Target Area: Communication, Language, Speech Disorders

Fink, Brecher, Schwartz, Robey (2002). *A Computer-Implemented Protocol for Treatment of Naming Disorders: Evaluation of Clinician-Guided and Partially Self-Guided Instruction.* Aphasiology, 16(10-11): 1061-1086.	RoBiNT score – *to be confirmed*
Method/Results	**Rehabilitation Program**
Design: Y Study type: Multiple baseline across behaviours, replicated across participants. 3 were treated under "clinician-guided" (CG) therapy, 3 under "partially self-guided" (PSG) therapy. Some group data provided. Y Participants: n = 6 chronic aphasic individuals with moderate to severe naming impairments post left hemisphere CVA 1. Participant 1: 54 year old male, CG group 2. Participant 2: 64 year old male, CG group 3. Participant 3: 60 year old male, CG group 4. Participant 4: 59 year old female, PSG group 5. Participant 5: 63 year old male, PSG group 6. Participant 6: 63 year old male, PSG group Y Setting: Clinical setting Target behaviour measure/s: Y Number of correctly named targets Primary outcome measure/s: Y 339-item picture naming test Y Philadelphia Repetition Test (PRT) Y Philadelphia Oral Reading Test (PORT) Results: All subjects demonstrated improvements in acquisition of target words during treatment phases, with acquisition of the first set of words being well-maintained during the withdrawal phase. Most effect sizes were medium to large. Effects were greater on average for the CG group than the PSG group. On the PRT and PORT, scores were generally higher after training (with statistically significant gains for some participants)	Aim: To improve naming for chronically aphasic individuals with moderate-to-severe phonologically based impairment using a computerised cued-naming protocol. Materials: Computer, and Cued Naming Module from the software program MossTalk Words Treatment Plan: Y Duration: Up to 4 weeks (9 hours). Y Procedure: 3 weekly sessions (for CG the clinician is present at all 3; for PSG the clinician is present for only 1). Session length varied according to need, but typically 30-45 mins. Program length varied according to success, up to a maximum of 12 sessions Y Content: A 50 item customised naming list was created for each participant based on performance on a picture naming test. During baseline, participants named the 50 pictures without feedback. In treatment phase 1, 20 of these items were treated while a second set of 20 served as a control. In treatment phase 2, the second set was treated while treatment was withdrawn for the first set. Treatment involved the use of an individual cueing hierarchy, with cues presented up and down the hierarchy on each trial. The participant attempts to name the picture, if unsuccessful after 20 seconds a low powered cue is provided, followed by a more powerful cue until the word is produced correctly. Cues types included initial phoneme, sentence completion, and whole word, presented either in spoken or written form. Once correct, the participant repeats the word, and the cue hierarchy is reversed. Two conditions of instruction were used: - *Clinician-guided*: clinician guides patient through each session, selecting the cue, contributing feedback and encouraging self-cueing strategies - *Partially-Self-Guided*: patient works with clinician only once a week, at which point modality and entry point of

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	cueing is established. Then patient works independently.

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