examining the relationship between performance on the FPP and traditional naming measures in adults with aphasia, and (2) exploring qualitatively the types and effectiveness of communicative strategies used during the FPP.

Materials and Methods

AphasiaBank data (Forbes et al., 2012) from 29 adults with aphasia were analyzed. The mean WAB-R AQ was 71.17 (SD = 15.45). Aphasia types included anomia (N = 11), Broca's (N = 9), conduction (N = 6), transcortical motor (N = 1), and Wernicke's (N = 2). Participants completed the BNT – short form, the WAB object naming subtest, and the FPP. Videos of participants completing the FPP will be analyzed qualitatively to identify communicative strategies, such as circumlocutions and gestures and evaluate their effectiveness.

Results & Discussion

Preliminary results revealed statistically significant, positive correlations between FPP performance and both the BNT, $r = .49$, $p < .01$, and WAB-R object naming subtest, $r = .58$, $p < .001$. Qualitative results will characterize the types and effectiveness of communicative strategies observed during FPP. Findings will be discussed in terms of the clinical utility of the FPP for assessment for treatment planning beyond accuracy-based naming scores alone.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 043: Beyond the Literature: Focus Group Perspectives on Aphasia Impacts Compared to an Environmental Scan

Silverman, M.[1], Dunne, M.[2], Irby, K.[1], Kiran, S.[2], & Hinckley, J.[3]

[1] National Aphasia Association

[2] Boston University

[3] Nova Southeastern University

Introduction

Research priorities in aphasia are typically investigator-driven, potentially missing impacts that matter most to those with lived experience (Code, 2020; Grawburg et al., 2013). To address this gap, we conducted an environmental scan of 43 sources: 31 peer-reviewed articles documenting aphasia impacts, plus 12 patient-generated resources (blogs, podcasts, YouTube videos, Reddit posts, and organization websites). This scan identified 30 distinct impacts spanning communication, emotional wellbeing, identity, economics, healthcare access, and family dynamics (Hilari, 2011; Simmons-Mackie, 2018; Brinkman et al., 2024; Carragher et al., 2024). However, it remains unclear whether literature-identified impacts fully capture stakeholder priorities. This qualitative study compares impacts generated directly by people with aphasia (PWA) and families in focus groups with those identified through our environmental scan.

Methods

Environmental scan results were organized using the Person-Centered Core Impact Sets (PC-CIS) taxonomy (National Health Council, n.d.). Virtual focus groups with 100 PWA (≥12 months post-onset) and family members/care partners elicited participant-generated impacts through open-ended discussion using aphasia-accessible facilitation techniques. Thematic analysis compared focus group data with scan-identified impacts to determine: (1) novel impacts not captured in existing sources, (2) impacts differentially emphasized by stakeholders versus literature, and (3) alignment between lived experience and published research.

Results

Data collection is ongoing. We anticipate focus groups will generate novel impacts, particularly regarding daily lived experience, autonomy, and nuanced aspects of identity. We expect PWA and family members may emphasize different impacts than those prominent in published literature, revealing gaps between research focus and stakeholder priorities.

Discussion/Conclusion

By directly comparing stakeholder voices with existing literature, this study will identify whether current research captures what matters most to those living with aphasia. Findings will inform development of a patient-centered core impact set and highlight priority areas for future investigation.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 044: The revised Inventory of Communication in Everyday Situations (ICAS): A patient-centered tool for assessing functional communication in aphasia

Bosschers, H.[1], & Groenewold, R.[1]

[1] University Medical Center Groningen, the Netherlands

Introduction

Functional communication in everyday life is a key goal in aphasia rehabilitation. Traditional language assessments focus on impairment-level outcomes and provide limited insight into how people with aphasia (PWA) experience communication in real-world contexts. Importantly, although speech-language therapists (SLPs) often intend to use shared decision making (SDM), they report difficulties applying this approach in practice (Isaksen, 2018). These gaps complicate goal-setting and undermine autonomy and participation (Simmons-Mackie & Kagan, 2007; WHO, 2001). Human rights frameworks emphasize the right to make decisions about one's own care with appropriate support (CRPD Article 12; WHO QualityRights).

Methods

The Inventory of Communication in Everyday Situations (ICAS) was co-created by PWA, SLPs, and researchers to assess perceived communicative abilities and restrictions in meaningful contexts from the perspective of PWA. ICAS relies on self-reported data, ensuring that rehabilitation planning reflects the priorities and lived experiences of the PWA. The instrument includes a questionnaire addressing diverse everyday situations and circumstances, and a manual to guide SLPs in collaborative conversations that support SDM and personalized goal setting. In a follow-up study, ICAS was revised based on structured stakeholder feedback from PWA, relatives, and SLPs regarding content, comprehensibility, relevance, and completeness.

Results

ICAS captures clinically relevant information not reflected in standard assessments. All stakeholder groups valued its comprehensive overview of communication situations and its emphasis on client input, supporting autonomy and self-direction. Suggested improvements included adding visual supports and questions about comprehending conversation partners; these were incorporated into the revised version.

Conclusion

ICAS facilitates a participation-oriented rehabilitation approach that promotes agency, meaningful communication, and social inclusion for PWA. Further research is needed to establish the instrument's psychometric properties, including reliability and construct validity, through larger-scale validation studies.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 045: Integrating Hippotherapy into Interprofessional Aphasia Rehabilitation: A Feasibility Pilot Study

Wenger, B.H.[1], Off, C.A.[1], Mazzarella, J.[1], Griffin-Musick, J.[1], Slovarp, L.[1], & Meloy, L.[1]

[1] University of Montana

Introduction

Stroke remains a leading cause of global disability in adults, with approximately 94 million people living with the effects of stroke worldwide, impacting over 2.5 million individuals annually (Feigin et al., 2025). Stroke-related motor and communication deficits often co-occur, increasing challenges for recovery, and increasing social isolation, depression, and dependency (Mitchell et al., 2021). Hippotherapy, the therapeutic use of equine movement, has emerged as a novel treatment approach for neurorehabilitation; however, its application within interprofessional models for individuals with stroke-related motor and communication impairments remains underexplored (Koca, 2016; Viruega et al., 2022).

Materials and Methods

Three adults with chronic aphasia received interprofessional speech-therapy and physical therapy using hippotherapy twice weekly for four weeks (8 total sessions). Feasibility outcomes included recruitment, retention, attendance, outcome completion, and provider participation. Fidelity was evaluated via structured video-based coding. Acceptability was measured using session-level participant satisfaction measures.

Results

All feasibility benchmarks were met: 100% retention and outcome completion, 87.5% session attendance, and 93.11% overall treatment fidelity. Acceptability was high, with near-ceiling satisfaction and engagement ratings across participants. All outcome measures were administered successfully with no missing data. The protocol was implemented safely and consistently within the equine environment.

Discussion/Conclusion

This feasibility pilot study demonstrates that an interprofessional intervention using hippotherapy for adults with post-stroke aphasia is deliverable with high fidelity and strong participant acceptability. Importantly, this study generated critical methodological guidance informing the design for a fully funded two-year randomized controlled trial evaluating clinical effectiveness and implementation outcomes, with participant recruitment underway and intervention beginning summer 2026. This work aligns with the IARC 2026 theme by advancing innovative, participation-centered rehabilitation approaches while addressing real-world challenges in delivering aphasia care within evolving heath systems.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 046: Preliminary Outcomes of a Telehealth Community Aphasia Group for Rural Adults with Aphasia

Griffin-Musick, J.[1], Conkle, S.[1], Off, C.[1], & Scharp, V.[2]

[1] University of Montana

[2] Idaho State University

Introduction

Rural residency creates persistent barriers to participation-focused aphasia rehabilitation, including limited local services and reduced opportunities for communication and social engagement. Community Aphasia Groups can address these needs but are often inaccessible for rural stroke survivors. Telehealth delivery may provide a viable option for expanding access. This study evaluated the feasibility, acceptability, and preliminary impact of a 10-week telehealth Community Aphasia Group (tele-CAG) for adults with aphasia living in rural regions of the Western United States.

Materials and Methods

This prospective mixed-methods feasibility study enrolled 8 rural adults with aphasia. Participants completed a weekly, 60-minute tele-CAG for 10 weeks, delivered via Zoom using supported conversation strategies and aphasia-friendly materials. Pre- and post-program patient-reported outcomes included the Communication Confidence Rating Scale for Aphasia, the Communicative Participation Item Bank, the Functional Rating of Interaction Engagement Needs and Difficulties Scale, and a program satisfaction measure. Semi-structured interviews were conducted at baseline, mid-program, and post-program. Feasibility indicators (recruitment, attendance, retention, and technology issues) were also documented.

Results

We will report pilot data regarding the feasibility and perceived value of delivering a CAG via telehealth for rural adults with aphasia. Planned quantitative analyses include descriptive statistics to describe changes in communication confidence, communicative participation, social connectedness, and satisfaction. Qualitative thematic analysis is underway to identify perceived benefits, challenges, and recommendations for refinement of the tele-CAG model. Feasibility will be summarized through recruitment patterns, weekly attendance, retention, and technology needs. Data collection and analysis are ongoing; final results will be available at the time of presentation.

Discussion/Conclusion

Findings will inform refinements to the tele-CAG protocol and guide planning for a larger implementation trial. Preliminary insights are expected to highlight how telehealth delivery may support communication confidence, social connectedness, and meaningful participation for rural adults with aphasia. Broader application of this model may help reduce longstanding disparities in access to participation-focused aphasia services for individuals living in rural communities.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 047: A Quantitative Analysis of Stakeholder Priorities Across Domains of Aphasia Impact

Dunne, M.[1], Irby, K.[2], Silverman, M.[2], Hinckley, J.[3], & Kiran, S.[1]

[1] Boston University, USA

[2] National Aphasia Association, USA

[3] Nova Southeastern University, USA

Introduction

Traditional aphasia research emphasizes language impairment, yet the consequences of aphasia extend far beyond communication. Aphasia affects many aspects of daily life, including emotional wellbeing, economic stability, sense of identity, and family relationships (Hilari, 2011; Simmons-Mackie, 2018; Brinkman et al., 2024; Carragher et al., 2024). Many of these multifaceted impacts of aphasia remain understudied (Code, 2020), and patient-family concordance on priorities is poorly understood (Grawburg et al., 2013). This cross-sectional survey asks PWA and family members to rate the importance of different aphasia-related impacts, enabling systematic comparison of stakeholder priorities.

Methods

Survey respondents include 100 participants: PWA with chronic stroke-related aphasia (≥12 months post-onset) and family members/care partners. The survey items, derived from an environmental scan and stakeholder focus groups, are organized using the Person-Centered Core Impact Sets taxonomy (PC-CIS; National Health Council, n.d.). This framework groups impacts into domains including cost, cognition, emotions, social/role, quality of life, treatment experiences, resources, and impact on others. Participants rate each impact (e.g., autonomy) on a 5-point scale ("Not at all important" to "Extremely important") via an aphasia-accessible online survey. We will compare ratings between groups, examine which domains and items each group prioritizes, and explore whether priorities differ by demographics.

Results

Data collection is ongoing. We expect PWA and families will prioritize different impacts: PWA may rate social and quality-of-life impacts higher (e.g., maintaining friendships, sense of identity), while families may prioritize caregiver-related impacts (e.g., strained relationships). We also anticipate that priorities will vary by factors such as geographic location, time since stroke, and age.

Discussion/Conclusion

This survey will provide quantitative data on stakeholder priorities across validated impact domains, enabling direct comparison of PWA and family rankings. Findings will inform development of a core impact set that captures what matters most to those living with aphasia.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 048: Living with aphasia – an exploratory study of clients' and caregivers' experiences in an online choir group in Singapore

Guo, E.[1,2], Guo, T.[2], Tang, J.[3], Zainab, S.[2], Tan, J.[2], & Wong, J.[2]

[1] National University Hospital Singapore

[2] Singapore Institute of Technology

[3] University of California, San Francisco

Introduction

Aphasia often leads to life-altering psychosocial and financial challenges, including social isolation and poor return to work outcomes [1]. Persons with aphasia (PWAs) report poorer health-related quality of life than stroke survivors without aphasia [2], with caregivers also bearing significant burden [3]. This study explores the experiences of PWA and caregivers post stroke and the impact of participating in an online choir.

Materials and Methods

PWAs and caregivers who joined an online Aphasia Choir were recruited through AphasiaSG [4], a non-profit supporting this community. PWAs completed the Assessment for Living with Aphasia (ALA) [5], while caregivers completed the Family Aphasia Measure of Life Impact (FAMLI) [6]. Additional qualitative questions explored lived experiences, with communication support provided during interviews as needed.

Results

Six PWAs and four caregivers participated. PWAs consistently reported communication and participation barriers, particularly outside the home and among those with severe aphasia. Caregivers reported significant changes in their health, daily life and attitudes as they journeyed with aphasia. Both groups highlighted coping strategies, including positive mindsets and support from family, friends and community agencies. Participation in the choir was perceived as beneficial, improving speech and fostering social connections with others affected by aphasia.

Conclusion

This is the first Singapore-based study exploring caregiver experiences and third-party disability in aphasia. Despite the small sample, insights emerged on facilitators and barriers to living with aphasia. Community-led activities, such as aphasia choirs, should be integral to care provision given aphasia's chronic nature. Future research should involve larger samples and a longitudinal approach.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 049: How Speech Therapists Can Address Language and Love: Perspectives From Couples Impacted by Aphasia

Reed, A.[1], & Hinckley, J.[1]

[1] Nova Southeastern University

Introduction

The impact of aphasia on romantic relationships has been minimally explored, including the role that speech pathologists play in supporting couples through clinical intervention. Using a person-centered approach, the current study aimed to better understand the speech pathologist's role by interviewing couples impacted by aphasia and gaining their perspective on how speech therapy intervention could support communication in their romantic relationship.

Methods

Individual interviews and focus groups with fifteen couples impacted by aphasia were conducted. Each participating couple included one spouse with aphasia and one spouse without aphasia (n=30). All interviews and focus groups were audio recorded, then analyzed for key codes and broader themes using thematic analysis.

Results

All participants reported that speech pathologists and other healthcare professionals do not often provide education or resources regarding aphasia and the impact that it may have on romantic relationships (Rose et al., 2018; Simmons-Mackie, 2018). Additionally, participants reported that couples would benefit from clinical speech therapy intervention for both spouses, not just the one living with aphasia.

Discussion

Speech pathologists should recognize the critical role that romantic partners play in social and emotional support throughout recovery, as well as the SLP's role in supporting these relationships (Reed & Hinckley, 2025). The topic of romantic relationships should be regularly addressed in therapy, providing the opportunity for resource distribution and clinical intervention. In addition to utilizing communication partner training strategies (Simmons-Mackie et al., 2010; Pertab et al., 2024), participants noted that areas of intervention could include daily functional communication, decision making, conflict management, and communication surrounding connection and intimacy.

Conclusion

Further research is needed in the area of aphasia and romantic relationships, including the unique experiences of spousal caregivers, and how speech pathologists can support couples throughout recovery. With a greater focus on functional and holistic care, speech pathologists and healthcare professionals can help to improve their patients and caregivers' communication, quality of life, and overall relationship satisfaction post aphasia-onset (Chapey et al., 2000).

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 050: Life After an Intensive Comprehensive Aphasia Program: A Longitudinal Feasibility Study on Outcome Maintenance and Communicative Engagement

Conkle, S.[1], Off, C.[1], & Griffin-Musick, J.[1]

[1] University of Montana

Introduction

Intensive Comprehensive Aphasia Programs (ICAPs) are associated with improved language, functional communication, and quality of life for people with aphasia. Although immediate post-ICAP assessment scores often demonstrate these gains, long-term maintenance and the contribution of post-treatment communicative engagement remain unclear. This study examined outcome maintenance following ICAP participation and associations with post-ICAP communication engagement, defined as participation in social activities, daily communication, and language practice. We hypothesized that outcomes would remain stable over time and that greater post-ICAP communicative engagement would be associated with maintenance. Feasibility of recruitment, retention, engagement, and remote assessment were also evaluated.

Materials and Methods

This prospective, longitudinal study with embedded feasibility measures included two adults with aphasia who completed an ICAP at the University of Montana. Language, functional communication, and quality of life were assessed using standardized measures in person pre- and post-ICAP and remotely at three- and six-month intervals. Communicative engagement was assessed at follow-up intervals using a questionnaire. Data were analyzed descriptively to characterize individual outcome trajectories. Feasibility was evaluated through documentation of purposeful sampling, attendance, responsiveness, and successful administration of assessments.

Results

Maintenance or improvement of language scores were observed at both follow-up timepoints within a standard error of measurement. Functional communication was maintained or improved at three-months. Both decline and improvement were seen at six-months. Quality of life and engagement varied across timepoints and participants. Purposeful sampling was successful. Retention was 100%. Participants remained responsive throughout all assessments. Assessments were successfully administered remotely without logistical difficulties.

Discussion and Conclusion

This prospective, longitudinal study demonstrates the feasibility of tracking outcomes and communicative engagement over time following ICAP participation. Improvements in language, functional communication, quality of life, and participation outcomes varied; however, scores overall were maintained across timepoints. Successful recruitment, complete retention, sustained engagement, and successful remote administration of assessments support the practicality of longitudinal follow-up for ICAP participants.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 052: AI Solutions in Aphasia: Automatic Detection and Analysis of Singaporean Aphasic Narratives

Hasnan, S.H.[1], Ng, A.J.Y.[1], Lai, W.V.[1], & Guo, Y.E.[1,2]

[1] Health and Social Sciences, Singapore Institute of Technology

[2] Department of Rehabilitation, National University Hospital

Introduction

This study explores the use of artificial intelligence (AI) to support discourse assessment in Singaporean bilinguals with aphasia (BwA). One widely used discourse measure is Main Concept Analysis (MCA), which evaluates key informational units in a narrative (Nicholas & Brookshire, 1995). While narrative assessments are clinically valuable, they are time-consuming to administer (Day et al., 2021). AI may improve efficiency through automatic speech recognition (ASR) for transcription (Fraser et al., 2013) and large language models (LLM) for analysis (Cong et al., 2024). Nevertheless, these open-source systems have limited exposure to Singaporean English. This study aimed to evaluate the accuracy of:

1. AI-generated transcription compared to manual transcription

2. AI-generated MCA scoring compared to manual scoring

Materials and Methods

Twenty-two BwA produced narratives using the Refused Umbrella Picture, a six-picture sequential task eliciting semi-spontaneous discourse in English. Manual transcripts by trained student Speech-Language Therapists were compared to AI transcriptions generated by RUSSELL-GPT, healthcare-deployed LLM developed by the National University Health System (NUHS), using word error rate (WER). Prompt engineering was used to develop prompts to guide RUSSELL-GPT in scoring. AI-generated MCA scores were compared with manual scores using Intraclass Correlation Coefficient (ICC).

