**Classroom Activities**

These are samples of classroom activities that have been contributed by several instructors who have made use of the TalkBank resources for teaching purposes. Some have also been created by the TalkBank team. If an assignment requires the use of additional materials, those are available from links within this document.

If you are a faculty member and you are not a member of AphasiaBank, please see the paragraph at the top of the AphasiaBank webpage -- <https://aphasia.talkbank.org/> -- for information on how to request membership.

Some assignments make use of the CLAN program, which is free and downloadable for Windows and Mac from this webpage: <http://dali.talkbank.org/clan/> .

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**Contributor: Mary Boyle, Ph.D., Montclair State University**

This project will focus on Example #3 from the AphasiaBank Grand Rounds. Go to the “AphasiaBank Grand Rounds – students” website, read the information about Gloria, and watch her video.

These are Gloria’s scores on the short form of the *Boston Naming Test* and the *Western Aphasia Battery – Revised:*

|  |  |  |
| --- | --- | --- |
| **BNT - short form** | max = 15 | 5 |
| **WAB AQ** | max = 100 | 40.9 |
| **WAB Type** |   | Broca |
| **WAB SpontSp InfoContent** | max = 10 | 3 |
| **WAB SpontSp Fluency** | max = 10 | 4 |
| **SpontSp Score for AQ** | max = 20 | 7 |
| **WAB Yes/No Q** | max = 60 | 45 |
| **WAB AudWdRec** | max = 60 | 42 |
| **WAB SeqComm** | max = 80 | 30 |
| **AudVbl Comp Score for AQ** | max = 10 | 5.85 |
| **WAB Repetition** | max = 100 | 34 |
| **Rep Score for AQ** | max = 10 | 3.4 |
| **WAB Object Naming** | max = 60 | 31 |
| **WAB WdFluency** | max = 20 | 5 |
| **WAB SentComp** | max = 10 | 4 |
| **WAB RespSp** | max = 10 | 2 |
| **Naming Score for AQ** | max = 10 | 4.2 |

Use what you learned from watching and listening to Gloria, from reading the information about her on the website, and from the test scores to write a report that includes the following:

* A summary of her language and communication abilities.
* A recommendation of 2 additional tests that could be useful to explore her abilities and why you are recommending each test.
* Two impairment-level expressive language goals, with recommendations for one specific treatment or treatment approach for each goal and a summary of the evidence to support that treatment or treatment approach.
* One participation/social/communication goal, with a recommendation for a specific treatment or treatment approach for that goal and a summary of the evidence to support that treatment or treatment approach.

**Contributor: Catherine Torrington-Eaton, Ph.D., Rockhurst University**

Conduct a manual language analysis of two (2) patients' speech. Use the materials in the [CTE folder](http://aphasia.talkbank.org/education/activities-materials/CTEmedia/) including the two mp3 files, the CEP worksheet ([Helm2014](http://aphasia.talkbank.org/education/activities-materials/CEPHelmetal2014.pdf)), and the article by Menn and colleagues ([Menn1994](http://aphasia.talkbank.org/education/activities-materials/CEPMennetal1994.pdf)) for more information about how this analysis method was derived.

Follow the steps from the Communicative Effectiveness Profile (Helm-Estabrooks, Albert & Nicholas, 2014) to conduct the analysis. Make sure you transcribe exactly what each patient says (not necessarily in IPA, but code/transcribe phonemic paraphasias, repetitions, etc.). Submit your work (transcription and analysis) as well as a one-paragraph summary of each client's speech characteristics.

Below are some answers to commonly asked questions:

1) What exactly is a content unit?

The Menn et al. article is a useful supplement to the handout because it gives more detail to the bullet points. A content unit is essentially new/unique, useful information for the listener.

•   If the unit is repeated (such as "she"), it is only counted once as a unique content unit. In subsequent uses (e.g., the word "she"), it is included within other content units in parentheses.

•   Words that modify content units are often included within the content unit, but it depends on how unique and useful the modifier is. So for example, if a modifier is used to contrast a "younger" boy (because there are 2 in the story), you'd include the word "younger" as its own content unit.

•   incorrect words (such as semantic paraphasias) do not count as content units and neither do fillers.

•   prepositional phrases are most often their own content unit because they provide content to the narrative (ex. "at the ball"). Prepositions that are parts of verb phrases generally belong to the verb content unit (ex. "fall down"- "down" is not meaningful on its own)

•   look over the examples in the CEP handout and in the Menn article. You'll get a much better sense of content units when you look at a lot of examples

•   speech by PWA is not easy to analyze and there is some subjectivity to determining content analysis. Remember that not every word provides unique content to the narrative nor is it used correctly, but every word (except fillers, responses to leading questions, etc.) will be included in the total number of words spoken (see next question)

•   a proper name is a content unit, but only one. Mr. Smith is one content unit, but there are two words within the CU.

2) What's the difference between Step 2 and Step 3?

Step two counts the number of content units, but step 3 counts the numbers of words within each content unit. For example, "woke up" is one content unit (step 2), but has two words (step 3).

**Torrington-Eaton, cont.**

Also, notice that for the step 5 formula, you count the total number of words produced by the PWA in the sample (minus fillers and other responses to direct questions- page 1). This number is likely different from the step 3 total because there are redundant content units that you won't include in step 3 that will be included in step 5.

3) How should I go about this project?

I think it works best to transcribe each sample. Immediately following the transcript, list a table with the headings Correct content unit, Correct words in content unit, and Correct morphemes, just as is done in the handout. It's easier to analyze the information in table format. Plus, I can see what you counted and how you derived your measures.

