Proceedings of the British Aphasiology Society International Conference 2025

Monday 18th – Wednesday 20th August 2025

Dundee, Scotland

Dalhousie Building, Old Hawkhill, Dundee DD1 5EN

Community

BαS British Aphasiology Society

Contents

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Welcome

Thank you for joining us in Dundee for the British Aphasiology Society International Conference 2025. The theme of this year's conference is Community, and I'm delighted that both the conference programme and its delegation represent and include members from many parts of our aphasia community. Over the course of this event, we hope you will encounter both new and familiar faces, voices and ideas. The Dundee community has been at the heart of the planning for this conference, with members of Tayside Speakabilty forming a key part of the advisory and celebratory elements of BAS 2025. NHS Tayside adult acquired speech and language therapy service have consulted, supported, encouraged and got stuck in with preparations throughout the preceding year. Tracy Duncan, and the Dundee City Region Convention Bureau, have moved mountains to get local organisations, charities and businesses across the city to sign up and complete Communication Access training so that everyone living in and visiting Dundee can enjoy an accessible communication environment. We hope this investment will not only benefit conference visitors but also serve as a meaningful legacy of the event once the conference has closed. Tayside Healthcare Arts Trust worked with local community members to run a series of creative workshops entitled "Beyond Words". Watch Wendy Wallace explain more about the workshops here: https://news.stv.tv/north/tayside-art-workshops-helping-stroke-patients-find-their-voice-again. The workshop series culminates in a specially commissioned textile artwork which will be unveiled during the conference and displayed in the Dalhousie Building at the University of Dundee for the rest of the summer of 2025. After this, the work will be available for display elsewhere in Dundee to continue raising awareness of aphasia. More widely, this conference has been made possible by both the British Aphasiology Society and members of the City Aphasia Lab at City St George's, University of London. Thank you all for being a part of it.

Abi - Dr Abi Roper. Conference Chair, BAS 2025.

City Aphasia Lab

City Aphasia Lab is part of the Adult Assessment and Intervention Research group at City St George's, University of London. This research group investigates themes such as aphasic language impairments, therapies for aphasia, interventions to improve emotional and social wellbeing in people with aphasia, and assessment, outcome measurement and the self-reported experience of aphasia. Visit https://cityaccess.org/ to find out more.

British Aphasiology Society

The British Aphasiology Society (**BAS**) is a national interest group formed to foster the study of aphasia and promote development of a range of clinical services for people with aphasia. Visit https://www.bas.org.uk to find out more.

The Tavistock Trust for Aphasia

The Tavistock Trust for Aphasia

Thank you to **The Tavistock Trust for Aphasia** for their generous support of this conference. Visit https://aphasiatavistocktrust.org/ to find out more.

Aphasia Advisory Committee

The BAS 2025 International Conference features a full afternoon session curated by community members with aphasia. This session is intended to be accessible to all delegates and also to local community members with aphasia and their friends and family members. Everyone on the Aphasia Advisory Committee has agreed to co-chair a conference session. Thank you:

- Billy Allen
- Ian Davey
- Samantha Frederick
- Serif Girgin
- Helen Gowland
- Esther Stielow
- Wendy Wallace

Additional thanks to Laorag Hunter, Jaycie Bohan and Sarah Northcott for supporting the delivery of the Dundee and London Aphasia Advisory Committee meetings.

List of Conference Contributors

Organising Committee

- Dr Abi Roper, City St George's, University of London
- Amy Hanschell, NHS Tayside
- Richard Talbot, BAS Conference Co-ordinator
- Dr Lucy Dyson, BAS Conference Co-ordinator
- Carla Magdalani, City St George's, University of London
- Sarah Heatley, NHS Tayside
- Amanda Comer, City St George's, University of London

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- Hannah Reynolds, NHS Tayside
- Wiktoria Szelag, NHS Tayside
- Elissa Manzi, University of East Anglia
- Dr Sophie MacKenzie, Health Sciences University, Bournemouth
- Michelle Kennedy, Sandwell and West Birmingham Hospitals NHS Trust

Additional, invaluable support from Tracy Duncan, Dundee City Region Convention Bureau

Meet your Keynote Speaker: Monday

Stephanie Wilson

Stephanie is Professor of Human-Computer Interaction (HCI) at City St George's, University of London where she also co-directs the Centre for HCI Design. She is a technologist whose work focuses on designing inclusive, user-centred technologies through co-design methods. She leads interdisciplinary research spanning inclusive interaction design, data visualization, co-design, and digital healthcare technologies.

Stephanie has made significant contributions to HCI and aphasia research by developing technologies that support people with complex communication needs. Notable projects include EVA Park (a multi-user virtual world for people with aphasia), GeST, MakeWrite and Creatable—innovations that explore how virtual worlds, gesture-based and multimodal interactions, and tangible interfaces can support communication, creativity, and social well-being. Her team's efforts have earned multiple ACM SIGCHI honorable mentions and recognition in the Tech4Good Awards. Stephanie's work is characterised by inclusive, participatory, and ethically grounded approaches to interaction design, conducted in close collaboration with aphasia researchers and people with aphasia.

Most recently, Stephanie has become Co-Director of the new DIVERSE Centre for Doctoral Training which is training the next generation of researchers in diversity-conscious data visualization and design practices. In her teaching, mentoring, and research leadership, Stephanie consistently champions the value of HCI as a lens for critical, human-centred technology development.

Meet your Keynote Speaker: Tuesday

Sonia Brownsett

Sonia is a speech pathologist and neuroscience researcher. Since graduating from the University of Newcastle upon Tyne, Sonia has worked clinically across hyperacute, acute, rehabilitation and outpatient services, as well as in academia. She was awarded an MRC Clinical fellowship and completed her PhD at Imperial College London, where she investigated language reorganisation in people with epilepsy, and the contribution of cognitive brain networks to language recovery after stroke. As a postdoctoral fellow at UCL, she co-developed, alongside people with aphasia, ListenIn, an evidence-based therapy app that uses gamification techniques to deliver a high dose. She moved to Australia where she was the postdoctoral research fellow leading the Neurobiological Predictors body of research, initially in the Centre of Research Excellence in Aphasia Recovery and Rehabilitation. and then, as Senior Research Fellow, in the Queensland Aphasia Research Centre (QARC) at the University of Queensland. At QARC she also led the extremely successful Aphasia Techhub, an innovative service that supports people with aphasia to access and use technology to achieve their everyday goals. Her research includes people with different types of injury to the brain, especially stroke, epilepsy, and brain tumours. She recently took on the role of Director of Therapies Research, within the Australian government.

Meet your Keynote Speaker: Wednesday

Molly Manning

Molly is Associate Professor and Course Director of the MSc in Speech and Language Therapy at the University of Limerick. She holds a PhD in Population Health and Health Services Research and is a participatory health researcher focused on aphasia psychosocial care (APC). She co-leads national and international APC initiatives, including a global research network and SEA, a 200+ member Irish community of practice. Her interdisciplinary work spans co-design, migrant health, and culturally responsive care, with contributions to national stroke strategies and clinical guidelines. She is active in teaching, policy development, and public and patient involvement (PPI) research, with a strong emphasis on inclusive, evidence-based implementation.

Conference Schedule

By day

Monday 18th August 2025

Time	Presenter	Title
9.40	Abi Roper, Helen Gowland, Jane Marshall. Chairs' Welcome	
9.45	Fiona MacAulay & Nicola Richardson	Welcome to the Conference from NHS Tayside Fiona MacAulay - Clinical Lead, Tayside Adult Acquired SLT Service Nicola Richardson - Director of Allied Health Professions
10.00	Stephanie Wilson	Keynote. Reimagining Technology Design for People with Aphasia: A Human-Computer Interaction Perspective
11.00	**Break**	
11.30	Miranda L. Rose	Communication Connect: A co-designed, AI-enabled web platform and resources to support people living in the community with aphasia after stroke
11.50	Niamh Devane	Making Data Visualizations Accessible for Adults with Language Disability: Expert Perspectives
12.10	Anderson Zihao You	Empowering Communities of Aphasia through Adaptable Subtitled Media: The Altering Factors, Accessibility Barriers, and Inclusive Design Practices
12.30	Amy Hanschell	Identifying as an Influencer: a codesign journey
12.35	Caroline Haw	Sheffield Aphasia Group (SAG) Zoom: peer leaders with aphasia and student SLTs working together to support lasting friendships and community
12.45	Abi Roper	Poster Spotlight
	Samawiyah Ulde - The SALT Labsystem: Bringing aphasia assessment into the digital age	
	Emily Chesnet - Development and evaluation of an online Goal setting and Action Planning (G-AP) training resource	
	Adam Sewell - Innovative art groups for people with aphasia: Unlocking wellbeing and inspiring creative participation	
	Samawiyah Ulde - Building a Corpus of Arabic Aphasia	
	Lisa Naughton - Breaking Barriers: Implementing Communication Profiles for Aphasia Patients in Acute Stroke Care	
	Eimear Ward - Painting a Voice: Art Groups as a Community-Based Intervention for Aphasia	
12.50	**Lunch & opportunity to view posters & talk with above poster authors**	
13.45	Jaycie Bohan, Samantha Frederick, Billy Allen and Becky Moss. Chairs' Welcome	
13.50	Timothy Neate	Tuning in to Aphasia-Friendly Audiovisual Media
14.18	Elaine Hodgins and Helena Gruenstern	Video: There is Life after Stroke, I can do it and so can you
14.32	Anna Caute	HARnessing Portable smart-camera technology to enhance the communication skills of people with aphasia: development of a novel intervention
15.00	**Break**	
15.20	Elissa Manzi	With A Little Help From My Friends: A Community-Based Songwriting Workshop for Individuals with Aphasia
15.33	Ruth Mc Menamin	Towards communication access, social participation and inclusion for people living with communication disabilities and differences across Ireland
16.03	Helen Kelly	Co-designing a website to raise awareness of Aphasia with and for Stroke Survivors with aphasia
16.15	**Break**	
16.35	Sophie Bryan and Caroline Haw	Aphasia Support, developing a branch network as a grassroots solution to the lack of long-term support for people with aphasia in many parts of the UK
16.55	Abi Roper	Session Close

17.30 – 18.30 Evening Drinks Reception *& unveiling of artworks at Dundee Contemporary Arts, 152 Nethergate, Dundee DD1 4EA. Hosted in collaboration with Tayside Speakability.*

Tuesday 19th August 2025

Time	Presenter	Title
9.25	Hannah Reynolds, Wendy Wallace and Morganie Naidoo. Chairs' Welcome	
9.30	Glenn Carter	Welcome from Glenn Carter – Head of RCSLT Scotland
9.40	Sonia Brownsett	Language difficulties and the brain: improving diagnosis and management in populations with non-stroke brain injury
10.40	Sophie Mackenzie	British Aphasiology Society Annual General Meeting
11.00	**Break**	
11.30	Niamh Devane	Face to face And Telehealth Equivalence of assessments in Aphasia (FATE-A study): Fidelity of online assessments
11.50	Caroline Newton	The Subjective Numeracy Scale as a tool for assessing numeracy in adults with aphasia
12.10	Anna Volkmer	An international perspective on Primary Progressive Aphasia (COS-PPA): Cultural differences in what people want to change about their lives with PPA
12.30	Yvonne Fitzmaurice	Employing realist programme theory to enhance communication partner training in the education of student health care professionals
12.35	Helena Gruenstern	Upskilling a neuro rehabilitation team's toolkit to improve communication with people who have aphasia
12.40	Leanne Denmark	An interdisciplinary approach to support a person with aphasia to access specialist rehabilitation
12.45	Luisa Zenobi-Bird	Representing the community you serve: multilingual aphasia intervention in an acute hospital stroke unit
12.50	Joint Q&A	
13.00	Hannah Reynolds	Poster Spotlight
	Isha Prasad - Perspectives of Individuals with Aphasia on the role of Conversation Groups in Reducing Social-Isolation and Creating Community on The Lewin Acute-Stroke Ward	
	Anna Volkmer - Speech and language therapy services for people with primary progressive aphasia: A patient and public involvement led health economics study	
	Caroline Newton - A new intervention for auditory comprehension difficulties in chronic post-stroke aphasia	
	Anna Kissick - "Aphasia does not affect my intelligence...": co-producing community resources for people with differing aphasia presentations – a group intervention	
	Ludovica Onofri - Grammatical Tense Impairment in Aphasia: A usage-based analysis	
13.05	**Lunch & opportunity to view posters & talk with above poster authors**	
14.00	Niamh Devane, Ian Davey and Rosie Benge. Chairs' Welcome	
14.05	Anna Caute, Abi Roper, Chirag Girish Kiran, Susie Williams & Elissa Manzi	Symposium. Perspectives on gesture assessment and treatment from across the aphasia community
15.05	**Break**	
15.30	Richard Talbot	Barriers and facilitators to implementing telehealth interventions for people with primary progressive aphasia (PPA) and dementia: a systematic review
15.50	Nina Unger	From in-person therapy to telehealth: Challenges in adapting an evidence-based program for chronic post-stroke aphasia
16.10	Hannah Britton	"It's okay, they'll understand" - Building Community Through an Online Aphasia Group –
16.15	Gillian Housley	A trial of a patient-led newsletter project for patients with aphasia and other communication difficulties at DMRC Stanford Hall
16.20	Joint Q&A	
16.35	Niamh Devane	Session Close

18.30-22.00 Conference Celebration at Discovery Point Discovery Quay, Dundee, DD1 4XA with the West End Ceilidh Band.

