

## Book Reviews

### Évaluation des ouvrages écrits



#### **Dialects In Schools and Communities (1999)**

**Walt Wolfram, Carolyn Temple  
Adger, & Donna Christian**

#### **Publisher**

Lawrence Erlbaum Associates

#### **Available from**

[www.erlbaum.com](http://www.erlbaum.com)

#### **Cost**

\$ 28.50 (USD)

#### **Reviewer**

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**D***ialects In Schools and Communities* attempts to address educational concerns regarding dialects by considering the major issue of linguistic experience and its effect on developing oral and written language. Its purpose is to provide a synthesis of current understandings, share key references, and illuminate the language issues across curricular areas.

The book is divided into eight chapters, which are clearly described in the Preface. They move from background information regarding dialects to the educational impact on speaking, listening, reading, and writing. Many resources and further readings are listed at the end of each chapter.

In the initial chapter, Language Variation in the United States, popular con-

cerns with the nature of language variation are raised, and in Chapter 2, Exploring Dialects, more specific issues about the characteristic structures of different dialects are considered. In the third chapter, Communicative Interaction, attention turns to various interactive patterns characteristic of groups. Chapter 4, Language Difference Does Not Mean Language Deficit, looks at perceptions of declining standards for language and education, and at some of the ways in which language differences can be construed as problems. (p. ix)

Chapters 5 through 7 target educational issues such as, should we attempt to teach "standard" English, how the presence of dialects may affect reading and writing development, and what are best practices to overcome the possible effects of dialects in the educational setting. The final chapter discusses the importance of viewing dialects as natural and normal, and gives possible ways to avoid misunderstandings about dialects that contribute to "inequity at school and elsewhere in the society."

While the authors assume no background knowledge of linguistics or sociolinguistics, the book has been presented for people who work in the educational setting: student interns, classroom teachers, special education teachers, speech-language patholo-

gists. As a result, the authors make reference to educational philosophies without fully explaining them.

An interesting read, the educational issues are valuable for any educator to explore. The suggestions throughout the book are well grounded in best practice techniques, which would benefit any learner. The authors have been true to their stated goals.

#### **The Young Deaf Child (1999)**

**David M. Luterman, Ellen  
Kurtzer-White, & Richard  
Seewald**

#### **Publisher**

York Press

#### **Available from**

[www.yorkpress.com](http://www.yorkpress.com)

#### **Cost**

\$ 28.50 (USD)

#### **Reviewer**

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**T**his book is intended for people "who have diagnostic and therapeutic responsibilities for young children newly identified with hearing loss" (p. x). As such, it contains chapters by highly experienced individu-

als who have devoted the better parts of their professional lives to the needs of this population. Rather than being a traditional text, this book is instead an opportunity for these professionals to combine their experiences with review of the literature in a narrative format. The result is a very readable, very interesting, unusually compelling product that is a hybrid of non-fiction story and research review.

The structure of this book falls into six chapters: Methodology (i.e., oral versus deaf [and other] options in language and education for children): Early Detection, Programs, Early Intervention, Assistive Hearing Technologies, and Counselling. None of these chapters is highly technical, but all include interesting and well-written summaries of the history of each topic. All place emphasis on providing truly parent-centred care. If you have heard of the term "parent-centred" but regard it as more of a buzzword than a way of clinical life, this book is for you. In particular, the chapters on methodology, programs, and counselling provide a welcome reality check for those of us immersed

in the minutia of advances in hearing technology. Also, the chapters on early intervention and programs would be an excellent quick read to facilitate dialogue between professionals who are working to plan multidisciplinary services for infants and children with hearing loss. None of the chapters act as "how-to manuals" (reviewer's quotes): rather, they help us to question our practices and cross-check our methods of service delivery against the needs of caregivers and children.

Some readers may be shocked or angered at Luterman's opinions on the usefulness of universal hearing screening, or perhaps his views on the role that schools for the deaf should take in counselling parents of newly identified infants with hearing impairment. Regardless of whether you agree with his point of view, it is worthwhile to hear it. Presented without dogma, and with full acknowledgement that others may disagree, Luterman's highly specific arguments will at least force us to consider the manner with which we discuss treatment options with parents, and the

source of our opinions concerning oral/aural/total/cued/deaf options for communicating with children. Similarly, I suspect that Kurtzer-White's assessment of auditory-verbal therapy techniques may be at least somewhat controversial, yet it most likely raises some important questions.

In this time of newly developing hearing screening and early intervention programs, this book is an important contribution. It will alert us to pitfalls in service delivery that can only be addressed through appropriate and compassionate communication with parents. It will ask us to carefully consider if and how we diagnose hearing impairment, how treatment methodologies are selected, how to place parents at the centre of the decision-making process, and how therapy is conducted. It will help us to communicate more effectively, not only with parents, but with each other. I recommend it to clinicians embarking on early intervention programs, as well as students in audiology, speech-language pathology, and auditory verbal therapy.



