

## Book Reviews/ Évaluation des livres

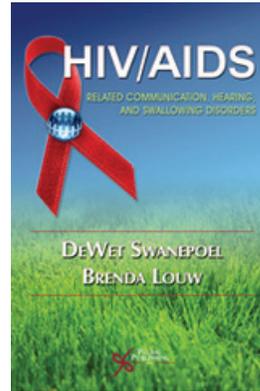
### HIV/AIDS: Related communication, hearing and swallowing disorders

**Author:** De Wet Swanepoel and Brenda Louw  
**Publisher:** Plural Publishing Inc.  
**Cost:** \$55.50  
**Reviewer:** Caroline Menezes  
**Affiliation:** University of Toledo

In this book, the editors Swanepoel and Louw shine a torch at an area long shrouded by shame, taboo and ignorance. Since the initial reports of auto immunodeficiency syndrome (AIDS) in the early 1980s, the medical world has made huge strides in understanding the cause and treatment of the disease. Developments in medicine have improved the survival rate of people infected with HIV (carriers of the human immunodeficiency virus). As the authors point out, this changes the treatment focus for persons with a chronic HIV condition from survival to quality of life. The book highlights the HIV/AIDS-associated disorders that are particularly relevant to a speech-language pathologist. These may pertain to communication, hearing, balance, swallowing, and feeding.

The edited book assembles chapters written by various experts from around the world, organized into four sections. The authors include medical doctors, nurses, researchers, audiologists, and speech-language pathologists. Section One lays out necessary background information on HIV/AIDS including prevalence, pathology, diagnosis, management, infection control, psycho-social impact and ethical challenges in research and clinical care. In the chapter dealing with pathology, the reader is introduced to the human immunodeficiency virus, its life cycle, and the corresponding progression of clinical symptoms and relevant treatments. In Chapter 3, Dr. Bekker details the various tests used to diagnose the syndrome. Towards the later part of the chapter, she discusses the clinical and pharmacological management of the virus. This information is extremely relevant to a clinician who will come in direct contact with the patient. The chapter on infection control is very specific to clinicians dealing with communication disorders in this population and clearly outlines various hygiene protocols that need to be adopted.

Section Two contains two separate chapters that discuss communication disorders in children and adults. By dealing with children and adults separately in the text, the authors reinforce the inherent differences in the course of the disease between these two populations and the resulting consequent differences in the assessment and treatment of communication disorders. Section Three deals with



auditory and balance disorders associated with AIDS. There are three chapters in this section specifically addressing etiology, diagnosis and management of conductive hearing loss, sensorineural hearing loss and associated balance disorders. The chapter on associated balance disorders also gives a but brief but clear explanation of the vestibular system and ways to test it. Finally, Section Four discusses the swallowing and feeding

disorders that may affect pediatric and adult populations with HIV/AIDS. The possibility of HIV transmission through breast milk makes feeding a point of concern for management and control of AIDS. The book discusses risk assessment and ways in which the risk of transmission from mother to child can be reduced. It expounds methods of identification, evaluation, monitoring, and management of patients with swallowing disorders related to AIDS.

The book is well-organized and has a nice flow. It starts by giving the reader an understanding of the problem and then offers enough tools to make accurate assessments and provide appropriate treatment. Each chapter ends with a short summary that reinforces the take-home message to the reader. The depth and quality of information makes the book an easy guide for both neophytes and the seasoned speech-language pathologists treating communication disorders in the HIV/AIDS patient population. In my opinion, this book lives up to the aspirations of the editors "to offer a unique and useful resource and training tool for professionals," with the hope that "the people who will benefit most from this are those living with HIV/AIDS."



## Aphasia Couples Therapy (ACT) Workbook

**Author:** Larry Boles, PhD  
**Publisher:** Plural Publishing Inc.  
**Cost:** \$51.95  
**Reviewer:** Riva Sorin-Peters, PhD, Reg CASLPO, SLP (c), CCC(Sp)  
**Affiliation:** Regional Stroke Program – North & East Greater Toronto Area; Assistive Technology Clinic, Sunnybrook Health Sciences Centre, Toronto

Conversational training programs, in keeping with a social model of aphasia, are a means of increasing communicative effectiveness between people with aphasia and their communication partners (Turner & Whitworth, 2006). The training process is designed to adjust the expectations and perceptions of both partners and to expand the opportunities for communication (Simmons-Mackie, 2001). Turner and Whitworth (2006) identified three broad approaches: (a) conversation analysis-motivated therapy (e.g., Booth & Swabey, 1999; Lessar & Algar, 1995), (b) *Supported Conversation for Adults with Aphasia* (Kagan, 1998), and (c) *Conversation Coaching* (Hopper, Holland, & Rewega, 2002).