Results

Transcription: AI-to-manual transcription accuracy was low and highly variable (median WER = 35.42%; mean = 50.82%, SD = 50.86%), with poorer performance in samples with greater aphasia severity. Common AI errors included substitutions, insertions, and deletions related to phonemic paraphasias, circumlocutions and Singaporean Colloquial English features.

Scoring: Using AI-generated transcripts, chain-of-thought prompting performed best, achieving the highest agreement with manual scoring (94%) and consistency across runs (80%), outperforming other prompting strategies eg. zero-shot, few-shot. AI scores were higher than manual in 55% of samples,

matched in 27%, and lower in 18%. Larger scoring discrepancies were associated with greater aphasia severity.

Conclusion

Both ASR and LLM-based semantic analysis demonstrated reduced reliability with increasing aphasia severity. While AI shows potential to improve efficiency in discourse-based aphasia assessment, further validation is required before reliable clinical use.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 053: Training to support decision-making involvement for people with communication disabilities: A scoping review of current evidence and the representation of people with aphasia

Pratten, S.[1], Foote, H.[1], Keenan, J.[1], Ribenfors, F.[1], & Jayes, M.[1]

[1] Manchester Metropolitan University

Introduction

Shared decision-making (SDM) in health and social care increases patient satisfaction and is associated with improved quality of life and health outcomes. Evidence indicates that practitioners require improved skills to support patients with communication disabilities to participate in decision-making (Charamis et al., 2023). Individuals with the language disorder aphasia may be excluded from decisions due to insufficient training of practitioners regarding how to facilitate their involvement (Stein and Brady Wagner, 2006). When individuals with aphasia are excluded, they are denied the right to exercise personal autonomy. This scoping review examines what is currently known about training for health and social care workers and carers in supporting decision-making involvement for people with communication disabilities, including aphasia.

Materials and Methods

The scoping review will utilise the Joanna Briggs Institute methodology for scoping reviews and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-SCR). Search terms will be devised by the research team. Searches of MEDLINE, Embase, CINAHL, AMED, Scopus, Social Care Online, and PsycINFO will be performed. Grey literature will also be searched, including institutional repositories and Google Scholar to identify training materials and guidance. Two independent authors will extract citation and study information using predefined extraction templates. The review protocol will be registered on the Open Science Framework.

Results

Findings will be analysed using the COM-B model of behaviour change (Michie et al., 2013). The COM-B model aims to explain behaviour (B) by breaking it down into three components: Capability (C), Opportunity (O), and Motivation (M). This analysis aims to outline the key factors in training availability and its potential implementation. A narrative synthesis of review findings will be presented.

Discussion

The findings will inform co-production of an education and training framework to support SDM for people with aphasia.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 054: Increasing Intensity of Communication Therapy in Acute Inpatient Setting

Ong, C.[1], Tan, T.[1], Shiu, C.[1], & Lam, C.[1]

[1] Department of Rehabilitation, National University Hospital

Introduction

Stroke incidence in Singapore has increased over the past decade (Singapore Stroke Registry Annual Report, 2021). Post-stroke communication deficits significantly impact employment, quality of life, and social participation. International guidelines (Stroke Foundation, 2023; Royal College of Speech and Language Therapists, 2023) and meta-analyses (Brady et al., 2016, 2022) emphasise that early, intensive, frequent communication intervention during the acute phase is crucial for maximising neuroplasticity and functional outcomes.

Nevertheless, local evidence suggest that clinicians rarely delivered more than one session of communication therapy per week (Guo et al., 2014). This may be due to communication therapy being deprioritised over dysphagia services and manpower constraints (Code & Heron, 2003; Palmer et al., 2018).

To address this gap, a pilot service was implemented to evaluate the feasibility and preliminary impact of intensive communication rehabilitation.

Materials and Methods

Daily intensive therapy was introduced in neurology wards of a tertiary hospital over a three-month period for patients with new-onset of communication deficits, medically stable for intensive rehabilitation, and willing to participate. A pre-post service evaluation was conducted. Service delivery metrics were therapy frequency (sessions per week), mean session duration (minutes) and total therapy time per week. Outcomes were measured using AuSTOMS distress/well-being client scale. Descriptive statistics were used to analyse changes.

Results

Preliminary results from 22 pre-post patients showed that mean therapy frequency increased by 61% (2.36 to 3.81 sessions per week), mean session duration increased by 16.5% (35.2 to 41 minutes), and average total therapy time per week increased by 119% (73 to 160 minutes). AusTOMS distress/well-being scores showed 28% improvement post-implementation (0.5 to 0.64 points), although this was not statistically significant.

Discussion and conclusion

The results showed that increased therapy intensity/frequency in the acute phase was helpful to improve patient distress levels. While the results were not statistically significant, this is likely due to small sample size. This shows feasibility of a structured service model that aligns to evidence-based best-practice standards for communication rehabilitation. Further development involving therapist assistants and technology-enabled self-practice will enable sustainable and scalable service to meet growing communication rehabilitation demands.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 055: Comparing Constraint-Induced Aphasia Therapy and an Intensive Comprehensive Aphasia Program in Moderate and Severe Aphasia: A Pilot Study

Cote, K.[1], Suting, L.[1], & Mozeiko, J.[1]

[1] Department of Speech, Language, and Hearing Sciences, University of Connecticut

Introduction

Constraint-Induced Aphasia Therapy (CIAT; Pulvermüller et al., 2001) has demonstrated efficacy in research contexts but remains underutilized in clinical practice. In contrast, Intensive Comprehensive Aphasia Programs (iCAPs) are emerging as the clinical gold standard in the U.S.A, despite substantial financial cost (Boyer et al., 2022). Direct within-participant comparisons of these two intensive approaches are rare. This proposal compares outcomes following CIAT and iCAP in three individuals with moderate–severe aphasia, with attention to aphasia profile, treatment response, and maintenance of gains.

Materials and Methods

Three adults with chronic moderate-severe aphasia participated in a single-subject repeated-measures study. All participants completed 30 hours of CIAT (3 hours/day, 5 days/week for 2 weeks). Outcomes were assessed using the Western Aphasia Battery-Revised-Aphasia Quotient (WAB-R-AQ), measures of functional communication, semantic processing, and executive function, administered pre-treatment, immediately post-treatment, and one-month post-treatment.

One year later, these same three participants completed a 30-hour iCAP matched for dosage and intensity, with identical outcome measures administered on the same schedule.

Results

Following CIAT, all three participants demonstrated clinically meaningful gains on the WAB-R-AQ, ranging from 12 to 20 points. At one-year follow-up, one participant returned to baseline, while two maintained gains of approximately 15 points. Following iCAP, these two participants demonstrated attenuated gains (6.6 and 2.2 points), whereas the third participant demonstrated a 10.1-point gain that further increased at follow-up. All participants reported enjoyment of both treatment approaches but expressed a preference for iCAP.

Discussion/Conclusion

Findings suggest differential responsiveness associated with aphasia profile. Participants with more nonfluent characteristics appeared to benefit from the constrained, repetitive oral-verbal focus of CIAT, whereas the participant with more fluent features benefited more from the multimodal, communicative emphasis of iCAP. Despite current clinical trends favoring iCAP, these results suggest CIAT may confer specific advantages for spoken language recovery in select individuals.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 056: Prevalence, Prognosis, Diagnosis and Management of People with Global Aphasia on the Hyper-Acute and Sub-Acute Stroke Wards at the Newcastle upon Tyne Hospitals NHS Foundation Trust

Waldron, H.[1,2], Price, C.[2], Shaw, L.[2], & Adjei Nicol, S.[3]

[1] The Newcastle upon Tyne Hospitals NHS Foundation Trust

[2] Newcastle University

[3] Canterbury Christ Church University

Introduction

Global aphasia is characterised by severe impairments across all modalities of language comprehension and expression. There is no consensus on how global aphasia is diagnosed, and there is a paucity of research about effective treatments, particularly in an acute setting.

Aphasia severity has been described using the National Institute of Health Stroke Scale (NIHSS) (Brott et al, 1989), an assessment of stroke severity, widely used in the UK and typically performed on admission to hospital by a specialist nurse or doctor. 15 domains, including language, are scored between 0 and 3, where 0 indicates no impairment and 3 is the most severe impairment. It is unknown how many people rated as having the most severe aphasia on the NIHSS are diagnosed with global aphasia when they are assessed by a Speech and Language Therapist (SLT).

Materials and Methods

A retrospective case note review over 12 months was conducted. Using data from the Sentinel Stroke National Audit Programme (SSNAP) for the Newcastle upon Tyne Hospitals NHS Foundation Trust, all patients with a score of 2 or 3 on the language domain of the NIHSS on admission to hospital following an acute stroke were selected.

The SLT notes for these patients were then reviewed, to identify whether they were diagnosed with global aphasia on their initial SLT assessment. If they were, their notes were reviewed in greater depth to gather information including the assessments used for diagnosis, type of intervention received and outcomes on discharge from hospital, regarding any improvements in language and overall stroke recovery.

Results

Results are not yet complete but will be provided and discussed. If a high level of consistency between NIHSS scores and SLT diagnosis of global aphasia is found, a larger scale evaluation regarding prevalence and prognosis of global aphasia using national SSNAP data could be conducted in future.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 057: From Lived Experience to Leadership: Building a National Aphasia Ambassador Model for Awareness, Education, and Knowledge Translation

Silverman, M.E.[1], McCall, D.[1], & Sayers, S.[2]

[1] National Aphasia Association

[2] University of South Carolina

Introduction

As aphasia research, clinical practice, and policy increasingly emphasize patient-centered care, co-production, and lived experience, it has become clear that inclusion alone is not sufficient. People with aphasia are frequently invited to share their experiences, yet far fewer opportunities exist for them to take on sustained leadership roles in education, awareness, and advocacy.

Through national work at the National Aphasia Association (NAA), a consistent gap has emerged: while the value of lived experience is widely acknowledged, there are limited structured, scalable models that support people with aphasia to move from invited contributors to trained educators and advocates working within their own communities and professional spaces.

Aim / Purpose

The purpose of this presentation is to describe a scalable, person-led Aphasia Ambassador model that supports people with aphasia and care partners as leaders in aphasia awareness, education, and knowledge translation.

Methods

The NAA Aphasia Ambassador Program was developed to intentionally address this gap. The program provides aphasia-accessible orientation and training, a certification process, and ongoing support to enable people with aphasia and care partners to serve as educators and advocates in their local communities.

The program currently includes over 200 trained ambassadors across diverse geographic regions. Core elements include structured training, certification, access to a centralized and continuously updated toolkit, and ongoing mentorship and programmatic support. The model prioritizes consistent messaging while allowing flexibility for local context, individual communication styles, and personal strengths.

Results/Conclusion

Content will focus on program development and scaling, training and support structures, accessibility considerations across diverse aphasia profiles, and the role of ambassador-led education in research dissemination and public awareness. Participants will be invited to discuss how similar models could be adapted across different healthcare systems, cultures, and research contexts. The Aphasia Ambassador model offers a practical, adaptable framework for embedding people with aphasia as leaders in education and advocacy beyond individual research studies or clinical settings.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 058: "We Live in the Era of Co-Creation": Provider Perspectives of Training and Networking Events Designed to Increase Implementation of the ICAP Service Delivery Model

Off, C.[1], Scharp, V.[2], Griffin-Musick, J.[1], Farrington-Douglas, C.[3], & Rutter, J.[4]

[1] University of Montana

[2] Idaho State University

[3] Headway East London

[4] City St. George's University

Introduction

Intensive Comprehensive Aphasia Programs (ICAPs) are evidence-informed, multicomponent, high-dose, cohort-based service delivery models for post-stroke aphasia rehabilitation that target impairment, activity, participation, and psychosocial outcomes. Although ICAPs have demonstrated positive outcomes internationally, a persistent research-to-practice gap remains. This gap underscores the need to better understand how clinicians learn about, interpret, and operationalize ICAP principles across diverse service contexts. ICAP implementation is inherently complex, with barriers including resource constraints, staffing and scheduling demands, productivity expectations, and uncertainty around how to enact "intensity" and "comprehensiveness". While barriers are well documented, less is known about how clinician-to-clinician training and professional networking function as implementation strategies.

Aim

This study examined provider perspectives on ICAP-focused training and networking events, with attention to perceived value, impact on clinical practice, and contextual factors influencing implementation.

Methods

A qualitative descriptive design was used. Participants (n=8) were speech-language therapists who attended one or more ICAP-focused training and/or networking events. Purposive sampling captured variation in clinical settings and implementation experience. Data were collected via semi-structured focus groups and analyzed using a meaning-based unit approach with inductive coding and iterative theme development.

Results

Five interrelated thematic domains were identified: (a) conceptual and theoretical implementation, (b) practical implementation, (c) resources and sustainability, (d) implementation mindset, and (e) psychosocial outcomes. Heterogeneity emerged as a cross-cutting construct influencing all domains. Training supported conceptual clarity and reframed ICAPs as flexible and scalable rather than prescriptive. Networking reduced professional isolation, fostered mentorship, and supported adaptive implementation. Clinicians emphasized psychosocial outcomes, such as confidence, professional identity, and connection, as central indicators of participant success.

Discussion

ICAP-focused training and networking functioned as catalysts for conceptual reframing, adaptive implementation, and professional connection rather than as discrete knowledge-transfer events. Findings align with conceptualizing ICAPs as complex interventions and highlight co-creation and responsiveness to context as essential for sustainable implementation.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 059: Interdisciplinary rehabilitation design in Aphasia: Alignment of the life participation approach to aphasia (LPAA) with the rehabilitation treatment specification system (RTSS) in the context of animal-assisted intervention (AAI)

Antonucci, S.M.[1]

[1] The Aphasia Center at Jefferson Moss-Magee Rehabilitation / Jefferson Moss Rehabilitation Research Institute

Background

Since publication of the values of the LPAA, there has been substantial expansion of rehabilitation research focused on amelioration of negative psychosocial consequences of aphasia. Treatment research motivated by the LPAA is inherently complex, meeting the definition outlined in updated UK Medical Research Council guidelines, in which complex treatment research attends both to whether an intervention is effective relative its targeted outcome(s) and to the impact of the treatment within the context of 'real-life'. This design facilitates development of person-centered, ecologically valid, rehabilitation but may be challenging with respect to identification of which clinical ingredients (i.e., clinician actions) are affecting change and determination of how to tailor them to meet a variety of short- and long-term goals across individuals, i.e., the "black box problem".

AAI, similarly well-suited to targeting psychosocial consequences of aphasia, is also complex, and research in this area has been critiqued for methodological under-specification. The RTSS, in conjunction with enablement theory, provides a framework through which complex treatment procedures may be specified to solve these challenges.

Materials and Method

An AAI for adults with aphasia, the Persons with Aphasia Training Dogs program, was specified using the RTSS to identify clinical ingredients addressing intervention targets (e.g., increase communication confidence, increase conversation initiation) and tailoring thereof (e.g., modification of cueing hierarchies). Enablement theory was incorporated to examine methods for facilitating achievement of longer term aims (e.g., increase community engagement).

Results

PATD essential versus active ingredients have been established, with tailoring recommendations, which primarily target personal and participation domains of living with aphasia. Recommendations for adapting ingredients for targets in the aphasia and environment domains have also been developed.

Discussion/Conclusion

This project exemplifies how treatment and enablement theory may be applied to complex treatments aligned with the LPAA to establish translational treatment research and clinical pipelines.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 060: Supporting mental health among families living with aphasia through the continuum of care: an intervention development study

Nielsen, S.[1,4], Cruice, M.[2], Overgaard, C.[3], Sommer, J.B.[4], & Isaksen, J.[1,5]

[1] Department of Culture and Language, University of Southern Denmark, Denmark

[2] Department of Language and Communication Science, City St George's University of London, United Kingdom

[3] Department of Public Health, University of Southern Denmark, Denmark

[4] Vejlefjord Rehabilitation, Denmark

[5] Neurorehabilitation Research and Knowledge Centre, Rigshospitalet, Denmark

Introduction

Despite severe long-term consequences for the entire family living with aphasia, there are currently no structured services in Denmark that address the mental health needs of families living with aphasia. Meeting these needs requires collaboration across sectors and disciplines. This study reports on the development and content of a cross-sectoral and cross-disciplinary intervention aimed at promoting mental health and preventing psychological distress among families living with aphasia.

Materials and Methods

To ensure a structured and evidence-informed approach to intervention development, the process was guided by the MRC framework and supplemented by the INDEX guidance, which provides step-by-step support for developing interventions in complex contexts. The development process included, among other elements, active stakeholder involvement, primary data collection, and continuous reflection within the research team. These elements ensured that the intervention remained responsive to the identified problem, the evolving understanding of its complexity, and the specific needs of the target population.

Results

The intervention development process resulted in A-MIND (Aphasia – Mental INsight), a cross-sectoral and preventive intervention designed to strengthen resilience among families living with aphasia. A-MIND provides a structured yet flexible framework that supports interdisciplinary professionals in addressing and preventing psychological distress within existing rehabilitation services in Denmark.

