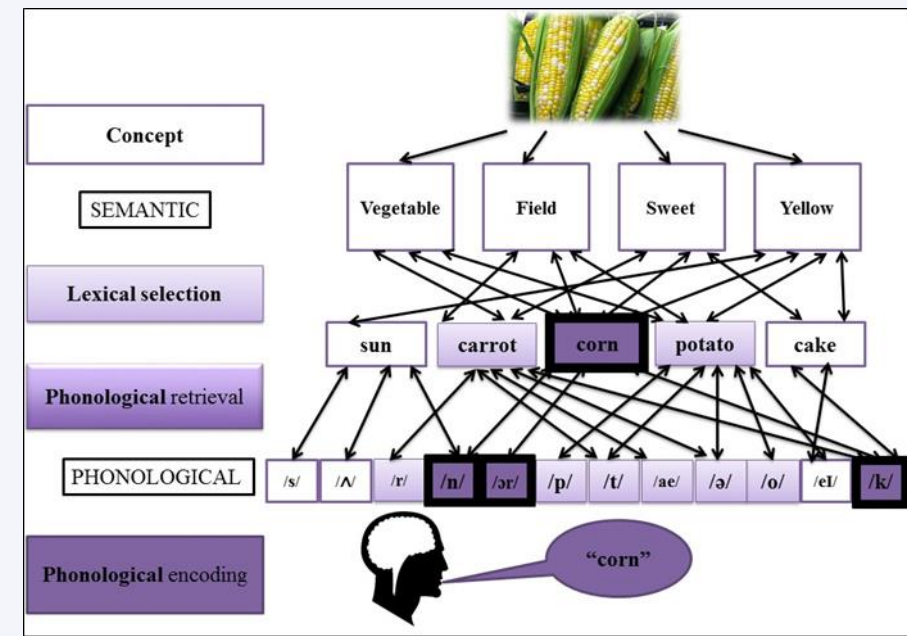
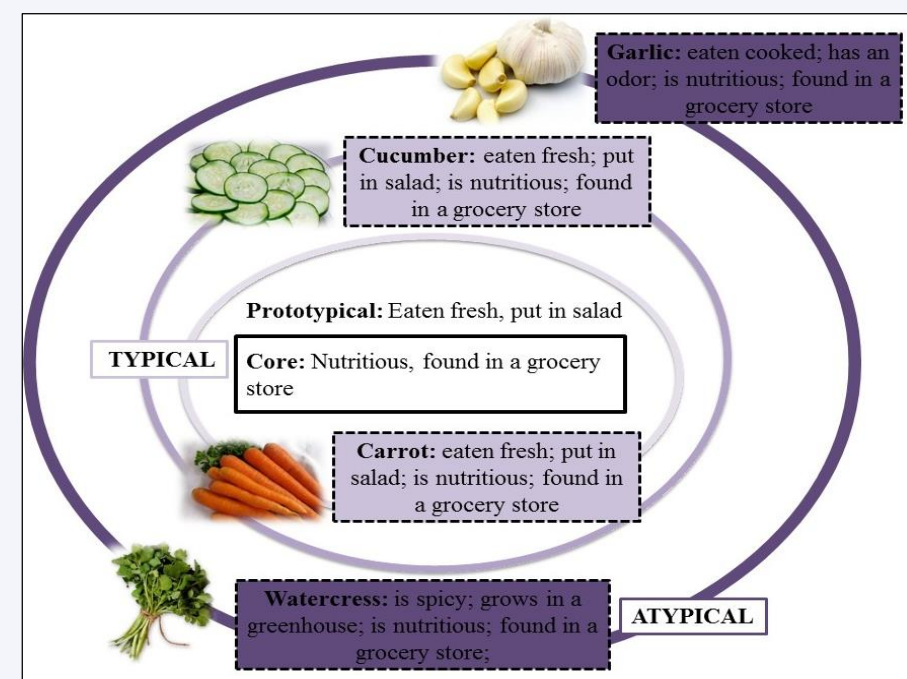


INTRODUCTION

- Generalization is the ultimate goal of language rehabilitation.
- Without it, clinicians must train every item, in every context, which is not practical or feasible (Thompson, 1989).
- Anomia is the most “pervasive” symptom of aphasia (Goodglass & Wingfield, 1997).
- Naming process includes a number of steps (e.g., Dell et al., 1997)



- Treatments such as semantic feature analysis (SFA) (e.g., Boyle & Coehlo, 1995) have been developed to target different stages of this process.
- Kiran & colleagues pioneered typicality-based SFA treatment, which has resulted in generalization to untrained within-category items (e.g. Kiran & Thompson, 2003).