Wednesday 20th August 2025

Time	Presenter	Title
9.55	Elissa Manzi, Esther Stielow and Carla Magdalani. Chairs' Welcome	
10.00	Molly Manning	Understanding What Matters: Shaping Aphasia Care with People and Context in Mind
11.00	**Break**	
11.30	Carole Anglade, Alexandra Tessier, and Marie-Christine Hallé	Symposium. Research-Community Collaboration in Aphasia: Innovative Models and Outcomes
12.30	Firle Beckley	Mini creative communication partner training (CPT): engaging a community museum with an NHS Trust for a creative approach to CPT in the acute setting
12.50	Elissa Manzi	Poster Spotlight
	Angela Maria Fenu - A Study Investigating Word Association Behaviour in People with Acquired Language and Communication Disorders	
	Amy Hanschell - Words of the Week: 10 Years On – Reflections, Impact, and Future Directions	
12.55	**Lunch & opportunity to view posters & talk with above poster authors**	
13.45	Richard Talbot, Serif Girgin and Emma Reid. Chairs' Welcome	
13.50	Carole Anglade, Alexandra Tessier, Sarah-Ève Poirier, Marie-Christine Hallé and Helene Killmer	Symposium. Addressing the Community in Aphasia Rehabilitation: Engaging Key Social Interactions
14.50	**Break**	
15.20	Megan Trebilcock	Aphasia community leads mission to create a safe space to connect, share, and support each other
15.25	Jaycie Bohan	Clinical-Research collaborations: reflections on recruiting to a large-scale study
15.30	Ciara Mooney	"BI Connect" - a community support and education group for people living with a brain injury
15.35	Susie Williams	The support needs of carers of people with jargon aphasia: An in-depth interview study
15.40	Joint Q&A	
15.50	Abi Roper and Richard Talbot	Closing Comments and announcement of next conference
16.10	**Conference ends**	

Abstracts

By day

Stephanie Wilson	**Keynote. Reimagining Technology Design for People with Aphasia: A Human-Computer Interaction Perspective**

Designing effective, respectful, and empowering technologies for people with aphasia presents challenges. This keynote explores the critical role that Human-Computer Interaction plays in shaping how we approach these challenges.
Human-Computer Interaction (HCI) offers a powerful set of methods and perspectives for designing inclusive technologies. From participatory design methods that include users as active co-creators, to novel interaction paradigms that prioritize multimodal communication, HCI contributes both methodological and technological innovations.
Drawing on examples from collaborative design projects and emerging research, this keynote talk explores how HCI has contributed to the development of technologies for people with aphasia. It highlights how interdisciplinary collaboration with aphasia researchers, co-design, and innovation in interaction paradigms have led to technologies that are not only usable but also empowering. It highlights how HCI fosters inclusive design practices that support communication and also challenge our assumptions about interaction, language, and ability. In doing so, it makes a case for how the values and tools of HCI can drive more empathetic and human-centered technology development and can help shape the future of technologies for people with aphasia.

Miranda L. Rose, John E. Pierce, Nelson Hernandez, Damminda Alahakoon, Dana Wong, Ian Kneebone, Leanne Togher, David Copland, Achini Adikari, Nuwan Pallewela, Emma Power, Tim Usherwood, Ciara Shiggins, Kelvin Hill, Linda Worrall, Rachel Rietdijk, Tracy Sheldrick, Richard Lindley, Lucette Lanyon, Dominique Cadilhac, Leonid Churilov	**Communication Connect: A co-designed, AI-enabled web platform and resources to support people living in the community with aphasia after stroke**

Brief Background: More than 140,000 Australians live with communication disability resulting from stroke. This group is particularly susceptible to mental health difficulties, social isolation, and poor health outcomes. Communication Connect is an NHMRC-funded project that co-designed and developed a comprehensive and technology-enabled multidisciplinary programme of post-discharge care and support, together with people with lived experience of communication disability after stroke or Traumatic Brain Injury (TBI), family and multidisciplinary clinicians.
Aims: We aimed to co-design and develop solutions to the most significant short- and long-term challenges following discharge from rehabilitation services, as identified by people with aphasia, family and healthcare professionals.
Approach/Methods: An Experience Based Co-Design method, adapted to be communicatively accessible, was utilised to develop solutions to the 13 highest priority challenges faced by people with communication disability (n=8), family (n=3) and multidisciplinary healthcare professionals(n=19) in Australia. Co-designers worked with research and digital design teams in a series of design workshops over a 2 year period.
Outcomes: A range of bespoke solutions were developed to address the 13 highest priority challenges. Solutions were housed on an AI-enabled communicatively accessible web app that allowed personalisation for people with aphasia/communication disability (e.g. Personalised QR Code; Virtual Services Coordinator; Teletherapy Directory; Identity Toolbox; Mood COMPASS; Internet Connection Support), family (e.g. Needs Checklist; Carer Support Program), and healthcare staff (e.g. Person-Centred Checklist; Technology Coach). A large range of existing community resources were also collated and links provided to the these alongside the 11 bespoke co-designed resources.
Conclusions: People with communication disabilities after stroke or TBI, and their families, face a large range of challenges after discharge. Communication Connect has purposefully worked with people with lived experience and healthcare staff to maximise the probability of successful implementation of our co-designed solutions. The co-designed solutions to these challenges will be described and demonstrated.

Niamh Devane, Nicola Botting, Madeline Cruice, Ulfa Octaviani, Abi Roper, Jo Wood, Stephanie Wilson	**Making Data Visualizations Accessible for Adults with Language Disability: Expert Perspectives**

Background: Data Visualization (Data Vis) refers to the graphical or physical encoding of multiple items of data to support understanding or action. Some examples include bar charts, maps, and physical data visualizations. Guidelines on making data visualizations accessible have been considered for learning disability and visual disability but not language disability (Devane et al.,2024a). We know that the accessibility experiences of people with language disability are variable: some people use data visualizations routinely and find them accessible and other people find them impenetrable (Devane et al., 2024b).

Aims: This study explored the views of speech and language therapists on how to best make data visualizations accessible for people living with acquired or developmental language disability -specifically adults with aphasia or developmental language disorder (DLD).

Methods: Ten specialist speech and language therapists were interviewed. Five were specialists in supporting people with aphasia and five were specialists in supporting people with DLD. Building on methods from Roper et al (2018), participants were invited to identify a client with aphasia or DLD with whom they have worked closely and then reflect on how they might support this client to access a series of presented visualizations. Interview transcripts will be analysed using framework analysis to determine views on visualization approaches that are supportive or a barrier to access. Outcomes: Expert speech and language therapists' guidance for supporting access to data visualization for people with aphasia and DLD will be presented. Conclusion: Data visualizations are now widespread in supporting routine daily decisions e.g. weather, maps, step counts. However, we do not yet know how best to design data visualizations to support access of people living with language disability. This study will contribute the views of expert speech and language therapists.

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Anderson Zihao You, Michael Crabb	**Empowering Communities of Aphasia through Adaptable Subtitled Media: The Altering Factors, Accessibility Barriers, and Inclusive Design Practices**

Background

People consume media in their daily lives. However, the current one-size-fits-all approach to subtitle display marginalises people with complex accessibility needs. This research area has gained significant attention in recent years, yet the communities of aphasia have been little explored (Nevsky et al., 2023). Existing work has supported people with aphasia (PWA) in direct communication (Curtis et al., 2023) and digital content creation (City University of London Centre for HCI Design, 2021), leaving their needs for reading and language understanding seldom considered.

In our work, we investigate the factors that influence subtitle adaptations (RQ1), the ongoing challenges PWA face in subtitled media consumption (RQ2), and their experience of interacting with subtitle adaptation interventions (RQ3).

Methodology

To date, we have completed a PRIMSA-guided (Liberati et al., 2009) systematic literature review of accessibility research within the subtitle space. This has deepened our understanding of how subtitled media has previously been adapted to various communities. Moving forward, our approach will be guided by Design Thinking (Humble, 2025) and Co-design (Sanders & Stappers, 2008) strategies. We plan to interview speech and language therapists and survey PWA to explore our system's design space. Our final prototype will be evaluated via quantitative (i.e., pairwise comparison with existing subtitle adaptation interventions (Tündik et al., 2020)) and qualitative data (i.e., semi-structured interview (Crabb et al., 2015)) gathered from the aphasia population.

Results

RQ1 - We identified 147 papers through systematic review and determined subtitles can be adapted regarding position inside and outside the screen, content and styling.

RQ2, RQ3 - The work is underway, and results will be presented.

Discussion

Personalising and customising subtitled media can potentially fulfil complex accessibility needs for PWA. Our future work will involve designing, developing, and evaluating interventions contributing to more inclusive media consumption.

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Abi Roper, Amy Hanschell, Elaine Scougal, Michael Crabb, Katerina Hilari, Stephanie Wilson, Sarah Northcott

Identifying as an Influencer: a codesign journey

Codesign methods are increasingly adopted within aphasia research. This lightning talk will report a co-design workshop series investigating voice interaction technologies. Seven people took part: four co-designers with aphasia, two speech and language therapist researchers, and one human-computer interaction researcher. The codesign process initially set out to identify the challenges and potential of existing voice technology systems for users with aphasia. In the beginning, all co-designers completed a Best Hopes card sorting activity to identify what they hoped to get from working together on the project. They allocated cards under one of three headings: Not Important, Kind of Important, and Important.

Text on cards listed 24 possible options plus several blank cards. Pre-printed cards included options such as:

- Become a researcher
- Being an influencer
- Learn about voice recognition
- Meet new people

At the start of the workshop series, six of seven co-designers identified “being an influencer” as not important and one identified it as “kind of important.” As the workshops continued, co-designers decided that the primary output from the process should be short videos to demonstrate the successes and challenges different people with aphasia experience when using voice technology. Four short videos were produced for YouTube and TikTok. When the Best Hopes card-sorting exercise was repeated at the end of the co-design process, whilst “Being an influencer” remained “Not important” for one co-designer, three now identified it as “Kind of important” and three as “Important”. This talk will briefly report the codesign workshop series where this shift took place, including an outline of the outcomes from the card sorting exercise. It will conclude with a short video excerpt from the codesign process – produced for TikTok.

Caroline Haw, Phil Skelson, Diane Tharme, Martin Ringrose, Alex Parry, Jess Winter, Ebony Lightowler

- Sheffield Aphasia Group (SAG) Zoom: peer leaders with aphasia and student SLTs working together to support lasting friendships and community

The value of community aphasia groups is well established. Sheffield Aphasia Group (SAG) was originally established by peer leaders with aphasia as a fortnightly drop-in. In March 2020, due to the Covid-19 pandemic, group members were unable to meet in person and they struggled to maintain connections. With the existing strong relationship between peer leaders and speech and language therapists (SLT), we discussed ideas around online meetings.