Discussion/Conclusion

The complexity of the psychological distress experienced by families living with aphasia highlighted the need for an in-depth understanding of both challenges and potential solutions. Based on the recommendations from the MRC framework and the INDEX guidance, the A-MIND intervention was developed. The next step is to evaluate the intervention in a feasibility study.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 061: Fidelity of Treatment Delivery for Relationship-Centered Communication Partner Training

Ostler, R.[1], Shepherd, O.[1], Gale, K.[1], Laws, S.[1], Nissen, S.[1], Evans, W.S.[4], Sandberg, J.[2], Pertab, K.-A.[3], Cheung, S.[3], & Harmon, T.G.[1]

[1] Department of Communication Disorders, Brigham Young University

[2] Department of Marriage and Family Therapy, Brigham Young University

[3] Intermountain Health

[4] Department of Communication Science and Disorders, University of Pittsburgh

Introduction

Interventions that focus on restoring relationship connection and attachment for couples impacted by aphasia are needed[1]. Relationship-Centered Communication Partner Training (RC-CPT) is designed to address this need[2]. This study reports treatment fidelity of RC-CPT to ensure that core intervention components were applied consistently across participants[3].

Method

RC-CPT was delivered across six treatment sessions over three weeks. Each session had a specific focus and associated homework assignments. Session one focused on aphasia education. Session two included education and practice regarding strategies and techniques to support the couple's communication. In session three, both partners independently completed a questionnaire regarding relationship roles and responsibilities, then came together for a guided discussion that resulted in goals and communication plans about a selected role and responsibility area. Session four included a follow-up discussion about their previously established goals and plans. Sessions 5 and 6 repeated the structure from sessions 3 and 4 with a second role and responsibility area selected by the couple.

All sessions were recorded and checked for fidelity. This was done by rating adherence to protocol-specific components using a three-point scale (2=Fully Covered, 1=Mentioned, 0=Not Addressed). Percent adherence was calculated for 25% of sessions by dividing the total possible score by the actual score.

Results

When averaged across couples, ratings for all six sessions were greater than 80%. Individual sessions also showed high fidelity with half (9/18) at 100% and only one falling slightly below the 80% threshold.

Discussion

Results indicate that RC-CPT was administered with high adherence to the treatment protocol. Although still high, fidelity was lowest on average for session six (81%). This may point to a need for increased flexibility in the protocol for this session as it being the final session often prompted more holistic and personalized discussions about how to move forward after the intervention concluded.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 062: Implementing synchronous telehealth with people with dementia: Using theoretical frameworks to explore the perspectives of UK speech and language therapists

Talbot, R.[1,3], Warren, J.D.[2,3], Varley, R.[1], & Volkmer, A.[1,3]

[1] Division of Psychology and Language Sciences, UCL, London, UK

[2] Dementia Research Centre, Queen Square Institute of Neurology, UCL, London, UK

[3] National Hospital for Neurology & Neurosurgery, University College London Hospitals NHS Foundation Trust, London, UK

Introduction

Communication difficulties are the main and leading symptom in primary progressive aphasia, and a common major symptom in all dementia types. Speech and language therapy is the principal treatment for communication difficulties in dementia. However, access is dependent on individual factors (e.g., carer support, travel), service availability and contextual factors (e.g., socio-cultural). One way to increase access is via synchronous telehealth (i.e., on-line, using videoconferencing). Despite telehealth becoming increasingly common, there is a paucity of literature investigating implementation factors, or probing the views of therapists using telehealth with people with dementia.

Materials and Methods

This qualitative study employed focus group methodology to explore UK speech & language therapists' experiences and perspectives of working with people with dementia via telehealth. The study aimed to: 1) identify determinants to individuals implementing synchronous telehealth for people living with dementia 2) probe contextual factors impacting individual's decision making. Three 90-minute video recorded focus group meetings were transcribed. Utilising content analysis, data were coded deductively using the Theoretical Domains Framework and the Context and Implementation of Complex Interventions framework.

Results

A geographically diverse sample of ten speech and language therapists was recruited, representing the National Health Service and the charity sector. Reported implementation determinants related to therapists' beliefs about their own professional role and their clients' capabilities, beliefs about the consequents of using telehealth, environmental context and resource, and emotion. Determinants to individual's decision making were influenced by macro-level socio-economic, ethical, and epidemiological factors, and by meso-level socio-cultural, political and legal factors.

Discussion/Conclusions

Using theoretical frameworks to investigate UK speech and language therapists' delivery of telehealth for people with dementia will inform the implementation of future telehealth interventions and services. This study highlights individual and contextual factors which may influence service implementation and sustainability when working with people with dementia, telehealth and technology.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 063: A Qualitative Exploration of the Lived Experience of Married Couples Impacted by Aphasia: Direct Impacts, Secondary Impacts, and Mitigating Factors

Dummer, A.[1], Ewell, S.[1], Hillam, H.[1], Gale, K.[1], Nissen, S.[1], Griffey, H.W.[1], & Harmon, T.G.[1]

[1] Department of Communication Disorders, Brigham Young University

Introduction

Aphasia results in changes in the lives and relationships of people with aphasia (PWA) and those closest to them[1]. These changes may be especially dramatic for married couples impacted by aphasia[2]. The purpose of this study was to understand the highly personal and complex experiences of couples impacted by aphasia[3] as a step toward expanding educational and treatment resources.

Method

Fourteen married couples each participated in three semi-structured interviews over Zoom: One with the person with aphasia only, one with the spouse only, and one with the couple together. This resulted in 42 total interviews for analysis. Each participant answered questions about how aphasia had affected their marriage relationship. Interviews were transcribed orthographically then coded using reflexive thematic analysis. Member checking was performed with six of the 14 couples (43%) to ensure that applied codes accurately reflected participants' lived experiences.

Results

Initial analysis resulted in three themes. First, "Direct Impacts of Aphasia on Marriage" captures how "Communication Difficulties" (category 1) and "Limited Engagement" (category 2) affect the marriage relationship. Second, "Secondary Impacts of Aphasia on Marriage" describes the downstream effects of communication difficulties on "Emotions" (category 1), "Emotional Wellbeing" (category 2), and "Roles and Responsibilities" (category 3). The final theme, "Mitigating Factors," represents ways in which direct and/or secondary impacts of aphasia were diminished or alleviated through "Coping" (category 1) or the "Spouse's Influence" (category 2).

Discussion

Results suggest that difficulties in communication and engagement that are directly related to aphasia, cascade into other aspects of the marriage relationship. Couples coped with these difficulties through "Mitigating Factors" meant to buffer the direct impacts, secondary impacts, or both. Occasionally, the spouse simply being present and available was a mitigating factor. Findings highlight the need for interventions and educational resources that not only target improved communication but also emotional connection.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 064: "Even if I won the lotto, I still wanna work": Comparing Work Re-entry Perspectives of People with Aphasia and Speech-Language Pathologists

Wong, S.[1], & Stead, A.[1]

[1] Pacific University

Introduction

Return-to-work can be an important goal for individuals with aphasia, and return-to-work success can impact quality of life. Research has shown that individuals with aphasia want to return-to-work (Caporali & Basso, 2003), and this goal is realistic and achievable with support from a rehabilitation team (Hinckley, 2002; van Dongen et al., 2018). Given the central role of speech-language pathologists in aphasia rehabilitation, understanding clinician perspectives alongside those of individuals with aphasia is crucial to understanding how work re-entry is addressed in practice.

Despite this, there is limited research on return-to-work for individuals with aphasia or the speech-language pathologist's approach to work re-entry in rehabilitation, and even less on the perspectives of the two groups on work re-entry with aphasia.

This study examined the return-to-work perspectives of individuals with post-stroke aphasia, compared with those of speech-language pathologists, to identify areas of alignment, divergence, and gaps in return-to-work rehabilitation for individuals with aphasia.

Methods

Data were drawn from a qualitative study exploring return-to-work perspectives of 13 adults with post-stroke aphasia. Individual, semi-structured interviews focused on what a definition of "return-to-work" included, as well as return-to-work motivations, challenges, and resources.

Data were also drawn from a mixed-methods study investigating speech-language pathologists' perspectives on returning to work with aphasia. This online survey focused on knowledge, attitudes, and practices related to clients' work re-entry.

Data from both studies were examined using comparative analysis. This analysis extends prior work by incorporating more thorough data and re-analyzing raw datasets to enable a more comprehensive, multi-level comparison of return-to-work perspectives.

Results

Comparative analysis is currently underway. Preliminary results suggest neither agreement in nor divergence between the two groups' perspectives is uniform; rather, it varies across aspects of those perspectives.

Discussion/Conclusion

Final results and findings, illustrative quotes, and descriptive data will be shared, along with recommendations for future research and clinical implications.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 065: Differentiating Perceived Stress and Anxiety in Post-Stroke Aphasia: A Mixed-Methods Analysis of Self-Report and Lived Experience

Wendel Griffey, H.[1], Laures-Gore, J.[2], Harrington, R.[2], Hart, M.[2], Rice, K.[2], Jerdon, J.[1], Turnbow, B.[1], & Dunford, B.[1]

[1] Brigham Young University, Provo, UT, USA

[2] Georgia State University, Atlanta, GA, USA

Introduction

People with aphasia (PWA) frequently experience psychosocial challenges following neurological injury[1]. Although perceived stress and anxiety are often referenced together in aphasia research and clinical practice[2], these constructs reflect distinct theoretical and neurobiological processes with implications for assessment and intervention[3]. This study examined the association between chronic and acute perceived stress and anxiety and explored how PWA describe their lived experiences of these constructs.

Methods

PWA (N = 15) completed self-report measures of acute perceived stress (Simple Aphasia Stress Scale), chronic perceived stress (Modified Perceived Stress Scale), and anxiety (Hospital Anxiety and Depression Scale). To further contextualize these findings, semi-structured interviews were conducted with a purposive subset of participants (n = 4). Thematic analysis, guided by phenomenology, was used to explore PWA's lived experiences of perceived stress and anxiety.

Results

Chronic perceived stress was strongly associated with anxiety ($r = .73$, $p < .001$), whereas acute perceived stress showed a moderate, non-significant association ($r = .45$, $p = .062$). Thematic analysis indicated that perceived stress was primarily linked to feelings of overwhelm, diminished coping capacity, and post-traumatic growth and depreciation. In contrast, anxiety was characterized by anticipatory fear, persistent worry, and dysphoria. Participants described both adaptive (e.g., reframing, social support, spirituality) and maladaptive (e.g., avoidance, resignation) coping strategies across stress and anxiety experiences.

Discussion/Conclusion

Chronic perceived stress, but not acute perceived stress, was closely associated with anxiety in PWA. This pattern suggests that anxiety in PWA is more strongly related to ongoing appraisals of coping capacity and accumulated psychosocial burden rather than momentary situational stress. Together, quantitative and qualitative findings support distinctions between perceived stress and anxiety, underscoring the importance of differentiating these constructs to inform psychosocial intervention planning. The presence of maladaptive coping patterns across both constructs highlights the need to support adaptive coping strategies within aphasia rehabilitation.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 066: Facilitators and barriers to implementing a module to improve Resident Physicians' communication with patients with aphasia

Babbitt, E.[1], & Rydberg, L.[1]

[1] Shirley Ryan AbilityLab / Feinberg School of Medicine

Introduction

Aphasia significantly limits interactions with health care professionals (McLeod, 2018; Murphy, 2006). The Joint Commission notes that an accessible communication environment is a fundamental human right (TJC, 2021). Specific training is necessary to increase communication skills of health care workers (Mattar et al., 2024). The aim of this project, a collaboration between the Residency Director and an SLP, was to identify facilitators and barriers to implementing an educational module based on Supported Communication for Adults with Aphasia (SCA) (Kagan, 1998).

Methods

Anecdotally, speech-language pathologists (SLPs) in our hospital indicated that Resident Physicians (RP) did not routinely use supported communication. In-patient SLPs completed a survey indicating how often RPs were observed using SCA strategies. Two RP were consulted and described important factors when learning SCA. A pre-training of background information was developed to allow more time in the role-play module.

Results

Eight SLPs responded to the survey and indicated they "never" saw RP write key words or draw. "Sometimes" RPs used gestures or ratings scales. More often, RPs spoke at a slow rate and gave extra time. RPs attended the 60-minute role-play module to practice specific medical situations. The barrier of time constraints resulted in RPs not complete pre-work or pre-post self-ratings of knowledge and confidence. RP feedback described facilitators that helped them learn SCA techniques: checklist of strategies, scenarios relevant to rehabilitation, and additional practice. Based on suggested modifications, the training was incorporated in simulation modules at the beginning of their residency with the Stroke Physician providing demonstration with the SLP.

Discussion

RP can gain exposure to SCA techniques through interdisciplinary collaboration and hands on training. The major barrier was time to complete pre-work. Identifying barriers and facilitators allowed the team to modify the training. Future work may assess patient satisfaction with RPs who use the methods.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 072: Implementing "My Story" protocol into an intensive comprehensive aphasia program (ICAP): Adaptations and stakeholder feedback

Babbitt, E.[1], Strong, K.[2], & Cherney, L.[1]

[1] Shirley Ryan AbilityLab

[2] Central Michigan University

Introduction

Approximately 800,000 people in the US suffer a stroke each year, with about 1/3 resulting in aphasia. Aphasia results in loss of identity for many persons. Telling personal stories is important to connect with others. "My Story" protocol was developed for persons with aphasia (PWA) to describe their journey and personal changes within themselves after their injury. This project aimed to implement the protocol within an intensive comprehensive aphasia program (ICAP).

Method

Six participants with aphasia were paired with second year graduate student coaches to co-construct their stories. Participants with aphasia (PWA) ranged in age from 46 to 81; initial WAB scores ranged from 35.8 to 78; time post-onset ranged from 4 to 84 months; 50% were female. PWA and students met twice weekly for three weeks over Zoom to co-construct a story about living with aphasia, with additional support from the clinical SLPs at the ICAP location. Script training was used between sessions to support practicing the story orally. PWA then presented their stories to others. Feedback was obtained at the end of the program through questionnaires and focus groups.

Results

PWA and students indicated high satisfaction with the protocol. PWA reported being reticent to take part at first but found value in the process and enjoyed giving their presentations and listening to others' presentations. Students reported growth in their clinical skills and increased confidence in communicating with PWA. Modifications were needed to adapt to the ICAP structure, including adapting the topic and practicing with AphasiaScripts® computer program.

Discussion

It is possible to incorporate the "My Story" protocol into an ICAP. However, future iterations of the protocol in an ICAP will need to consider time-post-onset, personal preferences, and diagnosis to enhance adoption by the PWA. Overall, participants and student clinicians found value in co-constructing the stories.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 074: Impact of the Programa Essencial Online on the Empowerment of People with Aphasia and Family Members: A Pre–Post Questionnaire Study

Valente, P.[1], & Matos, A.[1,2]

[1] Portuguese Institute of Aphasia (Instituto Português da Afasia), Matosinhos, Porto, Portugal

[2] RISE-Health, School of Health Sciences, University of Aveiro (ESSUA), University of Aveiro, Aveiro, Portugal

Introduction

Aphasia is an acquired language disorder with a profound impact on communication, social participation, and quality of life for people with aphasia (PWA) and their families. In Portugal, gaps remain in accessible information, caregiver training, and continuity of care beyond the acute phase. To address these needs, the Portuguese Institute of Aphasia developed the Programa Essencial Online, a free online course integrating practical tips from family members (FM) and two sessions delivered by PWA, promoting a person-centred approach. This study aimed to analyse the impact of the Programme on the knowledge, confidence, and perceived competence of PWA and their FM.

Materials and Methods

A longitudinal observational study was conducted using self-report questionnaires (aphasia-friendly for PWA) administered before (PRE) and after (POST) programme completion. Measures comprised sociodemographic data and Likert-scale items (1–5) assessing knowledge about aphasia, communication strategies, confidence in improving communication, perception of the caregiver role, knowledge of therapeutic options and social support, self-care, and hope for the future. Descriptive statistics and PRE–POST comparisons were performed.

Results

The sample included 44 PWA and 52 FM. Consistent improvements were observed across all assessed domains for both groups. PWA reported marked increases in perceived knowledge of aphasia, communication strategies, therapeutic options, and social supports, alongside greater confidence and hope for the future. Several domains showed mean increases exceeding 1 point on the Likert scale. FM demonstrated substantial gains in knowledge of communication strategies, therapeutic options, social supports, as well as increased confidence, motivation for change, and hope.

Discussion / Conclusion

The Programme appears to be an effective, accessible, and person-centred psychoeducational intervention, promoting informational, practical, and emotional empowerment for PWA and their FM. These findings support the value of free online programmes as a complement to formal aphasia services, contributing to more continuous, participatory, and needs-driven models of care.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 075: Animal-Assisted Treatment for Aphasia: Satisfaction and Impact Associated with the Persons with Aphasia Training Dogs (PATD) Program

Antonucci, S.M.[1]

[1] The Aphasia Center at Jefferson Moss-Magee Rehabilitation / Jefferson Moss Rehabilitation Research Institute

Background

Proposed mechanisms of action for animal-assisted intervention (AAI) align well with rehabilitation designed to address psychosocial consequences of aphasia, including impacts on identity, social engagement, and quality of life. PATD is an interdisciplinary AAI, theoretically-motivated by the life participation approach, developed to target these types of goals that people with aphasia report having for themselves.

Materials and Method

Twelve participants with stroke-aphasia completed PATD with their family dog. Participants were 1 African-American and 7 Caucasian females and 4 Caucasian males. Average age, education and time-post-onset respectively were, 60 years (44-75), 17 years (12-20), and 62.5 months (7-190). Participants' aphasia types were anomic (5), Broca's (1), conduction (1), and non-aphasic per WAB-R (5). During 5 once-weekly sessions, participants learned and implemented positive reinforcement dog training techniques. During semi-structured interviews conducted within one week and again twelve weeks after program completion, participants provided feedback on program satisfaction and self-reported impact on life with aphasia. Framework analysis was used to identify themes that were then mapped to the Living with Aphasia-Framework for Outcome Measurement (A-FROM) domains.

Results

Participants reported impact particularly in participation and personal domains, including positive impacts on social engagement and new learning, and mood, self-confidence and self-efficacy, respectively. Using the 9-point Assessment of Living with Aphasia visual-analog scale (0.5 increments, 0 negative - 4 positive) average participant satisfaction was high immediately after treatment (3.5) and at follow-up (3.3). Perceived program impact on living with aphasia was moderately high immediately after treatment (2.8), and increased at follow-up (3.3).