- Generalization patterns from typicality-based SFA treatment warrant further examination (e.g., Stanczak et al., 2006).

RESEARCH QUESTIONS

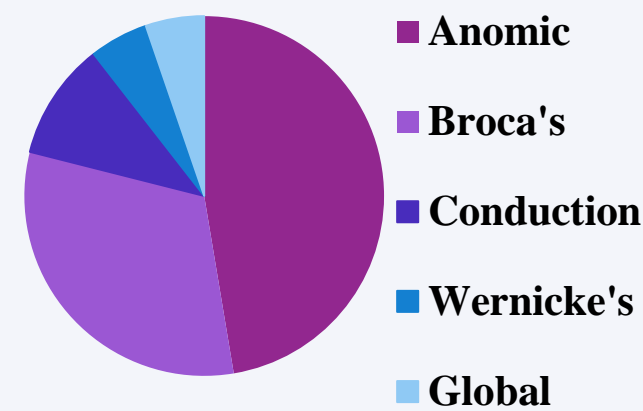
1. Do persons with aphasia (PWA) demonstrate greater improvement in their trained categories relative to their monitored categories after treatment?
2. Do PWA show greater generalization to untrained typical items than untrained atypical items after treatment?
3. Do PWA demonstrate “near transfer” to untrained tasks of semantic and phonological processing after treatment?
4. Do PWA show “far transfer” to global language skills after treatment?

METHODS

- 19 PWA following left-hemisphere stroke participated in this study.

	Age	MPO	WAB AQ	Baseline Naming
Mean	61.7	57.0	64.9	37.9
SD	11.3	50.3	24.1	26.0
Range	42-79	8.0-152.0	25.2-95.2	1.1-73.9

Aphasia Subtypes



Selection criteria:

- Stable performance of $\leq 75\%$ average accuracy in two different half-categories (e.g., Atypical *Birds*) on 180-item confrontation naming screener

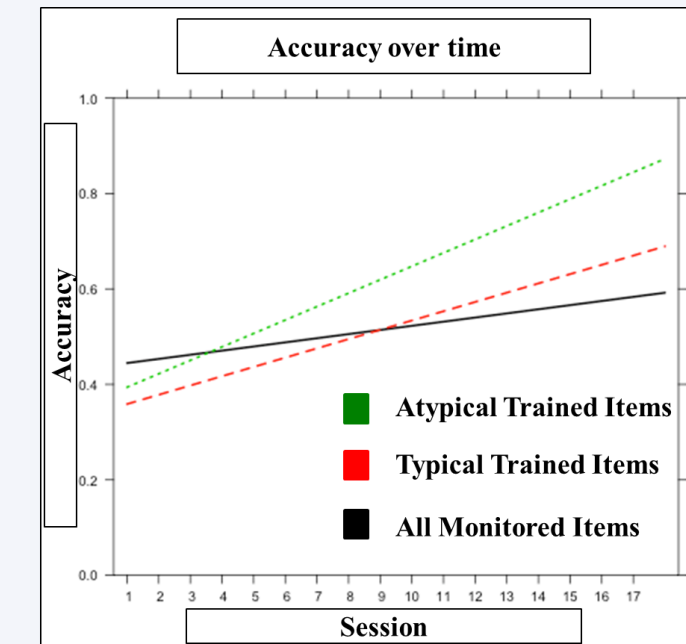
Design:

- Single-subject experimental design with group-level analyses

Pre-treatment	Typicality-based SFA treatment	Post-treatment (same as Pre)
<ul style="list-style-type: none"> • Battery of standardized tests • Set of 9 behavioral tasks • 180-item naming screener (3x) 	<ol style="list-style-type: none"> 1. Category sorting 2. 1st naming attempt 3. Analyze/written semantic features of item 4. 2nd naming attempt <p>Progress measured via weekly naming probes</p>	<ul style="list-style-type: none"> • Battery of standardized tests • Set of 9 behavioral tasks • 180-item naming screener (3x)