4) What should I include in my summary?

Read the Menn et al. article to put this analysis into context. The article lists norms by aphasia type. Compare your values to what are listed. Your values may be a bit different from the ones in the article because we are not analyzing narratives from the Cookie Theft, but you might be surprised at how meaningful this analysis is. Next, compare the values you obtained with other observed speech characteristics and discuss whether these data are in agreement and why/why not. On a side note, the article talks about how this type of analysis can be used to quantify progress -- always a useful piece of information for health insurance coverage!

Grading rubric

 Analysis- 60 points

* Content Units- parsed appropriately, attended to guidelines
* Calculations- followed formulas, values were in expected range

 Interpretation- 40 points

* Summary is informative, compares client data to article results, draws appropriate conclusions based on results

**Contributor: Stephanie Christensen, Ph.D., Midwestern University**

**Aphasia Classification/WAB Activity/Summary** (100 points, 10% of course grade)

Group Assessment Activity: To guide understanding of types of aphasia, and familiarization with administration and scoring of assessment batteries, students will work in groups to administer and score subtests from each of the aphasia batteries provided in class. After familiarizing themselves with the assessments, students will fabricate data for six different aphasia types discussed in class. Videos of discourse samples from patients with each aphasia type will be shared. Based on knowledge of the different aphasia types, and information inferenced from observation of the videos, students will complete a WAB-R Record Form for each of the following types of aphasia: Global, Broca, Transcortical Motor, Wernicke, Transcortical Sensory, and Conduction Aphasia. Students should complete the WAB forms based on how they expect each patient to respond. Students will be graded on the plausibility of their “transcription” of the picture description task and their accuracy with scoring/classifying the aphasia types. Each group will submit a separate completed WAB response booklet for each type making sure to indicate the type of aphasia they intended to represent on the front of each form, as well as all group members’ names on each response booklet. Although students may divide the work among group members, all students are expected to have a thorough understanding of what differentiates each type of aphasia (see directions for Individual Assignment). Therefore, it is in the best interests of the group to work together to formulate the response forms for the different types of aphasia.

Individual Summary: Each student will individually complete a summary (no more than two pages double spaced) describing in paragraph form the characteristics of each aphasia type and what differentiates them. In addition to describing each aphasia type, students should discuss which assessment components are critical for classifying participants into types of aphasia. (50 points)

* Group Assessment Activity: 50 points (5% of course grade)
* Individual Summary: 50 points (5% of course grade)

\*Participants from AphasiaBank: Global aphasia – scale09a, Broca’s Aphasia- ACTW01a, Transcortical Motor Aphasia – adler04a, Wernicke’s Aphasia – adler06a, Transcortical Sensory Aphasia – scale12a, Conduction Aphasia – scale11a

**Contributor: Suzanne Moineau, Ph.D., California State University San Marcos**

SLP 673A: Language Disorders in Adults

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You are to work independently on this exam and are not to consult with any other person.** This includes on any clarification of questions or request for interpretation of what the questions mean. Should you need assistance with interpreting or clarifying, you should reach out to me. By signing this coversheet to your exam and submitting it to the dropbox, you acknowledge this stipulation.

Please go to: [http://aphasia.talkbank.org](http://aphasia.talkbank.org/)
In the middle of the page, on the right, please find the heading labeled “**Education”**. Click on “***Grand Rounds – students*”.** *<Get the Username and Password from your instructor.>* Please do not share these usernames/passwords with anyone as they are restricted access for members of TalkBank.

Under Broca’s Aphasia, Gloria is the first case, and she is entitled: Example # 3. Please read the case and listen to Gloria’s description of the Cinderella story. Your exam consists of the following questions:

1)  What do you make of Gloria’s use of nouns, verbs, and prepositions? What do you make of her grammatical structures (morphology and syntax)? Does she have a disproportionate difficulty with one over the other in any of these structures?

2)  Armed with your observations, provide a summary of this patient’s story, including patterns of errors and strengths in each of these areas of language.

3)  Do you think she has a motor speech disorder as well? If so, which one and how did you determine this?

4)  How did she do with pragmatic aspects of communication? What do you make of her facial expressions and gestural language?

5)  She occasionally uses repetition in her speech sample? What do you make of the reason why she does that? Is it useful to you as a listener? Why or why not?

6)  Do you think that Gloria’s inability to return to work was more related to her speech or her hemiplegia? Why would you think that?

7)  What assessment instruments would you administer to Gloria and why did you choose them? What are things you would consider doing in order to get a comprehensive view of her communication needs?

Look in the folder for the four treatment articles posted:

 8)  [Thompson](http://aphasia.talkbank.org/education/activities-materials/SMThompson.pdf) - Treatment of Underlying Forms

 9)  [Edmonds](http://aphasia.talkbank.org/education/activities-materials/SMEdmonds.pdf) - Verb-Strengthening Network Training (VNeST)

10) [Youmans](http://aphasia.talkbank.org/education/activities-materials/SMYoumans.pdf) - Scripting

11) [Fridriksson](http://aphasia.talkbank.org/education/activities-materials/SMFridriksson.pdf) – Entrainment

**Moineau, cont.**

For **EACH** of these treatment studies, please do the following:

 a)  Very briefly summarize the treatment approach – what does it aim to do

 b)  What is the rationale for its use – why should it work and what population did

they use it on (be specific)

 c)  Briefly explain the outcomes – did it work or not and under what conditions

 d)  What are the authors conclusions and interpretations

 e)  Determine if you would consider using this approach to treat Gloria and explain

why you would or would not – you need to consider what its aims and outcomes

are, and weigh that against your analysis of her speech sample

Your summary for a-d, **in totality,** should be clear and concise but I should understand what they did, why they did it, how they did it, what the outcomes were, and their interpretation.