Discussion/Conclusion

Evidence suggests that the core ingredients of PATD can ameliorate psychosocial consequences of aphasia, particularly in the personal and participation domains. Work continues investigating how ingredients may be adapted to target individualized goals in these as well as the aphasia and environment domains to support living well with aphasia.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 076: Perspectives from PWA on an intensive aphasia intervention paired with non-invasive brain stimulation: a qualitative study

Wilson, C.[1], Love, S.[2], Donald, M.[2], Low, T.[3], Lindland, K.[4], Dukelow, S.P.[3], & Rose, M.L.[5]

[1] School of Rehabilitation Science, University of Saskatchewan, Saskatoon, Saskatchewan, Canada

[2] Department of Medicine, University of Calgary, Calgary, Alberta, Canada

[3] Department of Clinical Neurosciences, University of Calgary, Calgary, Alberta, Canada

[4] Alberta Health Services, Calgary, Alberta, Canada

[5] La Trobe University, Melbourne, Victoria, Australia

Introduction

In chronic aphasia, fewer resources are available to support people with aphasia, and so it is essential that they make large gains in therapy. A current research and practical issue for people with aphasia and speech-language pathologists is related to optimising intensity for aphasia treatment, to attempt to capitalize on gains. Intensive group aphasia therapies, such as Multi-Modality Aphasia Therapy (MMAT) has shown significant improvements in language and communication skills of individuals with aphasia. It has been hypothesized that the addition of NIBS techniques, such as repetitive transcranial magnetic brain stimulation (rTMS), in combination with aphasia therapy can potentially enhance functional language recovery. This qualitative study aimed to explore patient perspectives of the intervention and expand on results of the REMAP (i.e., REpetitive transcranial magnetic stimulation and Multi-modality Aphasia therapy for post-stroke aphasia) randomized controlled trial.

Methods

We used a qualitative descriptive methodology and framework analysis to analyze 19 patient interviews. We coded transcripts to capture relevant ideas, then generated themes to represent key concepts related to care partner perceptions.

Results

Qualitative analysis of the interviews resulted in four themes that captured participant perspectives on the intervention: Building Confidence, Participation Motivation, Understanding Aphasia, and Logistical Considerations.

Discussion

When people with aphasia provide information about their experiences participating in intervention studies, they give researchers and clinicians essential insights into how to improve therapy.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 077: Acceptance and Commitment Therapy for Aphasia: Protocol for a Phase II Randomized Controlled Trial

Evans, W.S.[1], Kelly, A.[1], Meyer, E.C.[2], Skidmore, E.R.[3], Zhang, X.[1], Harmon, T.G.[4], & Hunting Pompon, R.[5]

[1] Department of Communication Sciences and Disorders, University of Pittsburgh, Pittsburgh, PA, USA

[2] Department of Counseling and Behavioral Health, University of Pittsburgh, Pittsburgh, PA, USA

[3] Department of Occupational Therapy, University of Pittsburgh, Pittsburgh, PA, USA

[4] Department of Communication Disorders, Brigham Young University, Provo, UT, USA

[5] Department of Communication Sciences and Disorders, University of Delaware, Newark, DE, USA

Introduction

Stroke survivors with aphasia (SSwA) experience high rates of depression[1] and anxiety[2], but often struggle to access traditional mental health services. Novel approaches to interdisciplinary stepped psychological care can help address this unmet need.[3]

Our interdisciplinary research team worked with aphasia community collaborators to develop Acceptance and Commitment Therapy (ACT) for Aphasia, an integrated aphasia-adapted counseling and communication strategy intervention, provided by speech-language pathologists. ACT improves psychological flexibility, allowing people to lead lives consistent with their deeply held values, even in the face of persistent psychological distress. We hypothesize this will help SSwA become more willing to apply communication skills in challenging day-to-day situations, supporting skill generalization. Our completed Phase I pilot (N = 19) found good intervention acceptability, feasibility, and large effect sizes for reducing psychological distress, supporting further intervention evaluation.

The current proposal presents the protocol for a phase II randomized controlled trial (RCT), which is currently pending funding from the United States National Institute of Health.

Method

In this fully-powered, prospective, randomized, assessor-blinded, phase II trial, 60 SSwA will be randomized to receive 12 treatment sessions of either a) ACT for Aphasia, or b) an attention control (communication strategy training plus "talking control"[4]) designed to isolate any additional unique benefits of ACT. Primary and secondary outcomes (psychological distress and functional communication) will be measured pre-post treatment and at 3- and 6-month follow-up.

Predicted results

1. ACT for Aphasia will produce statistically significant, clinically meaningful improvements vs. control in the primary and secondary outcomes.

2. The trial will demonstrate feasibility, acceptability, and safety criteria for trial progression.

Discussion

Predicted results would justify progression to a Phase III efficacy RCT, which if successful would provide sufficient evidence to support changes to healthcare policy and reimbursement in the US, thereby increasing access to much-needed psychological care for SSwA.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 078: Targeting Executive Function and Language Impairments with tACS Combined with Behavioral Intervention in Primary Progressive Aphasia: A Case-Series, Pilot Investigation

Neophytou, K.[1,2], Kasselimis, D.S.[3,4], Angelopoulou, G.[3,4], Deligiannaki, A.[4], Bourtsoukli, R.[3,4], Peristeri, E.[5], Spanou, V.[5], Papageorgiou, S.G.[6], Constantinides, V.C.[6], Potagas, C.[4], & Tsapkini, K.[1,7]

[1] Department of Neurology, Johns Hopkins Medicine, Baltimore, MD, USA

[2] Department of Social Sciences, School of Humanities and Social Sciences, University of Nicosia, Nicosia, Cyprus

[3] Department of Psychology, Panteion University of Social and Political Sciences, Athens, Greece

[4] Neuropsychology and Language Disorders Unit, 1st Department of Neurology, School of Medicine, National and Kapodistrian University of Athens, Eginition Hospital, Athens, Greece

[5] Department of Theoretical & Applied Linguistics, School of English, Aristotle University of Thessaloniki, Thessaloniki, Greece

[6] 1st Department of Neurology, National and Kapodistrian University of Athens, Eginition Hospital, Athens, Greece

[7] Department of Cognitive Science, Johns Hopkins University, Baltimore, MD, USA

Introduction

Executive function (EF) impairments are found in a variety of neurodegenerative disorders, including Primary Progressive Aphasia (PPA), which is primarily characterized by language impairments[1,2]. Prior research has shown that electrical stimulation can be an effective treatment option for PPA[3,4]. The goal of this preliminary investigation was to evaluate the hypothesis that by targeting domain-general EF functions using transcranial alternating current stimulation (tACS) combined with behavioral treatment, then domain-specific functions – specifically, language processing - might also be improved in this population.

Materials & Methods

This case-series included four Greek-speaking PPA individuals who underwent behavioral and neurostimulation treatment daily for 15 consecutive sessions (3 weeks). Behavioral treatment was performed through Computerized Cognitive Training (CCT) that targeted various EF functions. Neurostimulation treatment included alpha-rhythm tACS over the left dorsolateral prefrontal cortex (DLPFC), previously implicated in EF functioning. EF and language performance was assessed before (pre) and after (post) treatment, and was also compared against the performance of healthy control individuals.

Results

The pre- to post-treatment comparisons showed improvements primarily in EF functions, with heterogeneous improvements in language functions across the four cases. Except for one task (N-back), where all four patients showed numerical improvement, the pattern of numerical gains differed across patients.

Conclusions

While the treatment protocol targeted EF functioning, improvements were found for both EF and language processes (albeit more variable across patients). These results support the hypothesis that improvement on domain-general functions may lead to improvements on domain-specific functions, as well. Importantly, this was the first study investigating the effects of tACS in PPA and in Greek-speaking individuals, in general. These preliminary findings can be used as guiding evidence for the design of future, large-scale clinical trials, that will allow us to generalize conclusions to the broader PPA population.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 079: The Feasibility of Integrating Cognitive Rehabilitation with tDCS in the Context of Post COVID Neurobehavioral Deficits

Constantinidou, F.[1], Lofitou, K.[1], Loizidou, M.[1], Nicolaou, F.[1], & Solomou, I.[1]

[1] Department of Psychology and Center for Applied Neuroscience, University of Cyprus

Introduction

The World Health Organization defines post-COVID Condition (PCC) as the persistence of symptoms for three months or more following a COVID-19 infection. The virus can potentially penetrate the blood-brain barrier, disrupting various brain regions responsible for cognitive and language functioning. As a result, impairments such as word finding, memory, and executive dysfunction, are frequently reported in individuals with PCC. The "Brain Research and Integrative Neuroscience Network for COVID-19" (BRAINN) is an EU funded project exploring the feasibility of combining an evidence-based cognitive rehabilitation program, the Categorization Program©, with transcranial direct current stimulation (tDCS), to improve cognitive deficits in individuals experiencing PCC.

The World Health Organization defines post-COVID condition (PCC) as symptoms lasting three months or more after COVID-19 infection. COVID-19 may affect the brain, leading to cognitive and language problems such as word-finding difficulties, memory issues, and executive dysfunction. The EU-funded "Brain Research and Integrative Neuroscience Network for COVID-19" (BRAINN) project is testing the feasibility of combining hierarchical cognitive rehabilitation, the Categorization Program©, with transcranial direct current stimulation (tDCS) to improve these deficits in people with PCC.

Methods

Feasibility was evaluated using recruitment, adherence, safety monitoring, retention, and acceptability measures. The intervention included individual 15 sessions over 5 weeks. Participants completed the Categorization Program© (eight levels of increasing difficulty) through the CAT-BRAIN™ online platform and received either active or sham tDCS. Each tDCS visit included two 20-minute sessions with a 10-minute break (60 minutes total). Neurocognitive testing was completed at baseline and after treatment.

Results

Of 131 people screened for possible PCC, 28 completed the initial assessment and 18 enrolled in the 5-week program. Recruitment was 27%, and 75% of participants completed all eight training levels and follow-up testing, showing good adherence. Safety was checked at every session using the tDCS Sensations Questionnaire and participant self-reports. No serious adverse events occurred, but three participants dropped out due to tDCS side effects or concerns. Acceptability ratings showed improvements in areas such as word finding, memory strategies, and organization of information.

Post-treatment interviews also supported the value of the program and the positive participant-researcher relationship. Neurocognitive testing showed improvements after treatment, especially in semantic knowledge and executive functioning. Functional near-infrared spectroscopy (fNIRS) results were also encouraging, showing increased activity in prefrontal brain regions during cognitive tasks.

Discussion

Findings indicate strong adherence and improved neurocognitive functioning. The presentation will conclude with a discussion of key challenges encountered during the feasibility phase and the practical solutions implemented by the team to address them, ranging from participant recruitment and retention to intervention delivery and data collection logistics. Future research directions will be discussed.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 080: Diagnostic accuracy of the Catalan version of the Comprehensive Aphasia Test (CAT-CAT)

Salmons, I.[1], & Muntané-Sánchez, H.[2]

[1] Universitat Autònoma de Barcelona, Spain

[2] Hospital Sant Rafael de Barcelona, Spain

Introduction

The Comprehensive Aphasia Test (CAT; Swinburn et al., 2005) has been shown to reliably diagnose aphasia in multiple languages (e.g. Grönberg et al. (2025) for Swedish). The CAT has been adapted for Catalan (CAT-CAT; Salmons et al., 2021), and normative data are available; however, it has not yet been fully standardized. Our aim is to examine the diagnostic accuracy of the Catalan version of the CAT, with the goal of developing the first standardized diagnostic tool for aphasia in Catalan-speaking individuals.

Methods

We assessed 30 participants with aphasia (mean age of 67.9 years, 16 women) and 69 age-matched controls (mean age of 62.5 years, 37 women) using the CAT-CAT, which assesses language across several domains.

Results

Participants with aphasia showed greater intersubject variability and performed significantly worse on all domains, except for the written picture description subtest (Figure 1). Using ROC analysis, the CAT-CAT total score discriminated participants with aphasia from controls at a cut-off of 472.5 points, with 100% sensitivity and 93% specificity (AUC = 0.993).

Discussion

Our findings show that the CAT-CAT has excellent diagnostic accuracy and can be used for clinical assessment and diagnosis. However, the results also suggest that writing assessments are less reliable than oral assessments in Catalan-speaking populations. This finding is consistent with the normative study (Salmons & Muntané-Sánchez, 2026) and is likely related to the minoritized status of the language, as older participants had limited access to formal education in Catalan. Beyond its clinical implications, this study addresses a critical gap in language disorders research and assessment by standardizing the first diagnostic tool for Catalan speakers. Our findings emphasize the importance of developing instruments in minoritized languages to ensure equitable care.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 081: Closing the care gap in a minority Indigenous language: Linguistic infrastructure for North Sámi aphasia assessment

Antonsen, L.[1], Bentzen, K.[1,2], Bals Baal, B.A.J.[1], & Norvik, M.[3,4]

[1] Department of Language and Culture, UiT - The Arctic University of Norway, Tromsø, Norway

[2] Sámi University of Applied Sciences, Kautokeino, Norway

[3] Department of Education, UiT - The Arctic University of Norway, Tromsø, Norway

[4] Department of Linguistics and Scandinavian Studies, University of Oslo, Oslo, Norway

Introduction

North Sámi is an indigenous and marginalized language. Despite legal protections, its use in public domains remains limited, and implementation gaps persist. Indigenous populations face higher stroke risk and reduced access to linguistically appropriate care (Penn & Armstrong, 2017; Siri et al., 2020). Critically, no aphasia tests exist for Sámi speakers. Our long-term aim is to adapt the Comprehensive Aphasia Test (CAT; Swinburn et al., 2004) to North Sámi.

Methods

To adapt the CAT, several principles must be followed, and psycholinguistic variables such as frequency must be controlled (Fyndanis et al., 2017; Martinez-Ferreiro et al., 2026). Frequency data should preferably be based on oral language production. For North Sámi, this is especially crucial due to the divergence between oral and written language. If no spoken corpora are available, film subtitle data or large written corpora may be used.

Results

For North Sámi, basic (psycho)linguistic resources for test adaptation are almost non-existent. Available oral-language corpora are of little relevance to contemporary usage. Furthermore, broadcasters provide no Sámi subtitles, leaving hearing-impaired Sámi speakers without access to subtitles in their own language. Other written alternatives are limited: one 40-million-word text collection exists, but its vocabulary and syntax diverge from oral language. The National Library has scanned Sámi books. However, its OCR is based on Norwegian orthography and is thus illegible.

Discussion

Thus, we have to create basic resources ourselves. We have access to data from a Sámi-language podcast that will be transcribed. We will also participate in the "Give Your Voice" campaign organised by a research group working with Sámi ASR (Automatic Speech Recognition), which encourages Sámi speakers to record their voices and grants permission for their recordings to be used for various kinds of research, including ours. This approach may also be useful for other low-resource Indigenous languages.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 082: Data-driven subtypes of pre-treatment language impairment in gliomas: a hierarchical clustering and error-based profiling study

Papatzalas, C.[1], Kavasidis, I.[2,3], Efstratiadou, E.[4], Georgiadis, I.[5], Kapsalaki, E.[6], Fountas, K.[5,6], & Papathanasiou, I.[1]

[1] Department of Speech and Language Therapy, University of Patras, Patras, Greece

[2] Pattern Recognition and Computer Vision Lab with AI (PeRCeiVe.AI) Lab, University of Catania, Catania, Italy

[3] Department of Agrotechnology, University of Thessaly, Larissa, Greece

[4] Department of Speech and Language Therapy, University of the Peloponnese, Kalamata, Greece

[5] Department of Neurosurgery, University Hospital of Larissa, Larissa, Greece

[6] Faculty of Medicine, University of Thessaly, Larissa, Greece

Introduction

Gliomas are among the most common primary brain tumors and are frequently associated with language disturbances that can substantially affect quality of life (Taphoorn, 2013). Although language deficits may be present preoperatively, research has predominantly focused on post-treatment outcomes, leaving tumor-related language disorders at the pretreatment stage relatively underexplored (Brownsett et al., 2019). Available evidence indicates that tumor-related language impairments are often mild, heterogeneous, and poorly captured by classical, stroke-based aphasia models (Satoer et al., 2014). The present study applies a data-driven profiling approach to characterize preoperative language impairment patterns in glioma patients beyond traditional severity- or syndrome-based descriptions.

Materials and Methods

Perioperative language assessment data collected with the Greek Language Assessment for Awake Brain Surgery (GLAABS; Papatzalas et al., 2021) were available for 45 consecutive adult patients with glioma. Following retrospective application of predefined exclusion criteria, the final analytic sample comprised 18 adults with WHO grade I–IV gliomas. Seventeen tasks were grouped into theoretically grounded language domains (phonological, semantic, lexical retrieval, morphosyntactic, motor planning, and fluency). Accuracy scores were converted to proportions and standardized (z-scores). Hierarchical clustering (Ward's method, Euclidean distance) was applied to domain-level performance to identify language profiles. In addition, a psycholinguistic error analysis was conducted to examine qualitative differences between clusters. Performance was compared with that of 18 matched healthy controls. Tumor grade effects were explored descriptively.

Results

A four-cluster solution revealed distinct language profiles: (i) high-performers, (ii) selective fluency impairment, (iii) mild phonological–motor inefficiency, and (iv) global linguistic impairment. Error analyses further distinguished clusters, particularly with respect to omission errors and selection-based errors under time pressure. Tumor grade did not show a significant association with cluster membership.

Discussion

The findings demonstrate that language impairment in glioma patients is heterogeneous and cannot be adequately described using classical aphasia labels. Data-driven profiling, combined with error-based analyses, captures qualitative differences in linguistic functioning and highlights the importance of timed measures for detecting “hidden” deficits in gliomas. This approach has important implications for individualized neurolinguistic assessment and neurosurgical planning.

We would prefer the abstract to be considered for oral presentation; however, we would also welcome poster presentation.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 083: The Development of a New Functional Communication Measure ArkiKom: Functional Communication Meets Social Action

Tuomenoksa, A.[1], & Äyräpää, T.[1]

[1] University of Helsinki, Finland

Introduction

Functional communication, i.e. the interactional use of language and other communication means in context, is one of the essential constructs to be assessed in people with aphasia (Doedens & Meteyard, 2022; Wallace et al., 2019). While The Scenario Test (van der Meulen et al., 2010) has been identified as a preferred functional communication measure (Wallace et al., 2023), it is primarily suitable for people with severe aphasia. ArkiKom (short for Everyday communication with significant others and friends) is a new functional communication measure created for people with less severe aphasia. It is based on the conversation analytic concept of social action, which means that the form (e.g., syntactic structure) and sequential placement of an interactional turn shapes its communicative function, making it understandable as a specific social action (e.g. a greeting, a request or an offer) (Raymond et al., 2024).