At this time, all student SLT placements were cancelled due to Covid-19. We explored the idea of using Zoom, with student SLTs supporting peer leaders to host the meetings, supervised by their SLT University Teacher.

We worked in partnership throughout, using principles of accessible information and inclusive practices to ensure that everyone’s voice and opinions were included.

The first Zoom SAG student placement happened in July 2020. Induction to the placement was conducted by the peer leaders and their university teacher. The social nature of the group was preserved, with students providing technical support and resources for conversation and interaction. Peer leaders continued to lead the group. The group met online and the students were able to complete the hours they needed to finish their degrees and qualify as Speech and Language Therapists.
Since 2020, the group has continued to meet on Zoom every fortnight. Students now volunteer to take part. Many students have worked with SAG, providing continuous support continuously throughout semester and university holiday periods. This online meeting now complements the fortnightly in-person drop-in.
We will report the outcomes of our partnership, collected via informal interview, which encompass themes of community and connection.
We will report our reflections on our SAG Zoom community and our thoughts about our next steps.

Samawiyah Ulde, Hayley Rabanal, Tariq Khwaileh	**The SALT Labsystem: Bringing aphasia assessment into the digital age**

The Problem

Current aphasia assessment practices face three key limitations: administrative burden for therapists, logistical challenges for clients, and human error-induced inaccuracies El Hachioui et al., 2014; Fonseca et al., 2020). Therapists endure organizational strain from managing paper-based scoring sheets and notes, requiring laborious storage, maintenance, and retrieval. Logistical hurdles arise when clients—particularly those with neurological or age-related impairments—must travel to clinics (or vice versa), restricting access to care in remote areas. Inaccuracies stem from manual methods: stopwatch timing introduces reaction- time errors, while voice recorder mishandling risks missing data. These issues highlight opportunities for digital integration to enhance testing accuracy and accessibility.

The Solution

We present the SALT Labsystem, which digitises and remotely administers aphasia assessments via a computer-readable platform. It connects a testing portal device to patient and tester touchscreen devices. The portal: (1) receives tests displayed to patients and their responses via the patient device; (2) collects tester-scored marks via the tester device; and (3) auto-generates reports using the aggregated tests, responses, and scores. The system enables real-time monitoring of patient inputs by testers and allows testers to control test parameters and presentation. By automating scoring, timing, and recording, it minimizes human error. By storing data digitally and providing automated performance reports, it significantly reduces administrative burden.

Next Steps

The system is undergoing three clinical trials in the United Kingdom and is continuously refined via user feedback. While currently limited to Arabic assessment batteries, future development aims to incorporate multiple languages, therapy exercises, and adaptations for other neurological disorders.

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Dr Lesley Scobbie, Iona Izat, Emily Chesnet, Lynn Grayson, Dr Sally Boa, Katie Elliott;	**Development and evaluation of an online Goal setting and Action Planning (G-AP) training resource**

Introduction: Evidence and theory based, the Goal setting and Action Planning framework (G-AP) supports person-centred goal setting practice (1 -3). G-AP includes a personal record of goals, plans and progress. An accessible version (ACCESS G-AP) is available for people with communication difficulties (4). G-AP has been favourably evaluated in practice (3,5), but staff recommended G-AP training should be fully online and include content about how to support people with communication and cognitive difficulties.
Aims: (i) develop a fully online training G-AP training resource with additional content about supporting people with communication difficulties (ii) evaluate the developed G-AP training from the perspective of community rehabilitation staff.
Methods: Phase 1: A multi-disciplinary project team, including clinical academics and rehabilitation staff, developed additional G-AP online training content. A sub group of three SLTs developed the communication and cognitive support content using a Rights, Barriers, and Ramps approach. Phase 2: Following delivery of the G-AP online training to staff in three community teams in NHS Lanarkshire, a post-training survey questionnaire and focus group discussion were used to evaluate the training from a staff perspective.
Results: Fifty staff members across three community rehabilitation teams received G-AP online training. The G-AP online training resource was rated as 'excellent' or 'good' by the vast majority of staff (95%). Following training, most staff agreed or strongly agreed they were knowledgeable (90%), confident (87%) and skilled (93%) to use G-AP in practice and that they were confident to support people with cognitive (90%) and communication difficulties (87%) through the G-AP process.
Conclusion: A G-AP online training resource has been developed including a Rights, Barriers and Ramps section to support people with communication difficulties. The training was positively evaluated by multi- disciplinary staff across three community rehabilitation teams.

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Adam Sewell, Dr Lindsey Thiel, Naomi De Graff, Claire Dolby	**Innovative art groups for people with aphasia: Unlocking wellbeing and inspiring creative participation**

Aphasia impacts a person's ability to understand, talk, read, and write (Stroke Association, 2025). Aphasia can lead to social isolation and reduced wellbeing but people with aphasia want to live successfully (Manning et al., 2019). People with aphasia can benefit from group therapy to increase social participation (Brown et al., 2013; Lima et al., 2018; Wilson et al., 2021) with a range of activities such as meditation, mindfulness, creative writing, and yoga, all promoting wellbeing (Panda et al., 2021; Xu Wang et al., 2022; Smith, 2020; Meredith & Yeates, 2019; Dietz et al., 2020). There is emerging evidence to demonstrate the benefits of art groups (Ahn et al., 2022). This project aimed to explore whether art groups could increase participation and support wellbeing for people with aphasia.

This project was a new collaboration, between a speech and language therapist, people with aphasia, and speech and language therapy students. The participants came together to run a series of art workshops. People with aphasia experienced painting and drawing, trying new art styles such as collage and textiles. During the sessions, sharing and discussing art and artistic creations was encouraged and facilitated.

After the workshops, six people with aphasia engaged in individual interviews, sharing their art group experiences. The interview data was analysed using reflexive thematic analysis (Braun & Clarke, 2022). The research team generated three themes: Pre-conceived ideas about art: "I love art…difficult one hand"; Improved wellbeing: "it unlocked my emotions"; Inspired to engage in more creative groups: "art" "music" "photography".

The study highlights the benefits of art groups for people with aphasia, including improved mental wellbeing and inspiring people to take part in future social activities. Further research in this area could explore the benefits of how art therapy can be applied to best support the communities of people with aphasia.

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Samawiyah Ulde, Ahmed Bensaid, Eiman Mustafawi, Yusuf Albustanji, Saleh Shaalan, Tariq Khwaileh	**Building a Corpus of Arabic Aphasia**

Introduction

Databases like AphasiaBank (MacWhinney et al., 2011), MAPPD, and DELAD (Lee et al., 2023) are invaluable for aphasia research. They aid speech/language therapists in training, assessment, and intervention, and more recently, have been used to train Artificial Intelligence models for automatic disorder detection, transcription and analysis. While these databases are typically multilingual, we hypothesized that a dedicated, language-specific database can capture detailed and nuanced insights and enable analysis specific to the morphosyntactic structure of the language. Currently, no such repository of Arabic exists. As such, the goal of the present study is to build a database or corpus of Arabic aphasia.

Methods

Arabic-speaking persons with aphasia are recruited by speech-language pathologists at Johns Hopkins Aramco Healthcare, Saudi Arabia. After obtaining consent, the assessments used to collect the data are administered via SALT Labs, a digital platform. Audio recordings, performance reports, and scoresheets are extracted from SALT Labs for inclusion in the database. Recordings are also manually transcribed in the Arabic script and International Phonetic Alphabet, including both target and intended utterances. The transcriptions undergo further manual annotation based on adapted CHAT conventions (MacWhinney, 2000) and include the following: prosodic annotation (tone direction, stress, lengthening), error codes (phonological, semantic, neologisms, morphological, disfluencies, missing words), post codes (utterance level errors), gestures, and fillers.

Results

The project will yield a rich, user-friendly Arabic corpus with audio, transcriptions, and metadata. Detailed transcription/annotation manuals will be made publicly available. The corpus will be accessible via a secure website upon request and open for contributions of data that is collected via SALT Labs. The database will host features that enable analysis in Arabic. Finally, the data will be specifically formatted to be readily usable for AI model training and development. The corpus is expected to significantly advance research that caters to the Arabic-speaking aphasic population.

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Lisa Naughton, Sinead McLaughlin	**Breaking Barriers: Implementing Communication Profiles for Aphasia Patients in Acute Stroke Care**

Background: Effective communication is fundamental in stroke care, and while research exists on communication support, such as partner training, it is notably limited for patients with aphasia in the acute setting. Existing studies primarily address long-term needs, leaving a critical gap during early recovery (Kagan et al., 2024). Heard, Anderson, and Horsted (2020) and Hersh et al. (2016) report that interactions with patients with aphasia on acute stroke wards are predominantly task-focused, restricting opportunities for patient participation and creating significant barriers to expressing needs. Manning, MacFarlane, Hickey, et al. (2019) further emphasise that a lack of flexible and individualised communication strategies exacerbates patient frustration and disempowerment. A potential solution lies in communication profiles, collaboratively developed with patients and the multidisciplinary

team (MDT). These profiles will include tailored strategies and goals to improve communication and increase awareness among communication partners in the acute setting. This project aims to ensure that by July 2025, 90% of patients with communication needs in Ninewells' stroke ward have personalized profiles aligned with the Bill of Human Rights for communication.

Methods: In its initial stages, this project will gather baseline quantitative and qualitative data from nursing staff and support workers regarding their knowledge, training, and confidence working with patients with aphasia. Communication profiles will be co-designed with staff and patients, incorporating patient-specific strategies and individual goals to optimise interactions. Outcomes will be evaluated through feedback from patients and staff, focusing on satisfaction and improvements in communication dynamics.

Results: Final outcomes will be presented at the conference.

Discussion: This initiative has the potential to inform best practices for communication support in acute stroke care. Once refined, communication profiles could be adapted for broader application across hospital settings.

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Timothy Neate, Alexandre Nevsky, Ciara Shiggins, Filip Bircanin, Madeline Cruice

Tuning in to Aphasia-Friendly Audiovisual Media

Background
Audiovisual media, including TV, streaming platforms, and social media, are central to societal engagement, information access, and cultural exposure. However, linguistic demands often create barriers for people with aphasia.
While accessibility tools exist (e.g. subtitles and audio descriptions) no specific interventions support those with comprehension difficulties like aphasia.
Our team, including experts in human-computer interaction and speech-language therapy, collaborated with individuals with aphasia improve digital content accessibility. Through co-design, we identify barriers and develop technological solutions.

Research Questions
1) What are the barriers that people with aphasia experience when consuming audiovisual media?
2) How might technologists design systems to enable access for users with aphasia?

Approach

We conducted two main studies:
1) We conducted an online survey (N = 41) and three co-design activities (N = 10) to understand barriers people with aphasia face with audiovisual media (Nevsky et al. 2024a)
2) We co-designed novel technologies to overcome these barriers through two workshops (N = 6) and an at-home probe (Nevsky et al., 2024b)

Evaluation
For the first study, key barriers raised included 1) speech comprehension: clarity, pace, accents and background noise, 2) cognitive load: especially during long exchanges with multiple speakers, 3) fast on-screen subtitles and text; and 4) narrative understanding, especially for complex scenes and when there are limited visual cues to support comprehension.
In the second study, we co-designed technologies to address the challenges, including 1 mechanisms to identify complex dialogues (via Flesch-Kincaid calculation) and slow down the video accordingly, 2) provide strategic 'pause' moments for easier comprehension, and 3) allow for control of background noise to help users focus on dialogues.

Conclusion
It is imperative people with aphasia have equal access to audiovisual media. Here we take the first steps to consider how technology might make audiovisual media aphasia-friendly.
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Elaine Hodgins and Helena Gruenstern	**Video: There is Life after Stroke, I can do it and so can you**

This is a stroke survivor's perspective about finding hope and her voice following their stroke.

This is her stroke journey and story.

Reflecting on her recovery, she explores the communities that have supported her through her stroke journey. She also delves into the new communities that she has joined that give life meaning, keep her motivated and nurture friendships.

