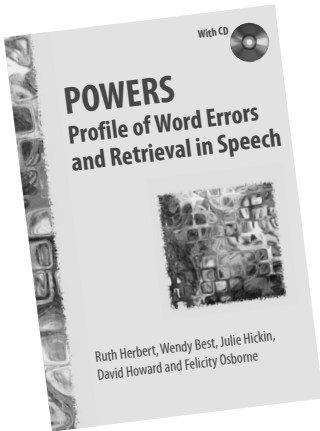


Book Reviews

POWERS: Profile of Word Errors and Retrieval in Speech (with CD)

Edited by Ruth Herbert, Wendy Best, Julie Hickin, David Howard and Felicity Osborne (2013). Published by J&R Press Ltd., Guildford, UK [38 pages]. ISBN: 978-1-907826-13-9. Price £70.00. Paperback.



The POWERS Profile is presented as an easy-to-read book and accompanying CD-ROM with conversation samples. The book is logically divided into three chapters: Background to the test; The POWERS assessment, and Conversation Samples. The Profile's Unique Selling Point is clearly stated in the opening paragraph: "There is no assessment that quantifies people's ability to produce content words in conversation" (p. 1). That is certainly true, with existing assessments relying on confrontational naming and picture description. The Profile examines content

word production in everyday conversation, which includes the effects of word finding difficulty on the interaction. To do so, it "draws on certain aspects" of conversation analysis (p. 2).

Many therapists will already be familiar with Conversation Analysis from the SPPARC programme (Supporting Partners of People with Aphasia in Relationships and Conversation) (Lock, Wilkinson, & Bryan, 2001). The POWERS Profile follows some principles of Conversation Analysis, in that it is participant-driven. Also, the importance of sequential context is mentioned when analyzing errors – "What appears to be a semantic error could transpire to be a correctly achieved word when the following turns are analysed" (p. 13). However, one of the tenets of Conversation Analysis is "a wariness of quantification" (Lock et al., 2001, p. 29), which is where the POWERS Profile differs in quantifying number of turns, paraphasias, length of turns, number of repair attempts, etc. Also, the section on repair states that "the number of

occurrences of collaborative repair can be taken as a measure of the degree of successful language production by the person with aphasia” (p. 3). I think this only tells half the story in that it ignores the amount and quality of support/skill provided by the conversation partner.

The Background section is quite short, but clearly laid out, and the reader is referred to a number of research papers where the POWERS Profile has been used. I read Best et al. (2011) and found it to be well-written and clear paper in its own right, as well as interesting in describing use of POWERS in a therapy study. The Background section continues with brief information on conversation analysis, word-finding in conversation, turn-taking, breakdown and repair, and expected post-therapy changes in conversation.

The Assessment chapter lays out the five sections of the assessment: (A) Count of Speech Units; (B) Total Turns taken; (C) Word Retrieval and Speech Errors; (D) Repair, and (E) Views on the conversation. Figures are given for both reliability and test-retest stability, but there is no detail given on the time period involved before re-assessment of the same sample for intra-rater agreement. The guidelines for filling out the form are quite comprehensive, and thankfully definitions are clearly provided (e.g. for minimal vs. substantive turns, what to count as a content word, etc). A nice addition would be a separate laminated copy of the assessment forms to refer to while reading the instructions, rather than flicking back and forth between the different pages. A separate copy would also be useful for photocopying in clinic use.

It's nice to see the inclusion of Section E, which looks at the person with aphasia's views on the conversation (e.g. was it a good or bad day for talking, did you enjoy the conversation, how easy/difficult was it). This would have been even more beneficial if it included a pictorial scale to accompany the numbers 1–5. I think it would be interesting to obtain the views of the conversation partner as well, though perhaps the authors felt this lay outside the remit of the assessment.

I do have a few quibbles. The instructions advise that conversations with a healthcare professional are acceptable if it's not possible to record a conversation with a well-known person in a familiar place. I imagine caution would be needed here, as the inherent 'therapy dynamic' may alter the nature of the conversation. Also, could a repeat post-therapy conversation be affected by the therapist having increased personal knowledge of the patient, which would remain relatively stable for a family member? Also, the instructions state that

“If an item is repeated, count each occurrence of the item separately”. I’d be interested to see how this would score up in a patient prone to perseveration. There were also one or two instances where I disagreed with the scoring (e.g. the verb ‘know’ not counted as a content word; a neologism, which I thought was a phonological paraphasia based on the person’s next turn).

The Conversation Samples chapter lists four conversation samples, transcribed and ready for analysis, which the reader can access on the accompanying CD. I found these useful for getting used to the coding and scoring system, as I could compare my answers with the completed sample in the book. As the instructions are quite specific, the samples are an essential feature for a therapist to feel competent analyzing a conversation before use in the clinic. For example, “where multiple attempts at a target occur, count each instance of semantic errors, phonological errors and neologisms separately” (p. 13). I also had to get used to counting contractions (e.g. can’t) as one speech unit, but remembering that the ‘is’ in ‘it’s lovely’ counted as a content word by virtue of being a main verb.

Practice makes perfect! With that in mind, and with consent, I made a recording of a short chat with one of my patients to see how the profile would work from start to finish. It definitely is quite a time commitment – it took me over an hour and a half to transcribe a five minute sample, though the coding was quite quick once that was done. It will definitely take dedication if you are to time all the pauses, etc. I can imagine that the assessment may be more valid in the community setting than in the acute setting, where patients are often changing rapidly. It was interesting to see the extent to which I was scaffolding the conversation, but also how the patient was able to communicate a lot with relatively few nouns. I did feel that the patient’s content word count was inflated by her frequent use of ‘I mean’ as a sentence starter (thus proving my concerns above!). I also needed to reference the instructions when counting verbs in a sentence such as ‘I have been ...’

Does the POWERS assessment do what it sets out to do? Yes, and I think it is a valuable addition to the therapist’s toolkit in combining structure with a more naturalistic assessment context.

Is it equivalent to a full conversation analysis? No, but it doesn’t set out to be. In fact, I think the two approaches could be applied in a complementary fashion to the same conversation sample, perhaps allowing the ‘best of both worlds’ (and allowing extra value for all that transcription time!) For example,

improved lexical retrieval could also be evident in response to improved cueing from the conversation partner. This would likely be picked up in the 'Collaborative Repair' section of the assessment. Alternatively, if therapy had targeted particular vocabulary, the conversation could perhaps centre around discussing a particular topic likely to include the targeted words. Whether your therapy has been more impairment-based, or more functional, the POWERS would still be a useful, ecologically valid tool to assess your outcome.

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References

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