Materials and Methods

Twenty-two items covering various social actions were developed and presented to a focus group consisting of three persons with aphasia and one significant other. Based on the focus group's feedback regarding the items' familiarity and communicative importance, 16 items were selected for the ArkiKom. Subsequently, the ArkiKom was tested on a group of neurotypical Finnish-speaking adults. Responses were orthographically transcribed and analysed to identify the typical linguistic means used to construct the social action.

Results

Preliminary results of the neurotypical group will be presented, focusing on the consistency of core concepts and syntactical structures.

Discussion

There is a need for a functional communication measure that is suitable for people with mild aphasia. Social action is a promising starting point for such a measure because it has inherent ecological validity, which can also inform ecologically valid goal setting and content in aphasia therapy.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 084: Reflections from the field: Data collection for the adaptation of the Scales of Cognitive and Communicative Ability for Neurorehabilitation and the Community Integration Questionnaire-Revised for the Ghanaian context

Kankam, K.[1,4], Murray, L.[1,2,4], Glista, D.[1,2,4], & Savundranayagam, M.[1,3,4]

[1] Health and Rehabilitation Sciences, Western University, London, ON, Canada

[2] School of Communication Sciences and Disorders, Western University, London, ON, Canada

[3] School of Health Studies, Western University, London, ON, Canada

[4] Western University, London, ON, Canada

Acquired brain injury (ABI) is an emerging public health challenge in Ghana, leading to significant death and disability, including aphasia and other acquired cognitive and communication disorders (Adjorlolo, 2018). These disorders impact daily activities such as work, school, social interactions, and overall quality of life (QOL). To enhance social functioning, communication, return to work/school, and the QOL of individuals with ABI and their families, setting appropriate rehabilitation goals based on accurate cognitive, communication, and participation assessments is crucial (e.g., Gilmore et al., 2021).

However, valid and reliable culturally and linguistically appropriate assessment tools for Ghanaian adults with ABI remain limited (Kankam & Murray, 2024). These challenges warranted the adaptation and psychometric validation of two existing Western assessment tools, the Scales of Cognitive and Communicative Ability for Neurorehabilitation (Milman & Holland, 2012) and the Community Integration Questionnaire-Revised (Callaway et al., 2014), for the Ghanaian context in both the country's formal language, Ghanaian English, and a widely spoken local dialect, Twi. The purpose of this presentation is to share observations and reflections related to conducting the validation study (i.e., completion of the two adapted tools by adults with and without ABI) within Ghana, to inform similar studies.

The participant recruitment and assessment phases of the study evolved from an anticipated regular data collection process to a deeply reflective experience, one that highlighted not only systemic gaps in ABI rehabilitation in Ghana, but also the cultural considerations (e.g., attitudes toward time), infrastructural disparities, and the emotional toll of conducting insider research.

Despite systemic challenges such as gatekeeping, resource limitations, and mistrust shaped by social media, these reflections highlighted instances of meaningful engagement, professional openness, and community readiness for improved communication rehabilitation services. This informs culturally sensitive and ethically grounded research practices, while highlighting service development within Ghana's ABI rehabilitation sector.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 085: Lived experience of cognitive-communication changes after acquired brain injury: A qualitative evidence synthesis

Behn, N.[1], Christensen, I.[2], Cruice, M.[1], Hilari, K.[1], Kellar, I.[3], & Togher, L.[4]

[1] School of Health and Medical Sciences, City St George's, University of London, UK

[2] Department of Nordic Studies and Linguistics, University of Copenhagen, Denmark

[3] School of Psychology, The University of Sheffield, UK

[4] Discipline of Speech Pathology, Faculty of Medicine and Health, The University of Sydney, Australia

ABSTRACT

BACKGROUND: Cognitive-communication disorder (CCD) is common after acquired brain injury (ABI). Studies have found that CCD can negatively impact a person's ability to socially re-integrate into the community, return to work or education. However, little is known about how the disorder impacts people with ABI and the family. The aim of this study was to provide a detailed exploration of the lived experience of CCD for people with ABI and their families.

METHODS: A systematic literature search was conducted across eight databases (CINAHL Ultimate, PsycINFO, PsycARTICLES, Medline, EMBASE, AMED, Scopus, PubMed) to August-2025. Included studies reported on people with ABI who present with CCD (or similar) and/or familiar communication partners whereby the impact of the disorder was described. Relevant data were extracted, and studies appraised using the Critical Appraisal Skills Programme (CASP) qualitative checklist and the findings assessed using GRADE-CERQual tool. Final included studies were synthesised using thematic analysis.

RESULTS: 13 articles met the eligibility criteria and reported on 103 people with ABI and 66 familiar communication partners. The most common methodology were interviews (n=10). Eight main themes were identified around the experiences of people with ABI: (1) communicating is not easy; (2) lack of awareness and feeling tired; (3) anxiety, embarrassment and isolation; (4) connecting with others; and (5) participation and identity; and their familiar communication partner: (6) adjusting to giving increased support; (7) emotional toll of supporting; (8) relationship and life role changes.

CONCLUSIONS: This review highlights the unique impacts of CCD for both people with ABI and their familiar communication partners. People with ABI require tolerance to manage their communication difficulties; and communication partners require support and training to manage the change in relationship. These findings underpin the need for interventions to consider the needs of and include both people with ABI and their partners in rehabilitation.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 086: A systematic review-informed individual participant data (IPD) meta-analysis (IPDMA) of the relationship between functional communication and quality of life in people with aphasia after stroke (RELEASE-2): Emerging Results

Ali, M.[1], on behalf of the RELEASE-2 Collaborators[1]

[1] Glasgow Caledonian University, Glasgow, United Kingdom

Background

Communication impairment is a priority research area in stroke rehabilitation, with aphasia being linked with poorer quality of life (QoL). Improving functional communication (FC) is key for societal reintegration post-stroke, but its relationship to stroke survivors' QoL is unclear.

Aim

We sought to examine the associations between FC and QoL after stroke, in an IPDMA.

Materials and Methods

We systematically searched five databases, two trial registries, open dataset repositories and personal networks (last searched June 2024) for stroke-aphasia studies with >10 participants, time since stroke, FC and QoL data. Principal Investigators of potentially eligible studies were contacted; data sharing agreements were completed, and data contributed for IPDMA. Data were described by study, demographic, clinical and outcome characteristics. Associations between FC and QoL will be analysed using regression models and Pearson's/Spearman's correlations. Study-level risk of bias will be assessed using the Mixed Methods Appraisal Tool.

Results

From 11,991 records, 8,921 were screened and 2,306 full papers were further assessed; 1,118 study PIs were contacted. Twenty-six datasets were contributed from 11 countries, comprising 1313 individuals. Median age was 65 (IQR 55-74), 39% were female (IPD=506), the median time from stroke onset to study inclusion was 456.8 (IQR 16.8-1370.3) days. FC was assessed using 11 instruments and QoL was assessed using 6 instruments. Analyses will conclude in June 2026.

Conclusions

The results will clarify to what extent FC is associated with QoL, potentially highlighting subgroups where changes in FC have a stronger relationship with changes in QoL, informing targets for interventions.

Funding

The Tavistock Trust for Aphasia funded this project.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 089: User and Clinician Feedback on an Updated Mobile Communication App for People with Aphasia: A Focus Group and Questionnaire Study

Valente, P.[1], Gomes, J.[1], & Matos, A.[1,2]

[1] Portuguese Institute of Aphasia (Instituto Português da Aphasia), Matosinhos, Porto, Portugal

[2] RISE-Health, School of Health Sciences, University of Aveiro (ESSUA), University of Aveiro, Aveiro, Portugal

Introduction

Aphasia significantly affects communication, autonomy, and social participation. In Portugal, a mobile application was developed in 2021 to support communication in people with aphasia (PWA), based on Augmentative and Alternative Communication (AAC) principles. Following a recent application update, this study aimed to explore user and clinician feedback on app usability, satisfaction, and perceived usefulness to inform its ongoing development and optimisation.

Materials and Methods

A mixed-methods approach was adopted. Two focus groups were conducted with 13 PWA, representing different severity levels (severe to mild–moderate). Participants explored the updated application on their own devices after a guided demonstration. An aphasia-friendly questionnaire, including both closed- and open-ended questions, was used to assess the usability, relevance, and satisfaction with specific features. In parallel, an online questionnaire was distributed to speech and language therapists; preliminary data from nine respondents are reported.

Results

Overall feedback from PWA was positive, with most participants rating the application as useful, relevant, and easy to use. The weekly calendar feature was the most highly valued, supporting temporal orientation and daily organisation. The photo zoom function was consistently perceived as beneficial, particularly for visual accessibility. Organisational features within the photo gallery received more neutral evaluations, especially when tasks required written input. The app was perceived as more suitable for individuals with mild to moderate aphasia than for those with severe aphasia. Preliminary feedback from speech and language therapists aligned with user perspectives, highlighting the app's clinical relevance and potential to support everyday communication.

Discussion/Conclusion

Findings underscore the importance of involving PWA and clinicians in evaluating digital communication tools. User-centred feedback from focus groups and questionnaires provides valuable guidance for improving accessibility, usability, and inclusivity in mobile health applications for PWA.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 091: People with aphasia living alone: "I just sit and do nothing"

Sherratt, S.[1]

[1] Communication Research Australia

Background

The implications of living alone for people with aphasia (PWALA) has not been a focus, despite many elements associated with aphasia, its assessment and treatment, and its effects on individuals having been examined. The ramifications of multiple factors such as living alone, ageing, gender, depression (and suicide), comorbid physical impairments and mortality converge and intersect with each other and with aphasia to have a profound effect on those individuals with aphasia who live alone. This presentation aimed to explore the research relating to people with aphasia living alone and determine strategies to ameliorate these issues.

Method

Using PRISMA, online databases were used to identify relevant papers, predominantly published since the year 2000. From 1201 papers initially identified, 115 relating to the topic were qualitatively analysed.

Results

From the 74 papers directly related to the topic, seven themes emerged: emotional status, communication difficulties, renegotiating identity, lacking independence, family relationships, relationships with friends/visitors and involvement in daily and community activities. Some of these findings may overlap with people with aphasia who do not live alone.

Discussion

This scoping review relating to PWALA revealed that insufficient attention has been paid to the specific issues and implications of aphasia for this sub-population. Apart from the urgent need to directly investigate the lived experience of PWALA, the factors affecting these individuals identified in this research provide a sound foundation for intervention. Two key areas require immediate attention. Firstly, PWALA require early and ongoing assessment and intervention for depression and emotional distress. Secondly, strategies to decrease loneliness and social isolation are of paramount importance. They may include communication partner training and promoting engagement in therapy and support groups. Based on this research and further direct investigation into PWALA, strategies and programs can be developed or adapted to address and ameliorate the specific needs of PWALA.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 092: “I want this too!” Developing immersive VR materials through co-creation with people with aphasia

Groenewold, R.[1], & Bosschers, H.[1]

[1] University Medical Center Groningen, The Netherlands

Introduction

People with aphasia (PWA) and their speech language pathologists (SLPs) consistently express a preference for practicing everyday communication skills in authentic, real-world contexts. However, SLPs report that such practice is often impossible to implement in clinical settings. Several virtual reality (VR) applications for aphasia rehabilitation have already been developed, and early findings are generally positive; however, these applications have relied almost exclusively on non-immersive, avatar-based virtual environments rather than real-world 180° or 360° video scenarios (Devane et al., 2023). To address this gap, the present project developed immersive VR materials that simulate real-life communication situations within a safe, controllable practice setting.

Methods

Using a co-creation approach, PWA, SLPs, researchers, and VR developers collaboratively designed interactive 180° video materials for use in a VR headset. PWA selected communication contexts, defined scene content, and established two difficulty levels for each scenario, enabling SLPs to build communicative demands gradually within treatment. SLPs contributed practical criteria and supported development of the user manual, while researchers coordinated the iterative development process and oversaw methodological rigor.

Results

The project resulted in eight immersive 180° video scenarios designed to create a sense of presence and situational realism. Each video lasts approximately 10 minutes. Users determine the pacing through gaze-based navigation, allowing them to proceed at their preferred speed. A handheld controller is available for users who prefer this method or for SLP-guided pacing. The selectable difficulty levels further support individualized practice, allowing a stepwise progression from easier to more challenging communicative demands.

Discussion

Although formal effectiveness studies are pending, initial user feedback is positive. Both PWA involved in co-creation and participants in pilot testing describe the materials as realistic, engaging, and relevant to their everyday communication challenges. Future research should investigate whether these VR materials enhance communication confidence and improve functional communication skills in real-world interactions.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 093: “We're essentially isolating people by not making information more accessible”: the views of speech and language therapists regarding the use of data visualization for adults with language disability

Devane, N.[1], Octaviani, U.[1], Wood, J.[1], Roper, A.[1], Cruice, M.[2], Botting, N.[3], Karkanevatos, A.[4], & Wilson, S.[1]

[1] City St George’s, University of London, United Kingdom

[2] City St George’s, University of London, United Kingdom

[3] City St George’s, University of London, United Kingdom

[4] City St George’s, University of London, United Kingdom

Introduction

Data visualizations are used daily for routine decisions but limited guidance and a lack of evidence exists in understanding accessibility for language disability. This study interviewed ten speech and language therapists (SLTs) to understand their views of the barriers and facilitators to data visualization use in adults with language disability, and how adjustments might improve accessibility.

Materials and Methods

Ten SLTs were interviewed (n=5 working in aphasia, n=5 working in developmental language disability). Therapists were invited to think of a specific client (persona) and describe their client’s language disability. They considered that person’s needs while exploring four data visualisation examples: map, interactive line graph, heatmap and data in an object. Transcripts were coded in two stages. First, top-down coding identified what was difficult, easy, strategies, risks and preferred futures. Then, inductive coding identified detail in each category.

Results

SLTs thought their persona would find too much information, the task set, technical interaction (using the curser) and numbers in visualizations most difficult. They thought colour encoding, tech interaction, and foregrounding information made visualizations easier. Forty-three strategies to improve accessibility were identified. Most represented in the data were: provide meaningful labels; give the user control over presentation; mark the current focal point; use symbols or icons; allow physical interaction; provide guidance; show the relevant information; and start with orientation.

Discussion

Some SLT suggestions fit with commonly used supports for language, i.e., providing icons with written text. Others are unique to reading visual data and may warrant further exploration, such as how best to orientate people with language disability to data visualisation. This study is unique in capturing the expertise of SLTs in adjusting data visualization to make it accessible to people living with language disability and highlights how professionals can make adjustments that enable adults to access more of their society.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 094: Accessibility and experience of data visualization for adults with language disability

Devane, N.[1], Octaviani, U.[1], Wood, J.[1], Roper, A.[1], Cruice, M.[1], Botting, N.[1], Karkanevatos, A.[1], & Wilson, S.[1]

[1] City St George's, University of London, United Kingdom

Introduction

Data visualizations are used daily for routine decisions but the accessibility for people living with language disability is not known. This study investigated the barriers and facilitators to data visualization use and people's experience of them.

Materials and Methods

A qualitative study explored the experiences of 19 adults (n=10 with aphasia, n=9 with developmental language disability). Participants were shown 10 data visualizations, asked to extract information from them and asked about how they experienced each design. Eight were digital visualisations: bar chart, static line graph, doughnut chart, interactive line graph, pie chart, static map, interactive map and heatmap. Two were physical data visualisations: knitted scarf timeline and Lego scatterplot. Sessions were transcribed and annotated with gestures, facial expressions or tones, and uploaded to NVivo software (version 14). Framework analysis identified patterns in the data.

Results

Seven themes were seen: 1) accessibility – what made access easy or difficult, 2) experience – liked and didn't like, 3) things that influence orientation to the data visualization, 4) understanding, 5) support needed, 6) comments related to task, and 7) suggestions. Meaningful use of colour, good labelling and interactivity made data visualization accessible. The amount of information (too much/not enough), complex vocabulary and the use of colour where meaning was not inherently clear made visualizations challenging. People's life experiences influenced how they processed the data, but overall people with language disability understood the visualisations.

Discussion

The findings highlight the reliance on colour to show meaning and the importance of user control in interactive digital data visualisations. Known access supports - chunking information and providing multimodal vocabulary support (icons with text) - also facilitate access to data visualization. Future work could explore the optimal information shown and the use of interactive visualisations to support the use of data visualisations for everyday decisions.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 095: The Australian PPA Guide to Norwegian – a resource with accessible information about PPA

Winsnes, I.[1], Berg, K.[2], Døli, H.[3], Erikstad, N.H.[4], Johansen, L.H.[2], Norvik, M.[5], & Krone, V.S.[6]

[1] University of Oslo, Norway

[2] Nord University, Norway

[3] Sunnaas Rehabilitation Hospital, Norway

[4] Statped, Norway

[5] UiT – The Arctic University of Norway, Norway

[6] LHL, Norway

Introduction

People with primary progressive aphasia (PPA), a group of language-led dementias, report that there is a lack of accessible information about PPA and the trajectory of the disease, and that searching for information online is overwhelming (Ho et al., 2023). Thus, there is a need for accessible information about PPA. The PPA Guide, developed in Australia, is a resource that provides accessible information about PPA (Taylor-Rubin et al., 2023). The current study, which is an ongoing project with the last data collection in January 2026, aimed to linguistically and culturally adapt the PPA guide for use in Norway.

Materials and Methods

The adaptation process was based on guidelines for adapting health information (ECDC, 2016). The PPA Guide was (1) translated by a professional translator, (2) reviewed by the project group to ensure accuracy of subject-specific terminology, (3) reviewed with end-users (people with PPA, family members, and speech and language therapists) through focus groups, and (4) revised based on feedback from step 3. Follow-up focus groups to review the revised version are planned for the spring of 2026. Finally, we will proofread the guide before finalising the design, disseminate the Norwegian PPA guide, and evaluate the project.