12) Determine which of these four treatments you would use on Gloria if she was your client. Assume these were the only treatments you had to choose from. Give a rationale for its use over the others with Gloria.

13) Write a goal that would correspond to the noted outcomes as a result of implementation of the treatment. Give a recommendation on the intensity of the treatment. Please use citations that support your response.

14) What is your prognosis for improvement with this treatment given the article and what you read and learned about Gloria. Please use citations that support your response.

15) How would you involve Gloria’s loved ones in the treatment. Please use citations that support your response.

16) How might your approach change if Gloria were bilingual/bicultural. Please use citations that support your response.

Academic Honesty:
You may use any reliable resources or references, but your work is to be independent. Any evidence of consultation in completing this exam will result in: 1) a zero on the assignment; 2) a grade of F in the course; 3) the filing of an academic conduct case with the Dean of Students; and 4) the issuance of a Statement of Concern for violation of ASHA Standard IV- E.

**Moineau, cont.**

Grading:
Each of the questions above is worth 5 points with the exception of questions 8-11 which are worth 10 points each (2 points for each section a-e). The total for this exam is 100 points. Please note that there is rarely, if ever, a singular correct answer in intervention. Use good judgment and critical thinking skills, and do not focus on ‘what the right answer is’. There are many correct pathways to assist our clients. Exercise good problem solving!

Our website has extensive references, links to EBP, and actual posted articles to help you find support for your answers to questions 13-16.

[Simmons-Mackie](http://aphasia.talkbank.org/education/activities-materials/SMSimmons-Mackie.pdf) – A Qualitative Study of Feedback in Aphasia

[Raymer](http://aphasia.talkbank.org/education/activities-materials/SMRaymer.pdf) – Translational Research in Aphasia: From Neuroscience to Neurorehabilitation

[Plowman](http://aphasia.talkbank.org/education/activities-materials/SMPlowman.pdf) – Post-stroke Aphasia Prognosis: A Review of Patient-Related and Stroke- Related Factors

[Cherney](http://aphasia.talkbank.org/education/activities-materials/SMCherney.pdf) – Aphasia Treatment: Intensity, Dose Parameters, and Script Training

[Lorenzen](http://aphasia.talkbank.org/education/activities-materials/SMLorenzen.pdf) – Bilingual Aphasia: A Theoretical and Clinical Review

[Hinckley](http://aphasia.talkbank.org/education/activities-materials/SMHinckley.pdf) – Comparing the Outcomes of Intensive and Non-intensive Context-based Aphasia

 Training

[Kagan](http://aphasia.talkbank.org/education/activities-materials/SMKagan.pdf) – Counting What Counts: A Frameword for Capturing Real-life Outcomes of Aphasia

 Intervention

[Pedersen](http://aphasia.talkbank.org/education/activities-materials/SMPedersen.pdf) – Aphasia after Stroke: Type, Severity, and Prognosis

**Moineau, cont.**

Grading Rubric Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) Language analysis: nouns, verbs, preps, grammar 5

2) Summary of Cinderella story 5

3) Motor speech disorder 5

4) Pragmatic communication/facial expressions 5

5) Reason for her repetitions/useful? 5

6) Inability to return to work: speech or hemiplegia 5

7) Assessment measures 5

8) Thompson

 Summary 2

 Rationale for use/population 2

 Outcomes of study 2

 Conclusions/interpretations 2

 Use it or not 2

9) Edmonds

 Summary 2

 Rationale for use/population 2

 Outcomes of study 2

 Conclusions/interpretations 2

 Use it or not 2

10) Youmans

 Summary 2

 Rationale for use/population 2

 Outcomes of study 2

 Conclusions/interpretations 2

 Use it or not 2

11) Fridriksson

 Summary 2

 Rationale for use/population 2

 Outcomes of study 2

 Conclusions/interpretations 2

 Use it or not 2

12) Which tx will you use and why 5

13) Write a goal/recommendations/Support by citation 5

14) Prognosis/Support by citation 5

15) How to include family/Support by citation 5

16) Approach if bilingual/bicultural/Support by citation 5

Extra Credit: Would you use one of the other txs we covered? And if so, why? 5

Score: \_\_\_\_\_\_ /100

**Contributor: TalkBank**

**Features of language disorders following left and right hemisphere stroke**

The Grand Rounds resources for this assignment are part of the TalkBank project, which provides repositories in over a dozen research areas to support the study of communication. Please read and honor the guidelines about ethical principles of shared databases at this link: <http://talkbank.org/share/ethics.html> . You are welcome to review and study all of this material at these Grand Rounds sites, but you are not permitted to download anything. Downloading would be a serious infraction of IRB rules.

Using the two resources/links given below, please select four participants for commentary, perhaps two from each. For each participant, in approximately 1-2 pages:

1)  Summarize the nature of their deficits.

2)  Characterize their communicative strengths despite any impairments.  What do they do to help get their ideas across if they are having problems?

3)  Give examples of word-level or sound-level errors that they make.

4)  What do you notice about other aspects of their communication -- e.g., pragmatic skills, structure and organization of discourse, topic maintenance, intonation?

5)  As much as possible, suggest what might be the neurological basis for their disorder.

* **Aphasia** at [https://aphasia.talkbank.org](https://aphasia.talkbank.org/). This "Grand Rounds-students" resource provides examples with tutorial explanations.
* **RHD** at [https://rhd.talkbank.org](https://rhd.talkbank.org/). This also has a Grand Rounds component, similar to AphasiaBank.

