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Book Review of "The Aphasia Therapy File" edited by Sally Byng, Kate Swinburn and Carole Pound.

The aphasia therapy file is an innovative and interesting addition to the literature on the rehabilitation of aphasia. It states that its purpose is to "disseminate, encourage, and facilitate writing about therapy interventions for aphasia by the people that implement the therapy" (p1). It does this by publishing detailed case studies of aphasia therapy, where the therapy procedures are described in greater detail than in most journal articles, but without requiring extensive reviews of the literature or methodological rigour. The case studies are divided into sections, grouped broadly by the aims of the therapy: Alternative forms of output; Word retrieval therapies; and "Beyond the single word" therapies. Each section has an introduction which reviews the studies included and refers to relevant literature. As the authors state, this useful feature puts "the studies into a context for therapists with limited reading time" (p3), and serves as a helpful reminder for those of us with a tendency to forget the content of what we have read!

I will now pick out what to my mind are the highlights of the volume. However, this should not be interpreted as criticism of the chapters that are not mentioned, all the chapters are a valuable contribution to the volume as a whole.

The general introduction, is to my mind one of the strengths of the volume and should be essential reading for all those involved in the remediation of people with aphasia, and most especially students. It makes the vital point that impairment-based and 'functional' therapy are not polarised but rather there is a "necessary reliance of functional communication strategies on developing the language and communication skills underlying those strategies" (p4).

The therapy chapters themselves are mixed, in style and content. However, this is not necessarily a bad thing: there is little documentation regarding the therapy process, and the decisions underpinning it. These chapters give an insight into how ten different therapists (or groups of therapists) went about planning and evaluating therapy for different people with aphasia.

The first section includes three very different studies that examine use of alternative means of communication in individuals with little functional spoken output. The chapter by Harding and Pound is a wonderful example of the work of the speech and language therapy at its best. It is not that the therapy could be said to be particularly successful, but rather that the authors efficiently address all aspects of their client's difficulties. For example, the impairment-level interventions incorporate pre and post therapy baselines enabling evaluation of the efficacy of each intervention. After each type of intervention (semantic, phonological) improvement was demonstrated on tasks that would be predicted to improve from that specific intervention. I would hope that this would convince more clinicians that it is possible to incorporate this basic methodology into day-to-day clinical practice. (See also White-Thomson's paper in section 2 for another excellent example of this). Harding and Pound also eloquently and honestly discuss the complex psycho-social and cross-cultural issues that arise in the course of their client's therapy. If only one therapy chapter were to be read in this volume I would suggest this would be an excellent choice. Also in this section, Hunt's chapter nicely integrates therapy on drawing with working on processing of events and what might more traditionally be thought of as 'sentence-level' processing. The poignant last paragraph of this chapter clearly illustrates how the 'human' element stands out in this volume. Joan was asked to draw her idea of heaven - "She had drawn just one item, a female figure standing up. It was clear that this represented herself before her stroke" (p60).

The second section looks at three studies to do with reading and writing. Sheridan's paper on function word reading is by far the shortest in this section (and in the volume as a whole) but despite (or perhaps because of) this is another chapter that is a pleasure to read. The therapy, which was carried out in normal clinical practice, was highly effective and incorporated measures to demonstrate this. After therapy a 100 word passage took PH 3 ½ minutes to read as opposed to 10 minutes pre-therapy.

The final section addresses therapies aimed at verb and sentence processing impairments. As the introduction to the section makes clear, much of the therapy is aimed at facilitating understanding of "who is doing what to whom". The Introduction raises some important points, including that therapy can be productive even when the aphasic person "knows the answer"; that working on input to facilitate output is an effective strategy; and that sentence work and non-verbal communication are not necessarily at the opposite ends of a spectrum (also illustrated in Hunt's paper). Although Marshall's paper is by far the most comprehensive, all three papers in this section reflect similar therapies with similar outcomes, but presented in somewhat different forms. The contrast between the approaches is most informative.

In sum, the Aphasia Therapy File is an invaluable resource for therapy ideas, therapy planning and decision making. The authors are at pains to note that it is NOT a text book, nonetheless it IS essential reading for students and clinicians. I sincerely hope that the authors do meet their aim to publish new volumes annually and that the existence of this format will encourage more clinicians to publish what they do.

Lyndsey Nickels
Research Speech Pathologist,
Macquarie Centre for Cognitive Science (MACCS)
Macquarie University, Sydney, NSW 2109, Australia.