

**Testing in clinical practice - a qualitative study
combining interaction analysis of testing situations
and therapists' reflections on testing the person with aphasia.**

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How is aphasia assessment carried out in practice? How are standardized test procedures transformed into situated interactions between a speech-language therapist and a person with aphasia? What are the concerns of therapists when testing? Research has focused on the reliability and validity of standardized aphasia tests or on development of new model-based tests (Spreeen and Risser 2003), but less attention has been given to the implementation of testing procedures in face-to-face interaction with clients. Testing usually occurs in closed rooms, and although often documented on tape, the focus is on the client with aphasia rather than on the therapist's interactive behaviour. How to test remains implicit knowledge, much as it remains implicit how aphasia therapy is carried out (Byng 1995).

The overall purpose of this project is to make the practice of aphasia assessment more explicit. Testing is considered informative and necessary for decision-making about treatment and counselling. Yet being tested may be a difficult experience for the person with aphasia. According to Lezak (1995) assessment should be tailored to the individual patient's needs, abilities and limitations and carried out in an emotional climate conducive to enlisting the patient's co-operation. This specific study explores the concerns and potential dilemmas of speech-language therapists in aphasia testing and investigates how experienced therapists navigate these concerns in their practice. Therapists' concerns may revolve around the need to follow standardized procedures, a concern with how the client experiences the situation, and a need to obtain specific information relevant to making decisions about therapeutic goals and methods.

The chosen method to address these issues was combination of semi-structured interviews and conversation analysis of therapist-client interaction during testing. Eight experienced speech-language therapists and eight persons with aphasia consented to participate. The therapists worked in three different institutions, to which the persons with aphasia had been referred after hospital discharge. Referral was for assessment for outpatient therapy. Therapists used tests of their own choice. Assessments were video-recorded, and following the assessment therapists were interviewed about the test and about general concerns relating to aphasia assessment.

Subsequently, therapists were invited to watch and comment on the interaction in their own video-recorded test. These post-view interviews led to the identification of interesting phenomena in the videotaped therapist-client interaction, which were analyzed using conversational analysis. Triangulation was sought by comparing interaction data with interview data.

Results show that experienced therapists develop a rich set of interactive skills and strategies, which they use in testing. Some strategies may serve to create a non-threatening climate, aim to maximize clients' performance level or help

preserving the competency of the aphasic person. Other strategies, including minor additions to standard procedures, enables therapists to explore aspects of linguistic, communicative or cognitive functioning, which extend beyond the actual test, but which are relevant to goal setting and choice of rehabilitation methods.

Future research in the concerns and strategies of experienced clinicians in testing may provide useful information for the development of improved clinical tools for the assessment of aphasia.

References

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