These two resources for this assignment require a Username and Password for access. *<Get the Username and Password from your instructor.>*

Make sure you identify each participant you choose to describe.

**Contributor: TalkBank**

**Clinical assessment and treatment planning – aphasia and RHD**

For this assignment, you will need to go to both the RHDBank and AphasiaBank webpages: <https://rhd.talkbank.org/> and <https://aphasia.talkbank.org/> . Find the headings labeled “**Education”**. Click on “***Grand Rounds – students*”.***<Get the Username and Password from your instructor.>* You are welcome to review and study this material, but you are not permitted to download anything or share this access information with others.  Both would be a serious infractions of IRB rules. Please read and follow the material about ethical principles of shared databases at <http://talkbank.org/share/ethics.html> .

In AphasiaBank's Grand Rounds, under Broca’s Aphasia, listen to example # 3, Gloria’s Cinderella story. Then, go to the RHDBank's Grand Rounds and listen to Phil’s Cinderella story. As you listen, make notes as to what you observe in terms of language use (semantics and syntax), discourse (organization, information content, etc.), pragmatics and more. Then, answer the following questions:

1)  Compare and contrast Phil’s and Gloria’s use of nouns, verbs and syntax. What were their strengths and challenges in these areas?

2)  Compare and contrast Phil’s and Gloria’s discourse overall. How effectively did each of them convey the important aspects of the story? How well did they each organize the story? If you had any difficulty understanding either of the stories, what were the obstacles?

3)  Do you think either participant exhibits a motor speech disorder as well? If so, what were the characteristics you heard?

4)  Compare and contrast Phil’s and Gloria’s pragmatic aspects of communication. How would you describe their facial expressions, eye contact, topic maintenance, etc.?

5)  Compare and contrast Phil’s and Gloria’s prosodic features (rate, rhythm, melody).  For each, which features seemed typical and which were impaired? Did either of them use prosodic variation to help tell the story? Explain how and whether it was effective.

6)  Gloria frequently uses repetition in her speech sample. In contrast, Phil provides many details. Provide a hypothesis about why each of them uses these elements. Were they effective in conveying the story? Why or why not?

7) For each participant, identify 2 areas that you would target in treatment. Write a specific, measurable goal for each.

8) How would you involve Gloria’s and Phil’s families in the treatment? What are some strategies you might suggest for each family to help support their communication?

**Contributor: TalkBank**

**Compute Correct Information Units in RHD, aphasia, and control samples**

The Nicholas and Brookshire (1993) article explaining CIU analysis is available at this webpage: <https://aphasia.talkbank.org/discourse/> .

Instructors can download transcripts for students to use. For convenience, we have downloaded a variety of language samples from the Cat in the Tree picture description task from the AphasiaBank (2 Broca, 1 Wernicke, 1 Anomic, 1 Conduction, 2 Controls) and RHDBank (2 RHD) collections and put them in [this folder](https://rhd.talkbank.org/education/activities-resources/CIU_transcripts/). (This stimulus picture is used in the original Nicholas & Brookshire paper cited above and is viewable [here](https://aphasia.talkbank.org/protocol/english/pictures/cat.jpg).) The language samples are transcribed using CHAT, the editor in the CLAN program. We have removed the %mor and %gra tiers from the transcripts, so only the speaker tier appears. The ID header tiers in the CHAT transcript show the individual's age, sex, and diagnosis. For the AphasiaBank transcripts, the ID header tier also gives WAB-R aphasia type and AQ. If students do not have the CLAN program on their computers, they can download it, or the instructor can convert these CHAT transcripts to Word files. (The @Time Duration header tier in the CHAT transcript shows the total time of the sample for manual calculation of efficiency measures.)

Using CLAN or Word, students can follow the rules for scoring and counting words and correct information units to calculate #CIUs, #words, and %CIUs. Using CLAN, students can also compute words per minute and CIUs per minute to measure efficiency. Guidelines for how to do CIU analysis using CLAN are at the webpage given in the first sentence of this assignment. Using Word, the students should create 2 identical files for each transcript. Then, in the first file, they will need to eliminate the words that the CIU rules say should not be counted as words; in the 2nd file they will need to delete all the words that the CIU rules say should not be counted as CIUs. Then they could use the *Word* *Count* function in Word (under *Tools* in the menu) to count the CIUs (2nd file) and total words (1st file).

Compare and contrast the results of these analyses based on the individual's diagnosis. What do the results tell you about the individual's informativeness and efficiency? How do the groups and individuals with different types and severities of aphasia differ? Do you think these measures are valid and reliable? Do you think these measures are useful for planning therapy goals? If so, how? Would you consider using these measures to evaluate progress or change over time? If so, how?

Instructors can create their own gold standard for the #CIUs, #words, %CIUs, CIUs/minute and words/minute. Students can compare their lists to the gold standards and calculate % agreement: (# of agreements/# of agreements + disagreements) \* 100.

**Contributor: TalkBank**

**EVAL program: *Cat in the Tree* picture description**

This assignment requires that the CLAN program is downloaded (unless you choose Option #3 below). Instructors can download any AphasiaBank files they want for this task. As a convenience, we have put 3 aphasia transcripts (1 Anomic, 1 Broca's, 1 Conduction) from the *Cat in the Tree* picture description task into [this folder](https://aphasia.talkbank.org/education/activities-materials/EVAL_transcripts/). Download these transcripts and put them together in 1 folder.