It aims to highlight the importance of these communities which provide communicative opportunities to use, maintain and continue progress that was made during rehabilitation.

Anna Caute, Leila Mirza, Mark Allinson, Victoria Joffe, Bundy Mackintosh, Reinhold Scherer	**HARnessing Portable smart-camera technology to enhance the communication skills of people with aphasia: development of a novel intervention**

Background

Clinical guidelines recommend that assistive technologies should be considered to improve communication in people with aphasia (PwA)(1), but there is a lack of evidence-based treatments using assistive technologies. Portable smart-camera technology (p-SCT) uses computer vision to read text aloud and describe people, objects and scenes and has been used effectively with people with visual impairment(2).

Aims

The HARP Aphasia Study aims to develop a novel technologically-supported intervention using p- SCT to enhance PwA's spoken language and reading comprehension.

Methods
The study aimed to explore the views and perspectives of PwA and Speech and Language Therapists (SLTs) on using technology, the communication challenges they experience and potential for p-SCT to address these, and to evaluate the usability of available p-SCT apps. Participatory research methods were used and incorporated focus groups, walking/wheeling interviews and workshops with 12 participants with aphasia and six SLTs.
The focus groups were analysed using qualitative content analysis(3). A preferred app was identified using the direct ranking technique(4).

Findings
Key communication challenges which could be addressed using p-SCT were identified by people with aphasia, including reading letters independently, remembering people's names and word- finding difficulties. Seeing AI was identified as the preferred app. Participants generated a wide range of ideas for therapy activities incorporating p-SCT. These included using p-SCT as a compensatory tool and for practising language. Participants identified barriers and facilitators to using p-SCT in therapy, e.g. involving family members and using video guides to support with technical challenges.

Conclusions
There was consistency in communication barriers and challenges of using p-SCT identified by both participants with aphasia and SLTs, and a range of diverse ideas were provided to incorporate p-SCT in therapy. These ideas have exciting implications for the development of technological interventions. An innovative co-produced therapy using p-SCT is the next phase of this funded research programme.

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Elissa Manzi	**With A Little Help From My Friends: A Community-Based Songwriting Workshop for Individuals with Aphasia**

Background: It is well known that aphasia can reduce friendships, increase risk of social isolation and reduce opportunities for self-expression (Azios et al, 2021).
Music, particularly group singing, has been shown to support emotional well-being and self-expression (Pollard, 2022). Recent research has explored the impact of songwriting on storytelling in people with aphasia (Strong and Sather, 2024), although this research encouraged individual songwriting rather than group collaboration.
This project aimed to facilitate a collaborative songwriting workshop for members of a community-based aphasia choir, fostering creativity, storytelling and shared experience.

Methods: The workshop was co-facilitated by speech and language therapists and a musician, employing a range of total communication strategies—including gesture, drawing and writing, to ensure accessibility for individuals with all severities of aphasia. Participants

were encouraged to bring photographs or artwork and contribute key words or phrases to inspire the songwriting process.
Group discussion and creative exercises helped shape lyrics and melodies, emphasising collaborative decision-making. This workshop took a Life Participation Approach (Chapey et al., 2000), aiming to enhance participation and social interaction.

Results: The workshop successfully engaged participants in a meaningful creative process, with all members contributing through verbal or non-verbal means. Each member had their contributions included in the song. The resulting song reflected shared experiences and emotions, reinforcing a sense of identity and community. Participants reported enjoyment in self-expression and shared experience.
Observations suggested that the use of multimodal communication strategies facilitated involvement, particularly for those with severe aphasia.

Discussion: The workshop demonstrated the potential of songwriting as a therapeutic tool for people with aphasia, integrating creative arts with speech and language therapy approaches. Future initiatives could explore sustained songwriting programs to further enhance confidence, storytelling and social integration for individuals with aphasia.

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Ruth Mc Menamin, Yvonne Fitzmaurice, Áine Kearns, James Green, Molly Manning, Caroline Jagoe, Rachael Stockdale, Dorothy Clarke, Orla Duff, Helen Kelly	**Towards communication access, social participation and inclusion for people living with communication disabilities and differences across Ireland**

Background and Aims
People with aphasia are often excluded from decision making roles in research because inclusion creates communication and power challenges. Exclusion exacerbates isolation, restricted community participation and frequently results in redundant research. Conversely, involvement enhances research quality, integrity, inclusivity and sustainability resulting in targeted outcomes that meet community needs. Through University-Community collaborations we identify best- practice priorities for delivering communication access rights across Ireland for people living with communication disability and difference.

Methods

Phase 1 - a critical review of national and international literature policies, and documentation related to communication rights and access.
Phase 2 – PPI consultations (11 x 3-hour meetings) to review Phase 1 findings from the perspectives of: People with aphasia (n=8) and dementia (n=2); Irish Travellers (n=14); Deaf community (n=8); Community organisations (n=6).
Phase 3 – Phase(s) 1 & 2 findings were used to create a conceptual framework to promote

communication access rights for people with communication disabilities and difference. Phase 4 - PPI consultations (5 x 2hrs meetings) to refine the Phase 3 conceptual framework.

Results

Phase 1 identified six key themes including: discrimination, bias, exclusion, cultural identity, health care and education access which were validated, revised, and extended from the emic perspectives of the PPI groups in Phase 2. In phase 3 a draft of the conceptual framework to promote communication access rights was developed which was reviewed and refined by PPI groups and community representatives in Phase 4.

Conclusion and implications

This study aimed to enhance the social participation of people with communication disabilities and difference. The lived experience of PPI contributors and community representatives enhanced the validity, relevance, and accuracy of literature findings. The refined themes resulted in a co- developed best practice conceptual framework to promote communication access rights and sustainability for people living with communication disability and difference across Ireland.

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Helen Kelly, Dan Clancy, Phil Scott, Liam Kelleher, Larry Masterson, Martin Quinn	**Co-designing a website to raise awareness of Aphasia with and for Stroke Survivors with aphasia**

Aphasia is a communication disability experienced by more than 1/3 of people who have a stroke. It can affect a person's ability to understand what they hear and read and to express themselves when speaking or writing. Despite so many people living with aphasia, research shows that the general public does not know what aphasia is. Stroke survivors and their families also report a need for more understanding about aphasia and how to access relevant supports. Dr Helen Kelly invited stroke survivors with aphasia and a Digital Humanities student, to co-design a website to raise awareness of aphasia. Discussions shaped the content of the website, with a focus on the information that stroke survivors with aphasia need to know and the website design to ensure it is accessible for stroke survivors. Content considered important to our co-design group included, an explanation of what aphasia is, the impact of aphasia on people's lives, UCC's Aphasia Home Café, living successfully with aphasia, and providing signposts to resources that would be useful for stroke survivors and their families.
Aphasia is a global issue, so the content of this website is relevant to stroke survivors irrespective of location.
This website provides accessible information about aphasia, links to resources that can support stroke survivors and their families in their stroke recovery. In addition, videoclips of people living with aphasia, from Ireland, UK and USA, will inspire and offer hope that there is quality of life after stroke and aphasia.

Sophie Bryan and Caroline Haw	**Aphasia Support, developing a branch network as a grassroots solution to the lack of long-term support for people with aphasia in many parts of the UK**

Across the UK, there's a huge demand for long-term provision to support people with aphasia and their carers. This need is met in some areas by Stroke Association or charities who focus on supporting people with aphasia but in many parts of the UK no long term support exists.

The NHS support offering differs vastly from area to area and feedback Aphasia Support has received is that in some areas people are receiving less than 3 months speech and language therapy support at home.

On discharge from the NHS people with aphasia enter a world where understanding of their needs and condition is minimal and where ongoing support services are only available in specific locations. This is at a point when they are coming to terms with a new reality in their life and they need support and guidance. As an aphasia community we must work together to solve this problem.

In October 2024, Aphasia Support launched a survey for members of the aphasia community. Here's what we found:

82% of respondents said 'yes' when asked: Did you want NHS Speech & Language Therapy to continue when it ended?
47% of respondents reported receiving less than 3 months speech and language therapy support at home.
95% of respondents said they still have communication goals they would like to work on today.

This feedback has inspired the Aphasia Support charity to develop a branch network which is a grassroots solution to the lack of long term support in many parts of the UK. The branch network will give people the opportunity to set up an Aphasia Support branch in their region. Each branch is unique and can choose to focus on 1to1 speech and language therapy, group-support, or a mixture of both. This will influence the branch fundraising target which the committee will be responsible for achieving.

The initiative has been successfully piloted in South Yorkshire, with large aphasia cafe group sessions actively running in both Barnsley and Doncaster. We are now in the primary stages of setting up branches in Lancashire and Nottinghamshire, alongside exploring opportunities in Warwickshire, Cheshire, Suffolk and Wales.

Sonia Brownsett	**Language difficulties and the brain: improving diagnosis and management in populations with non-stroke brain injury**

Our evolving understanding of how language is organised in the brain has been invaluable to how we, as clinicians, assess language. Historically, a lesion deficit analysis approach has been used to understand which regions of the brain are important for language, neatly captured by the classic neuroanatomical model of language. The assumptions of this model, largely derived from stroke data, underpin the theoretical framework of many of the aphasia assessment and screening tools commonly used today. We know that language is more complex than originally proposed by this model, and speech and language therapists are often highly skilled at identifying and characterizing the breakdown in language, beyond a neuroanatomical label.

However, speech and language expertise is only possible if a referral is made to them. Often the tools used to screen for language difficulties are inadequate for non-stroke aetiologies. Our research demonstrates that in both people with chronic epilepsy and brain tumours, we are likely underestimating the number of people impacted by language difficulties, and the extent of the difficulties they experience. This is not only important empirically when considering the prevalence and incidence of aphasia, but the implications of this underestimation for patients, or rather people that should be our patients, can be devastating. Much work is still needed to ensure appropriate, and timely, referral, in these populations, and others not usually seen by speech and language therapy at all.

Niamh Devane, Clare Meckled-Szembek, Nicholas Behn, Jaycie Bohan, Amanda Comer, Abi Roper, Sarah Northcott, Katerina Hilari	**Face to face And Telehealth Equivalence of assessments in Aphasia (FATE-A study): Fidelity of online assessments**

Background: Good speech and language therapy assessments and treatments are evidence-based, theory-informed and manualised [1]. Fidelity monitoring checks whether an assessment or treatment process has been followed as intended [2]. Reliability and validity can be improved by fidelity monitoring. While there are growing reports of fidelity monitoring in treatment studies, reports of assessment fidelity are rare [3].

Aim: To monitor online assessment fidelity with people with aphasia. Three aphasia Core Outcome Set measures (Stroke and Aphasia Quality of Life scale-39g [4], General Health Questionnaire-12 [5], The Scenario Test – UK [6]) were tested as part of the FATE-A study. Potential threats to good adherence were explored and inter- and intra-rater reliability tested.

Methods: Strategies to improve fidelity were used in study design, training of providers and raters, and delivery of assessment. A fidelity checklist was iteratively developed and piloted before use. Assessment sessions were video recorded. 20% of sessions were randomly selected for adherence rating. Two Masters students were trained to rate the videos. Each session was about 1 hour long and was viewed twice by the same rater for adherence and intra-rater reliability, and a third time by a second rater for inter-rater reliability.

Findings: Adherence ratings (%) and reliability coefficients will be presented for 10 videos (20% of first 50 online assessment sessions). Process or specific assessment aspects/ items that made adherence more difficult will be discussed.

Conclusion: A range of assessment fidelity strategies were employed in the delivery of online assessment, increasing confidence that the assessments targeted their intended concepts. High fidelity of online assessment and guidance on strategies to employ would provide evidence for its successful implementation in clinical practice.

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Caroline Newton

The Subjective Numeracy Scale as a tool for assessing numeracy in adults with aphasia

Introduction: Research and clinical experience show that many people with aphasia are likely to have substantial difficulties with numerical processing and calculation, and that these are likely to have a significant impact on participation and independence.[1] Despite this, there is a lack of clinical tools available for the management of such difficulties, including appropriate assessments and evidence-based interventions.[2] Objective numeracy measures are often a source of anxiety, so subjective tools may provide a useful alternative. This study investigates the Subjective Numeracy Scale (SNS)[3] as an alternative tool for evaluating numeracy in adults with aphasia.

