INTERNATIONAL APHASIA REHABILITATION CONFERENCE

ABSTRACTS

BRISBANE, AUSTRALIA

JULY 1-3
2024

IARC Abstract Booklet

INTERNATIONAL APHASIA REHABILITATION CONFERENCE 2024
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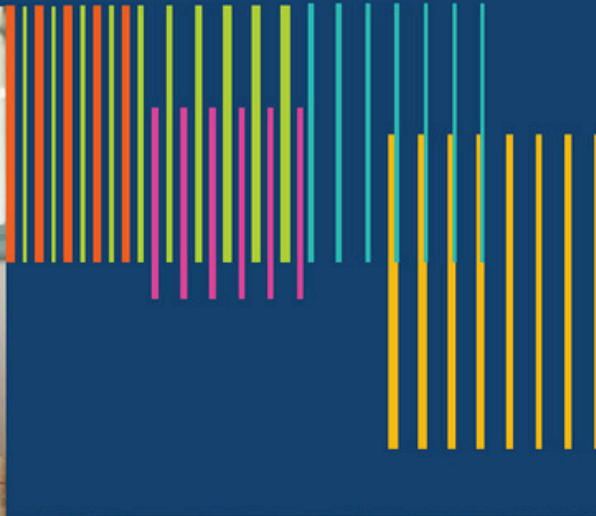
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IARC 2024 | 1 - 3 July, 2024 Brisbane, Australia

Monday 1st July

Registration		8:00am - 8:30am
Welcome to Country		8:30am - 8:45am
Introduction to IARC		8:45am - 9:00am
Keynote Address		9:00am - 10:00am
Platform Presentations		10:00am - 10:30am
Morning Tea		10:30am - 11:00am
Platform Presentations		11:00am - 12:30pm
Lunch (& trade displays)		12:30pm - 1:20pm
Access Session	Platform Presentations	1:20pm - 3:00pm
	Poster Session & Afternoon Tea	3:00pm - 4:00pm
	Platform Presentations	4:00pm - 5:00pm
Welcome Reception		5:00pm - 7:00pm

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IARC 2024 | 1 - 3 July, 2024 Brisbane, Australia

Tuesday 2nd July

Registration	8:00am - 8:30am
Keynote Address	8:30am - 9:30am
Platform Presentations	9:30am - 10:30am
Morning Tea	10:30am - 11:00am
Invited Speaker	11:00am - 11:30am
Platform Presentations	11:30am - 12:30pm
Lunch and Poster Presentation Session 2	12:30pm - 2:15pm
Platform Presentations	2:15pm - 3:00pm
Poster Presentation Session 3 & Afternoon Tea	3:00pm - 4:15pm
Platform Presentations	4:15pm - 5:00pm
Conference dinner	6:00pm - 9:00pm

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IARC 2024 | 1 - 3 July, 2024 Brisbane, Australia

Wednesday 3rd July

Registration	8:00am - 8:30am
Keynote Address	8:30am - 9:30am
Platform Presentations	9:30am - 10:30am
Morning Tea and Poster Presentation Session 4	10:30am - 11:30am
Invited Speaker	11:30am - 12:00pm
Platform Presentation	12:00pm - 12:15pm
Tavistock Trust for Aphasia Award	12:15pm - 12:30pm
Lunch	12:30pm - 1:30pm
Platform Presentations	1:30pm - 2:30pm
Poster Presentation Session 5 & Afternoon Tea	2:30pm - 3:45pm
Platform Presentation	3:45pm - 4:00pm
Conference Awards	4:00pm - 4:45pm
Closing Address	4:45pm - 5:00pm

Keynote Speakers

Professor Beth Armstrong

Professor Beth Armstrong is Director of the University Department of Rural Health South West at Edith Cowan University in Bunbury, Western Australia.

She leads a national multidisciplinary team of Aboriginal, Torres Strait Islander and non-Aboriginal researchers focused on improving service delivery and quality of life for Aboriginal and Torres Strait Islander people after traumatic brain injury and stroke.

Her research is based on collaborative community and health service provider partnerships, with the voice of Aboriginal and Torres Strait Islander people with brain injury at the centre of all endeavours. Professor Armstrong has attracted ongoing funding to support this program of research.

Professor Madeline Cruice

Madeline is Professor of Aphasia Rehabilitation and Recovery at City, University of London. She represents the Royal College of Speech and Language Therapists on the UK Stroke Forum Organising and Scientific Committees, and is the 2024 incoming Joint Chair of the international Collaboration of Aphasia Trialists.

Professor Cruice's research interests include the development of novel interventions to optimise functional communication and quality of life for people with aphasia - multilevel discourse interventions, communication partner training, technology-enabled aphasia rehabilitation, communication access and inclusion in stroke research and stroke rehabilitation practice - and working in partnership with human computer interaction design researchers - inclusive data visualisation, inclusive design content in media, and inclusive content creation and curation.

Her research has been funded primarily by the National Institute of Health Research, the Stroke Association, the Engineering and Physical Sciences Research Council, and the Dunhill Medical Trust.

Professor Anthong Pak-Hin Kong

Prof. Kong currently serves as the Head of Academic Unit of Human Communication, Learning, and Development and Director of Aphasia Research and Therapy (ART) Laboratory at The University of Hong Kong. He is a Fellow of the American Speech-Language-Hearing Association (ASHA). His research interests include stroke-induced aphasia, discourse analyses, neurogenic communication disorders in multilingual speakers, gesture production and multi-modal communication in aphasia, acoustic analysis and automatic speech assessment for disordered speech, neuromodulation and technology-based training for acquired communication disorders, and community support to people with aphasia and their caregivers. Prof. Kong has also taken the lead in organizing the Cantonese AphasiaBank, the first data-sharing corpus of multi-modal discourse production by Chinese-speaking people with aphasia and healthy individuals. His research has received continuous funding from the National Institutes of Health, the Hong Kong Government, The Government of the People's Republic of China, and multiple national and international universities and private foundations.

Invited Speakers

Dr Anna Volkmer

Dr Anna Volkmer is an NIHR funded senior research fellow at University College London. She is also an honorary consultant speech and language therapist at the National Hospital for Neurology and Neurosurgery in London where she works with the cognitive disorders service.

Dr Volkmer's research has focused on the development of interventions to support people with Primary Progressive Aphasia and their families.

This has included work to develop a communication partner training program called Better Conversations with PPA (BCPPA). The BCPPA pilot study was the first randomised controlled trial of a speech and language intervention in the field of PPA research. Dr Volkmer has also led on an international collaboration to develop a core outcome set for PPA research. She is currently collaborating with 19 countries worldwide to address this work.

Associate Professor Emma Power

Emma Power is a speech pathologist and Associate Professor at the University of Technology Sydney. Emma's career has spanned 26 years. Her area of practice includes stroke, brain injury and dementia. Emma works with individuals with communication disability, families and organisations. Emma has many research interests including development and implementation of clinical guidelines. She also designs and publishes her research with people with communication disability, clinicians and peak bodies.

Emma has 130+ peer-reviewed publications and $18.5+ million worth of grant funding. She has also supervised 70+ research students. Emma is recognised internationally for her research in implementation and communication partner training. She has contributed to communication inclusion in a 6-year role on the Stroke Foundation research advisory committee. She is currently a member of the Stroke Foundation Living Guideline working groups.

Abstracts

Monday
1st July

8:00 - 8:30am	Registration	
8:30 - 8:45am	Welcome to Country	
8:45 - 9:00am	Introduction to IARC	Sarah Wallace & David Copland
9:00 - 10:00am	**Keynote Address -** Unpacking aphasia therapy: Cultural learnings from an Aboriginal context	**Elizabeth Armstrong**
10:00 - 10.15am	Creating a culturally responsive space for participating in aphasia research: An Aotearoa perspective.	Annette Rotherham
10:15 - 10:30am	Speech pathology services for Aboriginal and Torres Strait Islander peoples post stroke or TBI: A qualitative case exploration.	Frances Cochrane
10:30 - 11:00am	**Morning Tea**	
11:00 - 11:15 am	A two-fold setback for inpatient rehabilitation: When people with aphasia need an interpreter, they have worse outcomes. A national cross-sectional study.	Kathleen Mellahn
11:15 - 11:30am	Transforming delivery of community aphasia groups: Outcomes from a proof-of-concept trial of a hub-and-spoke, peer-led community aphasia group program.	Lucette Lanyon
11:30 - 11:45am	Accessible Research Summaries: Launch of the Aphasia Research Library.	Sarah Wallace & Ryan Deslandes
11:45 - 12:00pm	Does pet ownership benefit people with aphasia?	Maria Kambanaros
12:00 - 12:15pm	Towards a needs-based care pathway for families living with aphasia.	Jytte Isaksen
12:15 - 12:30pm	Why aphasia researchers should use the PAOLI (People with Aphasia and Other Layperson Involvement) framework.	Maria Kambanaros
12.30 - 1:20pm	**Lunch and Trade Displays**	

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1:20 - 5:00pm	**Aphasia Access Session**

1:20 - 1:30pm	Introduction to Aphasia Access Session	AAA chairperson Claire Bennington & board member Scott Harding
1:30 - 2:00pm	Building programs that help people with aphasia stay connected to their friends: Update on past and future research projects.	Brent Archer
2:00 - 2:30pm	Co-designing an international aphasia awareness campaign.	Claire Bennington & Emma Beesley
2:30 - 3:00pm	The CHAT program.	Jade Dignam
3:00 - 4:00pm	**Aphasia Access Poster Session 1 and Afternoon Tea**	
4:00 - 4:30pm	Return to work with post-stroke aphasia: What have we learned so far?	Penni Burfein
4:30 - 5:00pm	Facilitating community aphasia groups – Building and trialling an education package for speech pathologists.	Kathryn Pettigrove
5:00pm	**Welcome Reception**	

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1	Who am I with aphasia? Changes to relationships. Changes to the self.	Amy Ford
2	How successful are conversations between people with aphaisa and their primary conversation partner? Validation of a Patient Reported Outcome Measure (PROM).	Annette Rotherham
3	A multifaceted analysis of the Accessibility of Stroke Service Websites: Action is required to maximise communication inclusion	Emma Power
5	Aphasia camps: The who, where and how.	Cara Heggie
6	You want things you can read. Aphasia Friendly: Easy English.	Cathy Basterfield
7	Queensland Aphasia Research Centre Tech Hub.	Sonia Brownsett
8	Australia's first Young Stroke Service: Embedding communication inclusion and access across multi-disciplinary clinical services, evaluation, and research.	Emma Power
9	Counting Group Dynamics in Conversation Treatment.	Gayle DeDe
10	CHAT-Maintain.	Jade Dignam
11	Bridging the digital divide: People with aphasia's experiences of Internet use.	Jennifer Lee
12	The Mood Tracker App: Tracking and supporting mood in aphasia.	John E. Pierce
13	Alexa, help me practise my therapy exercises.	Abi Roper

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**Aphasia Access
Poster Session 1**
Monday 1st July

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14	Exploring the acceptance of a purpose-built mobile music listening application with people living in the community with post-stroke aphasia.	Bethany Best
15	An online community for people with aphasia.	Jytte Isaksen
16	Stroke Social Network Scale - Norway.	Karianne Berg
17	A new lens on post-stroke fatigue? Exploring the speech-in-noise challenge in patients with and without post-stroke aphasia.	Kelly Miles
18	Cross-language generalization following L1/L2 treatments in a case of English-Chinese bilingual Broca's aphasia.	Lilong Xu
19	Using experience-based co-design to transform experiences of care: Priorities and concept design for development of post-stroke aphasia services.	Lisa Anemaat
20	Supporting people with aphasia to make decisions in hospital	Mark Jayes
21	Aphasia in Aotearoa: A codesigned project to update aphasia therapy in Aotearoa New Zealand.	Robyn Gibson
22	Making the call: How a phone-use assessment can help people with aphasia go home.	Pip Taylor
23	Working together to understand and share research findings.	Sally Zingelman
24	Assessing an animal-assisted treatment program for adults with aphasia: Findings from the Persons with Aphasia Training Dogs (PATD) program.	Sharon M. Antonucci
25	People with aphasia living alone: What do we know and what can we do?	Sue Sherratt
26	"You have to TRY": The meaning of confidence in communication for adults with aphasia.	Tami Howe

Unpacking aphasia therapy: Cultural learnings from an Aboriginal context

Professor Beth Armstrong
Director, University Department of Rural Health South West, Edith Cowan University
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To date, the field of aphasiology has a knowledge base largely derived from a Western-centric view point that has deeply informed clinical practices and services provided. As aphasiology develops theories and practices that support equity, celebrate diversity and address barriers to services, examination of the intersection of aphasiology with Indigenous communities globally is required. Indigenous populations have strong and rich cultural and linguistic histories, yet also have unique histories of devastating past and ongoing colonising practices that have impacted access to health services as well as perceived relevance of those services. In this presentation I will unpack some of the principles of current aphasia management using my learnings from working now for over 15 years with Aboriginal researchers and clinicians and Aboriginal people with brain injury in an Australian context. Reflections will contribute to thinking and discussion around cross cultural aphasiology practice generally and be discussed in the context of colonisation and systemic racism inherent in many of the institutions and frameworks in which we operate.