The EVAL program can be used to compare an individual's performance on a discourse task to that of a large reference group from the AphasiaBank database. The resulting spreadsheet displays the individual's results side by side with the mean scores of the comparison group and indicates where the participant and the comparison group differ by one or more standard deviation. The use of EVAL is described in tutorial screencasts available from <https://talkbank.org/screencasts/> . The outcome measures are described in the CLAN manual in section *8.5 EVAL*: <https://talkbank.org/manuals/CLAN.pdf> .

Option 1: Be sure the working directory in the CLAN Commands window is set to the folder with the files you want to analyze, and then run the EVAL command on the transcripts, comparing them with the control transcripts (n=200+) (without worrying about comparing by sex or by age) by typing (or copying) this command into the Commands window:

eval +t\*PAR: +d"control" +g"Cat" +u \*.cha

Option 2: Run separate EVAL commands to compare individual aphasia transcripts with the Control database for the "Cat" task based on age and gender (after you watched the screencasts and/or read the manual to familiarize yourself with the program). Age and sex for the aphasia participants appear in the ID header tier of the CHAT transcript.

Option 3: No need for you to run anything. Look at [this spreadsheet](https://aphasia.talkbank.org/education/activities-materials/EVAL_cat.xlsx) that was generated after running the Option 1 command above.

Summarize the results for each individual. How does the language sample differ from the controls? Do you think any of those differences are clinically or functionally important? Would you use any of the information to plan treatment goals for the individual? Would you want to run this analysis again over time to look for changes? How do the language samples of the individuals with aphasia differ from each other? What else would you want to know about these individuals to help you understand these results?

**Contributor: TalkBank**

**Global coherence and main concept analysis coding**

The instructor will need to:

* Be a member of AphasiaBank to have access to the password-protected transcripts (for downloading transcripts from <https://aphasia.talkbank.org/access/English/Aphasia.html>) or use the transcripts we have made available for each task below.
* Decide if students will do the work within the CHAT transcript (if so, have them download CLAN) or in some other format such as a spreadsheet. Alternatively, you could do this activity together in class, displaying transcripts from the Browsable Database onto a large screen or distributing them in some other fashion to the students (via online course management programs or even hard copies).

**Global coherence**

Various systems for coherence analysis are available at the *Coherence Analysis* link at thiswebpage: <https://aphasia.talkbank.org/discourse/> .

Provide the students with CHAT transcripts and have them code global coherence using the Four-Point Global Coherence Rating Scale (Wright & Capilouto, 2012; Wright, Fergadiotis, Koutsoftas, & Capilouto, 2010) and/or the Five-Point Coherence Coding Scale (Glosser & Deser, 1990; Van Leer & Turkstra, 1999) or some other system of your choosing. You can use the six CHAT transcripts (1 Anomic, 1 Broca's, 1 Conduction, 3 Controls) in [this folder](https://aphasia.talkbank.org/education/activities-materials/GC_transcripts/) . We have removed the %mor and %gra tiers from the transcripts, so only the speaker tier appears. The ID header tiers in the CHAT transcript show the individual's age, sex, and diagnosis. For the AphasiaBank transcripts, the ID header tier also gives WAB-R aphasia type and AQ. These samples are from the *Cat in the Tree* picture description task (Nicholas & Brookshire, 1993) which is viewable [here](https://aphasia.talkbank.org/protocol/english/pictures/cat.jpg). If students code directly into CHAT transcripts, they can add the code after the final punctuation of the utterance but before the timing bullet as follows:

\*PAR: the cat is in the tree . [+ g4] •

After they have done this, have them learn how to compute reliability (% agreement) with another student's coding of the same transcripts or with a gold standard prepared by the instructor: (# of agreements/# of agreements and disagreements) \* 100.

If students code their files in CHAT transcripts, they can save the newly coded files and run a FREQ command on the codes to get a tally for each one. They need to set the working directory in the CLAN commands window to the folder where the coded files are located on their computer and then can run these commands:

freq +s"<+ g\*>" +t\*PAR \*.cha

This command outputs frequencies for each "g" code for each CHAT file in the folder to the computer screen.

freq +s"<+ g\*>" +t\*PAR +2 \*.cha

This command outputs frequencies for each "g" code for each CHAT file in the folder to a spreadsheet which will appear in the same folder as the CHAT files but can also be opened by triple clicking on the line at the bottom of the CLAN output page -- *Output file <stat.frq.xls>* .

(Note: it's an xls file, so please save as an xlsx file after opening it.)

**Global coherence -- questions to answer**

How would you summarize the results of this analysis? What do the results tell you about the global coherence for these individuals on this task? Do you think this measure is valid and reliable? Do you think this measure is useful for planning therapy goals? If so, how? Would you consider using this measure to evaluate progress or change over time? If so, how?

**Main concepts**

Guidelines for this type of analysis for various tasks from the AphasiaBank standard discourse protocol are available in the *Main Concept Analysis* section at this webpage: <https://aphasia.talkbank.org/discourse/> .

Again, as a shortcut, we have created [this folder](https://aphasia.talkbank.org/education/activities-materials/MC_transcripts/) with Sandwich samples for 3 people with aphasia and 3 controls (minga01a).

Students can code main concepts in the CHAT transcripts as post-codes (see below, where main concept #4 is coded), but sometimes there is not a one-to-one correspondence between a main concept and an utterance. It is fine to have multiple main event codes on an utterance as long as they are separated by a space. Students can also code main concepts in a separate spreadsheet.

