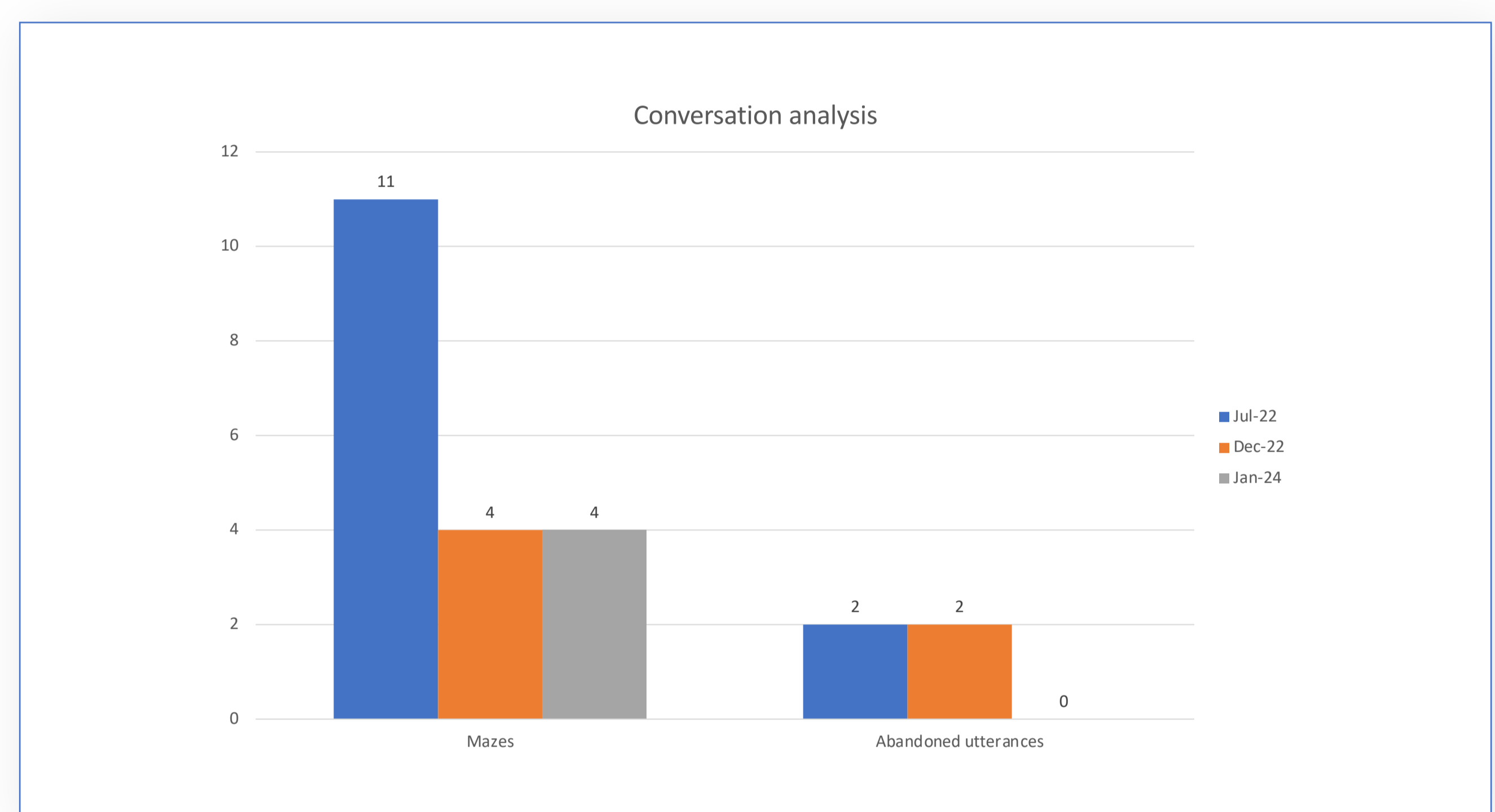