I will explore concepts such as world view, cultural security, intersectionality, clinical discourse, goal-setting, person-centred therapy, communication partner training, functional communication, co-design, equity vs equality, and what constitutes an 'evidence base' in aphasiology. I will draw on our Aboriginal and non-Aboriginal research team's data and experience from both hospital and community based projects to inform my reflections.

As a white non-Aboriginal SLP and aphasiologist I want to make it clear up-front that I am not presuming to present an Aboriginal perspective here and the presentation will not provide 'how to' or prescriptive guidelines about working with Aboriginal people with aphasia and their families. Instead, I will encourage reflection on how world views inform current aphasiology research and clinical practice and encourage re-examination of some foundation principles that have developed from a largely Western focus.

Learning outcomes

- An understanding of worldview and its implications for aphasiology practice
- An understanding of the importance of establishing a two-way clinician/client relationship that acknowledges cultural and kinship contexts and enables sharing of both clinician and client expectations
- Ability to incorporate a cultural lens in aphasia management practices

Creating a culturally responsive space for participating in aphasia research- An Aotearoa perspective.

Annette Rotherham

Queensland Aphasia Research Centre, University of Queensland
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Whaia te mātauranga hei oranga tātou katoa -seek knowledge for the wellbeing of all.

Introduction:
Stroke researchers must engage with indigenous populations to address current inequitable health outcomes, as highlighted in the WAI2575 report (2019) (Came, O'Sullivan, Kidd & McCreanor, 2020). As a tauiwi (non-Māori) researcher working with Māori who have had stroke and aphasia in Aotearoa, New Zealand, our research methods need to be mana-enhancing for the participants, to value and respect their knowledge and to demonstrate partnership in ownership of research data (Māori data sovereignty) (Came 2013).

Aim:
This presentation will introduce the Te Ara Tika model (Hudson et al., 2009) of research ethics used in Aotearoa to guide the inclusion of indigenous research methodologies and ethics principles that can be used alongside Western research methodologies to ensure Tikanga (cultural concepts) are acknowledged.

Method:
The presentation will demonstrate how the principles from Te Ara Tika were utilised within aphasia research for couple's conversations in aphasia. A research advisory group supported the research process, including a Kaumatua (Cultural advisor) and couples with aphasia who were Māori.

Results:
The framework advocates for constructive relationships and considers each party's roles and responsibilities in the engagement process. The principles of whakapapa (relationships), mana (justice and equity), tika (research design) and manaakitanga (cultural and social responsibility) will be presented, and insights from the Māori members of the research advisory group will be shared.

Conclusion:
Embedding the use of cultural practices and values into research methods can support Māori participants to participate freely and express their lived experience of aphasia and stroke while also knowing that their whakāro (thoughts) and mātauranga-(knowledge) will be protected and respected.

Speech pathology services for Aboriginal and Torres Strait Islander peoples post stroke or TBI: A qualitative case exploration.

Frances Cochrane
James Cook University
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Background:
Aboriginal and Torres Strait Islander peoples experience negative impacts to their wellbeing and reduced health service access and engagement due to acquired communication disorders (ACD), unsafe hospital experiences, and dislocation from home and family (Armstrong et al., 2023; Fitts et al., 2019). Communication and cultural difference between Aboriginal and Torres Strait Islander peoples and non-Indigenous speech pathologists (SP); along with SPs' lack of cultural responsiveness, may contribute to communication breakdown, and culturally inappropriate ACD assessment and intervention approaches (Cochrane et al., 2023; Fitts et al., 2019).

Aim/s:
This study aimed to explore "how" and "why" SP services are delivered for Aboriginal and Torres Strait Islander adults with ACDs in hospital, and the experiences of those involved in the delivery and receipt of these services.

Method:
The study employed an instrumental case study design, informed by culturally responsive principles (Stake, 2006). Data were collected from two Aboriginal and Torres Strait Islander patients, and four SPs, including an Aboriginal SP. Multiple data collection methods were used including medical record review, participant observation, interviews, focus group, and reflective diaries; and were analysed using qualitative content analysis. Results: Preliminary data analysis revealed seven categories. The categories related to: 1) Finding out about patients' culture; 2) Collaboration with IHLOs; 3) Aboriginal SP helps patients and non-Indigenous SPs; 4) Building rapport; 5) Indigenous patients' hospital experiences; 6) Assessment experiences and approaches; and 7) Rehab experiences and approaches.

Discussion and conclusions:
SPs attempt to use informal and rapport building approaches to facilitate culturally responsive practice. SPs find it challenging to build rapport with patients, or adapt assessment and therapy approaches, especially when trying to balance patient and workplace needs. The invaluable connections and shared experiences Aboriginal SPs have with patients was highlighted. To facilitate a safe and culturally supportive environment, SPs must develop rapport and connections with patients, collaborate with IHLOs early in the patients' hospital journey, and ensure ACD assessment and rehabilitation approaches are personally relevant and culturally appropriate for patients.

A two-fold setback for inpatient rehabilitation: When people with aphasia need an interpreter, they have worse outcomes. A national cross-sectional study.

Kathleen Mellahn
La Trobe University
contact: K.Mellahn@latrobe.edu.au

Background:
People with aphasia after stroke, who require an interpreter, experience differences in evidence-based clinical care and outcomes in the acute setting compared to those who don't require an interpreter. We investigated associations between requiring an interpreter and the provision of evidence-based stroke care and outcomes for people with aphasia in the inpatient rehabilitation setting.

Methods:
Patient-level data of people with aphasia were aggregated from the Stroke Foundation National Audit - Rehabilitation Services (2016-2020). Multivariable regression models were used to compare adherence to processes of care and outcomes (e.g. length of stay, discharge destination) by interpreter status. Outcome models were adjusted for sex, stroke type, hospital size and stroke severity factors.

Results:
We identified 3160 people with aphasia with 208 (7%) reported to require an interpreter. The interpreter group (IG) were admitted with more severe disability, reflected by lower rates of independence on the cognitive and motor FIM (6% vs 12%, $p<0.05$ respectively). Compared to people with aphasia not requiring an interpreter (NIG), the IG were less likely to have phonological and semantic interventions for their aphasia management (OR 0.56, 95% CI 0.40, 0.78). The IG were more likely to have a carer (OR 2.03, 95% CI 1.41, 2.96) but less likely to have a home assessment prior to discharge (OR 0.34, 95% CI 0.12, 0.95) despite increased likelihood of discharging home with their usual supports (OR 1.49, 95% CI 1.08, 2.05). The IG had a longer median length of stay (31 vs 26 days, $p=0.005$) than the NIG.

Conclusion:
Differences exist in some outcomes in the inpatient rehabilitation phase of care for people with aphasia after stroke who require an interpreter. These differences may or may not be attributed to several contrasts in clinical management across disciplines. Further research is required to explore the relationship between clinical care and outcomes for this group.

Transforming delivery of community aphasia groups: Outcomes from a proof-of-concept trial of a Hub-and-Spoke, Peer-led community aphasia group program.

Lucette Lanyon
La Trobe University
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Background:
Group participation offers people with aphasia vital links, meaningful activity, and interaction opportunities beyond the home. Stretched clinical resources and limited options for capacity building have resulted in consistently low group service options in Australia and internationally. We need to transform the delivery of community aphasia groups to ensure they are sustainable and address the complex needs of people with aphasia.

Aim/s:
The aim of this study was to investigate the feasibility, acceptability, and efficacy of a Phase I Hub-and-Spoke, Peer-led Community Aphasia Group (CAG) program.

Method:
We conducted a mixed-methods, proof-of-concept study in 2021-2022. A clinical "hub" of allied and mental health professionals provided support to group facilitators ("spokes") who were community members with and without aphasia. Facilitators ran two groups over 12 sessions. Close others participated in two combined and two close other-only sessions. Quantitative data were analysed at group and individual level using Friedman's Rank Sum test and MDC90. Qualitative data were analysed using the Framework approach.

Results:
Participants were seven (six male, one female) people with aphasia and six (four female, two male) close others. Baseline mean WAB-R AQ was 51.1 (range 35-91.8). Group programs were disrupted four times between 2020 and 2022 because of Government-enforced COVID-19 restrictions. Data point completion was >95%. Three people with aphasia showed clinically meaningful gains in overall quality of life, communication-related quality of life, and functional communication. Close others demonstrated clinically meaningful improvements in quality of life. Qualitative analysis resulted in themes of i) beneficial experience, ii) effective personnel, iii) close other dual roles, iv) COVID-19 impact, v) valuing diverse contributions.

Discussion and Conclusions:
We demonstrated that our Hub-and-Spoke, Peer-led community aphasia group service was feasible and acceptable. Future research could explore the benefits of embedding a Hub-and-Spoke model within a preexisting health service to maximise sustainability.

Accessible Research Summaries: Launch of the Aphasia Research Library.

Sarah Wallace and Ryan Deslandes
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Background:
To ensure that research is disseminated widely, agencies such as the National Health and Medical Research Council (NHMRC), the European parliament and the council of European Union (EU) require that research outputs be accessible to consumers, including those with communication disabilities such as aphasia (e.g., NHMRC, 2016; EU, 2014).
Aims: 1) To establish the preferences of people with aphasia regarding content and format of research summaries. 2) To co-design technology that supports communication-accessible research reporting.

Methods:
A consumer and community involvement process guided project conceptualisation and planning. This informed an online, multi-modal, multi-lingual international survey of people with aphasia. Descriptive statistics were calculated, and qualitative content analysis was used to establish priorities for research summary content. A series of co-design workshops were held to iteratively design and develop a technology-based solution.

Results:
An international online forum of >30 people with aphasia confirmed the need for improved access to information about stroke and aphasia research. Attendees discussed how and why they would use a research summary and identified key content areas. The international survey was completed by 70 people with aphasia (15 countries, 11 languages). Respondents indicated that the research title, rationale, design, aims, and results, should always be included in a research summary, whereas limitations, location, and funding source are less important. Based on these results/moreover/or similar, five people living with aphasia attended three online workshops and iteratively co-designed an online template and searchable database called the Aphasia Research Library (ARL). ARL supports information access and scientific literacy by generating user-friendly research summaries that reflect individual content and communication preferences.

Conclusion:
We present a co-developed template and searchable web-based database for communication-accessible research reporting. Researchers in the field of stroke who are committed to disseminating their research findings to all stakeholders are encouraged to use and promote this resource.

Does pet ownership benefit people with aphasia?