Method: Subjective numeracy ratings were obtained from 29 adults with aphasia and 27 age-matched controls, aged 22 to 88 years. Objective numeracy ability was assessed using the numeracy section of the Wide Range Achievement Test (WRAT-3).[4] The association between SNS ratings and objective numeracy was examined for both groups using the Pearson correlation coefficient. For the aphasic group a multiple regression analysis was performed to determine whether SNS scores, age, and aphasia severity significantly predicted WRAT scores.
Results: Although the adults with aphasia performed significantly more poorly on the assessment of objective numeracy than the those without aphasia, there was no difference between the groups in their subjective ratings. Subjective numeracy correlated highly with the objective measure in both groups. The multiple regression model accounted for approximately 54% of the variance in WRAT scores for the aphasic group, with SNS ratings and aphasia severity (but not age) significant predictors of objective numeracy.
Discussion: Findings suggest that the SNS provides a useful tool for assessing numeracy abilities in aphasia, circumventing problems associated with objective measures. Any difficulties identified would require further assessment, but the SNS may be valuable for starting and structuring a conversation about numeracy with clients with aphasia, and suggest avenues for further exploration.

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Anna Volkmer, Chris Hardy, Sarah Wallace, David Copland, Jason Warren, Maya Henry	**An international perspective on Primary Progressive Aphasia (COS-PPA): Cultural differences in what people want to change about their lives with PPA**

Primary Progressive Aphasia (PPA) describes a group of language led dementias. Several speech and language interventions have been developed[1], and person-centred care has been recommended as best practice speech and language therapy for people with PPA[2] . Yet there has been little research exploring what key stakeholders; i.e. people with primary progressive aphasia and their family care partners, want to change about their lives with the disease.

Speech and language therapy/pathology collaborators across 17 countries recruited participants with primary progressive aphasia and their family care partners to participate in separate consensus groups[3]. The Nominal Group Technique was used to ask participants what they would like to change about the way primary progressive aphasia affects communication and their lives.
Two researchers coded the top three constructs identified by each group of participants in each country using the six Hofstede (2006) cultural dimensions.

89 people with PPA and 101 family care partners identified 102 constructs across 17 countries. All constructs were coded as aligned with one of the six Hofstede cultural dimensions. Of these, 35 aligned with the dimension of uncertainty avoidance, whilst 22 aligned with the dimension of a collectivistic culture. The coding of constructs did not align with Hofstede data on cultural values across these countries.

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

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Yvonne Fitzmaurice, Ruth McMenamin, Jytte Isaksen, Suzanne Beeke	**Employing realist programme theory to enhance communication partner training in the education of student health care professionals**

Background: Conversations between people with aphasia and health care professionals (HCPs) are challenging and can result in communication breakdown that disrupts usual care. Many HCPs feel that supporting communication is beyond their core competencies. As the incidence of stroke and aphasia rise globally there is a need to challenge this assumption and ensure our future front-line staff feel confident supporting communication needs of people with aphasia. Providing communication partner training (CPT) to student HCPs can

potentially meet this need. Employing realist programme theory that theorises how and why CPT works, who it works for and in what context may enhance CPT provision across health care curricula.
Aims: Develop a realist programme theory hypothesising how CPT is operationalised in higher education institutions (HEIs).
Conduct a feasibility study to determine if CPT, underpinned by this theory, can be integrated across health care curricula in an Irish HEI.
Methods: Five-step realist review incorporating: An advisory panel of content, realist, Public and Patient Involvement (PPI), student and educational advisors; The Template for Intervention Description and Replication checklist and guide; The Consolidated Framework for Implementation Research.
Feasibility study incorporating co-production and PPI across three health care curricula in an Irish HEI.
Results: Twenty-five articles retrieved from a systematic literature search, combined with international professional, legal and accreditation standards informed a middle range programme theory illustrating how CPT is expected to work for educators, students and people with aphasia in HEIs. Key elements include commitment to inter-professional learning; flexible delivery and dosage; core components; CPT champions, and social model of disability.
Conclusion: The theory developed provides practical guidance for integrating sustainable CPT across fluid and complex educational contexts. It will underpin a feasibility study to determine if this realist theory can enhance CPT integration, reach and sustainability across health care curricula.

Helena Gruenstern	**Upskilling a neuro rehabilitation team's toolkit to improve communication with people who have aphasia**

Exploration of my team's confidence in communicating with and providing rehabilitation to people who have aphasia. Aphasia is when a person has difficulty with their language or speech (Marshall et al. 2020). Carragher et al. published a study in 2020 titled 'Aphasia disrupts usual care: the stroke team's perceptions of delivering healthcare to patients with aphasia'. It was found that health professionals want to help but are working in non-optimal environments where communication and patient-centred care are not adequately resourced.
Five themes were evident:
1) aphasia is time consuming, 2) health professionals do not know how to help, 3) health professionals limit conversations with patients with aphasia, 4) health professionals want to know how to help 5) health professionals feel good after successful communication. I presented these findings to my team who agreed they felt under-skilled, with reduced confidence when seeing people with aphasia and that they would like training to improve their confidence in communication.
I developed training to build a strategies toolkit to facilitate successful communications with people who have aphasia. The training included: 1) Strategies (for patients and health professionals), 2) demonstration of strategies, 3) prompt-sheet, 4) three-month follow up to review how the team were finding implementing strategies into practise and problem solve difficulties.
This training has successfully upskilled my team's knowledge of communication strategies and increased confidence in communicating with and providing rehabilitation to people with aphasia. Some clinicians found that 'using the strategies saved time'. The training has since been recorded for the benefit of new staff as well as current staff to refer back to. We have weekly reminders to use the strategies to maintain the change in practice that has occurred. This training has resulted in patients with aphasia having access to and receiving the same outstanding care that patients without aphasia receive.

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Images from my own presentation and Carragher et al.'s video in their supplementary material: Aphasia disrupts usual care: the stroke team's perceptions of delivering healthcare to patients with aphasia: Disability and Rehabilitation: Vol 43, No 21

Leanne Denmark, Jessica Blake, Emily McDermott, Rachel Sutton	**An interdisciplinary approach to support a person with aphasia to access specialist rehabilitation**

Rationale
People with aphasia face challenges when engaging in interdisciplinary rehabilitation because of their difficulties accessing language-based interventions. Clinicians can find it difficult to adapt techniques that address these challenges and promote participation (Hinckley and Jayes, 2023).
Patient (40s) was admitted to Level 1 rehabilitation with severe global aphasia, following an intercranial haemorrhage. They had inconsistent single word understanding, unreliable yes/no responses, jargon verbal output and minimal insight. They did not demonstrate basic orientation or insight into physical difficulties. Often crying when watching videos of well-loved hobbies (singing). An interdisciplinary approach was used to promote access to language, cognitive and physiotherapy, addressing complex needs, community re-engagement and access to support network.
Therapy Techniques:

Computerised language therapy was used to target semantics and single word understanding, alongside use of cognition-therapy app to target information processing and visual memory, without the need for language. Task demonstration was reinforced by therapists, focussing attention and maximising understanding. Mobility practice required repetitive teaching to account for aphasia and co-morbid apraxia. Verbal interruption was often disruptive for patient, so therapists were supportive of adaptive approach to maximise progress and redirected patient when appropriate.
Patient's emotional reactions were normalised by Psychology, who encouraged staff to reflect on likely sense of loss.
Outcomes:

On discharge, the patient sought assistance and there was a reduction in care needs. They were orientated to place/diagnosis. Mobility goals were exceeded, and they could use drawing, gesture and keywords – enabling attendance to the opticians, aphasia choir and interview with an Independent Mental Capacity Advocate. They independently accessed outdoors, using this to promote relaxation. Independent use of mobile meant daily calls to loved ones supported well-being.

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Luisa Zenobi-Bird and Aoife Stone-Ghariani	**Representing the community you serve: multilingual aphasia intervention in an acute hospital stroke unit**

Background

An NHS tertiary referral centre for neurology and neurosurgery has an acute stroke unit (ASU) serving the populations of two London boroughs. French, Arabic and Italian are amongst the residents' most spoken languages (ONS, 2022), with approximately 40% of patients admitted to the local stroke unit identifying as bi/multilingual.
Salim* was admitted to the hospital following a left MCA infarct. Born in Algeria, he had migrated to Italy aged 28 and worked there for 15 years before moving to London. He had

been living in a local borough for eight years at the time of admission. Salim spoke four languages: Arabic, French, Italian and English.

Intervention
Salim presented with a moderate-severe non-fluent aphasia and mild-moderate apraxia of speech, significantly impacting his ability to get his message across reliably. His identity and goals were closely linked to all his languages; he was treated in all four by two multilingual speech and language therapists (SLTs) using culturally sensitive, evidence-based aphasia interventions.

Outcomes
On discharge to a specialist neuro-rehabilitation unit to continue working on his goals, Salim had made measurable progress. He was communicating successfully in English with ASU staff; enjoying interactions in Arabic and Italian with friends; and reading news articles in French and Arabic. He reported feeling "lucky" that therapy staff understood his background.

Reflections
When SLTs represent the cultural and linguistic diversity of their local communities, therapy can be delivered directly in the individual's preferred languages, circumventing the challenges of using interpreters (Huang et al., 2019). In this case study, access to SLT intervention was not hindered by lack of a shared language, as is often the case in acute settings (Mellahn et al., 2023).

An SLT workforce that better reflects the diversity of its local population would improve equity of service for multilingual hospital patients.

*a pseudonym

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Isha Prasad	**Perspectives of Individuals with Aphasia on the role of Conversation Groups in Reducing Social-Isolation and Creating Community on The Lewin Acute-Stroke Ward**

Social isolation, depression and reduction in activity are a common consequence of post-stroke Aphasia (Hinckley and Packard, 2001). Research demonstrates that Communication groups play an essential role in enhancing social participation and facilitating positive conversational experiences. Aphasia communication groups (ACGs) are defined as small groups of people with aphasia and their communication partners who interact with each other on a regular basis (Charalambous and Kambanaros;2021).

On our acute-stroke rehabilitation unit, communication groups are an essential part of the SLT toolkit. "The best thing is you all have such interesting stories to tell" said one patient in a previous service evaluation of Speech and Language Therapy (SLT) practice in CCD groups. Follow-up communication groups in the community alongside social opportunities support social interaction, however, aphasic patients with longer inpatient stays may have fewer opportunities for social engagement and communication outside of therapy sessions, which puts them at a higher risk for mood changes and depression compared to their non-aphasic stroke peers (Mellahn et al;2023)

Therefore, we recognise the need to explore the experiences of stroke survivors with aphasia in conversation groups, focusing on their perceptions of social connection, emotional well-being, and community-building within the limits of an acute stroke ward.

Aim:
To understand perspectives of individuals with aphasia on the impact of communication groups on social isolation, emotional well-being, and the development of a sense of community amongst patients with aphasia on the ward.

Method:
Qualitative-research design will be used for three to five patients who have mild to moderate aphasia. Following attendance at a minimum of three communication groups, a semi-structured interview will be conducted using communication support like Talking Mats.

Outcomes:
Common themes pertaining to the focus of our study will be identified.

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Anna Volkmer, Rhiannon Tudor-Edwards, Bethany Anthony, Victory Ezefeor

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

Background: Primary Progressive Aphasia (PPA) describes a group of language led dementias[1] Speech and language therapy is the MAIN intervention available for people with PPA. However, people with PPA report difficulties in accessing services and services not being tailored to their needs[2]. Current research demonstrates that speech and language therapists often do not feel equipped to support these clients[3]. Informed by the views of people affected by PPA who advocated for research to improve speech and language services for people with PPA, this study aimed to understand what people affected by PPA preference in relation to speech and language therapy services.