Results

Similar to the findings in Ho et al.'s (2023) study, the family members in the current project searched online for information, which they experienced as overwhelming. All end-users highlighted the PPA Guide as a much-needed resource, and only minor changes were suggested to make it more linguistically and culturally appropriate.

Discussion and Conclusion

This ongoing study indicates a need for accessible information about PPA in Norwegian and that the PPA Guide could serve as a resource for people with PPA, their family members, and speech and language therapists.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 096: COMmunicating in STroke cAre and Rehabilitation (COM-STAR): Co-designing an intervention to embed supported communication in stroke services

Palmer, R.[1], Cruice, M.[2], Harrison, M.[1], Pais, A.[2], Gibbs, E.[3], Jones, F.[2], Kellar, I.[1], Rutter, J.[2], Coster, J.[1], Hilari, K.[2], McKevitt, C.[2], Shiggins, C.[2], Bohan, J.[2], Beeke, S.[4], Scobbie, L.[5], Watkins, C.[6], Kontoku, E.[7], Ali, A.[3], Isaksen, J.[8], & Power, E.[9]

[1] University of Sheffield, United Kingdom

[2] City St George's University of London, United Kingdom

[3] Sheffield Teaching Hospitals NHS Foundation Trust, United Kingdom

[4] University College London, United Kingdom

[5] Glasgow Caledonian University, United Kingdom

[6] University of Central Lancashire, United Kingdom

[7] University of Nottingham, United Kingdom

[8] University of Southern Denmark, Denmark

[9] University of Technology Sydney, Australia

Background

64% of stroke survivors admitted to hospital in the UK experience communication difficulties that affect their ability to engage in care and rehabilitation unless supported by staff trained in "supported communication" techniques. While clinical guidelines recommend such training, provision is often limited and poorly translated into clinical practice. The NIHR funded COM-STAR project addresses this by co-designing and evaluating a national e-learning programme for stroke staff.

Methods

COM-STAR utilizes a "Theory, Evidence, and Experience" approach. Following a systematic review (49 papers), a national survey (600 staff), and interviews with survivors and family, the project entered an Experience-Based Co-Design (EBCD) phase. This involved 30 hours of workshops with a multidisciplinary team of 20 stroke staff and survivors across two sites. A critical feature is the collaboration with NHS England E-Learning for Healthcare (NHSE E-LFH). The research and co-design teams developed core content, which E-LFH learning designers translated into digital and interactive formats for national delivery via the NHS e-learning hub.

Results

A 7-module training programme, including modules on communication post-stroke, strategies, embedding skills into practice, supported by 5 practice scenarios and bespoke resources for staff use with patients was developed. Preliminary reflections suggest that immersion in co-design created highly relatable resources and provided meaningful roles for co-designers, with some staff reporting positive effects on their professional engagement: “(it) kept me in the NHS".

Conclusions

COM-STAR has produced a user-centered training suite with potential to transform UK stroke care. Although the co-design process required substantial time, resources, and careful advance planning for communication support, it yielded practice-relevant outcomes. The final phase, beginning in March 2026, will evaluate the training in hospital and community NHS stroke services across two regions in England.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 097: Underrepresented languages in aphasia research

Norvik, M.[1,2], Simonsen, H.G.[2], & Ribu, I.[3]

[1] Department of Education, UiT – The Arctic University of Norway, Tromsø, Norway

[2] Department of Linguistics and Scandinavian Studies, University of Oslo, Oslo, Norway

[3] Department of Vocational Teacher Education, Oslo Metropolitan University, Oslo, Norway

Introduction

Aphasia research has historically been dominated by Romance and Germanic languages (89% of studies between 2000–2009; Beveridge & Bak, 2011), with English remaining the primary empirical base (60% of studies between 2010–2019; Egia-Zabala & Munarriz-Ibarrola, 2024). This bias has clinical implications, as assessment practices and theoretical models may fail to capture language-specific manifestations of aphasia in underrepresented languages. This study replicates and extends earlier reviews with an updated systematic overview of languages represented in international aphasia research.

Methods

A comprehensive search was conducted in MEDLINE, Embase, CINAHL, PsycINFO, Language and Linguistics Behavior Abstracts, ERIC, Web of Science, and the Cochrane Library in January 2024. The search covered 1998–2023; analyses were restricted to 2010 onwards to examine whether earlier patterns persist. Records were screened in Covidence (2024): 4,077 screened for title/abstract; 2,169 full-text screened; 771 excluded; 1,398 included. Studies were imported to Elicit (2026) for extraction of study languages, linguistic data, assessment tools, language treatment, and multilingual samples.

Results

Preliminary extraction of 725 full texts shows English dominance (n = 259 studies), with a large gap to Italian (n = 33) and German (n = 28). 163 studies did not explicitly report the study language; in most (109), this could be inferred (study site or assessment tools). Of these, 76 focus on English, bringing the total to 335/725. Fifty-two studies included multilingual participants.

Discussion

Findings confirm English dominance, risking clinical and theoretical bias when applied to diverse languages. Omitting explicit language reporting hampers synthesis; reporting of study languages is crucial. Underrepresented languages require tailored assessment and treatment practices, and cross-linguistic evidence to inform theories beyond Germanic/Romance languages. Multilingual samples remain scarce.

Limitations include preliminary extraction and the risk of misclassification when inferring languages. Ongoing analyses will examine this further, along with assessment tools and language treatment.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 098: Towards Communicatively Accessible Hospitals in Singapore: Patient and Provider Perspectives

Guo, Y.E.[1,2], Ong, C.[1], Shiu, C.[1], Tan, L.[3], Tan, M.[3], Yew, T.W.[4], & Jiang, S.[5]

[1] Department of Rehabilitation, National University Hospital, Singapore

[2] Health and Social Sciences, Singapore Institute of Technology, Singapore

[3] Department of Medicine, Alexandra Hospital, Singapore

[4] Department of Medicine, National University Hospital, Singapore

[5] Faculty of Arts and Social Sciences, National University of Singapore, Singapore

Introduction

Effective communication is fundamental to person-centred care, yet patients with communication vulnerabilities—such as hearing impairment, aphasia, or low health literacy—face significant barriers in hospital settings. These barriers increase risks of adverse events, poor patient experience, and inequitable care. Despite evidence supporting communication partner training, research on communication accessibility in Singapore remains limited. This study explored perspectives of patients, caregivers, and healthcare workers (HCWs) on communication interactions in hospitals.

Materials and Methods

A mixed-methods design was employed across hospitals in the National University Health System, Singapore. Surveys adapted from previous literature examined communication experiences of patients, caregivers, and HCWs, as well as HCWs' knowledge, attitudes, and practices. Semi-structured interviews with a subset of participants identified barriers, facilitators, and recommendations. Communication support was provided to patients with vulnerabilities to enable participation.

Results

Preliminary findings from 25 patients, 19 caregivers, and 33 HCWs are presented.

About one third of patients (30%) and caregivers (32%) reported lack of involvement in decision making. A quarter of patients (25%) and caregivers (27%) reported lack of use of communication strategies by HCWs. Adverse events due to communication breakdown were reported by 20% of patients and 31% of caregivers. Nevertheless, nearly all patients (100%) and caregivers (95%) reported that HCWs mostly had reassuring attitudes and ways of talking.

The majority of HCWs (97%) had encountered patients with multiple communication vulnerabilities at least occasionally but reported low to moderate knowledge of communication strategies (94%). Some barriers to communication were raised, including availability of materials for communication support, time constraints, and perceived management support.

Discussion

Findings underscore the need for systemic approaches to enhance communication accessibility in hospitals. Insights will inform interventions aimed at improving HCWs' capacity to communicate more effectively with vulnerable patients.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 099: The Wellbeing in Stroke and Aphasia (WISA) study: exploring the feasibility of setting up an accessible service offering psychological therapy to people with post-stroke aphasia

Northcott, S.[1], Thomas, S.[2], Baker, C.[3], James, K.[4], Iddon, J.[5], Atkins, N.[1], Rutter, J.[1], & Hilari, K.[1]

[1] City St George's, University of London, United Kingdom

[2] University of Nottingham, United Kingdom

[3] Monash Health, Australia

[4] King's College London, United Kingdom

[5] Mersey Care NHS Foundation Trust, United Kingdom

Introduction

Aphasia can have a devastating impact on a person's psychological wellbeing, yet people with aphasia often struggle to access mental health care because of their language disability (Strong & Randolph, 2021). The Wellbeing in Stroke and Aphasia (WISA) study (Northcott et al., 2024) evaluated the feasibility of establishing an accessible psychological service for people with post-stroke aphasia.

Materials and Methods

This was a single-arm mixed-methods feasibility study, with outcomes collected at baseline and six months. People living with aphasia were recruited from the community and offered up to eight therapy sessions. Participants could choose between in-person or online delivery, individual or group sessions, and how sessions were distributed across a six-month period. The intervention consisted of solution-focused brief therapy delivered by specialist Speech and Language Therapists, supported through monthly clinical supervision and ongoing consultation from a stroke-specialist clinical psychologist. The primary patient-reported outcome measure was the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). Satisfaction with therapy was measured using the Session Rating Scale (SRS).

Results

Recruitment met target and timeline goals, enrolling 30 participants over 18 months with a 97% follow-up rate. Participants were 57% women and 43% men; 73% identified as White and 27% as belonging to ethnic minority backgrounds. Twenty-three percent had severe aphasia, and 77% were more than two years post-stroke.

The service was delivered across the United Kingdom, with 50% of participants receiving therapy through telehealth. Most participants (83%) selected individual therapy. Attendance rates were exceptionally high, with a "did not attend" rate of only 0.015%.

Participants demonstrated substantial improvement in wellbeing from baseline, with a large effect size on the WEMWBS (Cohen's d = 0.76). Satisfaction ratings were very high (mean SRS score = 37.7/40). One commonly reported reason for satisfaction was feeling listened to and understood during therapy ("she different, and she listen").

Discussion / Conclusion

The findings suggest that it is feasible to provide an accessible psychological therapy service for people with aphasia. The intervention was associated with high engagement, strong participant satisfaction, and promising improvements in psychological wellbeing.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 100: Beyond Words: Supported Conversation Training for Healthcare Professionals in Cape Verde

Fernandes, A.[1], Sá-Couto, P.[2], Monteiro da Costa, I.[3], & Coelho de Matos, M.A.[3]

[1] School of Health Sciences, University of Aveiro (ESSUA), University of Aveiro, Aveiro, Portugal

[2] Center for Research and Development in Mathematics and Applications, Department of Mathematics, University of Aveiro, Aveiro, Portugal

[3] RISE-Health, School of Health Sciences, University of Aveiro (ESSUA), University of Aveiro, Aveiro, Portugal

Introduction

Aphasia is an acquired communication disorder that compromises autonomy, social participation, and quality of life. Communication between healthcare professionals (HCPs) and people with aphasia (PWA) is frequently challenging, often resulting in frustration, exclusion of PWA from clinical decision-making, and inadequate care delivery. Communication partner training for HCPs is a recognised approach to improving communicative effectiveness and promoting patient-centred care. This study aimed to analyse the effectiveness of a theoretical–practical training programme based on the Supported Conversation for Adults with Aphasia (SCA™) methodology, implemented with HCPs at Dr Agostinho Neto University Hospital (Cape Verde), to increase knowledge about aphasia, use of communication-facilitating strategies, and positive attitudes toward interaction with PWA.

Materials and Methods

A single-group pre-experimental study was conducted with assessments at three time points: pre-training (Baseline), post-training (end of Phase I), and follow-up (end of Phase II). Instruments comprised the AASK-EP questionnaire (Aphasia Attitudes, Strategies, and Knowledge – European Portuguese), sociodemographic characterisation questionnaires, a training evaluation form, and a satisfaction survey. Statistical analyses were performed using repeated-measures ANOVA and the Friedman test, with a significance level set at $p < 0.05$.

Results

The sample comprised 33 healthcare professionals from different professional backgrounds. Statistically significant improvements in knowledge about aphasia and communication strategies were observed from Baseline to post-training and were maintained at follow-up. Attitudes toward communication with people with aphasia also improved, with participants reporting increased confidence, comfort, and awareness of their role as conversation partners.

Overall training evaluation was highly positive, with participants expressing interest in further training and reporting immediate applicability to clinical practice. The AASK-EP was considered relevant and acceptable.

Discussion / Conclusion

The training programme was effective in enhancing healthcare professionals' knowledge, communication strategies, and attitudes toward people with aphasia. These findings support the feasibility and relevance of structured communication partner training in resource-limited healthcare settings, highlighting its potential contribution to more inclusive, patient-centred communication practices.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 101: Patterns of Change after Conversation Treatment for Individuals with Aphasia: Demographic and Psychosocial Variables

DeDe, G.[1], Hoover, E.[2], & Tripodis, Y.[3]

[1] Department of Communication Sciences and Disorders, Temple University, Philadelphia, PA, USA

[2] Department of Speech, Language, and Hearing Sciences, Boston University, Boston, MA, USA

[3] Boston University School of Public Health, Boston University, Boston, MA, USA

Introduction

Group conversation treatment improves communication for individuals with aphasia (IwA), but predictors and patterns of change remain unclear. To address this knowledge gap, the study examined relationships between: (Q1) demographic and pre-treatment psychosocial measures; (Q2) treatment-related change and demographic/psychosocial measures; and (Q3) patterns of change across outcome measures.

Methods

A total of 131 individuals with aphasia participated in a clinical trial of group conversation treatment. The sample was diverse with respect to age (24.3–97.5 years), education (8–30 years), aphasia severity (WAB-AQ 5–99.8), race (Black/African-American = 38, Asian = 5, White = 89, White-Hispanic = 1), and gender (Female = 58, Male = 72, Non-binary = 1).

Participants completed psychosocial assessments including the Communication Confidence Rating Scale (CCRSA), General Self-Efficacy Scale, MOS Social Support Scale (MOS), and the Assessment of Living with Aphasia Wall Question. Treatment outcomes were evaluated from pre- to post-treatment using three measures: Aphasia Communication Outcome Measure (ACOM), Comprehensive Aphasia Test Naming Scores (CAT-Naming), and Communication Activities of Daily Living-3 (CADL-3).

Results

For Q1, psychosocial and pre-treatment outcome measures showed stronger correlations with one another than with demographic variables.

For Q2, age significantly interacted with time on the ACOM; increasing age was associated with smaller treatment effects. For the CADL-3, aphasia severity (WAB-AQ) significantly predicted treatment effects, with higher WAB-AQ scores associated with smaller gains. In contrast, for CAT-Naming, higher WAB-AQ scores were associated with larger treatment effects.

For Q3, Latent Profile Analysis demonstrated that 95% of participants showed positive change across all three outcome measures from pre- to post-treatment. Correlation analyses showed that changes in ACOM and CADL-3 scores were more strongly related to each other than either was to CAT-Naming change scores.

Conclusion

Age and aphasia severity demonstrated some predictive value regarding outcomes of conversation treatment for individuals with aphasia. Notably, aphasia severity influenced outcomes differently depending on the outcome measure, with opposite effects observed for CADL-3 and CAT-Naming. These findings may help clinicians make more informed decisions during treatment planning and outcome prediction for people with aphasia.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 102: Understanding the perceived impact of conversation group treatment for people with aphasia and care partners: Results of treatment impact surveys and interviews from a clinical trial

Hoover, E.[1], DeDe, G.[2], Szabo, G.[3], Vitale, S.[1], & Kohen, F.[2]

[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

Introduction

Conversation group treatment has demonstrated objective improvements for individuals with chronic aphasia (IwA) on language and communication measures. However, the ultimate goal of treatment is to achieve meaningful impact for participants in their daily lives. This study examined self-reported perceptions of the impact of conversation group treatment on communication and quality of life among people with aphasia of varying severity.

Methods

Across two cycles of a larger clinical trial, 94 individuals with aphasia were randomly assigned to either a dyadic conversation group or a traditional conversation group (6–8 participants). Treatment was delivered twice weekly over 10 weeks, totaling 20 hours.

In addition to standardized outcome measures (not reported here), participants completed a three-item treatment impact questionnaire and semi-structured interviews after treatment. Participants rated perceived changes in:

- Communication
- Quality of life
- General well-being

Ratings were provided on a 5-point Likert scale ranging from -2 (“much worse”) to +2 (“much improved”). Interview transcripts were analyzed using an iterative six-step thematic analysis process. Care partners were also invited to complete parallel treatment impact surveys.

Results

All participants with aphasia completed the questionnaire.

- Communication: mean = 1.22 (SD = 0.76)
- Quality of Life: mean = 1.19 (SD = 0.78)
- Well-Being: mean = 1.15 (SD = 0.81)

Across all responses:

- 41% were rated as “much improved”
- 39% as “somewhat improved”
- 19% as “unchanged”
- 1% as “somewhat worse”

Forty-nine care partners completed the survey and reported very similar patterns of improvement.

Qualitative analysis of participant interviews is ongoing. Analysis of completed care partner interviews identified the following themes:

- Improved confidence
- Greater engagement and initiation in the community
- Improved quality of communication
- Opportunities for connectedness and socialization
- Increased sense of purpose and autonomy

Conclusion

Treatment impact ratings, participant comments, and emerging qualitative themes—combined with previously reported positive effects on objective outcome measures—suggest that conversation group treatment produces meaningful benefits for people with aphasia in the chronic stage of recovery. These benefits extend beyond communication performance to include enhanced quality of life, well-being, social participation, and autonomy.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 103: Adaptive Growth Culture (AGC): A Community-driven Recovery Philosophy and Vision for the Future

Hambridge, T.[1], & Moses, K.[1]

[1] National Aphasia Synergy Inc., USA

Introduction

Aphasia can result in what has been described as "identity theft" (Shadden, 2005), particularly when traditional medical models position survivors as passive recipients of care. Drawing on lived experience and clinical insights, this paper introduces the **Adaptive Growth Culture (AGC)**, a recovery philosophy that prioritizes identity reconstruction. AGC reframes survivors as *Lead Pathfinders*, emphasizing the reclamation of social roles, agency, and selfhood beyond linguistic deficits.

Theoretical Background for AGC

Integrating the work of Gillett (2009), AGC proposes that identity is fundamentally relational and extends beyond biological conceptions of the self. The framework incorporates three key pillars: **Acceptance**, **Brain Science**, and **Growth Mindset**.