Maria Kambanaros
University of South Australia
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Background:
There is a growing body of literature on the benefits and barriers of pet ownership for people experiencing reduced psychosocial wellbeing, including older adults and people with dementia. Pets can facilitate independence and social interaction by providing emotional support and companionship, however, pets can also cause emotional distress because of the responsibility of care and physical risk. Not much is known about how people with aphasia (PWA) experience pet ownership with regards to communicating with and about their pet.

Aim:
This preliminary study explores the experiences of pet ownership for PWA, including the benefits and barriers regarding psychosocial wellbeing, communication, and social interaction.

Method:
Six PWA met inclusion criteria and provided written consent to participate. Semi-structured interviews to explore the experiences of pet ownership for people with aphasia were undertaken. Thematic analysis identified patterns within the data, which were then mapped onto the ICF to aid the generalisation of results into clinical practice.

Results:
106 codes were identified and organised into thirty categories, nine subthemes and three themes, which were then mapped onto the ICF. The three main themes explore Pet Care, Connection with Pet, and Connection with People. Further subthemes and categories identified, explore the relationship of aphasia and emotional and physical wellbeing, and the impact of pets and other environmental and personal factors. Overall, active contribution to pet care for PWA facilitated independence, motivation, and purpose. Taking care of a pet facilitated opportunity to learn and adapt skills, promoted self-growth, and supported PWA throughout their process of acceptance and readjustment to living successfully with aphasia.

Conclusion
The findings demonstrated the important role of pets in supporting the wellbeing, communication, and social participation of PWA. Areas of difficulty and insufficient support with pet care were also identified, highlighting significant implications for healthcare professionals and need for future research.

Towards a needs-based care pathway for families living with aphasia.

Jytte Isaksen
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Background:
Aphasia results in negative consequences like social isolation, loneliness, depression, loss of friendships, reduced autonomy, and changed family dynamics. Similarly, aphasia impacts significant others of the affected, e.g., changes in relationships, roles and responsibilities, job, and social life. Furthermore, significant others can also experience change in own mental and physical health. Consequently, care and rehabilitation should include the whole family living with aphasia throughout the care pathway.

Aims:
The aim of this project was to make a needs assessment for developing a cross-sectoral system-oriented care pathway for families living with aphasia. The needs assessment will focus on the overall care and wellbeing of the family system affected by stroke and aphasia and include a scoping review of family intervention and result in a catalogue of ideas and solutions.

Method:
This three-legged study is based on 1) qualitative interviews of 26 people living with aphasia; 2) scoping review of 69 studies interventions for families with aphasia; 3) workshops with co-creation (people living with aphasia and health professionals) of ideas and solutions for future development and implementation across the care pathway.

Results:
Five major areas of needs have been identified: services reaching out to families; community and belonging; autonomy, relief, and psychological support; support for new tasks and roles; and communication training and support. None of the interventions in the scoping review match all the identified needs although most interventions match one or two. The co-creation workshops have resulted in a catalogue of ideas and solutions for further development and implementation across the care pathway from acute care to civil society.

Discussion and Conclusions:
The multifaceted needs experienced by families living with aphasia cannot be meet in existing interventions. A range of ideas and solutions has been suggested. Further development needs to take place in the relevant care and rehabilitation settings.

Why aphasia researchers should use the PAOLI (People with Aphasia and Other Layperson Involvement) framework.

Maria Kambanaros
University of South Australia
contact: maria.kambanaros@unisa.edu.au

Background:
Patient and Public Involvement (PPI) in aphasia research requires researchers to include people with aphasia (PWA) as research partners from the beginning of the study. Yet the quality of reporting on the level and type of involvement is poorly documented in the absence of a framework to guide PPI in aphasia research.

Aim:
To extract the items and statements relevant for the development of the People with Aphasia and Other Layperson Involvement (PAOLI) framework for designing and implementing PPI in aphasia research, in collaboration with people with aphasia. The goal is for researchers to use the PAOLI framework when designing their research study.

Method:
To develop the PAOLI, the method recommended by the EQUATOR network for developing a framework was followed. This involved: (1) evidence from a scoping review, (2) a thematic analysis of the in-depth interviews, of people with stroke and aphasia, on the topics to be included in the pilot draft, (3) a two round Delphi survey for item/statement selection and (4) an experts' consensus meeting. The research team involved two PPI partners with chronic stroke-induced aphasia. The research process involved co-design and was informed by the Dialogue model.

Results:
The PAOLI framework includes 17 items (with 66 descriptive statements): establish collaborations, recruit patients, gain informed consent, organize induction meetings, train patient partners, create communication links, engage communication partners, conceptualize topics, establish research priorities, reach consensus, work with co-design methods, develop proposals, assist with dissemination of results, promote implementation of the outcomes, support patient partners and promote self-evaluation, monitor progress and assess impact of the patient involvement.

Conclusion:
The PAOLI is the first international consensus framework for guiding patient involvement in aphasia research. Researchers are encouraged to adopt the framework to improve the quality of their research by promoting the meaningful involvement of people with aphasia within the research team from the start.

Building programs that maintain people with aphasia's social connection: Update on a comprehensive research agenda.

Brent Archer
Bowling Green State University
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Background:
People with aphasia may struggle to maintain friendships (Davidson et al. 2008). The isolation that often accompanies aphasia can exacerbate mental health difficulties and can lead to poorer health outcomes (Singer, 2018). Further, when people with aphasia lack opportunities to socialize, they have fewer opportunities to relearn or practice communication skills.

Purpose:
We describe the research process that informed the development of a prototype friendship maintenance program. We then discuss our future plans that include a co-design process and plans to pilot and trial our program.

Method:
We conducted two studies to inform the friendship maintenance program : a scoping review of programs designed to combat social isolation in elderly people (Douglas et al. 2023) and people with communication disorders and qualitative interview studies in which we investigated how 27 people with aphasia (Archer et al. 2023), 9 significant others and 7 friends of people with aphasia perceived their friendships.

Results:
Major themes from the above studies included: providing information about aphasia would help people with aphasia and their friends understand how this disability does (and does not) impact relationships, equipping partners with simple communication skills might keep connections strong, and friends may need occasional encouragement and guidance about steps they can take to support people with aphasia. The friendship maintenance prototype program uses a digital platform and in person behavioural interventions to address these and other relevant areas.

Discussion and conclusion:
The next step in our research process is to further co-design the prototype program in collaboration with various community members (people with aphasia, friends, clinicians). Then, we will conduct a mixed methods pilot study to provide preliminary efficacy data on the co-designed friendship maintenance program. Finally, we will undertake a randomized controlled trial that will also focus on implementation, feasibility and acceptability of the friendship maintenance program.

Co-designing an international aphasia awareness campaign.

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Background:
Aphasia awareness is low internationally, with awareness rates remaining low over a 20-year period (Simmons-Mackie et al., 2020). Despite this, little attention has been given to what it means to be 'aphasia aware'. To address this issue, three international studies to co-design a unified aphasia awareness campaign were conducted.

Aims:
(1) To explore stakeholder perspectives and experiences of aphasia awareness.
(2) To identify and gain consensus on priorities for a campaign, and
(3) To co-design a unified, international aphasia awareness campaign.

Methods
Study 1: To address aim 1, online surveys were conducted with an international sample of: (a) people living with aphasia (PLWA) and (b) people who work with PLWA (Workers). Data were analysed using descriptive statistics and content analysis. Study 2: Aim 2 was addressed through focus groups using nominal group technique in five countries. Study 3: To co-design the campaign six international workshops were held.

Results:
Study 1: 411 PLWA and workers across 39 countries participated. >90% of both stakeholder groups thought aphasia awareness was very or extremely important due to the daily communication barriers faced by people living with aphasia. To be aphasia aware, both groups want people to know that aphasia does not affect intelligence, how to support communication for a person with aphasia and the impact of aphasia. Study 2: 552 ideas for a unified campaign were generated and stakeholders prioritised 115 ideas. Study 3: Desired outcome, target audience, key messages, calls to action, tag line, format and design of an aphasia awareness campaign, and how to operationalise it, were co-designed.

Discussion:
An international group of stakeholders co-designed a blueprint for a unified aphasia awareness campaign. Future work will co-develop and launch the campaign.

The CHAT program.

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Background:
Intensive Comprehensive Aphasia Programs (ICAPs) are an evidence-based intervention employing best-practice principles; however, they are not routinely utilised in clinical practice (Rose et al., 2021). The Comprehensive, High-dose Aphasia Treatment (CHAT) program is the first modified-ICAP to be embedded within an Australian health service.

Aim/s:
This study evaluated the effectiveness of CHAT on participants' language, communication and quality of life when delivered at the Surgical Treatment and Rehabilitation Service (STARS), a tertiary-teaching rehabilitation facility in Brisbane, Australia.

Method:
A non-randomised Phase II hybrid clinical implementation and effectiveness design was employed. CHAT includes 50 hours of comprehensive, evidence-based aphasia therapy, tailored to participants' goals. Therapy was delivered by STARS allied health professionals to 14 cohorts from February 2021 to December 2023. Sixty-seven participants with post-stroke aphasia (48M, 19F; mean age = 65.6, SD=13.3; mean time post stroke = 28.8months, SD=61.2) were consented. Outcome measures included the Comprehensive Aphasia Test (CAT), Communicative Effectiveness Index (CETI), the Stroke and Aphasia Quality of Life Scale (SAQOL-39) and the Communication Confidence Rating Scale for Aphasia (CCRSA) and were administered at post-therapy and 3-months follow-up. Data were analysed using Linear Mixed Models (LMM) and Cohen's d effect size.

Results:
Sixty-five participants completed CHAT. LMM revealed a significant effect of time, with group-level improvements across measures at post-therapy (CAT p<.001, d=0.3, CETI p<.001, d=1.2, SAQOL p<.001, d=0.5, CCRSA p<.001, d=0.6) and 3 months follow-up (CAT p<.001, d=0.3, CETI p<.001, d=1.2, SAQOL p<.001, d=0.4, CCRSA p<.001, d=0.6). Individual participants' response to intervention was variable.

Discussion & Conclusions
The CHAT program resulted in positive and enduring improvements across participants' language, communication, and quality of life. Following this successful 3-year implementation trial, CHAT will be offered as part of the STARS usual care speech pathology service from 2024 onwards.

Return to work with post-stroke aphasia: What have we learned so far?

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Background:
Return to work (RTW) is an important rehabilitation goal for individuals after stroke,[1] including people with aphasia. Whilst re-employment rates are highly variable for all stroke survivors, people with aphasia RTW less often when compared to those without aphasia[4]. There are significant evidence gaps regarding factors influencing vocational outcomes and effective work-focussed interventions for people with post-stroke aphasia.[4]

Aim/s:
This study aims to report preliminary findings exploring RTW outcomes of people with post-stroke aphasia.

Method:
Quantitative vocational data were collected as part of a multi-site, longitudinal, mixed-methods study. Twenty-five adults (18 male, 7 female; mean age = 52.3 years, range 19–76 years) with aphasia employed pre-stroke onset, consented to participate in an interview and assessment battery at six, 12- and 24-months follow-up post-stroke onset.

Results:
At six months, ten participants returned to the same pre-stroke role and employer (45%) whilst 12 had not RTW. Of the 10 participants who re-entered the workplace, all reported a graded RTW and nine had changes to their pre-stroke employment conditions, including reduced hours and/or modifications to work duties. At one year, seven participants were employed (47%), eight were not working and three were lost to follow-up. Three individuals who were unemployed at six months, were working at one year however, in a different role and workplace, or in the same job with less hours. At two years follow-up, two participants had sustained work (33%) yet four had no RTW.

Discussion and Conclusions:
Approximately half of participants with post-stroke aphasia followed up at 6 and 12 months were employed however, role changes and reduced hours were reported. Some participants reported that increased time, rehabilitation, and support was required to facilitate RTW. Ongoing data collection and analysis will elucidate the current findings and inform future vocational rehabilitation research.

Facilitating community aphasia groups – Building and trialling an education package for speech pathologists.