Methods: This study used a discrete choice experiment (DCE) - a health economics technique that helps predict health-related choices. Patient and public involvement discussions and consensus work informed the development and descriptions of initial attributes for the DCE. Within each attribute, individual levels were identified based on a review of the relevant literature[4], a survey of speech and language therapists in the UK[5] and relevant professional guidance (Royal College of Speech and Language Therapy).

Research participants – people affected by PPA - were recruited via email from support organisations and charities and interviewed online or in person, asking them to vote on the preferences across twenty-four choice sets.

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

Discussion: Quantifying people's preferences for health and healthcare will allow us to better plan, fund and deliver speech and language therapy for people affected by PPA. The intervention literature on speech and language therapy for people with PPA is rapidly expanding, but we need to better understand how we can deliver these interventions.

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Caroline Newton, Ajda Óvári, Carolyn Bruce

A new intervention for auditory comprehension difficulties in chronic post-stroke aphasia

Background. People with post-stroke aphasia often suffer from auditory comprehension difficulties, which affect quality of life. Few available interventions target auditory comprehension difficulties at narrative level, though there is evidence at sentence level of improved outcomes when auditory input is combined with simultaneous reading (e.g. Brown et al., 2019). A new intervention using a multimodal approach of simultaneous spoken and written input involving watching videos with subtitles was designed.

Aims. To evaluate a new intervention for people with aphasia with auditory comprehension difficulties. Acceptability and feasibility of this computer-based therapy was also examined.

Method. Four participants with auditory comprehension difficulties in aphasia were recruited from a university-based community clinic. Outcome measures assessing word, sentence, and narrative level auditory comprehension were completed twice at baseline, once immediately post-intervention and five weeks later. The three-week therapy programme was completed at home and involved watching subtitled videos and filling out corresponding exercises intended to aid participants' engagement with and understanding of the video content. An item-based weighted statistics method was used to establish whether there were any significant improvement in scores on assessments after therapy. Qualitative measures exploring therapy acceptability and support needed were also collected.

Results. Participants' scores varied between the two baselines. One participant's

conversation level comprehension improvement approached significance, and another participant's performance on the therapy task measure was significantly improved. No other significant improvements were observed. Participants needed minimal support with technical difficulties and completed more than 80% of all exercises which suggests good acceptability of therapy.

Discussion and Conclusions. This new therapy for auditory comprehension difficulties in aphasia shows potential benefits for improving comprehension. Further research is needed with more participants and more sensitive outcome measures that could detect more subtle improvements. This form of computerised therapy proved to be feasible and acceptable for people with post-stroke aphasia.
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Esther Goodhew, Sarah Diamond, Lottie Wilkinson, Anna Kissick	**"Aphasia does not affect my intelligence…": co-producing community resources for people with differing aphasia presentations – a group intervention**

Background Information: Evidence demonstrates that social communication groups can improve structured conversations of people with aphasia (PWA), in terms of efficiency and information relayed, and can increase their quality of life.
Involving Speech and Language Therapy students in the planning and leading of the weekly group sessions, and in integrating direct interventions with PWA, can be a valuable and important learning experience for students.

The aims of the social communication group, part of an innovative collaboration between the NHS and Education, were to identify/use communication strategies and co-produce an information leaflet/card. This study evaluated the outcomes of the attending participants.

Methodology: Four patients with very differing presentations of acquired aphasia due to stroke and brain injury, aged 20s- 70s, participated in a 6-week block of social communication group therapy. Patient Reported Experience Measures (PREMs), using adapted confidence rating scales, were completed at the start and end of the block, with qualitative comments and observations collected during sessions.

Results: Completed PREMS showed participants' confidence to have increased or stayed the same in 95% of questions asked.
Qualitative comments included participants reporting the co-produced card is, "better than the [pre-existing] cards out there"; another said that the group helped them develop more confidence with strangers and students.
"Seeing everyone with different abilities is an eye-opener… we can all understand each other despite our differences and strengths".
The students reported observing a sense of community and valued the steep learning curve which resulted from the diverse group dynamics.

Discussion: Social communication groups with wide-ranging demographics (age, aphasia presentations) can create new communities for members. Participants and students increased their confidence communicating together, with students developing their ability to support participants with a range of aphasia presentations.

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Ludovica Onofri, Andrea Santi, Vitor Zimmerer

Grammatical Tense Impairment in Aphasia: A usage-based analysis

Background: Grammatical tense is challenging for people with aphasia (PwA). Common approaches have investigated the impairment from a morphosyntactic/semantic perspective, considering formal features of language (Friedmann & Grodzinsky, 1997; Faroqi-Shah & Thompson, 2007; Ullman et al., 2005) and employing psycholinguistic experiments. However, data from aphasia are inconsistent with any single theory.
This study is informed by usage-based constructionist theories which propose that usage-frequency and lexical bias shape patterns of impairment/preservation (Gahl et al., 2003; Hatchard & Lieven, 2019; Zimmerer et al., 2018).
We investigated spontaneous discourse of PwA and controls to compare how morphosyntactic, semantic and usage-based approaches can explain differences in verb production.

Methodology: We examined semi-structured interviews from 8 PwA (mean age = 65.7, SD = 20.5, WAB mean = 76.7, SD = 13.3) and 9 controls (mean age = 58.8, SD = 8.5). Each verb form produced (verb + morphological frame = I drove) was classified according to its verbal lexeme, tense, time, morphological/phonological complexity, and semantic weight. Lexeme frequency, estimated frequency of the verb in its morphological frame, and proportions of occurrences of the verb in each tense frame/time reference (lexical bias) were obtained from the Corpus of Contemporary American English (Davies, 2008-).

Results: PwA produced phonologically simpler verb forms and favoured irregular verbs. Verb forms did not contain fewer morphemes or differ in semantic weight. PwA produced fewer regular verbs in past tense but not fewer past tense forms overall. PwA used low frequency verbs or verbs in tenses that aligned with their more typical biases only in one elicitation question. Phonological length consistently interacted with frequency variables.

Discussion: Results suggest that PwA have difficulties with phonological complexity and regular tense inflections. Usage-based variables distinguished between groups, but the direction of the difference was not consistent across elicitation questions, underscoring the need for further exploration.

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Anna Caute, Abi Roper, Chirag Girish Kiran, Susie Williams, Elissa Manzi, Lucy Dipper, Brielle Stark, Analisa Pais

Symposium. Perspectives on gesture assessment and treatment from across the aphasia community

Introduction: Gesture and speech collaborate in conveying meaning, and gesture is often used by people with aphasia when words fail them. Because gesture is imagistic, transitory and holistic, there are inherent challenges when assessing and treating it.

Goals of the session:
-To present recent findings about international gesture practice for aphasia.
- To introduce measures for gesture assessment in aphasia.
- To report the process and outcomes of cultural adaptation for an existing gesture assessment.
- To discuss how clinicians can adapt gesture assessment and treatment methods across clinical contexts.
- To provide an opportunity for audience members to share insights, perspectives and experiences on the topic of gesture in aphasia.

Presentations:
Anna Caute and Abi Roper will give an overview of gesture, the different forms it can take, its role in communication for healthy speakers and those with communication disabilities across languages and cultures. They will present findings from a recently published international survey about Speech and Language Therapists' gesture practice for adults with neurogenic communication disorders (Caute, Roper, Dipper, Stark, 2025). They will present a novel method of assessing gesture in discourse, the City Gesture Checklist (Caute, Roper & Dipper, 2021). This is a screening tool designed with Speech and Language Therapists, which can be used to assess how gesture is used in conversation, without the need for transcription.
Chirag Girish Kiran will then present a recent translation and cultural adaptation of the City Gesture Checklist into Kannada. He will explain the process employed, discuss some of the challenges with translating and culturally adapting the tool and present the final version.
Susie Williams and Elissa Manzi will discuss their experiences of using gesture assessment and treatment in clinical practice and how they have adapted published methods for different contexts and client groups, such as carrying out gesture therapy in the acute hospital setting and assessing gesture for people who have Primary Progressive Aphasia.
The session will conclude with an opportunity for audience members to ask questions and share insights from their experiences of gesture assessment and therapy in aphasia.

Suggested outcomes for the audience:
This symposium will provide a comprehensive overview of practices for assessing and treating gesture in aphasia, as well as a list of gesture resources being actively used by clinicians and researchers. It will provide insight into how clinicians can adapt gesture assessment and treatment across a variety of contexts. It will provide examples of issues

which need to be considered when adapting gesture assessment across cultures and languages. This may be useful for clinicians looking to expand their understanding of approaches and resources for gesture assessment and treatment.

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Richard Talbot	**Barriers and facilitators to implementing telehealth interventions for people with primary progressive aphasia (PPA) and dementia: a systematic review**

Background: There is growing evidence supporting behavioural therapies, such as speech and language therapy, to manage symptoms of PPA and dementia. However, access to behavioural therapies depends on individual factors (e.g. carer support, travel) and service availability. One way to improve access and availability is via synchronous telehealth. This study presents a systematic review of the literature on the implementation of synchronous telehealth interventions for people with PPA and dementia.

Aims:

1) Identify barriers and facilitators to implementing synchronous telehealth interventions for people with PPA and dementia
2) Formulate implementation strategies to manage barriers and leverage facilitators.

Method: A systematic search was conducted to identify peer-reviewed research studies reporting barriers and facilitators to implementation of synchronous telehealth for people with PPA and dementia. Data were analysed using framework analysis, with implementation determinants extracted deductively in line with the Theoretical Domains Framework (TDF) (Cane et al., 2012) and COM-B (Michie et al., 2014) theoretical behaviour change models. Themes that did not correspond with the TDF or COM-B were described inductively using content analysis.

Results: A total of 25 papers met the inclusion criteria. This included a diverse range of group, dyadic and individual interventions from 14 countries. Key implementation determinants corresponded to the TDF domains Environmental Context & Resources and Knowledge. Two inductively created domains were developed: Creativity & Safety.

Overall, the most frequently identified domains aligned with the COM-B concept of Motivation. The primary barriers were related to technology, while most facilitators pertained to the telehealth intervention itself.

Conclusion: Using the TDF and COM-B to investigate implementation determinants of telehealth interventions for people with PPA and dementia will inform the development of future interventions. Maximising access to behavioural therapies for people with PPA and dementia is essential to help them live better, for longer.

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Nina Unger, Tanja Grewe, Christina Emhardt, Brian-Lee Suckow, Caterina Breitenstein, Agnes Flöel

From in-person therapy to telehealth: Challenges in adapting an evidence-based program for chronic post-stroke aphasia

Background:
ESKOPA-TM [1], a program incorporating systematic language and communicative-pragmatic approaches individually tailored by difficulty and language function, offers individual and group sessions for chronic post-stroke aphasia. Its effectiveness in improving functional communication has been demonstrated in a sufficiently powered randomised controlled trial for in-person therapy [2]. However, limited speech and language therapy (SLT) resources, particularly in rural areas, limit access to such evidence-based interventions. Teletherapeutic solutions may help overcome these barriers and improve accessibility for people with aphasia (PWA), especially those with mobility restrictions.

Aims:
The digital adaptation of ESKOPA-TM aims to improve accessibility, support future research on digital aphasia therapy in Germany, and develop a scientifically grounded framework for delivering remote SLT for PWA.
Methods and Procedures:
Therapeutic content was digitised for the four linguistic domains included in ESKOPA-TM: phonology, lexical processing, morphosyntax, and communicative- pragmatic skills. Materials were transferred into a digital slide-based format for structured exercises, using BigBlueButton for video conferencing and Nextcloud for file sharing. An interactive whiteboard approach enables real-time engagement.

Results and Outcomes:
Key therapeutic procedures (e.g., selecting, writing, sorting, pointing, assigning) were systematically adapted, often with multiple viable implementation options. Group therapy features, such as randomised card selection, required additional multi-step modifications to ensure a user-centered, aphasia-friendly design. Anticipated challenges predominantly arise in technical implementation, including login procedures and camera settings for SLT interaction.

Conclusions:
The digital adaptation of ESKOPA-TM maintains core therapeutic procedures in a virtual setting, enhancing accessibility and flexibility. Ongoing research evaluates user acceptance; upcoming clinical trials will evaluate clinical efficacy.