\*PAR: get a butter knife . [+ mc5] •

If students code their files in CHAT transcripts, they can save the newly coded files and run a FREQ command on the codes to get a tally for each one. They need to set the working directory in the CLAN commands window to the folder where the coded files are located on their computer and then can run these commands:

freq +s"<+ mc\*>" +t\*PAR \*.cha

This command outputs frequencies for each "g" code for each CHAT file in the folder to the computer screen.

freq +s"<+ mc\*>" +t\*PAR +2 \*.cha

This command outputs frequencies for each "g" code for each CHAT file in the folder to a spreadsheet which will appear in the same folder as the CHAT files but can also be opened by triple clicking on the line at the bottom of the CLAN output page -- *Output file <stat.frq.xls>* .

(Note: it's an xls file, so please save as an xlsx file after opening it.)

**Main concepts – questions to answer**

How would you summarize the results of this analysis? What do the results tell you about the ability of these people to communicate the gist of this task? Do you think this measure is valid and reliable? Do you think this measure is useful for planning therapy goals? If so, how? Would you consider using this measure to evaluate progress or change over time? If so, how? How do you compare this measure to the global coherence measure?

**Contributor: Rob Cavanaugh, M.S. CCC-SLP, University of Pittsburgh**

These cases histories are fictional for these individuals but based on true events. Cases 1-3 correspond to Examples in the AphasiaBank *Grand Rounds*, so you can watch the relevant videos for those individuals at that site (either in class or on your own if the Instructor provides access). The media file for Case 4, corresponding to AphasiaBank Participant scale09a, will need to be provided by the Instructor in a password protected folder of class material. A short example of his connected speech can be heard at the AphasiaBank *Examples* site in the Perseveration section.

One of the questions for each case refers to the QAB (Quick Aphasia Battery; Wilson, Eriksson, Schneck, & Lucianie) which can be downloaded from here: <https://aphasialab.org/qab/> .

**Presentation Template:**

* [Patient/Name/Initials] is a [age] [Male/Female] who [provide brief, relevant case history including current clinic setting].
* [Patient/Name/Initials] presents with [your diagnosis + specific findings supporting that diagnosis].
* I recommend... [treatment recommendations and general treatment approach; include patient’s goals, broad summary of specific treatment goals, any concerns you have].
* Discuss 1 specific goal, how you arrived at that goal and how it will address the patient’s overall goals.

**Case 1 (corresponds to Example 3 in Grand Rounds)**

Jean had an aneurysm approximately 4 months ago. She spent three months in inpatient rehabilitation, where SLPs targeted a range of aphasia, cognition, dysphagia, and dysarthria. Her extended length of stay was due to discharge disposition and finding a safe, supportive environment for discharge. Prior to her stroke, she lived on her own and ran a personalized cake baking and decorating business. She is around 50 years old and would like to go back to work and living at home on her own. She was just admitted to the short-term rehab facility you work at and you are evaluating her for the first time.

|  |  |  |
| --- | --- | --- |
| WAB Aphasia Quotient (AQ) | max = 100 | 40.9 |
| WAB Spontaneous Speech Information Content | max = 10 | 3 |
| WAB Spontaneous Speech Fluency | max = 10 | 4 |
| Spontaneous Speech Score for AQ | max = 20 | 7 |
| WAB Yes/No Q | max = 60 | 45 |
| WAB Auditory Word Recognition | max = 60 | 42 |
| WAB Sequential Commands | max = 80 | 30 |
| Auditory Verbal Score for AQ | max = 10 | 5.85 |
| WAB Repetition | max = 100 | 34 |
| Repetition Score for AQ | max = 10 | 3.4 |
| WAB Object Naming | max = 60 | 31 |
| WAB Word Fluency | max = 20 | 5 |
| WAB Sentence Completion | max = 10 | 4 |
| WAB Responsive Speech | max = 10 | 2 |
| Naming Score for AQ | max = 10 | 4.2 |

1. Read each prompt from the WAB-R subtests. What is each subtest testing? What do these results tell you about the PWA's language abilities?

2. Rate the PWA's discourse on the QAB aphasia connected speech feature.

3. Provide a general assessment of her language and communication abilities based on WAB-R scores and discourse as if you were writing the 'assessment' portion of an eval note. (Hint: include a summary of her relevant medical/personal history and language/communication strengths and weaknesses).

4. What additional assessments might be useful for treatment?

5. Write three goals for the PWA, covering a range of impairment-level, compensatory, participation/social targets. Include how you might have arrived at these goals collaboratively with the patient. (Creative license permitted!)

6. Select one or more treatment approaches this PWA may be a good candidate for and justify your selection(s).

**Case 2 (corresponds to Example 8 in Grand Rounds)**

Lori is in her early 40's. She is an architect, but has not been able to work since her

stroke, 2 years ago. She has two small children and a devoted spouse. She is referred to your outpatient clinic after a recent follow up visit with her physiatrist where she discussed wanting to restart speech therapy again. Previously, she attended therapy until about one year after her stroke, but decided that she did not want to continue at that point. While she struggled with motivation towards the end of her first year, she has been improving slowly on her own and reports that she is very motivated to find a way to return to some sort of employment and she feels that her communication needs to improve first. She is also not sure about where to start in exploring work opportunities again that might be a good match for her hemiplegia and aphasia.

|  |  |  |
| --- | --- | --- |
| WAB Aphasia Quotient (AQ) | max = 100 | 92.8 |
| WAB Spontaneous Speech Information Content | max = 10 | 10 |
| WAB Spontaneous Speech Fluency | max = 10 | 9 |
| Spontaneous Speech Score for AQ | max = 20 | 19 |
| WAB Yes/No Q | max = 60 | 60 |
| WAB Auditory Word Recognition | max = 60 | 58 |
| WAB Sequential Commands | max = 80 | 80 |
| Auditory Verbal Score for AQ | max = 10 | 9.9 |
| WAB Repetition | max = 100 | 92 |
| Repetition Score for AQ | max = 10 | 9.2 |
| WAB Object Naming | max = 60 | 52 |
| WAB Word Fluency | max = 20 | 11 |
| WAB Sentence Completion | max = 10 | 10 |
| WAB Responsive Speech | max = 10 | 10 |
| Naming Score for AQ | max = 10 | 8.3 |

1. Read each prompt from the WAB-R subtests. What is each subtest testing? What do these results tell you about the PWA's language abilities?