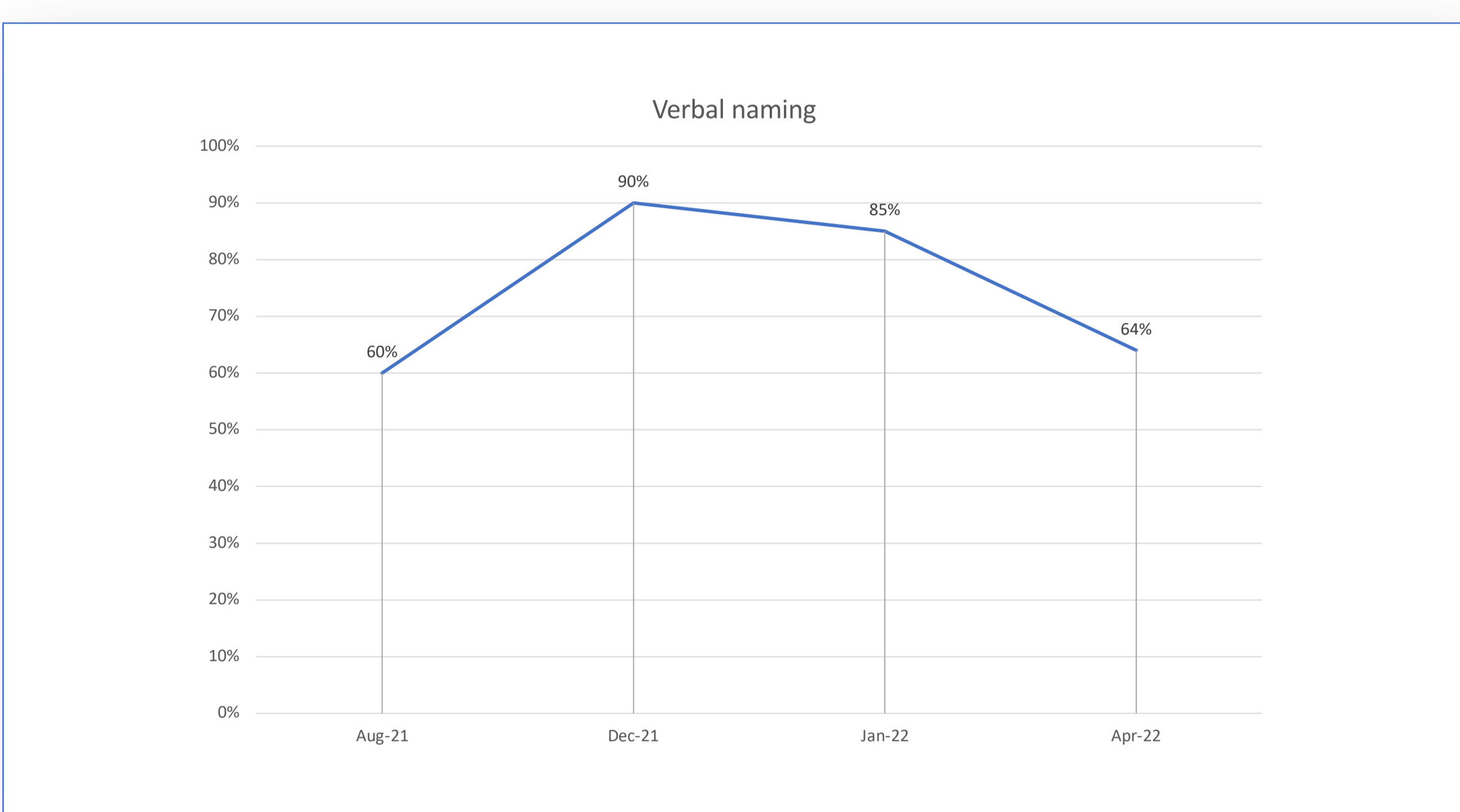