Boles has developed a program called *Aphasia Couples Therapy (ACT)* which is a hybrid of *Conversation Coaching* (Hopper et al., 2002), *Supported Conversation* (Kagan, 1998), *Communication Partners* (Lyon et al., 1997), *Authentic Social Perspective* (Simmons-Mackie & Damico, 1996), and the author's own clinical and research experience (Boles, 1997; 1998; 2006). ACT includes "therapeutic" conversations between the person with aphasia and his or her significant other. The person with aphasia, the speech-language pathologist and the spouse all participate. The treatment represents a social approach to aphasia treatment (Simmons-Mackie, 1998). The speech-language pathologist's role is that of a coach who offers constructive criticism. Sessions include a review of homework, a discussion of session goals, a free conversation and feedback from the speech-language pathologist, followed by new homework. Couples are encouraged to establish a routine to work on conversation at home. Boles (2006; 2007) has reported on the success of ACT and on the success of solution-focused aphasia therapy (Boles & Lewis, 2000; Boles & Lewis, 2003).

As an adjunct to ACT, the primary objective of the *Aphasia Couples Therapy Workbook* is to provide the speech-language pathologist with functional conversation activities. The workbook's intended audience includes speech-language pathologists and significant others (SOs) of people with aphasia (i.e., spouses, family and friends). The intent is for the speech-language pathologist to use the activities in therapy sessions and then guide dyads in

the use of the activities as therapeutic home practice.

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The Workbook includes 26 activities that address *how* to get significant others involved with therapeutic communication activities. Each activity includes a description of background, written materials to support the conversation, and an evaluation of the activity for the survivor and the significant other. Some of the activities are "role play" activities where the SO assumes the role of a service worker or physician. There is a short preface addressing the speech-language pathologist, significant other and couple with aphasia, outlining each of their roles in conversation with the person with aphasia. At the end of the conversation, a 10-point scale is used to evaluate the person with aphasia's and the SO's satisfaction with the conversation. There are no pictographic resources accompanying the activities.

The publication serves as a well-needed resource for speech-language pathologists who are including SOs in therapy sessions. It provides specific activities in clear and simple language. It encourages the couple to actively reflect on and evaluate the conversation.

In terms of the organization of the book, it would have been nice if pages that are meant to be used in the couple's actual conversation had been printed separately on individual pages to make it easier to photocopy them. In terms of content, more information from the author's publications about the pre-training speech-language assessment and the post-training evaluation of conversation practice should have been included in the preface to the speech-language pathologist. The author does not outline whether this workbook is intended for patients with a specific type or severity of aphasia, what level of commitment is required to ensure success, and whether modifications would be necessary to accommodate cultural differences.

In addition, more guidance to the speech-language pathologist, significant other and couple with aphasia would have been beneficial in the preface. There is no hierarchy of difficulty in terms of the order in which the 26 activities are presented to the couple (e.g., grocery shopping in activity 4 may be easier than a three-minute conversation in activity 1). Guidance could also have been offered about how the speech-language pathologist can encourage successful conversation practice by the couple at home (e.g., determining a comfortable environment for home practice, deciding the best time of day for practice, and the appropriate amount of time for practice for a specific couple, etc.).

A speech-language pathologist working according to the ACT approach based on this book may wish to supplement the book with additional materials and

activities. For example, the SO could be encouraged to keep a diary, as suggested by Davidson, Worrall, and Hickson (2008), to identify real-life communication situations that were successful or that were challenging for the patient and SO. Aphasia-friendly information should also be created and included for the person with aphasia to explain the purpose and format for conversation practice. Although Boles stipulates that no materials are required for ACT, a speech-language pathologist may wish to develop a repository of possible resources, such as pictographs and diagrams to accompany each of the activities. Written multiple choice options in the workbook should probably be enlarged for use with the person with aphasia. The therapy session could be supplemented with strategies such as *Supportive Conversation for Aphasia* (SCA; Kagan, 1998), which would not be incompatible with ACT. The speech-language pathologist using this workbook could also benefit from knowledge about adult learning techniques and ways to modify workbook activities to accommodate differences in couples' learning styles (Sorin-Peters, 2004).