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Background:
Community aphasia groups (CAGs) can powerfully promote psychosocial wellbeing for people with aphasia, but access is limited. Increasing the number of facilitators, including speech pathologists (SPs) and others such as volunteers and peers with aphasia, will help to increase access to CAGs. However, CAG facilitation is complex, and poor facilitation can create negative outcomes (Lanyon, et al., 2018). Facilitator training is recommended (Elman & Hoover, 2013) but not widely available (Pettigrove, et al., 2021), and no previous research has investigated the design or impact of CAG facilitator training.

Aims:
1) Develop an evidence-based education package for SPs about CAG facilitation, and 2) evaluate the acceptability of the package to SPs.

Method:
Drawing on instructional design, group theory, and CAG literature, we developed a four-week education package comprising 7 self-paced online modules (text, video, knowledge checks, reflections, observations) and 2 online workshops (discussion, problem-solving, roleplay). In a phase I convergent design mixed-methods acceptability study, we piloted the package with SPs (n=9; CAG experience=0-20 years). Evaluation included quantitative satisfaction surveys and qualitative focus group data using framework analysis. A measure of self-perceived facilitation competence was also piloted.

Results:
Satisfaction with the package was high, with average scores on 9 satisfaction questions ranging from 4.33 to 5/5. Focus group data highlighted participant enjoyment, the benefits of the multi-media blended-learning design (particularly video observations and roleplays), and a desire for additional examples, longer workshops and more opportunities to discuss implementation. While not powered for statistical significance, pre-post competence scores also showed positive trends.

Discussion and Conclusions:
Our systematically-designed, evidence-based facilitation education package demonstrated high acceptability to SPs with a range of prior experience. Pilot feedback will inform improvements to the package prior to a phase II effectiveness RCT, investigating its impact on facilitator competence. We hope that the final education package may contribute to increasing the number and quality of CAGs in the community.
299 words, excluding references.

| 5:00pm | Welcome Reception |

Tuesday
2nd July

Time	Session	Presenter
8:00 - 8:30am	Registration	
8:30 - 9:30am	**Keynote Address -** Delivering on aphasia rehabilitation priorities: Together towards tomorrow	**Madeline Cruice**
9:30 - 9:45am	Effects of conversation treatment for individuals with aphasia: Replication and extension of a randomized controlled trial.	Gayle DeDe
9:45 - 10:00am	Communication partner training with carers of people with aphasia: Preliminary results of a stepped wedge implementation trial.	Kirstine Shrubsole
10:00 - 10:15am	Collaborative Referencing Intervention (CRI) for aphasia: A phase-II treatment study.	Suma Devanga
10:15 - 10:30am	Effects of conversation treatment for individuals with severe aphasia.	Elizabeth Hoover
10:30 - 11:00am	**Morning Tea**	
11:00 - 11:30am	**Invited Presentation:** Core outcomes for Primary Progressive Aphasia: What have we got and where are we going in speech-language interventions?	**Anna Volkmer**
11:30 - 11:45am	Efficacy of telerehabilitation for anomia in people with aphasia.	Courtney Jewell
11:45 - 12:00pm	Preliminary efficacy of TeleCHAT: A comprehensive, high-dose aphasia therapy program delivered via telerehabilitation.	Annie Hill
12:00 - 12:15pm	Delivering intervention in aphasia via telehealth: How feasible are assessments and outcome measures?	Abi Roper
12:15 - 12:30pm	Individual or group? Exploring the effectiveness of NADIIA in different delivery conditions - and why this might be so.	Anne Whitworth
12.30 – 2:15pm	**Lunch and Poster Presentation Session 2**	

2:15 - 2:30pm	Script Club: Motivating real change through remote group script training for people with primary progressive aphasia (PPA).	Richard Talbot
2:30 - 2:450pm	Trialing the NADIIApp for people with aphasia: How feasible and how effective?	Anne Whitworth
2:30 - 3:00pm	Adapting group-based aphasia treatment for telehealth: Development and evaluation of Multi-Modality Aphasia Therapy Tele.	John Pierce
3:00 - 4:15pm	**Poster Presentation Session 3 and Afternoon Tea**	
4:15 - 4:30pm	TIDieR Aphasia - Reporting checklist for aphasia treatment studies.	Lucy Dipper
4:30 - 4:45pm	Documenting the details: Exploring treatment intensity, dose, and active ingredients of an Intensive Comprehensive Aphasia Program (ICAP).	Catherine Off
4:45 - 5:00pm	Speech pathologists' perceptions of early intensive aphasia intervention: Implications for planning future early aphasia therapy.	Mia Cook
6:00 - 9:00pm	**Conference Dinner (tickets pre-purchased)**	

27	"Communication is difficult": Secondary aphasia in non-language led dementias.	Anna Volkmer
28	A TeleCPT case study: Acceptability and utility of Better Conversations with Primary Progressive Aphasia (PPA) for a person with semantic variant PPA and their communication partner.	Anna Volkmer
29	Better Conversations Intensive Conversation Camp (ICC): Developing intensive communication partner training programmes for people with acute onset and progressive aphasia and their families.	Anna Volkmer
31	Co-design and evaluation of a communication intervention package for people with a brain tumour.	Emma Finch
32	"Without me, she would have been very alone": Family members of people with primary progressive aphasia share their perspectives on the communication needs for their relatives and themselves.	Katharine Davies
33	"This is the unknown": Family members of people with PPA discuss the concept of living positively.	Leanne Ruggero
34	Scoping review of the management of communication impairments in people with brain tumours: What's the evidence?	Emily Brogan
35	Barriers and facilitators to implementing telehealth interventions for people with primary progressive aphasia and dementia: a systematic review.	Richard Talbot
36	Language deficits in people with focal epilepsy.	Sonia Brownsett
37	Relationship between cognitive and linguistic performance in patients with stroke in the right hemisphere one year after the event.	Teresa Julio-Ramos
38	Better Conversation with Primary Progressive Aphasia: Adaptation to Norwegian.	Ingvild Winsnes

39	Primary Progressive Aphasia and conversation - results from a single case study.	Ingvild Winsnes
40	A Cantonese programme of Intensive and Comprehensive Aphasia Program (ICAP): Preliminary results.	Anthony Pak-Hin Kong
41	Making the most of every session: Optimizing and individualizing treatment within an Intensive Comprehensive Aphasia Program (ICAP).	Jenna Griffin-Musick
42	Intensive speech therapy: Influence on the quality of life and degree of depression of aphasia patients and on the burden of their caregivers/family.	Leticia de Azevedo Leite
43	"Get as much speech therapy as you possibly can": The perceptions of early intensive aphasia intervention of people with lived experience and carers. Implications for planning future early aphasia therapy.	Mia Cook
44	The feasibility, acceptability, and potential effectiveness of implementing a structured, collaborative clinical planning process for Comprehensive, High-dose Aphasia Treatment (CHAT).	Rachel Levine

45	Testing the usability of an mHealth application to monitor and motivate adherence to aphasia therapy: A pluralistic walkthrough evaluation.	Bridget Burton & Peter Worthy
46	AI in aphasia: Automatic detection and analyses of description samples.	Emily Guo
47	Developing a telehealth assessment toolkit for speech and language therapists using the COM-B and TDF models for behaviour change.	Abi Roper
48	Technology design considerations for [eople with aphasia.	Kori Ramajoo
49	The application of Nielsen's Usability Heuristics to mHealth systems designed for use by people living with aphasia.	Peter Worthy
50	Developing and testing a novel aphasia self-treatment app platform AphasiaFit: a protocol of the LifeCHAT research project.	Zheng Yen Ng
51	Applied improvisation with people who have aphasia: Potential frameworks and measures to capture the magic.	Brooke Hallowell
52	Communication Partner Training for healthcare professionals engaging with people with aphasia: Adaptation and implementation of the Danish program KomTil in Greece.	Evangelia - Antonia Efstratiadou
53	Investigating the effectiveness of sentence level therapy in two different approaches.	Evangelia - Antonia Efstratiadou & Ilias Papathanasiou
54	Quantitative measures of discourse skills in Greek-speaking individuals with aphasia.	Evangelia - Antonia Efstratiadou & Ilias Papathanasiou
55	Adapting main concept analysis for discourse assessment of aphasia in English-Mandarin Singaporean bilinguals	Valerie SIn & Vera Lim

56	What do people with aphasia and their family members think are the important elements of Communication Partner Training programs?	Kirstine Shrubsole
57	Generalization of improved language skills to conversations with untrained family partners dollowing ECoLoGiC treatment, a new conversation-level intervention for people with moderate to severe aphasia.	Marion C. Leaman
58	Preliminary results and insights from a training program for perceptual assessment of language production in conversation.	Marion C. Leaman
59	Using systemic functional linguistics to improve conversational abilities in people with neurogenic communication disorders: A case study.	Brent Archer
60	Validation of the Swedish version of the Comprehensive Aphasia Test.	Angelina Gronberg
61	Modifying a screening tool of unmet needs of carers of people with post-stroke aphasia: Users' perspectives.	Nelson Javier Hernandez
62	Psychometric testing of the CAT-IS.	Helga Thors
63	Relationship between the severity of the linguistic disorder in the functional communicative performance of persons with aphasia post-stroke.	Teresa Julio-Ramos
64	The role of gender in comprehension of German gender-marked possessives by people with aphasia.	Gianna Urbanczik

Delivering on aphasia rehabilitation priorities: Together towards tomorrow

Professor Madeline Cruice
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Delivering on aphasia rehabilitation priorities for people with aphasia, families, and treating health care teams, requires collective action and an appetite for large scale change to achieve better futures for people affected by aphasia. In this presentation, Madeline will talk about national efforts in communication partner training in the United Kingdom, specifically the Aphasia Partnership Training (APT) project for families with aphasia and the COM-STAR project with stroke rehabilitation and care staff, amongst other examples of how we drive forward change and deliver on stakeholders' priorities.

Effects of conversation treatment for individuals with aphasia: Replication and extension of a randomized controlled trial.

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Background:
The optimal ingredients of conversation treatment for individuals with aphasia (IwA) are poorly understood. In this study, group size was manipulated to examine effects of two hypothesized ingredients: communication practice and group dynamics.
Aim: This randomized controlled trial replicates and extends previous work to investigate effects of conversation treatment on standardized tests and discourse measures.

Method:
 IwA (n=104) were randomly assigned to one of three conditions (control, dyad, large group). Treatment was 1 hour, twice weekly, for 10 weeks. The primary outcome measure was the Aphasia Communication Outcome Measure (ACOM). Other outcomes included the Comprehensive Aphasia Test (CAT), complete utterances in monologic discourses, and the CADL-3.

Results:
ACOM: The large group showed significant improvements from pre- to both post-treatment and maintenance. The dyads showed significant improvement from pre-treatment to maintenance. The control group showed no significant changes on the ACOM. CAT Naming: Both treatment conditions, but not the controls, showed significant improvement from pre to post treatment. The large group maintained these changes at maintenance, but the dyads did not. CAT Oral Reading & Repetition: The dyads showed significant improvements post treatment, but no other condition showed significant changes. CAT Picture

Description:
The large group showed significant improvement from pre- to post- treatment, which were maintained 6-weeks post-treatment. No other groups showed these changes. Complete Utterances (CU): Similar to CAT Picture Description, the large group showed a significant improvement on number of complete utterances from pre to post treatment, which was maintained 6-weeks later. No other condition showed significant improvements on CU measures. CADL-3: Both treatment conditions showed significant improvement from pre-treatment to maintenance, but the controls did not.

Discussion:
Consistent with DeDe et al. (2019), the results suggest that conversation treatment benefits IwA and that changes observed may vary as a function of group size.

Communication Partner Training with Carers of People with Aphasia: Preliminary Results of a Stepped Wedge Implementation Trial

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Background:

Carer burden is a significant issue for partners of people with aphasia. Communication Partner Training (CPT) can improve outcomes (Simmons-Mackie et al, 2016) and is recommended practice (Stroke Foundation, 2023), but most speech pathologists do not provide this training (Chang et al., 2018). Therefore, a feasible and effective implementation strategy is required.