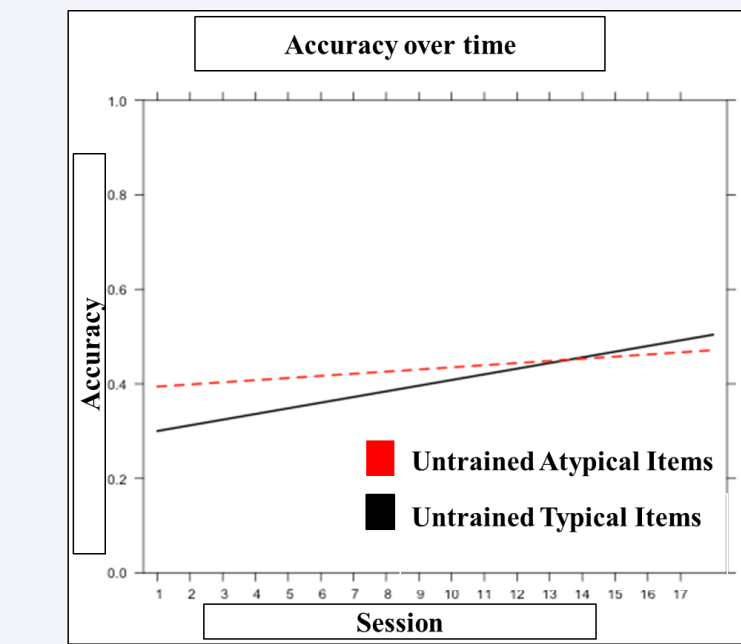
RESULTS

RQ1: Treatment Effects



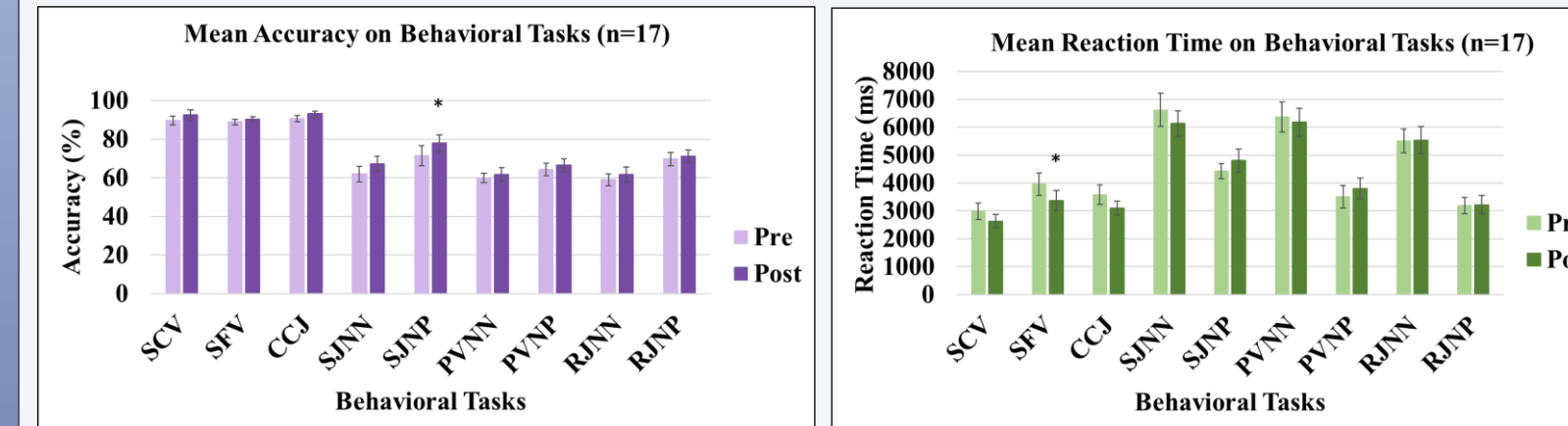
Trained items improved at a significantly greater rate than monitored items over time, ($F_{(4, 1223)} = 25.28, p < .001$), regardless of typicality (Typical: $\beta = .010, t(1,738) = 5.00, p < .001$, Atypical: $\beta = .020, t(1,487) = 8.02, p < .001$).

RQ2: Generalization Effects



Untrained typical items improved at a significantly greater rate over time than untrained atypical items ($F_{(1, 580)} = 7.49, p = .006, \beta = .007, t(580) = 2.74$).

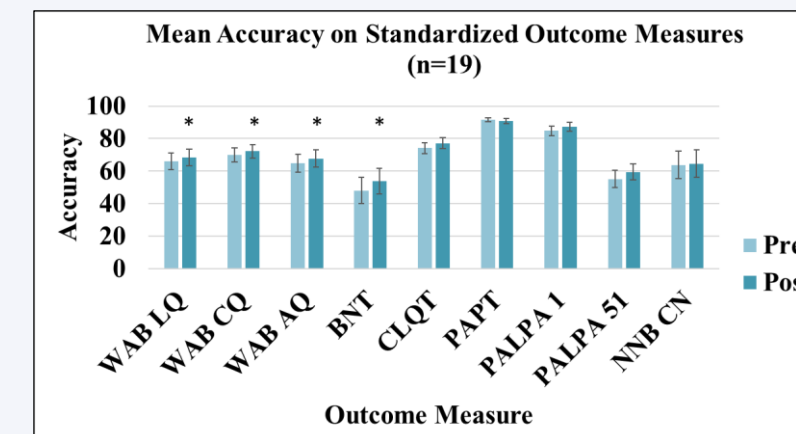
RQ3: Near Transfer Effects



Significant gains were seen on accuracy on a syllable judgment task (i.e., untrained task of phonological processing) ($W=25, Z=-1.99, p=.049, r=.48$).