The *Aphasia Couples Therapy Workbook* is a useful and welcome resource for speech-language pathologists, significant others, and couples with aphasia in their pursuit of improved quality of couple conversation. If used in conjunction with additional materials, it can serve to increase communicative effectiveness of individuals with aphasia and their communicative partners.

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## Dysphagia Post Trauma

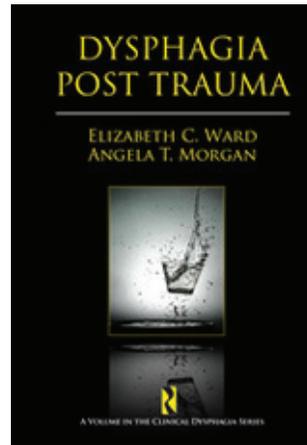
**Author:** Elizabeth Ward and Angela Morgan  
**Publisher:** Plural Publishing Inc.  
**Cost:** \$76.95  
**Reviewer:** Catriona M. Steele, Ph.D. S-LP(C), CCC-SLP,  
 BRS-S, Reg. CASLPO  
**Affiliation:**

This is a welcome new text book, part of the new Clinical Dysphagia Series edited by Drs. Jay Rosenbek and Harrison Jones. In this book, Ward and Morgan, together with a team of their Australian colleagues as chapter authors, cover a topic that has received very little attention in the dysphagia literature before: namely, dysphagia following traumatic injury. The book begins with a general overview chapter, which reviews swallowing physiology and general principles of dysphagia assessment and intervention in the context of trauma. This is followed by a helpful overview of traumatic brain injury (TBI), a topic that has received secondary attention in our literature to stroke but which deserves equal attention because patients with TBI often suffer serious dysphagia. Here, Morgan's expertise in the management of TBI-related dysphagia shines. This chapter would be a good introduction to the TBI population for any clinician.

These introductory chapters are followed by three chapters that delve into several other kinds of traumatic injury – perhaps topics that one would not immediately expect to find in this book. First, Maura Solley and Ward cover the topic of dysphagia following traumatic spinal cord injury (SCI). As with Morgan's chapter on TBI, this chapter includes a thorough and helpful review of SCI, the details of which may be unfamiliar to many speech-language pathologists. The chapter includes extensive discussion of respiratory issues in this population, a review of different types of braces worn by patients with SCI, and different surgical management approaches. Unlike the majority of the sparse literature on dysphagia following SCI, this chapter contains a detailed and thorough consideration of the topic, emphasizing the wide-spread consequences and the importance of multi-disciplinary team management.

Chapter 4 is another highlight on a topic that has received too little attention in our literature: dysphagia following burn injuries. Here, we are treated to Anna Rumbach's superb work in the area. Different types of burn injuries are described thoroughly, followed by a detailed discussion of the physiological response that occurs following burn-related tissue damage. Surgical approaches to burn intervention are described as well as the management of dysphagia in this population.

Chapter 5 covers the topics of multiple traumas and iatrogenic trauma, led by authors Jane Crombie and Ann-Louise Spurgin. Here, in addition to a description of the different types of skeletal and tissue injury that can occur, we



find discussion of different surgical reconstruction techniques. Nerve damage through trauma or as an iatrogenic consequence of surgery in the head, neck and thorax is covered.

What was missing? Although not technically trauma, it was unfortunate that there was no discussion of anoxic brain injury resulting from non-traumatic causes like cardiac events. These patients often present with similar

problems and follow similar trajectories to those with traumatic brain injury, and this is a topic upon which very little has been written. Similarly, it was unfortunate that there was no specific discussion of pediatrics, since Morgan is known for her work in this area. The book is oriented to management of adult dysphagia in all populations, and special considerations for pediatric patients are missing.

Despite these omissions, this is a welcome addition to the available textbooks on dysphagia. The book is written in user-friendly language, with excellent illustrations, and will prove a useful resource to any clinicians working in this area.