Aims:

To evaluate the feasibility and preliminary effectiveness of a novel implementation package on speech pathologists' practice in providing CPT to carers of people with aphasia.

Methods:

Pilot stepped wedged cluster randomised controlled trial conducted with three health services over 12 months. All services received the intervention: 1-hour online module, half-day interactive workshop, and resource provision. Audit data was collected at four time-points and analysed with a generalised linear mixed model. Clinicians completed behaviour change surveys pre- and post- implementation and follow-up, analysed using a linear mixed model. Post-implementation focus groups were conducted, analysed using qualitative content analysis.

Results:

Thirty-six clinicians participated; 106 patient files were audited. Following the intervention, more carers were offered CPT (Odds ratio: 1.93), but there was no intervention effect on CPT offers (CI: 0.36; 12.5, p-value = 0.84). There were improvements in carers receiving CPT for two health services (18% absolute increase), but small patient numbers did not allow estimation of an intervention effect. Behaviour change scores (Likert, 1-5) increased overall by 0.39 points (95% CI: 0.25-0.51) post- implementation, with good evidence that some barriers were addressed but not others (p<0.001). Clinicians reported valuing and intending to implement CPT, but organisational barriers and complex patient-carer relationships impacted implementation.

Discussion and Conclusion:

Our implementation package was feasible and may have led to more carers being offered CPT, however effects on CPT provision were unclear due to site-specific factors confounding time-period analysis. Preliminary findings suggest greater organisational support and tiered CPT implementation are required.

Collaborative Referencing Intervention (CRI) for Aphasia: A Phase-II Treatment Study

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Collaborative Referencing Intervention (CRI)3 is a conversational game of picture-matching that is based on social approaches to aphasia intervention and distributed cognition and communication theories2, 4. Prior studies of CRI showed referential learning3 and positive treatment effects on naming in aphasia (Tau-U=0.92, p<0.0001)1.

Six individuals with aphasia (IwA) participated in this multiple-probe single-case experimental study with 5 baseline probes, 15 CRI sessions with treatment probes after every third treatment session, and 2 maintenance probes. In each CRI session, IwA and SLP1 were separated by a partial-barrier, and alternatingly served as the "director" (arranged personally relevant photographs on a board and described their locations) and "matcher" (matched the photographs to said locations) over six trials.

Aim-1 replicated the treatment effects of CRI on naming. IwA named untreated photographs in each probe which was scored using a multidimensional rating scale. Naming scores improved from baseline to treatment in all IwA with a significant positive treatment effect (Tau-U=0.85, p=0).
Aim-2 analyzed the treatment effects of CRI on conversations. 15-minute conversations on trained and untrained topics between the IwA and SLP2 were transcribed and analyzed for Correct Information Unitsconv (CIUconv). Preliminary results show higher CIUconv% and CIUconv per turn within trained topics during treatment probes.
Aim-3 explored the treatment effects of CRI on quality of life. Communication Confidence Rating Scale for Aphasia (CCRSA), Communicative Participation Item Bank (CPIB); Stroke and Aphasia Quality of Life Scale-39 (SAQOL-39) were administered pre- and post-treatment. Using the mean, standard deviation, and Cohen's d statistic, we found the treatment effects to be large for CCRSA (d=1.65) and CPIB (d=0.89), and medium for SAQOL-39 (Communication score) (d=0.55).

Findings suggest the viability of CRI as a treatment for aphasia. Implications for the design of future clinical trials will be discussed.

Effects of conversation treatment for individuals with severe aphasia

Elizabeth Hoover

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Background:
Conversation treatment is effective for individuals with aphasia (IwA), but the optimal ingredients are poorly understood, particularly related to group factors.

Aim:
We examined whether individuals with moderate-severe aphasia (IwSA) benefit from conversation treatment, and whether treatment effects differ as a function of group size (dyad vs. large group) or group composition (mixed vs. homogenous severity).

Method:
IwSA (n=73; WAB AQ mean=45.3) were assigned to one of five conditions (control, n=7; mixed-dyad n=11, homogenous-dyad n=24; mixed-large group n=10 & homogenous-large group n=21). Treatment was 1 hour, twice weekly, for 10 weeks. The primary outcome measure was the Aphasia Communication Outcome Measure (ACOM). Secondary outcomes included Comprehensive Aphasia Test (CAT) subtests and the CADL-3.

Results:
1. Do IwSA benefit from conversation treatment? These analyses collapsed across group composition. Compared to controls, the large groups showed significant improvement from pre- to post- treatment on the ACOM and the CADL-3. The dyads showed significant improvement on the ACOM, and a non-significant positive trend on the CADL-3. The control group showed no significant changes from pre- to post treatment. There were no significant treatment effects on the CAT. (2) Does group size or group composition affect outcomes? These analyses omitted control participants. Only the homogenous large group and dyads showed significant improvement from pre to post treatment on the ACOM. On the CADL, both the mixed and homogenous large group showed some evidence of improvement from pre to post treatment, but the dyads did not. On the reading comprehension subtest of the CAT, the homogenous-large group showed greater treatment benefit than mixed-large groups or dyads. No other CAT subtests showed a significant change.

Discussion:
IwSA benefit from conversation treatment. Evidence suggests that IwSA benefit from large groups and, based on the ACOM, that homogenous-large groups may be preferable to mixed-large groups.

Core outcomes for Primary Progressive Aphasia: What have we got and where are we going with speech-language interventions?

Anna Volkmer
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Several symptomatic interventions have now been developed to treat speech, language and communication difficulties in the emerging field of Primary Progressive Aphasia (PPA). Studies exploring the effectiveness of these interventions have used many different outcome measures, limiting comparability. Often, these measures do not assess what is important to people with PPA themselves, highlighting a need to develop a specific core outcome set for PPA.

This talk will summarise work from a three-stage consensus study comprising: Stage 1 - systematic review to identify speech, language and communication measures used to examine the effectiveness of interventions for PPA in the research literature; Stage 2 - a Nominal Group Technique consensus method to identify the most important outcome constructs for people with PPA and care partners across 17 countries worldwide; Stage 3 – an e-Delphi consensus method to identify a core outcome set with researchers spanning 17 different countries. Study results will be considered in the context of current care pathways for people with PPA and their family members and how speech and language therapists can better meet the needs of people with this devastating diagnosis.

Learning objectives:

Attendees will be able to:
- Describe the range of research on speech and language interventions and key outcomes used for PPA to date.
- Understand what people with PPA and their families would like to change about their lives with PPA
- Have an international view of the perspectives of people with PPA, their families and researchers on the core outcomes for speech and language interventions for PPA
- Consider the relevance of these to delivery of speech-language interventions in the clinical setting.

Efficacy of telerehabilitation for anomia in people with aphasia

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Background:
In light of COVID-19, telerehabilitation (TR) has become increasingly used as a mode of rehabilitation services (Werneke et al., 2021). Additionally, TR is a promising advancement to address service access barriers for patients in rural or underserved regions. TR has been found to promote time and cost savings (Kairy et al., 2009). TR has been found to be comparable to in-person speech therapy for people with aphasia (Cacciante et al., 2021). However, evidence of TR efficacy remains limited. To better guide clinical decision-making for anomia treatment, ongoing research determining the efficacy of TR paradigms for anomia in people with aphasia is warranted.

Aims:
To determine whether the treatment acquisition effects of a telerehabilitation administration of a cued picture naming therapy for anomia are as effective as the in-person administration.

Method:
Participants were 26 individuals with chronic (> 6 months) post-stroke aphasia. The treatment acquisition effects of the TR administration (n=13) and in-person administration (n=13) of a Cued Picture Naming Therapy (CPNT; Kendall et al., 2014)). Participants completed four treatment sessions for two weeks (8 sessions). Treatment acquisition effects were calculated via Tau-U by contrasting baseline performance with performance during and immediately following treatment.

Results:
An advantage of the TR administration was seen over the in-person administration when examining treatment acquisition, which revealed a very large effect of TR administration (0.84, p < .01) and large treatment effects for the in-person administration (0.75, p <.01).

Discussion and Conclusions:
The results of this study suggest that the TR administration of picture naming treatment for people with aphasia is as effective, if not more so, than traditional, in-person treatment paradigms for picture naming. Given the promise of these results, future research should explore the efficacy of TR paradigms to the generalization of untrained items and maintenance of gains.

Preliminary efficacy of TeleCHAT: A comprehensive, high-dose aphasia therapy program delivered via telerehabilitation

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Background:
Intensive comprehensive aphasia programs such as the Comprehensive, High-Dose Aphasia Therapy (CHAT) program provide evidence-based therapy that result in improvements across language, communication and quality of life.1 However, accessing CHAT may be difficult due to geographical remoteness, mobility or travel factors or fatigue. Delivery of CHAT via telerehabilitation is one solution to access barriers (TeleCHAT).

Aim:
To evaluate the feasibility and preliminary efficacy of TeleCHAT.
Method: A phase II non-randomised, feasibility and preliminary efficacy study was utilised. Twenty-four adults with post-stroke aphasia participated (8F, 16M; Mean age 62.1 years, SD 15.84; Mean time post onset 29.5 months, SD 37.87).
Clinical planning mapped evidence-based therapies to participants' goals and identified technology needs. Following technology training, participants received a total of 50 hours of therapy over 8 weeks, at home, via Zoom©.
Feasibility measures included completion rates, therapy dose and active episodes. Clinical outcome measures included the Comprehensive Aphasia Test (CAT), Stroke and Aphasia Quality of Life Scale (SAQoL-39g), Communicative Effectiveness Index (CETI) and Communication Confidence Rating Scale for Aphasia (CCRSA). Data analysis used linear mixed models and Cohen's d effect size.

Results:
All participants completed TeleCHAT (mean therapy dose 48.9 hours, SD 2.77). LMM revealed a significant effect of time, with improvements across measures at post-therapy (CAT p<.001, d=0.3, CETI p<.001, d=1.0, SAQOL p<.001, d=0.9, CCRSA p<.001, d=1.0) and 3 months follow-up (CAT p<.001, d=0.4, CETI p<.001, d=1.2, SAQOL p=.006, d=0.6, CCRSA p<.001, d=0.8). Individual gains varied and will be discussed.

Discussion and Conclusion:
It is feasible to deliver comprehensive, high-dose aphasia therapy via telerehabilitation. TeleCHAT resulted in improvements across language, communication, confidence, and quality of life.

Delivering intervention in aphasia via telehealth: How feasible are assessments and outcome measures?

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Background:
Stroke survivors reported limited access to rehabilitation and Speech and Language Therapy (SLT) services during the COVID-19 pandemic (The Stroke Association, 2020). Telehealth could facilitate access to SLT services for people with aphasia (PWA). Telehealth use in SLT offers advantages in access to care, cost-effectiveness and satisfaction with care (Molini-Avejonas et al., 2015). Few outcome measures have been tested for online administration, however, and little is known about how best to facilitate this.

Aims:
To investigate whether SLTs use telehealth with PWA post-stroke and if so, how; and what SLTs consider as barriers and facilitators to telehealth assessment.

Method:
Views and experiences of UK SLTs working with PWA were explored via an online, cross-sectional survey (n=124) carried out in May-July 2021, and online focus groups (n=14) between August and December 2022. Survey data were analysed through descriptive statistics and content analysis. Focus group data were analysed using Framework Analysis.

Results:
SLTs described using telehealth due to the COVID-19 pandemic, with more than 90% planning to use telehealth in the future. Facilitators to telehealth assessment included access to the internet and telehealth platforms, access to a helper, adapted assessments and training PWA to use telehealth platforms. Barriers included language and cognitive impairments, low competence using technology, and practical challenges (e.g., limited functionality of telehealth platforms). Overall, participants reported a need for online interactive assessments, training and resources for clinicians, and accessible resources for PWA to access telehealth. SLTs prioritised language impairment, well-being, quality of life, activity and participation as domains for assessment.