2. Rate the PWA's discourse on the QAB aphasia connected speech feature.

3. Provide a general assessment of her language and communication abilities based on WAB-R scores and discourse as if you were writing the 'assessment' portion of an eval note. (Hint: include a summary of her relevant medical/personal history and language/communication strengths and weaknesses).

4. What additional assessments might be useful for treatment?

5. Write three goals for the PWA, covering a range of impairment-level, compensatory, participation/social targets. Include how you might have arrived at these goals collaboratively with the patient. (Creative license permitted!)

6. Select one or more treatment approaches this PWA may be a good candidate for and justify your selection(s).

**Case 3 (corresponds to Example 2 in Grand Rounds)**

Chuck is 60 years old and works in the computer industry. He suffered a ruptured

arterio-venous malformation (AVM) ten days ago resulting in a large left MCA lesion. You have completed an initial swallowing eval and MBSS with yesterday, after Chuck was admitted to your inpatient rehab unit, and his dysphagia appears to have resolved. Now, you’re shifting your focus primarily to his aphasia. Staff has reported that he often seems frustrated with being in the hospital. n your care team meeting, you learn that he will likely stay admitted for at least another three weeks for close monitoring due to the AVM. His wife is also supportive of this as she knows he will get more therapy this way. She suggests that he likes to use his phone/iPad for Facebook, email, texting, and calling to stay in touch with friends and family and she thinks being able to use these again would help him get through his hospital stay.

|  |  |  |
| --- | --- | --- |
| WAB Aphasia Quotient (AQ) | max = 100 | 36.8 |
| WAB Spontaneous Speech Information Content | max = 10 | 5 |
| WAB Spontaneous Speech Fluency | max = 10 | 8 |
| Spontaneous Speech Score for AQ | max = 20 | 13 |
| WAB Yes/No Q | max = 60 | 57 |
| WAB Auditory Word Recognition | max = 60 | 37 |
| WAB Sequential Commands | max = 80 | 6 |
| Auditory Verbal Score for AQ | max = 10 | 5 |
| WAB Repetition | max = 100 | 2 |
| Repetition Score for AQ | max = 10 | 0.2 |
| WAB Object Naming | max = 60 | 0 |
| WAB Word Fluency | max = 20 | 0 |
| WAB Sentence Completion | max = 10 | 2 |
| WAB Responsive Speech | max = 10 | 0 |
| Naming Score for AQ | max = 10 | 0.2 |

1. Read each prompt from the WAB-R subtests. What is each subtest testing? What do these results tell you about the PWA's language abilities?

2. Rate the PWA's discourse on the QAB aphasia connected speech feature.

3. Provide a general assessment of her language and communication abilities based on WAB-R scores and discourse as if you were writing the 'assessment' portion of an eval note. (Hint: include a summary of her relevant medical/personal history and language/communication strengths and weaknesses).

4. What additional assessments might be useful for treatment?

5. Write three goals for the PWA, covering a range of impairment-level, compensatory, participation/social targets. Include how you might have arrived at these goals collaboratively with the patient. (Creative license permitted!)

6. Select one or more treatment approaches this PWA may be a good candidate for and justify your selection(s).

**Case 4 (corresponds to scale09a in Examples)**

Bruce formerly worked in a car factory on the assembly line and retired before his stroke. He had a large left MCA ischemic injury about 5 years ago and recently found out about the great aphasia group you work at, where PWA can participate in aphasia groups but also have an opportunity to work one-on-one with an SLP once a week to set personalized goals (with an emphasis on improving independence and life participation). In your initial interview with Bruce and his wife, you ascertain that, while Bruce has adjusted well to his aphasia and the consequences of his stroke, he would like to be more independent in his ability to communicate in community situations with people he doesn’t know and are unlikely to understand aphasia.

|  |  |  |
| --- | --- | --- |
| WAB Aphasia Quotient (AQ) | max = 100 | 20.3 |
| WAB Spontaneous Speech Information Content | max = 10 | 1 |
| WAB Spontaneous Speech Fluency | max = 10 | 3 |
| Spontaneous Speech Score for AQ | max = 20 | 4 |
| WAB Yes/No Q | max = 60 | 42 |
| WAB Auditory Word Recognition | max = 60 | 21 |
| WAB Sequential Commands | max = 80 | 6 |
| Auditory Verbal Score for AQ | max = 10 | 3.45 |
| WAB Repetition | max = 100 | 8 |
| Repetition Score for AQ | max = 10 | 0.8 |
| WAB Object Naming | max = 60 | 14 |
| WAB Word Fluency | max = 20 | 1 |
| WAB Sentence Completion | max = 10 | 1 |
| WAB Responsive Speech | max = 10 | 3 |
| Naming Score for AQ | max = 10 | 1.9 |

1. Read each prompt from the WAB-R subtests. What is each subtest testing? What do these results tell you about the PWA's language abilities?

