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).

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

METHODS

• 19 PWA following left-hemisphere stroke participated in this study.
• Age, MPO, WAB AQ, Baseline Naming (Mean: 61.7, 57.8, 64.9, 37.9);
• Selection criteria: Stable performance of ≤ 75% accuracy in two different half-categories (e.g., Typical Birds) on 180-item confrontation naming screening.

Design:
• Single-subject experimental design with group-level analyses

RESEARCH QUESTIONS

1. Do persons with aphasia (PWA) demonstrate greater improvement in their trained categories relative to their untrained categories after treatment?
2. Do PWA show greater generalization to untrained atypical 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?

RESULTS

RQ1: Treatment 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<.05).

RQ2: Generalization Effects

Untrained typical items improved at a significantly greater rate over time than untrained atypical items (F1, 73; β = 0.02, t(187) = 8.02, p< .001).

RQ3: Near Transfer Effects

Participants were significantly faster on a semantic feature verification task post-therapy (W=110, Z=2.17, p=.029, r=.48).

RQ4: Far Transfer Effects

Significant gains were seen on several measures of language processing: WAB-Q, CQ, AQ & BNT (W=27, Z=2.72, p<.01, r=.66; W=28, Z=2.70, p<.005, r=.62; W=22, Z=2.86, p<.005, 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).

SELECTED REFERENCES

Boyle & Coelho, 1995; Stanczak et al., 2006; Kiran et al. (2003, 2006).