Discussion and Conclusions:
Findings provide new insights into the current use of and potential support mechanisms for telehealth assessment with PWA in the UK. Future research is indicated to psychometrically test assessments for use with PWA and investigate hybrid models of service delivery.

Individual or group? Exploring the effectiveness of NADIIA in different delivery conditions - and why this might be so

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Background:
Narrative and Discourse Intervention in Aphasia (NADIIA) is a multilevel language intervention that combines evidence-based therapies for words and sentences within naturalistic contexts.1 Previously published used the acronym NARNIA (a Novel Approach to real-life communication: Narrative Intervention in Aphasia), this approach and has been shown to be efficacious when delivered individually. As NADIIA targets the discourse organisation of everyday speaking, the opportunity to learn and practice the principles in small groups might be expected to be similarly efficacious, increasing ecological validity and efficiency of service delivery.2,3

Aims:
This paper presents outcomes of NADIIA delivered in routine clinical practice, comparing two groups of participants who were randomly assigned to either individual (n=7) or group intervention in dyads or triads (n=11).

Methods:
Eighteen participants with post-stroke aphasia (>3 months post-onset) received 20 hours of NADIIA therapy. Overall outcomes were examined immediately-post and 5 weekspost intervention, followed by a subgroup analysis by delivery mode. Effectiveness was measured in language performance (word-, sentence-, discourse-level) within everyday discourse, cognition, social participation and QoL.

Results:
Overall, strong evidence was seen for the effectiveness of NADIIA across language, participation and QoL measures, with no change in cognition. Most measures improved significantly after intervention, with the most significant changes at maintenance. Significantly greater improvement for the individual compared to group delivery was demonstrated on a range of measures. Controlling for severity and delivery type using a multivariate model reduced the delivery effect, however, greater improvements remained evident for those receiving individual therapy. Analysis of word-, sentence- and discourse level behaviours highlighted important differences. A severity effect was evident.

Conclusion:
NADIIA was effective for both delivery conditions but with greater gains seen when delivered individually. Patterns of improvement between the two groups highlighted insights for group therapy. Implications for delivery of multilevel discourse interventions within aphasia groups are discussed and strategies to facilitate effectiveness explored.

Script Club: motivating real change through remote group script training for people with primary progressive aphasia (PPA)

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Background:
Script training has been shown to improve fluency and grammatical well-formedness in non-fluent PPA (Henry et al, 2018). Research evidence is mainly focused on individual therapy, yet carryover to real life situations is often limited. Group therapy has the potential to support carryover, and to connect people with PPA.

Aims:
To assess whether script training for people with PPA, in group format, delivered via telehealth ('Script Club'):
 • is acceptable and feasible to deliver
 • impacts communication confidence
 • improves script production

Method:
15 people with PPA took part in Script Club (4 groups; 8 weekly hour-long sessions). Feasibility was assessed by group attendance, and acceptability by focus group feedback. Outcome measures were taken before and after therapy, and at 3-month follow up. Confidence was measured using the Communication Confidence Rating Scale (CCRSA; Babbit et al, 2011). Spoken production measures were taken from script recordings.

Results:
Script Club was feasible to deliver and acceptable with mainly positive feedback. CCRSA scores improved non-significantly following therapy, reaching significance at 3-month follow up. Trained script production improved immediately following therapy.

Conclusion:
Script Club connected widely dispersed groups of people living with PPA. Improvements in communication confidence and script production are likely related to carryover ('enactment') of script use in real-life.

Trialling the NADIIApp for people with aphasia: how feasible and how effective?

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Background:
This study joins up two influential and contemporary strands of aphasia practice. The first has arisen from a growing recognition that discourse-level interventions in aphasia may facilitate greater generalisation of skills from the clinic to real life[1,2,3]. The second relates to the use of mobile technology to increase dose, intensity, and access to targeted therapy activities. In collaboration with software developers and consumer groups (people with aphasia and community speech pathologists), the NADIIApp was developed to supplement delivery of the Narrative and Discourse Intervention in Aphasia (NADIIA) protocol, previously published using the acronym NARNIA (Novel Approach to Real-life communication: Narrative Intervention in Aphasia), a structured multilevel discourse therapy[2].

Aims:
The study aimed to (1) determine the feasibility of the NADIIApp, and (2) evaluate the effectiveness of the app. Methods. Ten participants with post-stroke aphasia (>3 months post-onset) have, to date, received 20 hours of individual, twice-weekly, NADIIA therapy with a clinician using the mobile app. Effectiveness was measured via change in language performance (word-, sentence and discourse-level language), cognition, participation and QoL. Client feedback was elicited through semi-structured exit interviews.

Results:
Early analysis of pilot data found significant gains at the word-, sentence- and discourse-levels, and client report indicated high acceptability and usability. Data highlighted minimal use outside sessions, suggesting dose was not increased. Outcomes from 10 participants is nearing completion and measures are being analysed.

Conclusion:
Data from the 10 participants will enable indepth analysis of the feasibility of mobile technology being used to deliver a complex discourse-level aphasia therapy. The effectiveness of the NADIIApp, used as an adjunct to the protocol, will enable exploration of whether and how discourse can be facilitated through an app, and whether access and dosage are influenced by creating increased independence. Identification of barriers and facilitators will further inform the use of apps for people with aphasia.

Adapting Group-Based Aphasia Treatment for Telehealth: Development and Evaluation of Multi-Modality Aphasia Therapy Tele

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Background:
Multi-Modality Aphasia Treatment (M-MAT) is an established group-based aphasia intervention with demonstrated effectiveness. A telehealth adaptation of M-MAT would overcome geographical and logistical barriers to implementation, making therapy more accessible to people with chronic aphasia.

Aims:
The aim of this project was to co-design and test a telehealth adaptation of M-MAT (M-MAT-Tele) that satisfies the requirements of practicing speech pathologists and individuals with aphasia, maintaining the core elements of traditional M-MAT while leveraging telehealth advantages.

Method:
This project involved two phases. In phase one, a Human-Centred Design approach was employed with two key stakeholder groups, speech pathologists (n=3) and people with aphasia (n=3). Desirable features, context of use, and hardware and software requirements were established. Software was developed iteratively through ongoing feedback. Phase two was a proof-of-concept pilot trial of M-MAT-Tele in three groups of people with chronic aphasia (n=9), with acceptability and clinical outcomes taken at baseline, post intervention and 12 week follow-up.

Results:
Phase one produced novel software and a treatment protocol for M-MAT Tele that aligns with key user requirements; in particular, it is compatible with the majority of videoconference platforms, has minimal hardware and software requirements, maximum ease of use for participants, and includes core elements of face-to-face M-MAT such as multimodal cueing and language action games. Pilot trial data collection is complete and results will be presented, including participant and therapist feedback and clinical outcomes.

Discussion:
Use of the Human-Centred Design framework facilitated the co-design of M-MAT-Tele, which successfully meets complex requirements from clinicians and people with aphasia. Given its proven underlying treatment approach (M-MAT), broadly compatible software, high ease of use and online delivery, M-MAT Tele has significant potential for enhancing quality of life and communication outcomes in aphasia, while providing a more efficient mode of delivery than traditional one-to-one therapy.

TIDieR Aphasia - Reporting Checklist for Aphasia Treatment Studies

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Background:
Speech and language interventions for aphasia are complex and delivered to a heterogeneous population across a range of healthcare environments. Intervention reporting needs to be sufficiently detailed to enable 1) replication and development of research findings and 2) reliable implementation in practice (Hoffman, 2014; RELEASE Collaborators, 2020). The Template of Intervention Description and Replication (TIDieR; Hoffman et al., 2014) is a 12-item checklist developed for such reporting. However, there remains a lack of specificity (Whyte et al., 2021) and detail (Dipper et al., 2020) in aphasia intervention reporting, motivating calls for an aphasia-specific adaptation to the TIDieR.

Aim:
This project aimed 1) to extend the definition of each item on the TIDieR checklist, making it specific to aphasia intervenion; and 2) to illustrate good reporting practice for each item, using examples from existing published research.

Method:
Phase 1 covered the initial creation of the proposed adapted checklist by the project group. Phase 2 involved a two round modified Delphi consensus process with aphasia researchers (round 1 focus groups & round 2 survey) and aphasia clinicians (round 2 only).

Results:
No checklist items were removed. We added a new item 3 – For Whom - to explicitly address candidacy for treatment. By restructuring item What (previous 3 and 4) into 4a and 4b, the same total item structure and numbering was contained. For items 2-12 we added specificity with examples from published papers, and with detailed questions to prompt more comprehensive and replicable reporting.

Discussion and Conclusions:
There remains some room for subjectivity in the extended version of the TIDieR Aphasia checklist.. Through the examples and details, however, it provides researcher and clinicians with necessary information to enhance aphasia intervention application.

Documenting the Details: Exploring Treatment Intensity, Dose, and Active Ingredients of an Intensive Comprehensive Aphasia Program (ICAP)

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Background:
Intensive Comprehensive Aphasia Programs (ICAPs) provide high-dose, high-intensity, multicomponent treatment tailored to participants' goals. Comparisons of efficacy and effectiveness across aphasia rehabilitation service delivery models (e.g., ICAP, usual care), require systematic documentation and manipulation of dose (e.g., amount) and intensity (e.g., distribution) of the active ingredients of behavioral aphasia treatments (Harvey et al., 2022).

Aims:
We aimed to measure and describe treatment intensity and dose parameters of one-on-one, impairment-focused therapy sessions provided during an ICAP.

Method:
The ICAP included 5-6 hours of aphasia treatment per day, 4 days per week, for 4 weeks, totaling 84 hours of behavioral aphasia treatment. ICAP participants engaged in 2 one-on-one impairment-focused sessions per day, 3 days per week, totaling 24 hours. We documented active ingredients provided or received during these sessions for 8 ICAP participants and analyzed the amount and distribution of active ingredients over various time scales (e.g., episode, session, week, total intervention duration) using the Multidimensional Dose Articulation Framework (MDAF; Hayward et al., 2021).

Results:
We will summarize within-session data for 192 one-on-one treatment sessions that took place during the ICAP across 8 participants including: (1) session density (active vs. inactive treatment minutes), and (2) episode-level characteristics (length and intensity of each type of treatment delivered). We will provide examples of active ingredient identification and tracking procedures for within treatment sessions, and describe instances where we could not track active ingredients.

Discussion and Conclusions:
Highly detailed description and measurement of the active ingredients of behavioral aphasia treatments is labor-intensive, but enhances the comparison of efficacy and effectiveness across treatment types, session types, and service delivery models for people with aphasia. We will reflect on how session density and episode-level characteristics may be influenced by participant factors (e.g., age). Next steps include tracking active ingredients for activity/participation-focused treatments (e.g., communication partner training).

Speech Pathologists' Perceptions of Early Intensive Aphasia Intervention: Implications for Planning Future Early Aphasia Therapy

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Background:
Early post-stroke aphasia intervention is and important independent predictor of improved communication outcomes leter in recovery. Existing early post-stroke aphasia intervention research has predominantly examined the impact of dosage, contents and intensity on communication outcomes. Limited research on speech pathologists' perceptions of early intensive aphasia intervention is available

Aims:
This study aimed to investigate speech pathologists' perspectives of early intensive therapy for aphasia rehabilitation, including barriers and facilitators that contribute to implementing early intensive aphasia intervention.

Methods:
This qualitative research analysed 21 semi-structured SP interviews from the VERSE-Q study, a sub-study of the Very Early Rehabilitations for SpEech (VERSE) clinical trial. Interviews were transcribed verbatim and used a descriptive qualitative approach to form a number of themes. This process included documenting insights and reflections, identifying recurring phrase patterns, sequences, and crucial elements; analysing commonalities and discrepancies; forming and verifying smaller groupings or generalizations; and validating these findings against existing knowledge to further refine and develop insights.