Assessment and treatment of anomia in a high-functioning young adult following Traumatic Brain Injury (TBI).

Background: Aphasia is relatively uncommon after TBI, with incidence estimated between 2-32%. This single-case report provides a snapshot of the assessment and treatment of a 27-year-old male presenting with anomia and cognitive-communication impairment following extremely severe TBI. It explores factors clinicians may consider when embarking on aphasia treatment with similar clients, from an E3BP perspective.

Treatment Phase 1: Word-level treatment. Medium-hard word sets from www.aphasiatherapyonline.com were completed by client at least 4 times per week from Aug-Dec 2021, with monitoring and support from SP. Then from Jan-April 2022, these were completed by client without SP support due to NDIS funding constraints.

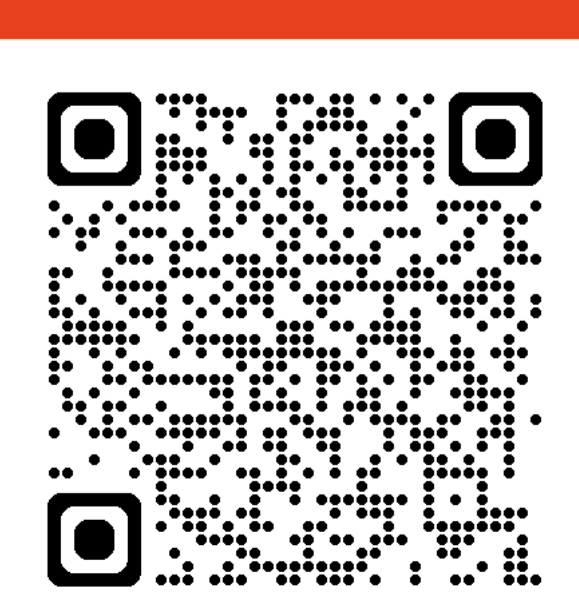
Treatment Phase 2: Discourse-level treatment. Attentive Reading with Constrained Summarisation – Written (ARCS-W) completed in session with SP/AHA twice per week between June-Dec 2022.



Clinical considerations

Assessments utilised to guide diagnosis and treatment	PALPA 8 (non-word repetition), 35 (spelling-sound regularity reading), 53 (picture naming – written and verbal), 54 (picture naming x frequency). Word fluency (FAS, countries, things that can be closed). Conversational discourse (words per minute, mazes, false starts, abandoned utterances). Cognitive-communication assessments (MCLA, LCQ, TBI Bank).
Word-level naming therapy	We used an errorless approach to naming therapy, in consideration of the client's memory impairment. Positive outcomes were achieved delivering a naming treatment entirely as computer-aided therapy (pre = 60%, post = 90%) but only when there were concurrent speech pathology sessions (even though these were focused on other goals). When SP sessions were paused due to funding, naming scores regressed.
Discourse-level naming therapy	ARCS-W was an ideal next step for this client due to its "rules" (constraints). For a person with anomia and cognitive-communication impairment, the rules encouraged specificity of expression at both the macro (organisational) and micro (word selection) level. It also enabled us to support reading comprehension, which was a cognitive-communication goal.
Outcome measurement	Analysing a 5-minute segment of a 15-minute conversation recording was feasible in a clinical context. In our case, the sample was analysed by an independent SP to reduce bias. It was the best method to demonstrate functional improvements after naming therapy. Fewer mazes and abandoned utterances meant the client was more efficient speaking in conversation and less impacted by word finding difficulties.
Client factors	This client is inherently goal-orientated and insight is a strength. Sessions were consistently attended, homework diligently completed, and social engagement (thus communication opportunity) remained high outside of sessions. These features are acknowledged as less common post-TBI and likely contributed to the above treatment outcomes.

Conclusion: Thoughtful assessment and the selection of naming treatments that match a person's goals and profile resulted in positive communication outcomes for this individual. Improved word retrieval skills enables him to have more efficient and effective conversations, to better reflect his personality and intellect.



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