Participants were significantly faster on a semantic feature verification task post-therapy ($W=110, Z=2.17, p=.029, r=.53$).

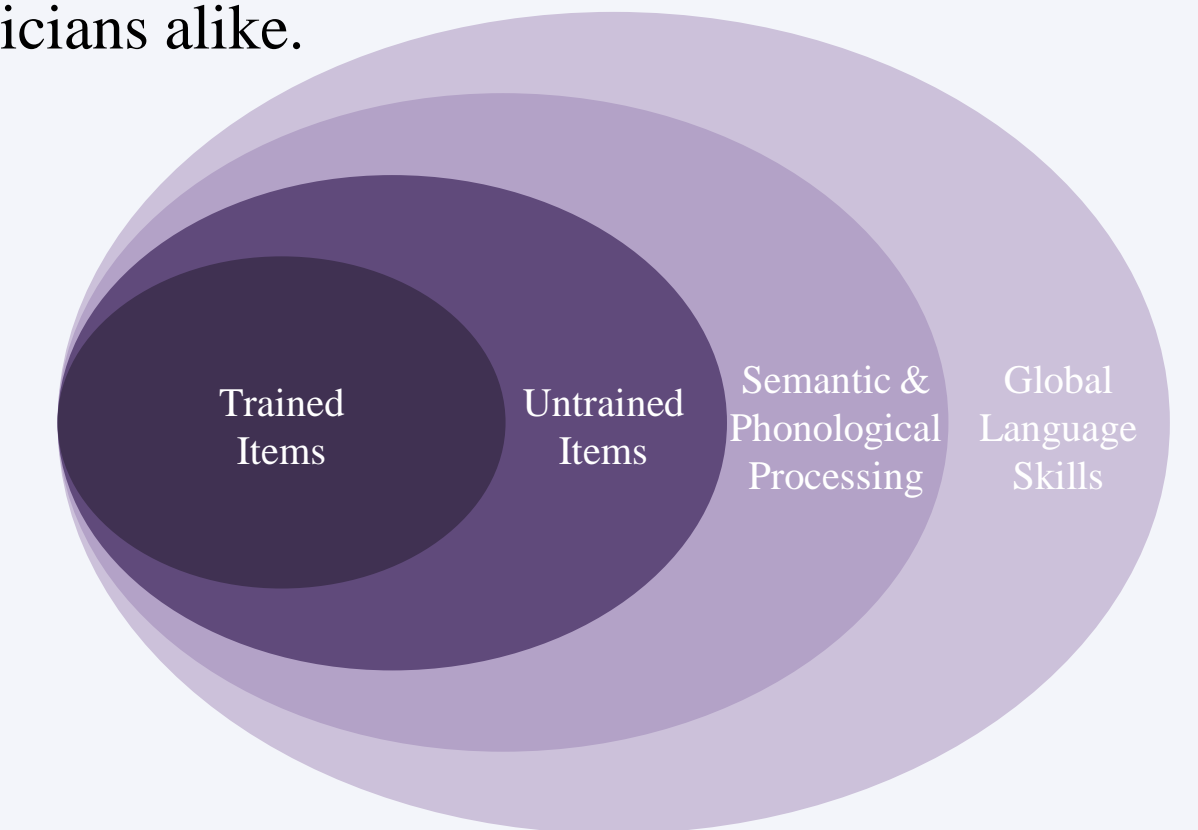
RQ4: Far Transfer Effects



Significant gains were seen on several measures of language processing: WAB-LQ, CQ, AQ & BNT ($W=27, Z=-2.74, p=.004, r=.63$; $W=28, Z=-2.70, p=.005, r=.62$; $W=24, Z=-2.86, p=.003, r=.66$; $W=32.5, Z=-2.52, p=.010, r=.58$, respectively).

DISCUSSION

- Typicality-based SFA treatment resulted in positive acquisition effects and multiple levels of generalization for individuals with chronic aphasia of varying subtypes & severities making it an efficient choice for patients & clinicians alike.



- Yet, not all participants showed robust treatment and generalization effects & significant gains were not seen on all untrained measures and tasks.
- Future research should focus on what factors underlie individual variability in response to this treatment (e.g., cognitive factors).

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