# Software Review

## Évaluation de logiciel



### **AVAAZ Innovations: AphasiaMate**

#### **Publisher/Author**

AVAAZ Innovations

#### **Available from**

www.avaaz.com

#### **Cost**

- Auditory Processing for individual clients: \$299.00 USD;
- Visual Matching and Reading Comprehension for individual clients: \$249.00 USD;
- Professional Edition, including all modules: \$1049.00 USD.

#### **Reviewers**

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& Phyllis Schneider  
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**A**phasiaMate, a computerized therapy program marketed by AVAAZ Innovations, is designed to assist in the treatment of individuals with aphasia and other language disorders. The makers of AphasiaMate indicate that the program was designed for use with clients with aphasia, and may be suitable for any individual with a language disorder, including children with language delays and people of all ages with learning disorders. The authors also state that it may be appropriate for use by children and adults learning English. AphasiaMate is recommended for use by clients alone or with the assistance of a caregiver or speech-language pathologist, in either the home or clinical setting. The program consists of eight modules: Auditory Processing, Visual Matching, Reading Com-

prehension, Semantics, Sentence Processing, Spelling, Time, and Money. However, only three of these modules have been selected for the purposes of this review: Auditory Processing, Visual Matching, and Reading Comprehension. Subsequently, each module has been analyzed with respect to functional, cost-effectiveness, and consumer feedback regarding ease of use and usefulness of the software. In order to obtain this consumer feedback, AphasiaMate was used by four individuals with chronic aphasia of varying types and severity levels.

AphasiaMate's Auditory Processing module includes the following tasks: Auditory Discrimination, Understanding Words, Following Instructions, Memory/Sequential Tasks, and Understanding Conversations. For the purposes of this review, only the task of Auditory Discrimination within this module has been examined. This task consists of seven levels that include matching and discrimination skills wherein the user is required to identify sounds that match or sounds that are different. This entails listening to an auditory stimulus, and then selecting the appropriate response as dictated by the instructions. For instance, within the environmental sounds component, the user must indicate which picture corresponds to the environmental sound emitted from the computer. In this case, four coloured drawings are presented, such as a baby crying, a man sneezing, a pair of hands clapping, and a telephone ringing. Following the presentation of clapping, the user is asked to indicate which picture corresponds to the clapping

sound. They must do so by activating the computer mouse above the coloured drawing of the hands clapping.

The second module under review, Visual Matching, consists of eight matching tasks involving shapes, pictures, letters, numbers, and words. For example, the user may be required to use the mouse to match an alphabetic letter from the bottom of the screen with an alphabetic letter at the top of the screen. Other tasks involve neither alpha nor numeric figures, but pictographic figures in the form of simple shapes or more complex coloured drawings. For example, the user may be required to match a picture of a chair from the bottom of the screen with a picture of a chair at the top of the screen.

The third module, Reading Comprehension, consists of thirteen levels ranging from matching words and pictures to identifying and matching synonyms and idioms. In fact, some tasks include the written completion of sentences and paragraphs while others include the comprehension of paragraphs and activities related to practical reading. For example, the user may be presented with a calendar where events and appointments are noted on certain specific dates. This calendar is accompanied by a series of questions requiring the user to indicate with the mouse the appropriate date that corresponds with the topic of the given question.

Depending on the specific task, the AphasiaMate user selects the correct response from a list of multiple choices. Tasks involve a combination

of pictographic, auditory, and written stimuli, and increase in difficulty as the user progresses. Pictographic stimuli consist of coloured drawings while auditory stimuli are presented in the form of a female voice. Written stimuli consist of simple words designed to be readily understood by the reader. In order to respond, the matching tasks require the user to manipulate a mouse to move an item from the bottom of the screen to match an item at the top. For example, the user may be expected to match the word "key" with a coloured drawing of a key. In order to do so, they must click once on the target, drag it to the top of the screen, position the target in the correct location, and then click again to release it. Depending on the module, the user is given either two or three attempts to respond correctly. Although detailed cues and hints are not provided, the program indicates the correct response by fading the incorrect responses or moving the correct response to the answer space. Feedback is provided in both pictographic and auditory modalities. For example, a symbol depicting "thumbs-down" is presented with the sound of a buzzer when the user responds incorrectly. When the user indicates a correct response, a symbol depicting "thumbs-up" is presented in combination with the sound of a bell. Finally, the user must click on the screen to advance to the next question.

### **Strengths**

The AphasiaMate program incorporates language that is commonly used in everyday situations, which is functional in that the vocabulary items will promote transfer into daily life. It features the inclusion of foils that require the user with aphasia to continually monitor and process their responses. Many of the tasks eliminate the need for literacy skills such as reading, spelling, and writing in that the program's instructions are presented in both pictographic and auditory formats. In fact, several tasks

rely solely on the auditory comprehension skills of the user. With respect to the tasks and skills that are targeted by the AphasiaMate program, we were particularly impressed with the calendar reading comprehension task as we considered it to be typical of that which the client would encounter in everyday life. The use of such tasks in a treatment situation would generalize relevant skills into daily life, and thus be very functional. Another clinical strength is that the clinician has the option of generating outcome data from the program in order to track the progress of the client. Finally, the AphasiaMate program incorporates an increase in difficulty as the user progresses through the modules. This ensures its suitability for individuals with aphasia of varying types and severity levels.