2. Rate the PWA's discourse on the QAB aphasia connected speech feature.

3. Provide a general assessment of her language and communication abilities based on WAB-R scores and discourse as if you were writing the 'assessment' portion of an eval note. (Hint: include a summary of her relevant medical/personal history and language/communication strengths and weaknesses).

4. What additional assessments might be useful for treatment?

5. Write three goals for the PWA, covering a range of impairment-level, compensatory, participation/social targets. Include how you might have arrived at these goals collaboratively with the patient. (Creative license permitted!)

6. Select one or more treatment approaches this PWA may be a good candidate for and justify your selection(s).

S537 Aphasia

Indiana University

Dr. Brielle Stark

Speech, Language & Hearing Sciences

These Collaborative Commentary assignments are meant to be experiential. We'll be taking critical looks at speakers with aphasia, and commenting about our observations (with some directions, of course!)

**Sign up for an account**

1. Go to [https://sla.talkbank.org/TBB/Links to an external site.](https://sla.talkbank.org/TBB/)
2. Click the "Collab" button in the top right corner. Select "New user".
3. Choose a password and enter your info (first/last name, ...). Your email address will be your ID for collaborative commentary.
4. When you click "Submit", you will be sent an email link to click and verify your address.
5. After you click the link emailed to you, you will be able to log in and use collaborative commentary.
6. The Collaborative Commentary manual is available here: [https://sla.talkbank.org/CCmanual/ Links to an external site.](https://sla.talkbank.org/CCmanual/). It’s also always available from the drop-down Menu when you are logged in and press the “Collab” button.

**Navigate to Samples**

1. Go to <https://sla.talkbank.org/TBB/aphasia/English/Aphasia/CC>
2. Click Collab button (top right of screen) to log in.
3. In Menu, select Request to Join Group (you can always access the Menu by clicking the Collab button) and enter the following group details:
	* Group owner's email: bcstark@iu.edu
	* CC group to join: Aphasia23
4. You're now a member of our Aphasia 2023 Collaborative Commentary group!

You'll see the following samples on the website:

* fridriksson 01a, fridriksson10a, fridriksson13a, tucson14a, tucson15a, williamson21a

The names of individuals you see on the left of your screen are all individuals with aphasia. Within each of these links, the individual will tell a story, from autobiographical prompts ("tell me about an important events"), to a fictional story (Cinderella), to prompts that are "how to" stories.

5. To access a sample, click on the sample name in the directory in the upper left (e.g., fridriksson01a). Enter the Username and Password you were given in class.

**Collaborative Commentary Assignment 1**

Please navigate to each individual's sample and listen all the way through. You'll notice that, as the video plays, the utterances will highlight the speech in sync with the video. You'll also notice that we only care about \*PAR utterances, because the \*INV utterances are the "experimenter."

Once you've listened all the way through to a sample, click on the **#1 utterance** (the 1 next to the utterance name). It's okay if it's a \*INV utterance in someone's example, in this case. Once you click it, you'll see a little box appear underneath it.

Write your interpretation of the individual's speech using these questions to guide you:

1. Would you describe this person's speech as being fluent or non-fluent? Why? How are you interpreting fluency?
2. How would you describe this person's word finding ability?
3. How would you describe this person's grammar?
4. How would you describe this person's overall \*communication\* -- i.e., how well do they convey meaning, regardless of language? What makes them a good or a poor communicator?

**Collaborative Commentary #2**

Please navigate to each individual's sample and listen all the way through once again. If you want to revisit what you said last time, remember that it's kept under the "1" utterance at the top -- click on it to read your own and other people's thoughts!

We're going to do something a little different this time, drawing upon what we've learned from the lectures thus far. This time, we'll be tagging individual utterances with speech behaviors that we've talked about.

These are the tags we'll be using for CC #2:



For this CC, we're going to tag utterances for **two speakers: fridriksson13a + fridriksson01a.**

For each utterance where you see a behavior that's described by one of the above tags -- tag it!

Note that you can apply more than one tag to an utterance, just click the utterance multiple times and make sure to click "submit."

**Collaborative Commentary #3**

We won't be using tags this time --> instead, using questions to guide us!

For this CC, we're going to tag utterances for **two speakers: tucson14a + tuscon15a.**

Please find a few utterances that are representative of your answers to these questions, for each of the sample speakers above:

1. Can you find an instance of this person communicating \*without\* using perfectly grammatical speech? How are they doing it? Why is it successful?
2. What are the main strengths of this person's communication? Identify an utterance to use to describe how it's a strength.
3. Even though we haven't discussed treatment/intervention yet, are you leaning toward a part of their language or communication that you would target in treatment? Or a part of their language/communication you'd use to scaffold another part of their language/communication? Identify an utterance to use to show an exemplar of this behavior.

**Collaborative Commentary #4**

We won't be using tags this time --> instead, using questions to guide us!

For this CC, we're going to tag utterances for **two speakers: williamson21a + fridriksson10a.**

Please find a few utterances that are representative of your answers to these questions, for each of the sample speakers above:

1. You've listened to these speakers during only one story. Can you make an interpretation about how they might do telling another story, like one supported by pictures? Identify an utterance to talk on this point.
	* By the way --> you know that you \*can\* find these individuals in the big AphasiaBank project, so you can jump over there to watch them tell other stories and see if you're right!
2. These speakers are unique in their language profiles. What kind of \*standardized\* language assessment would you do to get a better idea of their abilities? Identify an utterance to talk on this point, and why you think this.