References:
[1] Grewe, T., Baumgärtner, A., Bruehl, S., Glindemann, R., Domahs, F., Regenbrecht, F., Schlenck, H.-J., & Thomas, M. (2020). [Evidence-based language systematic & communicative-pragmatic aphasia therapy (ESKOPA-TM)]. Hogrefe.
[2] Breitenstein, C., Grewe, T., Flöel, A., Ziegler, W., Springer, L., Martus, P., Huber, W., Willmes, K., Ringelstein, B., Haeusler, K. G., Abel, S., Glindemann, R., Domahs, F., Regenbrecht, F., Schlenck K.-J., Thomas, M., Obrig, H., de Langen, E., Rocker, R., Wigbers, F., Rühmkorf, C., Hempen, I., List, J., Baumgärtner, A., & FCET2EC study group (2017). Intensive speech and language therapy in patients with chronic aphasia after stroke: A randomised, open-label, blinded-endpoint, controlled trial in a health-care setting. Lancet, 389(10078), 1528–1538. https://doi.org/10.1016/S0140-6736(17)30067-3

Hannah Britton	**“It’s okay, they’ll understand” - Building Community Through an Online Aphasia Group**

Last year, we launched an online aphasia group, iConnect, at Queen Margaret University (Edinburgh) designed to provide a supportive and engaging space for people with aphasia, regardless of severity or time post-stroke. The group, run by a Speech and Language Therapist (SLT), meets weekly with the aim of fostering communication, connection, and confidence through interactive activities tailored to members’ preferences.
Most members are local, but some join from the Highlands, showing how online spaces connect people across regions. The group is flexible, offering aphasia- friendly choices for activities such as quizzes, themed discussions, and social communication practice. Importantly, SLT students participate in the group, gaining valuable first-hand experience with the diverse presentations of aphasia.

The value of peer connection has been a key theme in participant feedback. One member, when upset, reflected on the shared understanding in the group, saying, “It’s okay, they’ll understand” - acknowledging the unique support found among others with lived experience of stroke. Another highlighted the benefit of meeting people at different stages of recovery, noting that seeing others further down the line has given her a sense of hope that things might improve.
To help sustain a sense of community beyond the group, we dedicate time to signpost other resources. Some members have gone on to join aphasia choirs or online groups with stroke charities, reinforcing the importance of ongoing connection and support.
This lightning talk will share insights from our experience, including the practicalities of setting up and running an online aphasia group, the benefits observed for both members and students, and considerations for sustaining and expanding such initiatives. We know how isolating aphasia can be and our findings suggest that small, community-driven projects can have a significant impact, reducing isolation, and reinforcing the importance of accessible and supportive spaces for people with aphasia.

Gillian Housley	**A trial of a patient-led newsletter project for patients with aphasia and other communication difficulties at DMRC Stanford Hall**

Background: DMRC Stanford Hall Neurorehab department is an inpatient facility for patients following a head injury or stroke, or with a degenerative neurological condition. Patient stays can range from 3 weeks to several months. The Speech and Language Therapy team (SLT) are aware of the importance of project-based therapy for patients with aphasia and how research suggests project-based groups can improve patient’s communication skills and quality of life. Project work can be difficult in this environment due to patient turnover and the heterogeneity of their communication difficulty. We were keen to find a project that could involve patients regardless of the length of their stay or their communication difficulty.
Method: In consultation with patients receiving SLT, a weekly ‘Newsletter Group’ was set up, with the primary aim of these patients having the opportunity to work on their communication goals together. The group works on a 4- weekly cycle, producing a newsletter each month, but new patients can join the group at any point in this cycle. All patients with aphasia are invited to join the group, along with patients with other communication difficulties, such as cognitive communication disorder, dysarthria, or dysphonia.
Results: Initial findings found that patients gained in confidence in their communication skills through attendance at the group and it has also served as a catalyst for new friendships. Outcome measures are taken at the start and end of each group where patients are asked to rate their confidence in each area of communication they are working on. Further outcome measures are currently being considered to try and capture the wider impact the newsletter may have. The newsletter is now sent ‘unit wide’ and showcases the work done in the Neuro department as well as drawing attention, in a positive light, to the challenges faced by patients with aphasia.

Reference: Feasibility and initial efficacy of project-based treatment for people with ABI. January 2019 International Journal of Language & Communication Disorders 54(5) DOI:10.1111/1460-6984.12452

Molly Manning	**Understanding What Matters: Shaping Aphasia Care with People and Context in Mind**
In this keynote, Molly will present research on supporting Personal Recovery and living well with aphasia. Drawing on evidence syntheses and participatory research with clinicians and people with stroke and aphasia in Ireland, she will explore what is needed to develop effective, context-sensitive pathways of care. Her talk will highlight how participatory implementation science is being used to engage stakeholders in co-creating a shared vision for APC in Ireland. This work identifies context-specific implementation needs and offers insights relevant to international audiences.	

Carole Anglade, Alexandra Tessier, Marie-Christine Hallé, Alberto Osa Garcia, Ingrid Verduyckt, Emna Fakhfakh, Isabelle Côté, Maud Gendron-Langevin, Anna Zumbansen, Édith Durand, Claire Croteau	**Symposium. Research-Community Collaboration in Aphasia: Innovative Models and Outcomes**
Session Objectives: This symposium will explore innovative models of collaboration between aphasia researchers and community-based organizations. It will highlight successful partnerships that bridge the gap between research and community-based practice, examine barriers and facilitators to implementation of such partnerships, and provide actionable insights to promote mutual knowledge exchange between individuals in the research field and real-world community settings. Presentations: "Crossword Around Aphasia" Project – Prof. C. Anglade, A. Osa Garcia, Prof. A. Zumbansen The "Crossword Around Aphasia" project involved a series of conferences organized by the Quebec Association of People with Aphasia (AQPA) in 2022, where researchers presented aphasia-related findings to people with aphasia and their families. The project resulted in a practical guide to support researchers in making their results more accessible to individuals with communication disorders. Théâtre Aphasique and "The Voice of Silence" Exhibition – A. Tessier, E. Fakhfakh, I. Côté, Profs. I. Verduyckt and M. Gendron-Langevin This presentation will address a study examining the impact of Théâtre Aphasique on social reintegration, showing it supports social participation of its members. Collaboration extended into an itinerant event that includes an interactive exhibition, a scientific conference, and a theatrical performance by individuals with aphasia. This initiative strengthens public engagement and professional dialogue on arts-based community programs in aphasia rehabilitation. SingWell Project – Prof. C. Anglade, Prof. A. Zumbansen, Prof. É. Durand SingWell is a study assessing the effects of a group singing program on communication and well- being in chronic aphasia. Based on a choral singing program organized within the AQPA, the project aims to create a sustainable program aligned with existing community activities. This approach ensures the program is both feasible and meaningful in real-life settings. SAPPA (Support for Aphasia Caregivers Program) – Prof. M.-C. Hallé, Prof. C. Croteau SAPPA emerged from research projects and collaboration and now provides sustainable speech-language and psychosocial support to caregivers of individuals with aphasia. The program is now integrated into the AQPAs service offering and ensures continued access to research-informed caregiver support through various partnership research projects aimed, for instance, at improving caregivers' readiness to receive support or exploring how to enhance their experiential knowledge. Discussion: The session will conclude with a moderated discussion on the challenges and facilitators of implementing collaborative models in clinical and community settings. Attendees will reflect	

on how research-community partnerships can drive more effective and sustainable support for people with aphasia and their significant others.

Expected Outcomes:
Increased understanding of research-community collaboration models in aphasia
Identification of practical strategies for integrating research findings into community practice
Enhanced professional and community networks for future collaboration

Firle Beckley, Nikki Hafter, Emily Teepso, Jen Thompson, Ester Amis-Hughes	**Mini creative communication partner training (CPT): engaging a community museum with an NHS Trust for a creative approach to CPT in the acute setting**

Background
Conversation is the most frequent task we undertake everyday (Davidson et al., 2003). Conversation is how we bond and maintain friendships (Dunbar., 2004). Aphasia disrupts conversation and friendships (Azios et al., 2022). Communication partner training (CPT) is the best evidenced approach for maintaining conversation (Simmons-Mackie et al., 2016). However, implementing CPT is particularly challenging in the hospital setting (Carragher et al., 2024; Shrubshole et al., 2022).

We created two innovative CPT sessions for the acute stroke unit at Leeds Teaching Hospitals Trust where CPT video feedback was not considered feasible and that recognised how the Arts can improve social skills and communication in hospital rehabilitation (Fancourt et al., 2019).

Aims/Questions being addressed
Can cross-disciplinary co-design between a local cultural organisation, hospital SLTs and CPT specialist service (Lemonade from Lemons-Lfl) improve CPT in clinical practice?

Approach/Methods used
Pre-workshop meetings were held with Leeds Museum community engagement manager to co-curate objects and SLT project leads to consider the CPT approach. A 90-minute online workshop was held by Lfl for the SLT team to refresh CPT knowledge, experience use of objects and explore the focus for CPT session plans. Lfl designed two mini-CPT session plans to be trialled by the SLT team. The planned CPT sessions were not trialled as anticipated. The second 90-minute workshop was undertaken to explore the barriers using several implementation models and frameworks.

Findings/Outcomes
Two mini-CPT session plans were created using museum objects for interactional conversations. Barriers to SLT trialling the sessions on the acute stroke ward found that reduced environmental opportunities for CPT was not the main barrier. Barriers in the acute included motivational beliefs about consequences and capabilities. Object use also challenged beliefs around professional identity.

Conclusions
Cross-disciplinary collaboration resulted in unexpected barriers to implementation, generating useful points to reflect on as we work towards a vision of CPT fit for the acute setting.
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Angela Maria Fenu	**A Study Investigating Word Association Behaviour in People with Acquired Language and Communication Disorders**

The aim of this study is to better characterize the nature of word association responses in people with aphasia before and after treatment.
The experimental and control groups consisted, respectively, of 4 individuals with mild Broca's aphasia and 51 cognitively intact age- and gender-matched individuals. For 2 months they performed a word association task, in which they had to say the first word they thought of when hearing each cue. The cue words were the translation in Italian of the set of English cue words of a published study.
A combination of analytical approaches to measure the data was used. To analyse different patterns of word association responses in both groups, the nature of the relationship between the cue and the response was examined: responses were divided into five categories of association. To investigate the similarity between aphasic and non-aphasic subjects, the stereotypy of responses was examined.
Certain stimulus words (nouns, adjectives) elicited responses from Broca's aphasics that tended to resemble those made by non-aphasic subjects; others (adverbs, verbs) showed the tendency to elicit responses different from the ones given by normal subjects. This might suggest that some mechanisms underlying certain types of associations are degraded in aphasic individuals, while others display little evidence of disruption. The high number of paradigmatic associations given in response to a noun, or an adjective might imply that the mechanisms, largely semantic, underlying paradigmatic associations are relatively preserved in Broca's aphasia, but it might also mean that some words are more easily processed depending on their grammatical class. Unlike the control group individuals, the experimental subjects gave the most idiosyncratic associations when the cue words were adverbs, which are often produced when the attempt to give a paradigmatic response fails. This might suggest that people with Broca's aphasia are more vulnerable to this grammatical class.

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Eimear Ward, Nimrah Nadeem, Brian O'Neill	**Painting a Voice: Art Groups as a Community-Based Intervention for Aphasia**

Art has long served as a universal language, facilitating expression and connection across cultures—from early cave paintings to modern digital creativity (Roper et al., 2024). For individuals with aphasia, social isolation, identity loss, and diminished support networks are well-documented challenges (Azios et al., 2022). Art groups provide an inclusive space for creativity and connection without the pressure of verbal communication (Morris et al., 2019). While research highlights the benefits of art therapy in aphasia (UCL, 2025), the role of community-based art groups in enhancing quality of life and social connectedness remains underexplored. This review examines existing research on art groups in aphasia rehabilitation, evaluating their impact on social well-being and community participation.
A systematic literature review will be conducted using Web of Science, Google Scholar, Scopus, and manual reference checks from relevant studies. Two independent reviewers will assess article quality using methodological checklists from the Scottish Intercollegiate Guidelines Network. Findings will be analyzed in the context of the lead author's experience facilitating a weekly art group in a Neurorehabilitation Centre.
Preliminary research highlights the value of person-centered approaches that minimize reliance on verbal communication (Strang, 2024). It is anticipated that art- based group interventions will demonstrate effectiveness in fostering social integration and improving well-being for individuals with aphasia.
This review has the potential to advocate for the integration of art group therapy in aphasia rehabilitation and underscore the need for further research in this area.

