Title: Two outcomes from one assessment process: Analysing *language* assessment recordings for *interactional* data.

Background Information

Dementia is rapidly becoming a prominent public health issue, with its prevalence in the Australian population predicted to rise by 251% in 2050 (Jorm, Dear & Burgess, 2005). "Dementia" is a generic psychological term used to describe the gradual decline in cognitive functioning which, in turn, causes a decline in many everyday functions (Rabins, Lyketsos & Steele, 2006). This decline in everyday functions includes a decline in language skills and consequently, communication (Thompson, 1987; 2008). There is a growing recognition that many of the everyday difficulties associated with caring for individuals with dementia are linked to these communication difficulties.

As dementia becomes a more important public health problem, management models are moving away from traditional 'medical' models (pharmacology, palliative care and little else) to social models of care which aim to improve the lives of those with dementia and their significant others (Evans, 2002; Verity & Kuhn, 2008). This shift to social, relationship centred care, challenges speech pathologists to re-evaluate assessment practices in dementia care. Traditionally, speech pathologists used formal language assessments in dementia management (Moorhouse, Douglas, Panaccio & Steel, 1999). However, the move to social models of care has prompted speech pathologists to consider the use of discourse analytic processes that give information about everyday language use. Conversation analysis (hereafter CA) is advocated by many as the most accurate assessment of everyday communication (Lock, Wilkinson, Bryan, Maxim, Edmundson & Bruce, et al., 2001; Beeke, S., Wilkinson, R., & Maxim, J., 2003).

There is limited research to date on the use of CA analyses with patients with dementia and a persistent perception that CA is an overly time consuming approach has led to limited use of CA analyses in assessment and intervention with people who have communication impairments. Therefore, the aim of this preliminary study was to find what a CA approach to the analysis of interaction within a formal *language* assessment would reveal a dementia patient's *interactional* skills.

Methodology and Analysis
This research involved the analysis of one 20-minute interaction that was recorded as a routine part of a formal language assessment. The participants included: a dementia patient ('D'), his wife ('W') and their speech pathologist ('T'). Permission from the client, and ethical approval from the organization responsible for the assessment were retrospectively sought, and gained to analyse the existing data in new ways.

The recording was transcribed using the transcription framework devised originally by Jefferson (1983). As Merrills (2006) identified as common in speech pathology sessions, there are different kinds of talk that occur during the language assessment, including social talk, talk about the test and talk within the test activity. The analysis focussed primarily on the talk that occurred outside the parameters of specific assessment tasks, though some attention was also paid to the way 'D' responded to tasks items. Following the transcription was a stage of unmotivated 'looking' (Hutchby & Wooffitt, 2005) to identify any interesting phenomenon in the data and any patterns such in terms of repair, turn design, and sequential

organisation of talk between the participants (e.g. what types of turns were used by the patient after his wife when compared to after the therapist).

Results
Conversation analysis of the interaction from a formal language assessment session revealed two main findings. Firstly, analysis of D's interactional skills in the discussion sections of the interaction, revealed that 'D' could utilise a wide range of turns that were sequentially relevant to the prior turn and to the general 'topic' of talk, despite the fact that the formal assessment revealed significant difficulty with semantic knowledge

Secondly, the analysis of talk between the couple, 'D' and 'W', revealed several recurring patterns. There was a recurring 'argument' in five separate sections of the interaction, an increased use of other-initiated repair by W and patterns of adjacency pairs wherein D's responses to W's turns were predominantly performing the action of disagreement, while W's responses to D were either minimal responses or disagreement.

Discussion and Implications

D's ability to participate effectively in the flow of ongoing talk, showing an orientation to the sequential nature of talk and using a range of interactional turns (Drew & Heritage, 1992) was at odds with his performance on the formal assessment items. This contrast, between language specific skills and interactional abilities, accentuates the need for the accurate assessment of interactional skills (using methods such as CA) for dementia patients.

The indicators of non-alignment between D and W (minimal responses, disagreements and other initiated repair) offer potential insights into the patterns of interaction that occur in D and W's everyday interactions in other contexts. While these data are not conclusive, they do offer a good starting point for exploring everyday interactions between this couple, to identify patterns that may need to be addressed to ensure that communication breakdowns are minimised, for the benefit of both communication partners in the longer term.

While this was a preliminary study, the results offer compelling evidence that CA may be used to analyse more social aspects of talk that occur within the framework of formal language assessments, to identify possible patterns of interactional competence on the part of the person with dementia, and patterns of communicative difficulty between carer-patient dyads.

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