Responsiveness to Cues as a Measure of Emerging Language Ability in Aphasia

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Relevant Background

- Aphasia is an acquired communication impairment affecting receptive and/or expressive language skills
- Initial aphasia severity, lesion location, and lesion size are the most robust predictors of recovery¹⁻⁹
- Predicting individual recovery is more difficult given the multiple factors that impact gains^{5,6}
- What **clinically-accessible** information can be obtained to better predict language outcomes on an individual level?

Stimulability

- Articulation literature: A sound that is stimulable improves¹⁰
- Motor: When TMS evokes a motor response, people make improvements later^{11,12}

How do we assess stimulability in aphasia?

Naming Deficits



- Common to all types of aphasia¹³
- Involve a breakdown at either or both the semantic stage or the phonological stages of lexical processing
- In routine clinical practice, cues of various types are offered when there is a breakdown in naming¹⁴⁻²³



Assess naming stimulability to determine whether there is a relationship between the type of cues that facilitate naming and the underlying language system.

Cue Type	Description	ltem	Sa C
Sentence Cue	Contextual cue containing feature information in the context of a carrier- phrase	\bigcirc	"Yo pap
Feature Cue	Feature cue containing semantic information about the item		"It is cut
Phonemic Cue	Verbal phonemic cue with the initial sound (consonant + vowel) of the word		"Beg /

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Research Aims

- Aim 1a: Determine the extent to which **naming stimulability** at one timepoint (T1, T2, T3) predicts **naming accuracy** at the subsequent evaluation (T2, T3, T4)
- **Aim 1b:** Evaluate the hypothesis that naming stimulability at T1 will be associated with improved word retrieval in connected speech at T4.
- **Aim 2:** Determine whether there is a relationship between the type of cue that leads to improved naming (feature, sentence, phoneme) at T1 and corresponding measures of receptive language processing

T1 (6 Weeks)	T2 (3 Months)	T3 (6 Months)	T4 (12 Months)
Naming Battery	Naming Battery	Naming Battery	Naming Battery
Comprehensive Assessment			Comprehensive Assessment

Participants

- N=7 (3 participants completed all timepoints, 4 ongoing)
- Mean age = 45.6, SD = 22.8, 3 Females, 4 Males
- All status-post first-ever Left MCA stroke, English-speakers

Naming Battery

- 175-item Philadelphia Naming Test + 25 items from Boston Naming Test
- Structured sentence cues developed for all items and presented to 40 healthy controls without an accompanying picture using Amazon MTurk
- Above 70% agreement for each item, Average 92.3%

Assessment

Receptive Semantic Processing

- Pyramids & Palm Trees Test
- CAT Subtest 2: Semantic Memory

Receptive Morphosynta Processing

- BDAE Syntactic Processing
- BDAE Reversible Possessives
- CAT Subtest 9: Spoken Sentend

Comprehensive Assessment Comprehensive Aphasia Test (CAT) Motor Speech Skills Cognitive Skills **Communication Functioning** Aphasia Communication Outcome Measure (ACOM)

Non-linguistic subtests of CLQT



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ctic	Receptive Phonological Processing
e ces	 PALPA 2: Same- Different Discrimination PALPA 4: Minimal Pair Discrimination PALPA 15: Word- Rhyme Judgement

- Diadochokinetic rates, Spontaneous speech sample
- **Communication Confidence Communication Confidence Rating Scale for Aphasia (CCRSA)**



Impressions & Next Steps

- Error productions have surfaced as important additional sources of clinically-relevant information
- connected speech

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NEUROSCIENCE

Preliminary data support hypothesis that naming stimulability may provide an insights into future naming ability

Ongoing analyses will examine naming stimulability and error patterns as they relate to composite receptive scores

Additional analyses will examine performance as it relates to