### **Limitations**

AphasiaMate's usefulness could be improved if it incorporated the use of real photographs of objects or actions in place of coloured drawings. The fact that the visual stimuli are not natural stimuli that one encounters in an everyday context may detract from their functional quality. Although the reliance on auditory comprehension skills can be considered a strength, it could also be considered a limitation if a client had specific deficits in this area. In addition, as task difficulty increases, the program relies heavily on the literacy skills of the user as most of the tasks require some level of reading ability. Feedback within the program is not error-specific in that hints are not provided to direct the user to correct responses. Instead, the user is simply given the correct response if they respond incorrectly too many times. Also, there is little variation with respect to task requirements. This results in tedious, drill-like tasks where the user is required to perform the same activity repeatedly within each sublevel. In addition, the presentation order of the practice items is the same with

each successive use, which allows for practice effects to influence the user's performance. The purpose of these tasks could be enhanced if the presentation of stimulus items was more variable. In this way, it could be determined whether gains were achieved on the basis of skill development or from memorization of appropriate responses. Finally, the client has only the option of using a mouse to navigate through the program. This limits their access to the program as its use depends on their skill with a mouse. It also prevents the client from practising word-processing skills that may be beneficial in daily life.

Consumer feedback was obtained after a three-hour time block in which four chronically aphasic individuals were able to use the three specified AphasiaMate modules. These user judgements were acquired via completion of a questionnaire with the assistance of the reviewers. The questionnaire pertained to the usefulness and ease of use of the program.

Two participants indicated that they were neutral in their overall impression of the AphasiaMate modules, while the other two participants found that they liked the modules. One participant experienced difficulty manipulating on-screen items using a mouse, while another was a proficient computer user and found certain tasks to be too easy. The remaining two participants adequately managed the computer requirements. All participants found the AphasiaMate software to be useful. Participants were divided with respect to their favourite module. Two participants did not have a favourite module, while the remaining two preferred the Reading Comprehension module. (Interestingly, this preference is in agreement with the reviewers' preference for most functional module.) All participants reported that the program incorporated good activities and three out of four participants stated that they found the program to be easy to

use. None of the participants appeared to have difficulty with the reading or spelling skills inherent in the use of the program. One participant thought the program would be most appropriately used at six months following a stroke while another thought immediate use would be the most beneficial. Two participants thought the program would be appropriate for use at any point following a stroke.

Generally, the results from the participants suggest that this program contains features that would be attractive to a wide variety of users, independent of computer experience, type, or severity of aphasia.

### ***Recommendations***

Overall, the review indicates that the interpretation of the program in terms of its functional quality is dependent on the individual therapist's expectations of what will result in functional gains. Definitions of functional among therapists largely encompass the criteria that gains made in therapy must transfer into the individual's daily life and exert a positive effect. How these criteria are best met differs among clinicians. If the clinician believes that working on specific skills (such as reading, discrimination, and matching) will generalize into the individual's life, then the Aphasia-

Mate program would be considered functional. If the clinician believes that the activity itself must reflect daily life or simulated situations, then this program may be considered more limited in terms of function as it occasionally lacks context. Our overall impression of the software program is that it would benefit from some functional enhancements, such as the inclusion of a thorough cuing system or the presentation of real photographs. An individual with aphasia who does not have the assistance of a clinician or a caregiver would not likely be able to operate AphasiaMate successfully on their own. However, it is important to keep in mind that there are several functional subfeatures of this program. For example, certain reading comprehension tasks, such as the calendar activity and paragraph comprehension questions, are illustrations of practical activities found in the AphasiaMate program. Additionally, the AphasiaMate software program compensates for compromised literacy skills, offers a variety of practice items, and incorporates objects, actions, phrases, or sentences commonly found in daily life. These features are indeed functional, as they have the potential to have a positive impact on the client's daily life.

We would recommend the acquisition of this software for use in the client's home provided they were assisted by a caregiver, or in the clinical setting with the assistance of a speech-language pathologist. Although we were not able to offer any irrefutable statements affirming the usefulness of the AphasiaMate program, one predominant conclusion can be drawn. The most significant implication of this review is the likelihood that many stroke survivors are seeking any aphasia therapy approach available in an effort to recover lost skills. Moreover, regardless of whether the reviewers in this project believed the program to be functional, easy to use, or cost-effective, questionnaire results and clinical impressions indicated that there is a critical need for aphasia therapy within the community. When one considers the wide range of activities available, the convenience of being able to practice at any time, and the freedom that clients have to advance at their own pace, this price is reasonable for individuals and professionals. In fact, it would certainly be a wise consideration to reflect on the potential usefulness of computerized aphasia therapy as either a supplement to direct speech-language therapy or as a valuable indirect treatment option.