Main Results: The study revealed that SPs perceived early intensive aphasia intervention as beneficial for individuals with aphasia, in improving communication outcomes and quality of life, notably maintaining therapeutic relationship, augmenting patient progress and improving SP satisfaction. However, there are barriers to the effective implementation of early intensive intervention, such as patient fatigue, intervention priority management, and resource constraints. To enhance the provision of this intervention, collaborative teamwork among healthcare professionals and improved access to resources have been identified as helpful facilitators.

Conclusion:
This qualitative study addresses gaps by examining SPs' perspectives on early intensive aphasia therapy, revealing both challenges and favourable aspects. While the SPs generally experienced positive outcomes, the study highlighted implementation difficulties, emphasizing the need to address local barriers and facilitators for future interventions. The findings offer valuable insights for planning and executing early intensive aphasia therapy in clinical settings.

End of Day 2   **Prepaid Conference Dinner commences 6pm**

Wednesday
3rd July

Time	Session	Speaker
8:00 - 8:30am	Registration	
8:30 - 9:30am	**Keynote Address -** A Decade of Cantonese AphasiaBank: Insights into Chinese Aphasia Research and Treatment Developments in the Multilingual World.	**Anthony Pak Hin Kong**
9:30 - 9:45am	"It's a very specialised area": Interpreters' experiences of collaborating with speech pathologists to deliver aphasia rehabilitation to culturally and linguistically diverse populations.	Chelsea Larkman
9:45 - 10:00am	Speech pathology services for bi/multilingual adults with aphasia in hospital: A qualitative case study exploration	Samantha Siyambalapitiya
10:00 - 10:15am	New Aphasia Rehabilitation Guideline from the European Stroke Organisation.	Jytte Isaksen
10:30 - 11:30am	**Morning Tea and Poster Presentation Session 4**	
11:30 - 12:00pm	**Invited Presentation:** Charting the Course: An update on navigating aphasia rehabilitation with best practice statements and clinical guidelines.	**Emma Power**
12:00 - 12:15pm	A comprehensive update of the Australian Aphasia Rehabilitation Pathway.	Miranda Rose
12:15 - 12:30pm	**The Robin Tavistock Award 2024**	
12.30 - 1:30pm	**Lunch**	
1:30 - 1:45pm	Key elements of counselling education for speech-language pathologists to feel competent and confident for supporting psychological wellbeing in post-stroke aphasia rehabilitation.	Jasvinder Sekhon
1:45 - 2:00pm	Testing times for people with aphasia: Theoretical and practical considerations of assessment feedback	Deborah Hersh

2:00 - 2:15pm	Speech Language Pathologists' perspectives on rehabilitation of numerical processing and calculation in aphasia.	Tami Brancamp, Caroline Newton and David Brancamp
2:15 - 2:30pm	The Aphasia Therapy Finder: An novel evidence-based practice implementation tool.	Miranda Rose
2:30 - 3:45pm	**Afternoon Tea and Poster Presentation Session 5**	
3:45 - 4:00pm	Highlights from the State of Aphasia: Global Perspectives report	Nina Simmons-Mackie & Jamie H. Azios
4:00 - 4:45pm	Conference Awards	
4:45 - 5:00pm	Closing Address	Sarah Wallace & David Copland

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65	Promoting Person-Centered Care and the Life Participation Approach to Aphasia through eLearning	Brooke Hallowell
66	How SLPs include quality of life in planning therapy.	Carlee Wilson
67	Aphasia, depression and psychological therapy (ADaPT): Perspectives of people with aphasia after stroke on participating in modified cognitive behavioural therapy.	Caroline Baker
68	Optimising mood and wellbeing with aphasia after stroke: a feasibility study of PRevention Intervention and Support in Mental health (Aphasia PRISM).	Caroline Baker
69	Do people with aphasia have better access to emotion words than other abstract words?	Catherine Mason
70	What is life with aphasia like for adolescents?	Davina Lo
71	Setting up a university-run community aphasia choir: Experiences of people with aphasia and speech and language therapy students.	Elissa Manzi
72	Life-stories and adjustment to post-stroke aphasia.	Esther Jolliff
73	"Becoming Kalmer": Feasibility of an online relaxation intervention for people with aphasia after stroke.	Brooke Ryan
74	Aphasia Psychological Care (APC) network: Building a research community.	Linda Worrall & Jasvinder Seckon
75	Dependence on patients' activities of daily living, family overload and stress after stroke.	Magali de Lourdes Caldana
76	Family and caregiver burden pre and post oreintation program.	Magali de Lourdes Caldana

77	Multidisciplinary guidance program: Intervention for family caregivers of individuals with aphasia after stroke.	Magali de Lourdes Caldana
78	Who am I now? A scoping review on identity changes in aphasic-stroke.	Rianne Brinkman
79	Who am I now? A pilot study on identity changes experienced by Lot, a person with aphasia.	Rianne Brinkman
80	Court access for people with aphasia.	Sue Sherratt
81	What modifications/accommodations are allowed for people with aphasia in court and what can be done?	Sue Sherratt

82	A systematic review of the effects of cognitive-linguistic treatment for aphasia in the acute and subacute phases of care.	Emily Eley
83	The impact of ECoLoGiC treatment on conduite d'approche behavior in conduction aphasia.	Marion C. Leaman
84	Quality of stroke care and outcomes for people with and without aphasia within Australian rehabilitation services.	Marissa Stone
86	"Kill two birds with one stone": Students provide access to evidence-based aphasia program.	Megan Trebilcock
87	Current aphasia management practices in New Zealand.	Nicola Gibbons
88	Early learning in anomia therapy predicts recovery in post-stroke aphasia.	Tijana Simic
90	Multimodal therapy of word retrieval impairments in Chinese-speaking people with aphasia (C-PWA).	Yinuo Liu
91	A new Intervention for auditory comprehension difficulties in chronic post-stroke aphasia.	Caroline Newton
92	Rehabilitating numerical processing difficulties in adults with aphasia.	Caroline Newton
93	Innovating network-based individualized transcranial alternating current stimulation for speakers with chronic post-stroke aphasia.	Chester Yee-Nok Cheung
95	Championing change: Piloting an implementation toolkit to improve provision of aphasia-friendly information.	Charmaine Briffa
96	Preparation of a booklet for guidelines for family caregivers of post-stroke patients.	Leticia de Azevedo Leite
97	Healthcare students' awareness and knowledge of aphasia: An online survey.	Sarah Collins

A Decade of Cantonese AphasiaBank: Insights into Chinese Aphasia Research and Treatment Developments in the Multilingual World

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The Cantonese AphasiaBank Database (https://speech.edu.hku.hk/caphbank/search/) is an initiative funded by the National Institutes of Health (NIH) that grants access to behavioral data from common language tasks performed by Cantonese speakers with aphasia and healthy controls. It serves as a valuable resource for researchers, clinicians, and university educators interested in studying and managing aphasia in the Chinese population.

Established in 2014, this database compiles years of linguistic, gestural, and prosodic data collected from both healthy Cantonese speakers and individuals with language deficits resulting from left hemisphere stroke. Through a series of investigations, it has contributed to our understanding of aphasic discourse production, the cognitive demands of narrative tasks, and the role of co-verbal gestures in language production. This keynote presentation will summarize selected significant research findings, highlighting their implications for language assessment and rehabilitation for Mandarin- and English-speaking individuals with aphasia in both monolingual and multilingual settings. Additionally, the speaker will share and discuss relevant discourse studies in Mandarin and English aphasiology.

To make the most of this talk, participants are encouraged to register for a free user account on the database's website to explore its background and content, aligning with the **three key points on clinicians' learning:**

1. to gain insights into the resources and data Cantonese AphasiaBank provides for studying and managing aphasia in the Chinese population

2. to understand the latest findings, trends, and methodologies used in studying aphasia within the Chinese language context

3. to learn more about recent treatment research projects in Chinese aphasia, potentially informing their own clinical practice and enhancing effective interventions

"It's a very specialised area": Interpreters' experiences of collaborating with speech pathologists to deliver aphasia rehabilitation to culturally and linguistically diverse populations.

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Background:
The combined effects of global aging and international migration are resulting in increased diversity in aphasia caseloads worldwide (Centeno, 2022). Speech pathologists (SPs) must collaborate closely with interpreters to meet the needs of their culturally and linguistically diverse (CALD) clients. The CALD aphasia literature is predominantly from the perspective of SPs with minimal inclusion of interpreters (Larkman et al., 2023).

Aim/s:
This study aimed to explore the experiences of interpreters collaborating with SPs to deliver rehabilitation to people with aphasia (PWA).

Method:
In-depth semi-structured interviews were conducted with eight interpreters working in healthcare settings in Australia. The languages represented across the participants included Mandarin, Cantonese, Russian, Italian, Portuguese, Spanish, and Arabic. Participants had a range of experience working with SPs and PWA and varied certification levels. The data were analysed using Interpretative Phenomenological Analysis (Smith et al., 2022).

Results:
Eleven Group Experiential Themes and fifty-seven subthemes were identified. These themes were further grouped into three main categories: (1) aphasia is an area of non-standard practice for interpreters, (2) collaboration is key to an effective partnership between SPs and interpreters, and (3) both SPs and interpreters require additional knowledge and skills to work effectively together.

Discussion and Conclusions:
These findings provide new insight into the challenges interpreters face when they collaborate with SPs to provide rehabilitation to PWA and highlight the need for practice change if health services intend to provide equitable and culturally responsive rehabilitation to burgeoning CALD caseloads. Elements of policy and procedure underpinning the work of interpreters and SPs with CALD PWA require adaptation, specifically in relation to resource allocation and training. Clinicians need more time to adapt therapy, brief and debrief, and conduct the face-to-face session. Further training for SPs and interpreters in how to work together is essential for effective collaboration.

Speech pathology services for bi/multilingual adults with aphasia in hospital: A qualitative case study exploration

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Background:
Estimates suggest there are more bi/multilinguals than monolinguals internationally. In Australia, around 1 in 5 people speak a language other than English (ABS, 2022). However, limited research exists to support speech pathology (SP) services with bi/multilingual adults with aphasia (Ansaldo & Saidi, 2014), and clinicians feel challenged working with people from culturally and linguistically diverse backgrounds (Centeno, 2015; Rose et al., 2014). Research is urgently needed to inform evidence-based SP services for this population.

Aim/s:
To: (i) describe how SP services are delivered to bi/multilingual adults with aphasia in a hospital setting; (ii) explore key stakeholder perspectives and (iii) identify potential barriers and facilitators.

Method:
A qualitative case study design was undertaken in an Australian public hospital involving: (a) a 12-month retrospective chart review of bi/multilingual adults with aphasia seen by SP; and (b) two focus groups with speech pathologists (n = 9) who had experience with this caseload. Chart data were analysed using descriptive statistics. Chart notes and focus group transcripts were coded using qualitative content analysis.

Results:
A lack of linguistically and/or culturally appropriate resources and knowledge were barriers to working with bi/multilingual people with aphasia. Interpreters and family were key care partners, but many nuanced factors influenced their interactions with the client and clinician. More time is required when working with people with language/cultural differences, although current workplaces/systems may not acknowledge this. Clinicians also reported feeling 'frustrated' and 'lost' but provided practical suggestions for improving systems and services.

Discussion and Conclusions:
This study identified key factors influencing SP service delivery for bilingual adults with aphasia including: the importance of working with interpreters and family; greater time allocation for many aspects of service delivery; and more resources and training of both SP students and the broader workforce to facilitate better support of bilingual adults with aphasia.

New Aphasia Rehabilitation Guideline from the European Stroke Organisation

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Background:
The burden of aphasia is high. The European Stroke Organisation (ESO) convened an expert, multidisciplinary guideline working group to produce their first Aphasia Rehabilitation Guideline.

Aim:
To provide recommendations to guide stroke rehabilitation professionals in the clinical management of aphasia.