Amy Hanschell, Laorag Hunter, Alexandra Robertson, Louise Ford, Poppy Wilkinson	**Words of the Week: 10 Years On – Reflections, Impact, and Future Directions**

Background: Over the past ten years, members of our NHS Tayside Speech and Language Therapy (SLT) team have developed and disseminated 'Words of the Week' (WoW), a simple yet effective aphasia-friendly therapy resource. This resource, shared with a mailing list of over 2,000 individuals across the UK and beyond, includes people with aphasia, their significant others, speech and language therapists, clinical professionals, and third-sector workers. Each week, we compile a PowerPoint presentation featuring ten proper nouns derived from current news stories. Each noun is presented in three formats: 1) a photograph, 2) a labelled photograph, and 3) a sentence summarising the corresponding news story. The presentation concludes with a collage of images, first without labels and then with them. WoW has become an embedded part of our clinical practice.

Method: In addition to ongoing informal feedback, we conducted a survey of our WoW community to better understand how they use WoW and to explore opportunities for further development. We received over 200 responses from across the UK and internationally, providing valuable insights into the resource's impact.

Results: Our findings indicate that WoW is regularly used for independent practice, as well as in one-to-one and group therapy settings. Users engage with WoW for a variety of therapeutic purposes, including proper noun retrieval, reading aloud, story comprehension, conversation prompting, memory enhancement, orientation, and improving technology skills.

Discussion: We will reflect on the feedback received, including both positive and constructive insights. We will also explore the benefits and potential challenges of sharing resources widely. Finally, we will discuss strategies for ensuring the sustainability of WoW within our busy clinical practice. This poster will present key findings, practical applications, and future directions for WoW as a sustainable, user-friendly resource for aphasia therapy.

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Carole Anglade, Alexandra Tessier, Claire Croteau, Sarah-Ève Poirier, Laura Monetta, Emna Fakhfakh, Marie-Christine Hallé, Helene Killmer, Suzanne Beeke	**Symposium. Addressing the Community in Aphasia Rehabilitation: Engaging Key Social Interactions**

Session Objectives: This symposium will explore how addressing the social and community environment of people living with aphasia can enhance participation and communication outcomes. The session will highlight strategies for improving communication in family and service settings, while also considering the barriers that may limit their implementation.

Presentations:
Parental Requests and Authority in Children's Interaction with Parents with Aphasia – Dr H. Killmer, Dr S. Beeke Dr Killmer will present a study examining how parents with aphasia make requests to their children and manage resistance. The analysis explores the role of deontic authority (the right to direct another person's action) and how aphasia severity influences interaction patterns. Insights into structured interactions (e.g., mealtimes) may inform intervention strategies to support parenting in families affected by aphasia.

Addressing the Needs of Family Members in Aphasia Rehabilitation – Prof. M.-C. Hallé Prof. Hallé will discuss how speech-language pathologists (SLP) can support the needs of family members of people with aphasia. Caregivers often experience emotional strain, uncertainty about communication strategies, and a lack of support in navigating social situations. The presentation will explore current intervention models targeting family needs, such as communication training, psychoeducational programs, and support groups, and will highlight how these interventions improve both caregiver confidence and patient outcomes.

Barriers and Facilitators in Targeting Service Interactions in Aphasia Rehabilitation – E. Fakhfakh, Prof. C. Anglade Prof. Anglade will report findings from a study exploring service encounters in the rehabilitation of people with aphasia and examining both the challenges faced by people with aphasia in service settings (e.g., grocery stores, pharmacies) and the difficulties SLP encounter when addressing these interactions clinically.

Communication Accessibility Challenges in Local Services – S.-È. Poirier, A. Tessier, Prof. L. Monetta The findings of two recent studies regarding the barriers and facilitators encountered by people living with aphasia when accessing local services will be presented. This presentation will also outline the development and implementation of the ACCES project. ACCES aims to decrease accessibility barriers in local services such as banks and pharmacies by training employees and adapting the environment in these settings.

Training Adapted Transport Drivers to Support Communication with People with communication disability – A. Tessier, Prof. C. Croteau A. Tessier will present research on a training program for adapted transport drivers to improve communication with passengers with a communication disability. Findings suggest that training leads to increased knowledge of communication strategies, improved relation communication, and increased use of gestures.

Discussion: The session will conclude with a discussion on the barriers and facilitators to implementing similar approaches in clinical and community contexts. Attendees will be encouraged to reflect on how clinical interventions can address broader social determinants of health for people living with aphasia.

Expected Outcomes:
Greater understanding of social and environmental facilitators and barriers to communication for people with aphasia,
Practical strategies for improving communication accessibility in service and family settings

Megan Trebilcock, Deborah Hersh, Brooke Ryan, Kirstine Shrubsole, Helen Badge, Anna Cronin	**Aphasia community leads mission to create a safe space to connect, share, and support each other**

Background and aims
Aphasia camps are emerging as a viable and valued offering for the aphasia community, addressing the psychosocial, communication, and functional goals of people with aphasia. However, as a predominantly volunteer-led program, proactive strategies are required to ensure their sustainability in Australia. An empowerment evaluation fosters self-determination and autonomy by enabling key stakeholders to lead the planning, implementation, and evaluation of their programs. This research explores the potential to adopt this model with the aphasia camp community to create and achieve a 12-month plan to sustain this valuable program.

Methods
A mixed methods design adopted a communication accessible empowerment evaluation. Key stakeholders were supported to consolidate their mission, establish their status, and assist the planning of future camps. Stakeholders (n=7) included people with aphasia, carers, students, and facilitators who were recruited during an Australian aphasia camp. A content analysis and descriptive statistics were used to analyse nominal group data from each stage of the evaluation. A focus group will facilitate a 12-month review of progress.

Results
Three evaluation outcomes were achieved. Firstly, a mission was established to create a safe space for people with aphasia and their carers to connect, share, and support each other.
Secondly, relevant activities were prioritised to achieve this mission including the organisation of events, exploration of social activities, and identification of funding. Finally, a 12-month plan was developed to establish a committee focused on advocacy, income generation, and engagement with local services. The results from a 12-month review of progress are currently being analysed.

Conclusion
The empowerment evaluation established a plan to achieve a sustainable aphasia camp which reflects the mission of key stakeholders. The 12-month review will further inform the success of the evaluation and will guide the development of future processes to support community-driven initiatives.

Niamh Devane, Amanda Comer, Jaycie Bohan, Nicholas Behn, Alicia Exposito-Ramos, Hortensia Gimeno, Sarah Kramer, Sarah Northcott, Abi Roper, Clare Rossiter, Renee Stuckey, Katerina Hilari	**Clinical-Research collaborations: reflections on recruiting to a large-scale study**

Background: Creating research skilled clinicians is a priority for health trusts. In the UK, there is no established infrastructure for clinical academic posts in SLT. These are emerging in other allied health professions. One way for clinicians to familiarise themselves with research processes is through collaborating and assisting with recruitment in studies and trials. Large studies pose particular recruitment challenges. We share reflections of research collaboration between five NHS Trusts and one University based study team in a study aiming to recruit 100 participants.

Aim: To explore recruitment barriers and strategies in an observational psychometric study.

Methods: Document strategies employed by clinical and research teams and share reflections on taking part in research for clinicians in NHS participant identification centres.

Findings: Strategies were implemented to familiarise clinicians with research processes (including, sharing study documentation, site visits and training, collaborators meetings, regular email rounds, scheduled short check-in meetings, newsletters, and phone calls).

Strategies used by clinicians included introducing the research project at initial assessment or discharge procedure and recruiting others to introduce the project to clients. Clinical teams welcomed the study team offering continuing professional development training. Clinicians and researchers reflected on the challenges and solutions of working in and with participant identification centres. Reported challenges include how and when to introduce the research to clients, remembering to talk about the research with clients and lack of time within sessions to dedicate to this. For the study, these challenges meant that <25% of expressions of interest and <20% of consented participants came from NHS settings (final numbers tbc).

Conclusion: There are few resources to support clinicians' research career development at a team/local level (Harrall et al., 2023). Collaborative working between clinical and research teams has the potential to mutually benefit, creating research skilled clinicians and clinically relevant research

Reference: Harrall, K., Sinnott, E.L., Roebuck Saez, L. & Clunie, G. (2023) Could you give me a leg up ...? Models, frameworks and support structures to help aspiring clinical academic speech and language therapists, International Journal of Language & Communication Disorders, 59(3), pp 876-901. https://doi.org/10.1111/1460-6984.12969

Ciara Mooney, Aifric Conway, Aine Sheehy	**"BI Connect" - a community support and education group for people living with a brain injury**

Background
Brain injuries (BI) often result in cognitive, emotional, and communication challenges. Recovery from BI requires input from many healthcare disciplines, each carrying an information load. Speech and language therapists (SLTs) have an important role in making this information accessible for a person with an acquired communication disorder (ACD). Group interventions can offer benefits, such as fostering peer support, enhancing social communication, and promoting emotional well- being. A community support group, "BI Connect", was set up to address this need.
Aims
This study aimed to assess the benefits of a BI support group facilitated by SLTs, which involved presentations on topics related to living with a BI, group discussions, and peer support. The goals were to promote socio-emotional wellbeing, promote social engagement, provide information in an accessible manner, and enhance the overall quality of life for individuals with BIs.
Method
15 patients were invited, from an outpatient BI caseload, to join the group. The group ran monthly over the course of six months. Each session included a presentation from a different healthcare professional (e.g., neuropsychologists, community support providers), followed by group discussions facilitated by SLTs. Presentations were communicated verbally and through summarised handouts to support understanding for all communication abilities. Data was collected through aphasia friendly feedback forms.
Results
13 patients participated in the group and completed feedback forms following each session. Topics covered included medical information about BI, fatigue management, ACD education, staying active post BI, and community resources. Participants reported that the information was helpful and relevant to their lives, and they benefitted from an opportunity to interact with peers who shared similar experiences. Participants provided feedback on group topics and format throughout. Conclusion
This group will continue to be a part of our service delivery as it was it found to be effective in achieving the goals outlined.

Susie Williams, Sarah Northcott, Kate Harrall, Suzanne Beeke	**The support needs of carers of people with jargon aphasia: An in-depth interview study**

Background: Jargon aphasia is an under-researched and frequently severe communication impairment (Marshall, 2017). Typically, people with jargon aphasia do not experience mobility issues and can meet their basic care needs, so they tend to be discharged quickly from hospital into the community (Foster et al., 2016). Rapid discharge from hospital, combined with a lack of support, can result in sudden role changes for carers (McGurk & Kneebone, 2013). The support needs of carers of people with jargon aphasia have not been studied. This research explored the support needs of carers of people with jargon aphasia, including their experience of support received and whether the support offered met their needs.

Methods: In-depth interviews were completed through videoconferencing with seven carers of people with jargon aphasia. Carers were recruited through an NHS Trust and research registers. Interviews followed a topic guide and were analysed using Framework Analysis (Ritchie & Spencer, 1994).

Outcomes: Analysis is ongoing. Initial findings reveal carers received support from a range of sources within the NHS and the wider community. These included speech and language therapists, social care professionals, voluntary sector services, professionals working in the legal and financial sectors, and informal support from friends and family. Carers discussed their support needs and the consequences when these went unmet. Needs included to receive accurate information about aphasia; support to navigate the health, social care, legal and financial systems; participation in decision making that affected them as carers; practical support and respite; social contact and emotional support; and provision of rehabilitation to the person with jargon aphasia.

Conclusions: This study provides insight into the support needs of carers of people with jargon aphasia. The findings will inform future research into the best ways to address their needs.

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