AGC draws on "Transmission Theory" (Smythies, 2003) to distinguish between the brain as hardware and the mind as the broadcaster of experience. The concept of the **Social Mirror** (Gillett, 2009), supported by Supported Conversation for Adults with Aphasia (SCA™) principles and mirror neuron research (Rizzolatti, 2005), is proposed as a mechanism for validating communicative intent and reconstructing valued social roles.

Within this framework, aphasia is conceptualized as "hardware static" rather than a loss of personhood. This reframing is intended to support regulation of emotional distress by engaging higher-order cognitive processes. Survivors are encouraged to use the **Pathfinder Pivot** process—Acceptance, Pivot, and Action—to develop resilient neural pathways and adaptive responses.

The authors argue that community validation strengthens self-efficacy (Bandura, 1997), creating a positive feedback cycle through neuroplasticity (Hanson, 2013). In this way, repeated positive experiences may shift attention from negative experiences ("Velcro for the bad") toward positive growth experiences ("Velcro for the good"), reinforcing adaptive patterns over time.

Discussion and Conclusion

The AGC framework proposes a paradigm shift from a deficit-based understanding of aphasia to a relational identity model. Drawing on Gillett's work, the authors conclude that because identity is socially constructed, recovery should be understood as a collective process of identity reconstruction.

By prioritizing communicative intent and interpersonal connection over linguistic accuracy, AGC aims to interrupt cycles of social isolation and emotional distress. The overarching goal is not merely to improve speech and language performance, but to ensure that the individual remains the "Boss of their Mind" within a community that recognizes and values their intact sense of self.

The authors encourage nonprofit organizations, researchers, clinicians, and service providers to explore, implement, and evaluate these community-driven principles within future aphasia services and research initiatives.

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PP 104: Co-development of the FRIENDS Scale: A Functional Rating Measure of Interaction Engagement in Aphasia Rehabilitation

Charalambous, M., Eftimiou, S., Andreou, E., Tsiakoulia, M., Phylactou, P., & PPI Partners – The Aphasia Communication Team (TACT)

Introduction

Friendship plays a crucial role in the well-being and social participation of people with aphasia (PWA) after stroke. However, the ways in which chronic aphasia affects friendships and everyday social engagement are often overlooked in rehabilitation practice.

Aim

To co-create the **Functional Rating of Interaction Engagement Needs and Difficulties Scale (FRIENDS)**, an aphasia-friendly self-report tool developed in partnership with people with aphasia, and to evaluate its psychometric properties.

Methods

A Patient and Public Involvement (PPI) approach guided the development of FRIENDS through eight co-design meetings. The research team consisted of 12 members, including:

- A senior speech-language therapist specializing in aphasia rehabilitation and research
- An occupational therapist with expertise in functional social reintegration
- Two final-year speech-language therapy students who facilitated the group and coordinated logistics
- Three individuals with chronic stroke-induced aphasia from the TACT support group (PPI 1–3)
- One caregiver (PPI 4)
- Three communication partners supporting PPI members
- A mental health professional

Psychometric testing included assessments of reliability and validity. The validation study recruited 166 participants:

- 62 people with aphasia
- 50 stroke survivors without aphasia
- 54 healthy controls

Results

FRIENDS demonstrated excellent psychometric performance:

- Excellent internal consistency (Cronbach's $\alpha > 0.960$)
- Strong test–retest reliability (ICC ≥ 0.99)
- Significant differences between participant groups ($p < 0.001$), supporting known-groups validity
- Significant correlations with aphasia severity, functional communication, and quality of life measures, supporting convergent validity
- COSMIN-based analyses provided additional evidence for strong content validity

Conclusion

FRIENDS is a robust and psychometrically sound patient-reported outcome measure designed to capture changes in friendship experiences and social engagement among people with aphasia. Co-created with people with aphasia, the tool provides valuable insight into the social consequences of chronic aphasia and can support clinicians in developing functional, person-centred intervention plans that promote social connectedness and participation.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 105: Co-creating Accessible Digital Resources for Young People with Aphasia: An Overview of the ARYAS EU Project

Charalambous, M.[1], Grigoriou, S.[1], Hertz, A.[2], Eckhardt, F.[3], Nagy, K.[3], Gomes, B.[4], Ferreira, S.[4], & Duarte, E.[5]

[1] Cyprus University of Technology, Cyprus

[2] Hjernesagen, Danish Stroke Association, Denmark

[3] Afázia – Az Újrabeszélők Egyesülete, Hungary

[4] Virtual Campus, Portugal

[5] Stroke Foundation (Fundació Ictus), Spain

Abstract

Introduction: Young people with aphasia (YpA) following stroke face significant barriers in accessing age-relevant information, yet very few resources are created with and for them. Existing educational and rehabilitation materials are frequently linguistically or cognitively inaccessible and rarely reflect age-specific life domains such as parenting, finances, returning to work or study, or intimacy. As a result, YpA remain underserved within both rehabilitation and community support systems.

Aim: The ARYAS project (Accessible Resources for Young Adults with Stroke) is a European-funded Erasmus+ initiative that aims to co-create a digital hub, including a website and mobile application, of aphasia-friendly resources to support communication, autonomy, and social participation for young people with aphasia across Europe. The partnership includes four national stroke and aphasia NGOs (Denmark, Hungary, Spain, and Cyprus), the Cyprus University of Technology, and a technology partner in Portugal.

Methods: A co-creation Patient and Public Involvement (PPI) framework underpins all stages of the project, structured around iterative co-design cycles involving young people with aphasia, family members, clinicians, and NGO staff in all partner countries. Work packages focus on PPI-driven methodologies and co-design workshops. Core PPI activities include: (a) accessibility mapping of existing materials; (b) creative co-design sessions aligned with PAOLI principles; and (c) prototype testing using mixed qualitative, observational, and supported-communication methods. All procedures prioritize inclusion, communication accessibility, and cross-cultural relevance.

Results: Co-creation activities have revealed shared needs across participating countries, including accessible explanations of stroke and aphasia, tools for everyday communication, and resources addressing employment, education, and social participation. Prototype testing highlighted the importance of multimodal design, including visual, audio, and simplified-text formats. The final ARYAS hub will include co-created content, videos, podcasts, and aphasia-friendly guides available in multiple languages.

Conclusion: ARYAS will deliver the first international, co-created digital resource hub specifically designed for young people with stroke-related aphasia. By involving young people with aphasia as equal research partners, the project promotes inclusive design, strengthens person-centred rehabilitation, and provides NGOs and clinicians with a scalable, evidence-informed model for developing accessible digital health resources across Europe.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 106: Aphasia and Friendship: A Qualitative Exploration of Communication Dynamics and Transformations in Interpersonal Bonds

Demir, Y.D., & Oğuz, Ö.

Department of Speech and Language Therapy, Üsküdar University, İstanbul, Türkiye

Abstract

Purpose: Individuals with aphasia (IwA) report communicating less frequently with their friends and experiencing greater difficulty in establishing new friendships. These changes affect not only people with aphasia but also their friends, resulting in noticeable shifts in interpersonal relationships. The aim of this study was to explore how communication dynamics change following aphasia and to examine friendship experiences from the perspectives of friends of individuals with aphasia.

Method: This qualitative study included 13 friends of individuals with aphasia. Data were collected through semi-structured interviews developed by the researchers. Each participant was interviewed once, either face-to-face or via online platforms. Interview data were transcribed and analyzed using MaxQDA Analytics PRO 2024 software.

Results: Qualitative analysis identified four major themes and related subthemes:

- **Prior Acquaintance** – describing the context and nature of the friendship before aphasia;
- **Pre-Aphasia Relationship and Communication** – addressing interaction frequency, communication style, and conversational content before aphasia;
- **Post-Aphasia Changes** – capturing changes in interaction frequency, communication quality, conversational topics, and communication dynamics after aphasia;
- **Friendship with Individuals with Aphasia** – encompassing the benefits and challenges of maintaining friendships, the support provided by friends, and communication difficulties encountered.

Conclusions: The findings highlight the perspectives and experiences of friends of individuals with aphasia and emphasize the importance of involving friends in the rehabilitation process. Such involvement may help address communication challenges, strengthen social relationships, and contribute to improved quality of life and social participation for individuals with aphasia.

Keywords: Aphasia; friendship; social interaction; communication; changes.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 107: Aphasia Friendly Discharge Checklist: A Strategy to Facilitate Smooth Transition to Home for People with Aphasia

Ellis, C.[1], & Hinckley, J.[2]

[1] National Aphasia Association & University of Florida, USA

[2] National Aphasia Association & Nova Southeastern University, USA

Introduction

A commonly reported problem among people with aphasia (PWA) is the lack of accessible information available at the time of discharge from hospital or rehabilitation services. Many individuals with aphasia and their families leave healthcare settings with limited understanding of the next steps in recovery and available supports. To address this gap, the **Aphasia Friendly Discharge Checklist** was developed to support people with aphasia and their families during the discharge process.

The aim of the project was to create an aphasia-friendly discharge checklist that helps people with aphasia understand, participate in, and recall essential discharge information, thereby improving communication, safety, and continuity of care following hospital discharge.

Methods

To address discharge-related challenges experienced by people with aphasia in the United States, the National Aphasia Association established a dedicated Task Force. The group included twelve stakeholders representing a range of perspectives and expertise, including:

- People with aphasia
- Care partners and family members
- Speech-language pathologists
- Physicians
- Case managers

The Task Force developed a draft Aphasia Friendly Discharge Checklist tailored to the needs of people with aphasia within the U.S. healthcare system.

Results

MedStar National Rehabilitation Hospital agreed to serve as the primary site for development and pilot implementation of the checklist, under the leadership and support of the hospital's Director of Case Management.

The final version of the Aphasia Friendly Discharge Checklist incorporated:

- Aphasia-specific discharge questions
- Aphasia-specific educational information
- Resources designed to support people with aphasia and their families during the transition home

Discussion

This presentation describes the stakeholder-engaged development process and reviews the key elements of the Aphasia Friendly Discharge Checklist. Attendees will be encouraged to access the checklist, adapt it for local use, and contribute additional pilot or validation data regarding its implementation.

The authors anticipate that use of the checklist will support smoother discharge transitions, enhance communication, and improve continuity of care for people with aphasia and their families.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 108: Voices of Aphasia in Color: Experiences of Minoritized Persons with Aphasia in the US

Ellis, C. Jr., Brown, W., & Jacobs, M.

Introduction

People with aphasia (PWA) experience everyday communication challenges that are often compounded by societal barriers, despite legislation intended to promote inclusion and accessibility. These experiences are not uniform; rather, they are influenced by sociodemographic factors such as race, ethnicity, gender, socioeconomic status, and educational background.

Research has demonstrated that these factors are associated with differences in post-stroke aphasia outcomes. In addition, broader social norms and systemic inequities may further magnify communication barriers and reduce opportunities for participation. The purpose of this study was to explore the perspectives of people with aphasia from diverse backgrounds and highlight the unique challenges they encounter during rehabilitation and daily life.

Materials and Methods

This study employed a qualitative research design grounded in a social constructivist framework. Semi-structured interview data were collected and analyzed from members of the **Black American Aphasia Conversation Group**.

The analysis focused on:

- Communication experiences
- Psychosocial impacts of aphasia
- Healthcare interactions and experiences
- Issues unique to Black individuals living with aphasia

Results

Three major themes emerged from the analysis:

1. **Limited knowledge of aphasia among Black individuals with aphasia**, despite the significant impact of the condition on daily functioning and participation.
2. **The influence of limited racial diversity within the U.S. speech-language pathology workforce**, which affected communication experiences, perceptions of care, and therapeutic relationships.
3. **The critical role of spouses, caregivers, and family members** in supporting communication, participation, and recovery following aphasia.

Conclusions

Participants in the Black Aphasia Conversation Group provided valuable insights into the challenges faced by people with aphasia from minoritized backgrounds. The findings highlight the importance of addressing cultural and demographic factors within aphasia rehabilitation and underscore concerns regarding the lack of diversity within the speech-language pathology profession.

Increasing diversity among speech-language pathologists and improving cultural responsiveness in rehabilitation services may play an important role in enhancing recovery experiences and outcomes for people with aphasia from historically underrepresented communities.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 110: Poetry, Projects, and Peers: A Modality of Expression that is Well-Suited to Reflecting on Struggles, Evoking a Sense of Self, and Renegotiating Identity

Hoepner, J.K.[1]

[1] University of Wisconsin–Eau Claire, USA

Introduction

Individuals with aphasia experience changes in communication and sense of self that can profoundly alter identity and outlook on life. Outside the field of aphasia, poetry has been recognized as a form of expression that is less constrained by conventional linguistic rules and can facilitate self-expression, sharing of personal experiences, processing of trauma, and exploration of identity.

Poetry has been associated with reducing stress and anxiety, managing pain, improving well-being, creating catharsis, restoring balance, and enhancing working memory. Through indirect, simplified, and metaphorical language, poetry may support self-expression by allowing individuals to externalize experiences and gain distance from difficult emotions. This process can contribute to increased agency, the development of new identities, a sense of belonging, purpose, and a renewed sense of self. Despite these potential benefits, systematic exploration of poetry among people with aphasia has been limited.

Methods

The poetry-based intervention is delivered online via Zoom to individuals with aphasia and/or cognitive-communication disorders. Sessions last 90 minutes and are held weekly.

Each session includes:

- Oral sharing of poetry written during the previous week(s)
- Free-writing activities based on a provided prompt
- Project-based intervention activities
- Introduction of homework tasks for the following week

Sessions are facilitated by two graduate speech-language pathology students and a professional poet. Semi-structured interviews were conducted with 20 participating poets and analyzed using reflexive thematic analysis.

Results

Several themes emerged from the analysis:

- **Poetry stigma**
- **Helping others**
  - Poems help other people with aphasia
  - Others gain understanding of aphasia experiences through poetry
- **Helping self**
  - Processing experiences and "getting it out"
  - Healing through emotional expression
  - Accomplishment and personal growth
  - Development of a new identity
  - Increased confidence
- **Power of the poetry modality**
  - Metaphorical and symbolic language facilitates sharing
  - Supports putting feelings into words
  - Enables expression of the seemingly inexpressible
- **Power of the group**
  - Community, belonging, and safe space
  - Relief through group participation
  - Inspiration from other poets with aphasia or cognitive-communication disorders
  - Feeling comfortable being vulnerable

Conclusions

Poetry appears to be a powerful modality for recovery when combined with group interaction and project-based intervention. The findings suggest that poetry can facilitate identity reconstruction, emotional expression, social connection, and personal growth for people living with aphasia and cognitive-communication disorders.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 111: Co-design of an Interdisciplinary Intervention to Support Text-Messaging for People with Post-Stroke Aphasia

Dignam, J.[1,2], Ramajoo, K.[1,2], Beadle, E.[2], Doig, E.[2], Halpin, J.[2,3], Power, E.[4], Wallace, S.J.[1,2], Worthy, P.[5], & Copland, D.[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] Department of Speech Pathology and Audiology, STARS, Metro North Hospital and Health Service, Queensland, Australia

[4] Graduate School of Health, Speech Pathology, University of Technology Sydney, Australia

[5] School of Electrical Engineering and Computer Science, The University of Queensland, Brisbane, Australia

Introduction

Text messaging is one of the most commonly used communication technologies for maintaining social relationships and managing everyday activities. However, people with post-stroke aphasia may encounter significant barriers when using text messaging due to language impairments as well as cognitive, motor, psychological, and visual-processing difficulties. This study employed a co-design approach to develop an interdisciplinary intervention package aimed at supporting effective communication through text messaging for people with aphasia.

Materials and Methods

This project represented the prioritisation and co-design phase of a modified Experience-Based Co-Design (EBCD) study.

Thirteen co-design workshops were conducted between July and November 2025. Participants included:

- People with post-stroke aphasia (n = 4)
- Family members (n = 2)
- Speech pathologists (n = 2)
- Occupational therapists (n = 2)
- Neuropsychologist (n = 1)

Workshops were delivered in a hybrid format and facilitated by two experienced speech pathologists.

Activities included:

1. Development of consensus journey maps
2. Discussion of service gaps and potential solutions identified during earlier focus groups
3. Prioritisation and development of intervention components
4. Prototype testing and iterative refinement

Communication-accessible summaries and prototype materials were also reviewed between sessions.

Results

Participants prioritised the development of therapy resources targeting text messaging at the activity and participation level.

Four key intervention components were co-designed, developed, and refined:

1. An interdisciplinary screening assessment to identify relevant text-messaging skills and social-context factors.
2. Clinical resources to support collaborative goal setting.
3. Mobile-phone education materials and skill-development guides.
4. An activity-based treatment protocol incorporating metacognitive strategy training and feedback principles.

In addition, content and design principles for a future AI-mediated text-messaging intervention were established and will inform subsequent development work.

Discussion and Conclusion

This co-design study resulted in the development of novel clinical resources intended to evaluate and support effective communication through text messaging among people with post-stroke aphasia. The intervention package reflects the priorities and experiences of people with aphasia, family members, and clinicians. Future research will examine the usability, feasibility, and effectiveness of the intervention.

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July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 112: Exploring Experiences and Priorities Related to Post-Stroke Aphasia Care in Queensland, Australia: Perspectives of Culturally and Linguistically Diverse Populations and Aboriginal and Torres Strait Islander Peoples

Anemaat, L.[1–3], Ng, Z.Y.[2–4], Copland, D.A.[1–3], & Wallace, S.J.[2–3]

[1] STARS Education and Research Alliance, Metro North Health and The University of Queensland, Australia

[2] Queensland Aphasia Research Centre, The University of Queensland, Australia

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

[4] School of Allied Health, Sport and Social Work, Griffith University, Australia

Introduction

People with post-stroke aphasia often report mixed satisfaction with healthcare services and are at increased risk of poorer outcomes. This risk may be even greater for individuals from culturally and linguistically diverse (CALD) backgrounds. To better understand these issues, a sub-analysis of a larger study exploring lived experiences of post-stroke aphasia care across the continuum of services was undertaken. The objective was to identify experiences and priorities for service improvement specific to culturally and linguistically diverse populations and Aboriginal and Torres Strait Islander Peoples.