Method:
We adhered to ESO guideline development standard operating procedures (Steiner et al., 2021). Following GRADE methodology, we developed aphasia clinical rehabilitation questions (Participants, Intervention, Outcome, Comparison; PICOs), and rated outcomes' relevance and importance. Systematic searches (Medline, Embase, CINAHL, PsychINFO) updated recent high quality systematic reviews (Brady et al., 2016; Elsner et al., 2019). Using Covidence, two independent reviewers screened each record title-abstract for relevance, then full texts, for randomised controlled trials (RCTs) of speech-language therapy (SLT) for aphasia after stroke. Risk of bias was evaluated (Higgins et al, 2019).

A PRISMA flowchart profiled search results. Data extracted included PICOs (prioritising final value scores) and were meta-analysed using RevMan. We used random effects and standardised mean differences for continuous (aphasia severity, auditory comprehension, spoken language, functional communication, quality of life) and odds ratios for dichotomous outcomes (adverse events). Heterogeneity (I2) was considered. Values, clinical management decisions, outcome preferences and beneficial/undesirable effects informed judgements. Quality of the evidence (high-very low) was considered before agreeing strength of recommendations.

Results:
Ten PICOs examined the evidence of benefits associated with SLT dosage, intensity, frequency, and delivery (digital/in-person, group/one-to-one, tailoring, in conjunction with brain stimulation). Searches from 2016 (2018 for brain stimulation) generated n=2974 and n=668 unique records respectively. After screening, >40 RCTs were included.

Discussion and Conclusions:
The guideline is being finalised for submission to the ESO Guideline Board (January 2024), for peer-review and publication (Brady et al., 2024). We will share the aphasia rehabilitation recommendations at IARC 2024. Highly clinically relevant, the recommendations will have implications for management and service delivery internationally.

Charting the Course: An update on navigating Aphasia Rehabilitation with Best Practice Statements and Clinical Guidelines

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The journey through rehabilitation and recovery is unique for each person with aphasia and their family/supporters. Best practice statements and clinical guidelines, inform us what the journey should include to make the road map clearer to clinicians and people with aphasia for client-centred, evidence-based rehabilitation. In this presentation, we examine the development, and application of these tools, highlighting the Australian Aphasia Rehabilitation Pathway 82 Best Practice Statements, alongside the Stroke Foundation's Living Clinical Guidelines. Finally, we consider the future of these statements and guidelines to ensuring the best possible map for the rehabilitation and recovery journey.

Learning Objectives:

1. Identify key guidelines and statements that guide aphasia rehabilitation, including why they are important.

2. Outline examples of clinical applications of best practice statements and guidelines

3. Identify future directions for encouraging client-centred, evidence-based rehabilitation through Statement and guideline further development.

A comprehensive update of the Australian Aphasia Rehabilitation Pathway

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Background:
There is a large time lag from evidence release to clinical implementation. The Australian Aphasia Rehabilitation Pathway (AARP) was developed to reduce this time lag and support a comprehensive, biopsychosocial approach to aphasia management. First launched in 2015 as a clinical practice guideline for speech pathologists, the AARP provides a comprehensive synthesis of clinically relevant research evidence, offering 82 best-practice statements aimed to guide the different stages of aphasia rehabilitation. Clinicians have found the AARP to be a valuable and frequently used tool, identifying the currency of content as a priority for revision (Trebilcock et al., 2023).

Aims:
We aimed to update the evidence underpinning the AARP, update specific rationales and expand statements to include areas of emerging practice.

Method:
In collaboration with national and international aphasia researchers, as well as through clinician consultation, best practice statements requiring updates were identified. Individual statements were updated based on the most recent high-level evidence, were reviewed by two aphasia researchers, and subsequently approved by a panel of experts. Particular attention was given to high-priority areas of the AARP (e.g. working with Aboriginal and/or Torres Strait Islander people and Culturally and Linguistically Diverse clients; mental health; implementation resources) and these aspects were addressed through synthesis of the literature and engagement with stakeholders.

Results:
The 2024 edition of the AARP contains additional best-practice statements, incorporates the most recent evidence, and refers readers to relevant implementation resources.

Discussion:
We believe that the revised AARP has the potential to further improve the translation of research into clinical practice and improve outcomes for people with aphasia.

Key elements of counselling education for speech-language pathologists to feel competent and confident for supporting psychological wellbeing in post-stroke aphasia rehabilitation.

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Background:
Counselling is part of speech-language pathology practice (SLP) and requires education for competency. People impacted by aphasia make up a significant proportion of SLP's caseload in stroke services. SLPs working in stroke identified they have a role for supporting psychological wellbeing and want training to feel knowledgeable, skilled, and confident in this role.

Aims:
To synthesise key findings from a quantitative and qualitive study evaluating a novel counselling education program on SLP self-efficacy and self-reported competency in counselling for supporting psychological wellbeing in post-stroke aphasia rehabilitation.

Method:
Sequential mixed methods procedures where qualitative findings are used to extend the quantitative findings.

Results:
SLPs (n=49) working in Australia participated in a two-arm pilot randomised control trial with waitlist control. Forty-one (84%) participants completed the counselling education program. There was a significant interaction (large effect size) between time and group supporting a positive effect of the program on counselling self-efficacy, $F(1,44) = 39.402$, $p < .0005$, $\eta p2 = .472$ and self-rated competency for counselling, $F(1,44) = 31.824$, $p < .0005$, $\eta p2 = .420$. The effects were maintained at follow-up with self-rated competency scores demonstrating further significant improvement. Qualitative data highlighted feasibility of the online format, appropriateness of the content to clinical practice but also limitations in the course, and areas for improvement. Synthesis of the results is ongoing.

Discussions and conclusions:
Identifying key elements of an effective education program for improving SLP knowledge, skills and practice in counselling within a stroke multidisciplinary team is important for the SLP profession and could improve clinical practice outcomes.

Testing times for people with aphasia: Theoretical and practical considerations of assessment feedback

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Background:
Research into engagement and the therapeutic alliance in aphasia rehabilitation has demonstrated the importance of accessible and well-tailored information throughout the rehabilitation continuum (Lawton et al., 2018). Wallace et al. (2023) found that people with aphasia and their families want information about prognosis, recovery, and factors that influence recovery "informed by assessments at regular timepoints" (p.16). We currently know little about information provided through feedback following assessment, what that feedback looks like, and how it might influence engagement.

Aims:
This presentation aims to deliver an initial analysis of aphasia assessment feedback practices by synthesising data from three sources. We will: 1) review literature on aphasia assessment feedback; 2) critique an authentic example of a speech pathologist delivering assessment feedback through interactional analysis; 3) map current guidance for feedback within key aphasia assessment administration/procedural manuals.

Method:
1) We reviewed research through CINAHL Ultimate using combined search terms aphasi*, assessments or evaluation or screening or test, AND feedback. 2) Using systemic functional linguistics, we analysed the transcription of a videorecorded bedside assessment feedback exchange between a speech pathologist and patient in an acute stroke ward. 3) Fifteen publicly available aphasia assessments were audited using a tailored checklist.

Results:
The literature review revealed no research specifically addressing assessment feedback other than two papers by the author. The SFL findings were of well-meaning but ineffective feedback with no opportunity for a feedback loop to aid learning potential. Instructions about assessment feedback were not explicitly considered in the administration of published assessments.

Discussion and Conclusions:
This study exposes missed opportunities to capitalise on the time spent in assessment to facilitate client learning, information provision and engagement. Current practice risks miscommunication around the amount, type, timing and nature of feedback following assessment. Further work in this area is ongoing (Hersh & Boud, 2023).

Speech Language Pathologists' perspectives on rehabilitation of numerical processing and calculation in aphasia

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Background:
There is now a relatively wide body of research which indicates that a high proportion of people with aphasia are likely to have substantial difficulties with numerical processing and calculation (e.g. Marangolo et al., 2005; Proios et al., 2021). These include problems with foundational number language such as transcoding (the relationship between Arabic numerals and spoken and written number names) and counting, as well as simple and more complex calculations. Such difficulties are likely to have a significant emotional and practical effect on individuals (Benn et al., 2022), particularly among those for whom maths was central to their life prior to their stroke. Despite these indications of the significance of numeracy difficulties for aphasic individuals, they are rarely assessed or rehabilitated by speech-language pathologists.

Aims:
This study aims to provide insight into speech-language pathologists' experiences of and attitudes towards supporting individuals with numeracy difficulties.

Method:
We disseminated an online survey to reach a representative sample of speech-language pathologists in the United States and United Kingdom. We questioned respondents on three broad areas:
 1. What is the extent to which SLPs report addressing problems in numerical processing and calculation in their practice (both in terms of number of patients and range of difficulties)?
 2. What knowledge and skills do clinicians have for work in numerical processing & calculation?
 a. Are they adequately prepared?
 b. Are they confident in their ability?
 3. What are clinicians' perceptions regarding barriers to addressing difficulties with numerical processing and calculation?

Results:
Data collection is ongoing.

Discussion and Conclusions:
The findings will expand our understanding of speech-language pathologists' levels of experience and confidence in rehabilitating numerical processing and calculation in aphasia and elucidate what can be done to improve SLP confidence and ability to support individuals with problems in this area.

The Aphasia Therapy Finder: An novel evidence-based practice implementation tool.

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Background:
Speech pathologists report significant challenge in staying abreast of the latest evidence to support aphasia therapy selection. Further, access to relevant clinical resources is a significant barrier to evidence-based implementation.

Aims:
In this project we aimed to develop the Aphasia Therapy Finder (ATF): an online repository of therapy resources designed to aid selection of evidence-based aphasia therapies and to bridge the evidence-practice gap in aphasia rehabilitation.

Method:
Results of focus groups (n=31) in the USA, the Netherlands, and Australia and an international survey of speech pathologists (n=176) across 19 countries informed the design of the ATF (Dignam et al., 2023). A project group comprising 11 aphasia research experts from 6 countries selected 24 evidence-based aphasia interventions to include in the ATF. Clinicians provided feedback on web site usability. Instructional videos of the included therapies were sourced from research teams or specifically produced for the ATF.

Results:
A searchable web-based platform has been created that includes 24 evidence-based aphasia interventions targeting elements across the ICF. Detailed descriptions of the therapy methods, the underpinning rationales and proposed mechanisms of action, and the supporting research evidence are provided. Instructional videos and links to implementation resources are included. The ATF will be publicly available from July 2024.

Discussion and Conclusions: While speech pathologists report using a range of aphasia therapy approaches in clinical practice, and consider research evidence when selecting therapy approaches, resource limitations continue to present a barrier to the implementation of evidence-based practice. The development of the ATF is expected to support the translation of research evidence into clinical practice and enhance outcomes for people living with aphasia.

Highlights from the State of Aphasia: Global Perspectives report

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Background:
In 2018 the State of Aphasia white paper was published as an advocacy tool, a resource, and a vehicle for raising awareness of gaps in aphasia services in North America (Simmons-Mackie, 1918). The publication has been cited around the world. After almost 6 years in circulation, an updated and expanded State of Aphasia paper (2024) has been undertaken to document progress in improving services and reorient goals for the future of aphasia advocacy, intervention, and research.

Aims:
The aim of this presentation will be to describe new findings from selected portions of the report. In addition, the current state of service gaps will be highlighted along with identification of newly identified gaps in aphasia services.

Methods:
An in-depth review of multiple online databases and articles, online surveys, and review of government & organization websites have been used to collect data on services and issues related to aphasia around the world.

Results:
The State of Aphasia report includes current information describing frequency and epidemiology of aphasia, global services and service gaps, consequences of aphasia for the person, family and society and communication access. In addition, the expanded report now includes issues related to technology, and diversity/equity in aphasia. The report has been expanded beyond North America to capture global perspectives.

Discussion and Conclusions:
Presentation of updated findings will contribute to important discussions related to the state of aphasia services and encourage advocacy efforts around the world. Highlighting specific gap areas within an international context can help to direct the efforts of researchers and foster broader collaborative efforts to solve complex problems in aphasia care.