Who evaluates discourse?

Survey of 123 SLPs in Australia, Canada, New Zealand, the UK, & the USA experienced in assessing adults with aphasia (46.3% > 10 yrs experience with aphasia)

60.8% reported using discourse analysis at least some of the time
14% reported never using discourse analysis

Bryant, Spencer, & Ferguson (2017)

How do practicing clinicians evaluate discourse?

Of the 123 SLPs

25.2% reported using detailed, transcription-based analysis
97.6% reported using judgment-based discourse analysis

Why do they evaluate discourse?

Better ID of deficits evident in everyday interpersonal interactions
Knowledge of strengths & weaknesses in discourse would lead to more functionally relevant outcomes
More appropriate and finely tuned targeting of tx interventions
Better evaluation of effectiveness of those interventions

Armstrong et al. (2007)
Barriers to evaluating discourse in clinical practice

Time required for transcription & analysis

NOTE: we are NOT talking about phonetic transcription here, but it still takes a very long time

Overwhelming number of analysis options

Lack of training/confidence in methods

Clinician-friendly options for assessing discourse

Story Retell Procedure (McNeil et al.)

PWA listen to 3 stories and retell them

Percent of information units (IU)

Pre-selected words for each story

Intelligible, informative, conveys accurate information about the story

“they do not have to be orthographically transcribed”

“scoring can potentially be done on-line”

McNeil et al. (2001)

Core Lexicon

Most frequently used lemmas (by healthy controls) producing discourse about a specific stimulus

Checklist of core lexicon items for elicitation stimulus

AphasiaBank stimul (Dalton & Richardson, 2015; aphasia.talkbank.org/discourse/)
Wordless picture books: *Good Dog Carl, Picnic* (Kim et al, 2019)

Main Concepts

Checklist of a closed set of utterances that provide the gist of narratives elicited from specific stimuli

Lists developed by examining transcripts of healthy control participants producing discourses about the stimuli

Discriminate between control & clinical populations

Sensitive to people “not aphasic by WAB”

(Nicholas & Brookshire, 1985; Dalton & Richardson, 2016; Fromm et al., 2017; Richardson & Dalton, 2015; Richardson & Dalton, 2019; aphasia.talkbank.org/discourse/)

Main Events

Similar to Main Concepts but

Often more complex and/or longer

Intent is to capture both gist (essential content) AND relationships between ideas, agents, etc.

Developed by agreement among 3 researchers rather than from discourses produced by healthy control participants

(Capilouto et al., 2006; Wright et al., 2005)
References

aphasia.talkbank.org/discourse/


Richardson, J.D. & Dalton, S.G., Main concepts for three different discourse tasks in a large non-clinical sample. *Aphasiology, 30*, 45-73.
