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Background:

- A growing body of evidence has demonstrated
- SFA has been applied successfully with indiv
- Improvement has been observed on trained

Aims:

a) To examine the different treatment areas where SFA has been applied.

b) To collate the evidence on the effectiveness persons with aphasia.

Methods:

Systematic literature review was undertaken by two aphasia-specialist SLPs

Search carried out on EBSCOhost platform, on datasets: Academic Search Complete, CINAHL Plus with Full Text, E-Journals, MEDLINE with Full Text, PsycINFO, ERIC and the Group approach (N = 2) Aphasia Treatment website of the `Academy of Neurologic Bilingual aphasia (N=2) Communication Disorders). (August 2015)

Inclusion criteria: a) published in English lang b) reporting research find

Exclusion criteria: SFA combined with other as it was impossible to distinguish the effects of SFA.

>Evaluation of each study for methodological quality and assigned appropriate levels of evidence with Single Case Experimental Design scale (SCED).

SCED: 11-point scale which evaluates the methodologica quality of single case experimental studies.

References:1) Boyle M, Coelho CA., (1995). Application of semantic feature analysis as a treatment for anomia in two fluent aphasia syndromes. Am J Speech Lang Pathol. 13,236–249. 3) Rider J.D, Wright HH, Marshall RC, Page JL., (2008). Using semantic feature analysis to improve contextual syndromes. Am J Speech Lang Pathol. 13,236–249. 3) Rider J.D, Wright HH, Marshall RC, Page JL., (2008). Using semantic feature analysis to improve contextual syndromes. Am J Speech Lang Pathol. 13,236–249. 3) Rider J.D, Wright HH, Marshall RC, Page JL., (2008). Using semantic feature analysis to improve contextual syndromes. Am J Speech Lang Pathol. 13,236–249. 3) Rider J.D, Wright HH, Marshall RC, Page JL., (2008). Using semantic feature analysis to improve contextual syndromes. Am J Speech Lang Pathol. 13,236–249. 3) Rider J.D, Wright HH, Marshall RC, Page JL., (2008). Using semantic feature analysis to improve contextual syndromes. Am J Speech Lang Pathol. 13,236–249. 3) Rider J.D, Wright HH, Marshall RC, Page JL., (2008). Using semantic feature analysis to improve contextual syndromes. Am J Speech Lang Pathol. 13,236–249. 3) Rider J.D, Wright HH, Marshall RC, Page JL., (2008). Using semantic feature analysis to improve contextual syndromes. Am J Speech Lang Pathol. 13,236–249. 3) Rider J.D, Wright HH, Marshall RC, Page JL., (2008). Using semantic feature analysis to improve contextual syndromes. Am J Speech Lang Pathol. 13,236–249. 3) Rider J.D, Wright HH, Marshall RC, Page JL., (2008). Using semantic feature analysis to improve contextual syndromes. Am J Speech Lang Pathol. 3,236–249. 3) Rider J.D, Wright HH, Marshall RC, Page JL., (2008). Using semantic feature analysis to improve contextual syndromes. Am J Speech Lang Pathol. 3,236–249. 3) Rider J.D, Wright HH, Marshall RC, Page JL., (2008). Using semantic feature analysis to improve contextual syndromes. Am J Speech Lang Pathol. 3,236–249. 3) Rider JL. (2008). Contextual syndromes. Am J Speech Lang Pathol. 3,236–249. 3) Rider JL. (2008). Contextual syndromes. Am J Spee discourse in adults with aphasia. Am J Speech Lang Pathol. 17,161–172. 4)Coelho CA, McHugh R, Boyle M., (2009). Use of semantic feature analysis in-group aphasia treatment. Aphasiology. 23(7–8), 854–866. 6) Wambaugh JL, Ferguson M., (2007). Application of semantic feature analysis as a treatment. Aphasiology. 23(7–8), 854–866. 6) Wambaugh JL, Ferguson M., (2007). Application of semantic feature analysis as a treatment. analysis to retrieval of action names in aphasia. J Rehabil Res.44,381–94. 7) Tate RL, McDonald S, Perdices M, Togher L, Schultz R. & Savage S., (2008). Rating the methodological Rehabilitation. 18(4): 385-401. 8) Davis L, Stanton S., (2005). Semantic feature analysis as a functional therapy tool. Contempt Issues Common Sci Disord.32,85–92. 9)Edmonds LA, Kiran S., (2012). Use Of Semantic Feature Analysis In Group Discourse Treatment For Aphasia: Extension And Expansion. Aphasiology. 26 (1), 64–82. 11)Hashimoto N., & Fromme A., (2011). The use of a modified semantic feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(6), 518–553. 13) Kiran S, Roberts P.M., (2010). Semantic feature analysis treatment in Spanish-English and broce for the semantic and phonological-based feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(6), 518–553. 13) Kiran S, Roberts P.M., (2010). Semantic feature analysis treatment in Spanish-English and broce for the semantic feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(6), 518–553. 13) Kiran S, Roberts P.M., (2010). Semantic feature analysis treatment in Spanish-English and broce for the semantic feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(6), 518–553. 13) Kiran S, Roberts P.M., (2010). Semantic feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(6), 518–553. 13) Kiran S, Roberts P.M., (2010). Semantic feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(6), 518–553. 13) Kiran S, Roberts P.M., (2010). Semantic feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(6), 518–553. 13) Kiran S, Roberts P.M., (2010). Semantic feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(6), 518–553. 13) Kiran S, Roberts P.M., (2012). The use of semantic feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(6), 518–553. 13) Kiran S, Roberts P.M., (2012). Semantic feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(6), 518–553. 13) Kiran S, Roberts P.M., (2012). Semantic feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(6), 518–553. 13) Kiran S, Roberts P.M., (2012). Semantic feature approaches to treat naming deficits in aphasia. Clinical Linguistics & Phonetics. 26(French- English bilingual aphasia. Aphasiology.24, 231–261. 14)Kristensson J., Behrns I., Saldert C., (2015). Effects on communication disorders in traumatically brain-injured patients: an efficacy study. Clin Aphasiol.22, 245–56. 16)Marcotte K, Ansaldo AI., (2010). The neural correlates of semantic feature analysis for the treatment of aphasic word retrieval failures. Aphasiology, 24(9), 971–990. 18)Van Hees S., Angwin A., Mcmahon K.,, Copland D., (2013). A Comparison Of Semantic Feature Analysis For The Treatment of Naming Impairments In Aphasia. Neuropsychological Rehabilitation., 23(1), 102–132. 19) Wambaugh JL, Mauszycki S, Cameron R, Wright S, Nessler C., (2013). Semantic feature analysis: incorporating typicality treatment and mediating strategy training to promote generalization. Am J Speech Lang Pathol.22, S334–S69. 20) Wambaugh JL, Mauszycki S, Wright S., (2014). Semantic feature analysis: Application to confrontation naming of actions in aphasia. Aphasiology.28 (1),1–24.