Methods

This study involved a sub-analysis of data collected during the experience-gathering phase of an experience-based co-design project. Participants were purposively recruited from 21 healthcare services and community organizations across Queensland, Australia.

People with aphasia (PWA) and their significant others (SO) participated in semi-structured interviews or focus groups. Thematic analysis was conducted on data from participants who:

- Spoke a language other than English,
- Identified as Aboriginal or Torres Strait Islander, or
- Were born outside Australia.

Interpreters, translators, and cultural capability officers supported recruitment, data collection, and analysis. Participants also identified and ranked priorities for service improvement.

Results

Participants included:

- People with aphasia (n = 4; mild aphasia = 1, moderate aphasia = 3, female = 1)
- Significant others (n = 2; female = 2)

Participants included refugees from non-English-speaking backgrounds (n = 2), individuals of Aboriginal origin (n = 1), and immigrants to Australia (n = 4).

Five major themes relating to care experiences and 41 suggestions for service improvement were identified.

Common negative experiences included:

- Communication breakdowns between healthcare providers and patients
- Limited service provision and difficulties accessing services
- Poor cultural awareness within healthcare systems

Priorities differed across participant groups:

- Participants from non-English-speaking backgrounds prioritized home-based speech pathology services, intensive therapy blocks, and support for learning English.
- CALD participants with English proficiency prioritized assistance navigating service transitions and access to mental health services.
- Participants of Aboriginal origin prioritized culturally appropriate healthcare and support services.

Discussion

The findings demonstrate the diversity of experiences among culturally and linguistically diverse individuals living with aphasia. The results highlight the importance of culturally responsive healthcare practices and suggest that improving communication between healthcare providers and patients may be a key strategy for addressing inequities in aphasia care.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 113: What Do People with Aphasia Say About Their Rehabilitation Experiences? 'Good', 'Hopeless' and 'Alright'

Sherratt, S.[1]

[1] Communication Research Australia

Introduction

Expressing attitudes, opinions, and feelings is a fundamental aspect of communication. It plays a critical role in rebuilding identity, establishing social connections, engaging in rehabilitation, and facilitating positive personal change. However, aphasia rehabilitation often focuses primarily on communicating needs and factual information, potentially overlooking the importance of emotional expression.

People with aphasia (PWA) have highlighted the significance of being able to communicate feelings and opinions, with one participant describing the inability to express emotions verbally as "the biggest loss of all" (Boazman, 1999). This study examined the semantic and lexical resources used by people with aphasia when expressing opinions about their clinicians and rehabilitation experiences.

Method

The study analyzed in-depth interviews with 50 people with aphasia discussing their emotional experiences during rehabilitation.

Data were examined using the **appraisal framework** (Martin, 2000), which includes:

- **Appreciation** – evaluations of objects, events, treatments, or experiences.
- **Affect** – expressions of feelings and emotional responses.
- **Judgement** – evaluations of people's behavior, competence, ethics, or social values.

The analysis also examined how participants intensified or softened their evaluations through linguistic grading or amplification.

Results

Most participants were able to use all appraisal resources to evaluate their clinicians and rehabilitation experiences.

- Nearly half of all appraisal instances reflected **appreciation**, primarily evaluating treatment experiences rather than clinicians.
- More than one-third reflected **judgement**, focusing on clinicians' competence and professional performance.

- Approximately 16% reflected **affect**, expressing emotional responses.
- Amplification or grading of emotions occurred in more than 40% of appraisal instances.

Participants conveyed their opinions using relatively simple linguistic forms, including:

- Simple sentence structures
- Adjectives
- Adverbs
- Interjections
- Repetition

Discussion

Emotional and affective challenges following aphasia and other acquired brain injuries are major factors influencing rehabilitation outcomes, social reintegration, and caregiver burden. The findings suggest that aphasia rehabilitation should place greater emphasis on supporting the expression of opinions, attitudes, and feelings, rather than focusing solely on communicating needs.

Providing people with aphasia with opportunities and strategies to express their views regarding healthcare and rehabilitation may contribute to more person-centered and emotionally responsive care.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 116: Adapting Communication Partner Training Using Intensive Interaction for a Person with Global Aphasia

Adjei-Nicol, S.[1], & Beeke, S.[2]

[1] School of Nursing, Midwifery, Allied and Public Health, Canterbury Christ Church University, Canterbury, United Kingdom

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

Background

Communication Partner Training (CPT) is a well-established intervention designed to enhance participation in aphasia by teaching communication partners—and sometimes people with aphasia themselves—to use facilitative communication strategies. However, people with global aphasia (PwGA) have rarely been included in CPT intervention studies. A recent systematic review reported that only a small number of studies involved individuals with global aphasia, with most participants presenting with moderate to severe aphasia. This likely reflects the practical and methodological challenges associated with delivering CPT to people with profound language impairments.

Intensive Interaction (II) is a structured non-verbal communication approach that promotes meaningful interaction through shared attention, imitation, and responsive communication behaviours. While II has been used successfully in populations with autism, learning disabilities, and dementia, its application in aphasia has been limited. This study describes an adapted CPT programme that integrated Intensive Interaction principles for a person with global aphasia and their spouse.

Methods

The person with global aphasia participated in five adapted Intensive Interaction sessions lasting 20–35 minutes each. Sessions incorporated video feedback to increase awareness of non-verbal communication behaviours.

The spouse completed five 45-minute training sessions that also included video feedback. These sessions focused on identifying and strengthening supportive communication behaviours, including:

- Allowing longer response times
- Mirroring facial expressions
- Mirroring intonation and communicative intent

Pre- and post-intervention conversations were video-recorded and evaluated using:

- **Measure of Skill in Supported Conversation (MSC)**
- **Measure of Participation in Conversation (MPC)**

Spouse self-reports were also collected to evaluate perceived changes in communication.

Results

The spouse's MSC rating for acknowledging competence increased from 1 to 4, indicating a shift from minimal use of supportive communication strategies to consistent and appropriate application of facilitative techniques.

The spouse also reported:

- Greater motivation to engage in conversation
- Longer and more meaningful interactions

The person with global aphasia demonstrated improvements in:

- Shared attention
- Eye contact
- Mirroring behaviours

These changes were reflected in an increase in MPC interaction ratings from 1 ("few appropriate attempts to engage") to 2 ("several appropriate attempts to engage").

Conclusion

This single-case study provides preliminary evidence that adapting Communication Partner Training to incorporate Intensive Interaction principles may enhance communication and interaction for people with global aphasia and their communication partners. The findings support further investigation through larger case series and future intervention studies.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 117: Spaced Retrieval Training for Nursing Home Residents with Dementia: Are Functional Goals Maintained Longer?

Hickey, E.M.[1], & Chan, R.[1]

[1] Dalhousie University, Halifax, Nova Scotia, Canada

Introduction

Cognitive impairments associated with dementia can contribute to loss of mobility, increased risk of falls, and reduced independence. There is a growing need for evidence-based interventions that improve functional behaviours and support independence in people with dementia (PWD).

Although previous research supports the use of **Spaced Retrieval Training (SRT)** for individuals with dementia, many studies have focused on non-functional learning targets, and methodological quality has varied. Additional evidence is needed regarding whether functional behaviours trained through SRT can be maintained over time.

This study compared the effectiveness and long-term maintenance of SRT for teaching a functional goal (mobility aid use) versus a non-functional goal (face–name association).

Method

Five nursing home residents with dementia were recruited through a physiotherapist.

Demographic information collected included:

- Age
- Gender
- Dementia diagnosis
- Race/ethnicity
- Length of residence in the facility
- Frailty score
- Mini-Mental State Examination (MMSE) score

Functional mobility goals were individualized by the physiotherapist. All participants also completed the same non-functional task involving a face–name association using a photograph.

A single-subject experimental design with multiple baselines across behaviours and participants was employed. Each participant completed three phases:

- **Baseline (A)**
- **Training (B)**
- **Maintenance (A)**

Baseline and maintenance phases consisted of probes only. During the training phase, Spaced Retrieval Training was delivered four times per week. Training was staggered across participants and across goals.

Maintenance of learned behaviours was assessed for up to three months after training. Visual analysis of time-series data examined changes in level, slope, and trend across experimental phases.

Results

All five participants completed the study.

- Three participants successfully learned both the functional and non-functional goals.
- One participant learned only the non-functional goal.
- One participant did not achieve either goal.

Final analyses, including the number of training sessions required to achieve goals and the extent to which goals were maintained over time, will be presented at the conference.

Discussion

The study will explore factors that may influence candidacy for Spaced Retrieval Training and discuss implications for individuals living with dementia as well as for long-term care services. Findings may help clarify whether training functionally meaningful goals produces more durable outcomes than training non-functional information.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 118: Addressing Sexuality and Intimacy after Stroke: Insights from Canadian Speech-Language Pathologists

Day, F.[1], & Hickey, E.M.[1]

[1] Dalhousie University, Halifax, Nova Scotia, Canada

Introduction

Sexuality and intimacy are important components of quality of life. Following stroke, communication disorders such as aphasia, dysarthria, and apraxia of speech, as well as swallowing difficulties, may significantly affect participation in intimate relationships and sexual activities. These issues are frequently under-addressed by healthcare teams despite their impact on wellbeing.

Communication disabilities can also create barriers to accessing sexual healthcare. As a result, speech-language pathologists (SLPs) may have an important role in supporting sexuality and intimacy rehabilitation. However, SLPs may encounter barriers related to knowledge, attitudes, confidence, and professional role boundaries. This study explored Canadian SLPs' attitudes, knowledge, and clinical practices regarding sexuality and intimacy after stroke.

Methods

A survey was conducted with Canadian speech-language pathologists working with adult populations.

Both quantitative and qualitative data were collected. Quantitative data were analyzed using descriptive and non-parametric statistical methods, while open-ended responses were examined using thematic analysis.

Results

Fifty-six SLPs meeting inclusion criteria completed the survey.

Most respondents:

- Received their master's degree between 2010 and 2019
- Were white women aged 31–40 years
- Worked primarily in private practice settings
- Provided services in aphasia and motor speech rehabilitation

Approximately two-thirds of respondents reported addressing sexuality and intimacy issues in clinical practice. However, only a small proportion reported using a structured or consistent approach.

The most commonly reported barriers were knowledge-related and included:

- Limited education and training regarding sexuality and intimacy
- Uncertainty about the SLP's professional role and scope of practice
- Questions regarding ethical responsibilities and appropriate intervention approaches

Additional findings regarding intervention strategies, frequency of discussion, and barriers to service provision will be presented.

Conclusions

The findings are broadly consistent with reports from other healthcare professions. Results are interpreted through the lens of Social Cognition Theory and highlight the need for increased education, training, and discussion regarding the role of speech-language pathologists in sexuality and intimacy rehabilitation.

Future research should continue to clarify professional roles, ethical considerations, and evidence-based approaches for supporting sexuality and intimacy among people living with communication disorders after stroke.

International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 119: EmotionaL and Language recovery in Aphasia (ELLA): Development and Initial Testing of a Novel Intervention

Northcott, S.[1], Devane, N.[1], Behn, N.[1], Thomas, S.[2], & Hilari, K.[1]

[1] City St George's, University of London, United Kingdom

[2] University of Nottingham, United Kingdom

Introduction

People with aphasia consistently report wanting therapy that supports not only language recovery but also emotional wellbeing and confidence to re-engage in everyday life. Family members likewise express a desire to be actively included in the rehabilitation process. The aim of the EmotionaL and Language recovery in Aphasia (ELLA) project was to co-design and evaluate a novel intervention that addresses these priorities while remaining feasible for implementation within routine clinical services.

Materials and Methods

The intervention integrated two evidence-based approaches:

- **Elaborated Semantic Feature Analysis (SFA)**, a naming therapy approach (Efstratiadou et al., 2018)
- **Solution Focused Brief Therapy (SFBT)**, a brief psychological intervention (Zhang et al., 2018)

A series of co-design workshops and meetings were conducted with people with aphasia, family members, speech and language therapists (SLTs), and experts in psychological therapy. Qualitative content analysis was used to analyse the co-design data and develop a draft therapy manual.

The therapy components were subsequently trialled with advisors who had aphasia and with student SLTs to further refine the intervention before undertaking a proof-of-concept study involving eight people with aphasia.

The primary patient-reported outcome measure was the **Communicative Participation Item Bank (CPIB)**. Participants also completed in-depth interviews that were analysed using Framework Analysis.

Results

Key themes emerging from the co-design process included:

- Selecting personally meaningful therapy targets
- Integrating language-focused and psychological approaches
- Delivering person-centred therapy within resource-constrained healthcare services

Participants in the proof-of-concept study received an average of 14.25 therapy sessions (SD = 2.25) delivered over a seven-week period. Therapy was co-delivered by student speech and language therapists under the supervision of an experienced clinician.

Participants demonstrated highly significant improvements on the CPIB, with a large treatment effect (Cohen's d = 1.37).

Interview data highlighted the importance of the therapeutic relationship. A dominant theme was the high value participants placed on feeling understood and supported throughout therapy. All participants expressed positive views regarding the integration of psychological and language-focused intervention.

Discussion / Conclusion

The ELLA project demonstrates that language therapy and psychological intervention can be successfully integrated within aphasia rehabilitation. The combined approach was highly valued by participants and was associated with meaningful improvements in communicative participation.

These findings support the importance of addressing both emotional wellbeing and language recovery within person-centred aphasia services.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 120: Implementing and Evaluating Communication Partner Training (CPT) for Multidisciplinary Healthcare Professionals and Health Sciences Students in Greece

Efstratiadou, E.-A.[1], Kefallonitis, C.-E.[1], Kokologianni, M.[1], & Papakipi, E.-E.[1]

[1] Department of Speech and Language Therapy, University of the Peloponnese, Greece

Introduction

Communication Partner Training (CPT) is an evidence-based behavioural and environmental intervention designed to improve communication accessibility for people with aphasia. Although CPT is well established internationally, its systematic implementation within Greek healthcare settings has been limited. This study reports on the Greek adaptation of the KomTil-based CPT programme, known as **ΕπιΠρο**, delivered across rehabilitation and educational contexts.

Materials and Methods

The ΕπιΠρο programme has been implemented in:

- One rehabilitation centre
- One high-dependency care facility for older adults

Additional programme delivery is planned between March and June 2026 in:

- An additional rehabilitation centre
- Undergraduate health sciences student cohorts

The training programme consists of two three-hour sessions combining:

- Theoretical instruction
- Experiential learning activities
- Role-play exercises
- Guided reflection

Healthcare professionals complete the **Health Professionals and Aphasia Questionnaire (HPAQ)** before and after training. Students complete the **Aphasia Attitudes, Strategies and Knowledge Survey (AASK)** at three time points:

- T1 – Baseline
- T2 – Immediately post-training
- T3 – Six-week follow-up

Statistical analyses include paired t-tests and repeated-measures ANOVA.

Results

Preliminary findings indicate statistically significant improvements across all HPAQ domains ($p < .001$).

The largest improvements were observed in:

- Confidence when communicating with people with aphasia
- Awareness of communication barriers
- Implementation of supportive communication strategies

Among student participants, AASK scores increased substantially from baseline (T1) to immediately post-training (T2), with partial retention of gains at the six-week follow-up (T3).

Differences were observed across levels of training:

- Junior students demonstrated larger quantitative gains.
- Senior students demonstrated deeper qualitative understanding of communication accessibility concepts.

Discussion and Conclusion

The initial implementation of CPT within Greek rehabilitation and long-term care settings demonstrates strong feasibility and positive outcomes. The programme appears effective in improving knowledge, communicative confidence, and the use of supportive communication strategies.

Further data collection during the March–June 2026 phase is expected to strengthen these findings. The authors argue that integrating CPT into both undergraduate education and continuing professional development is essential for promoting communication accessibility throughout Greek healthcare services.

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International APHASIA Rehabilitation Conference
July 1-3, 2026 Technopolis City of Athens - Gasholder 1 - Auditorium "Miltiadis Evert" Athens-Greece

PP 121: "...you got any topics you wanna talk about?": Facilitators' Use of Metatopical Comments in Conversation Groups for People with Aphasia

Archer, B.[1], Shashikanth, S.[1], Azios, J.[2], & Leaman, M.[3]

[1] Bowling Green State University, Bowling Green, Ohio, USA

[2] University of Louisiana at Lafayette, Lafayette, Louisiana, USA

[3] University of Kansas Medical Center, Kansas City, Kansas, USA

Introduction

Speech-language pathologists who facilitate aphasia conversation groups aim to stimulate active discussions in which all members can participate. Although previous research has identified a range of facilitation strategies used in aphasia conversation groups, further investigation is needed to better understand how facilitators promote engagement and sustain productive interaction.

One strategy identified in previous work is the use of **metatopical comments (MTCs)**—utterances in which the topic itself becomes the focus of discussion, such as "What do you want to talk about?". This study examined the functions of metatopical comments within facilitated conversation groups for people with aphasia.

Methods

Fifteen aphasia conversation group sessions were recorded across three sites involving three facilitators.

A total of 89 metatopical comments were identified and analyzed using **Conversation Analysis** (Drew, 2005). The analysis focused on:

- The interactional environments in which metatopical comments occurred
- The conversational events that preceded them
- The interactional consequences that followed them

Results

Metatopical comments were found to occur within specific conversational environments and served several interactional functions.

In some instances, metatopical comments formed part of facilitator turns designed to bring particular group members into the conversation.

In other cases, metatopical comments appeared to stimulate active discussion by:

- Preceding new topic suggestions
- Providing perspectives or prompts for participants to react to
- Creating opportunities for extended interaction among group members

Metatopical comments were also observed when conversations approached topic closure. In these situations, facilitators used MTCs to support topic transitions and encourage participants to select a new discussion topic.

Discussion

The findings provide further evidence regarding how facilitators shape participation and maintain productive interaction within aphasia conversation groups. Understanding these conversational practices may contribute to clinician training and help facilitators develop strategies that promote inclusion and engagement.

Although substantial evidence indicates that aphasia conversation groups can improve communicative participation and psychosocial outcomes, relatively little is known about the specific active ingredients that contribute to these benefits. Studies examining naturally occurring interactional practices, such as the use of metatopical comments, may help identify mechanisms that optimize the effectiveness of group-based aphasia interventions.

References

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