An evidence-based systematic review of the effectiveness of semantic feature analysis(SFA) K. Hilari^{2,3}, E. Efstratiadou^{2,3}, I. Papathanasiou^{1,3}

ted the effectiveness of SFA.[1,2,3,4,5,6]
viduals with a variety of aphasia types.[1,2,3,4]
d words and some generalization to semantically re

Results:
18 single case experimental
studies/series[1,2,3,4,5,6,8,9,10,11,12,13,14,15,16,17,18,20]

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guage
ings.
treatment

Discourse (N=2)	
Everyday Conversation & Functio	ľ

	N=18 studies	S
b	Range	
	Average Score	
al	N=46 participants tre	ated with SFA
	Treatment duration	4 t
	Treatment intensity	2 or 3 60mi

Treatment amount

12 to 40 hours

elated untrained words.^[1,2]

18 single case experimental studies/series[1,2,3,4,5,6,8,9,10,11,12,13,14,15,16,17,18,20] were included in the		
Treatment Areas of SFA (N=18 studies)		
Confrontation naming for nouns and verbs (N=9)		
Discourse (N=2)		
veryday Conversation & Functional Communication (N=1)		
Group approach (N = 2)		
Bilingual aphasia (N=2)		
Comparing SFA with other approaches (e.g. PCA) (N=2)		
N=18 studies SCED scale		

8.0	-	11
9.	.74	4

to 1	2 weeks
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n sessions per week

	Participant Characteristics (N=46)		
	Range	Mean	
Age	24-87	56.09 (SD=15.59)	
Time post onset	4-276 months	50 (SD=53.94)	
Gender	22 male 24 female		
Aphasia Type	11 Broca /10 Anomic/ 3 Wernicke/1 Mixed/ 3 Transcortical – Motor/ 18 No reported		
Fluency	20 Non-Fluent/	25 Fluent/ 1 No reported	

Summary of treatment outcomes			
	N= 18	N=46	
	studies	participants	
Treated items improved	16/18	39/46	
Maintenance of treatment effect	14/18	29/46	
Generalization to untreated items	7/18	14/46	

Discussion:

Findings suggest that SFA is an effective intervention, with positive outcomes despite: a) variability of treatment procedures, dosage, duration; b) heterogeneity of participants and TPO. Further research is warranted to examine candidacy and generalization effects.





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