

Script & Response Elaboration Training for Aphasia in Ibadan, Nigeria

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Script and Response Elaboration Training both significantly improved expressive language in Nigerian adults with aphasia, supporting their integration into routine speech-language therapy in low-resource settings.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
Aphasia affects 21–40% of stroke survivors, and 2.5 million people acquire it each year worldwide, impairing speech, comprehension, reading, and writing. Its effects extend beyond language, driving social isolation, reduced independence, and lower quality of life. Nigeria has few speech-language pathologists and limited access to structured, evidence-based aphasia therapy. Script Training (ST) and Response Elaboration Training (RET) are well-established internationally but have not been tested in a Nigerian population. Purpose: To determine the effects of ST and RET on expressive language in adults with aphasia in Ibadan, and whether severity or age of onset moderates outcomes.	Design: Pretest–posttest control-group quasi-experimental study, 3×2×2 factorial (Treatment: ST / RET / Control × Severity: mild/severe × Age of onset: early/late) Participants: 6 adults with aphasia (3 male, 3 female) recruited from University College Hospital, Ibadan; assigned to ST (n=2), RET (n=3), or Control (n=1) Measures: Researcher-developed structured questionnaire (modelled on WAB-R domains) + Communicative Effectiveness Index (CETI; reliability = 0.89) Procedure: 12 weeks - Week 1 pretest, Weeks 2–11 treatment (3 × 45-min sessions/week), Week 12 posttest. Analysis: ANCOVA with pretest scores as covariate; Scheffé post hoc comparisons, $\alpha = .05$	Sample: 60% male, 40% female; 40% aged 40–60, 60% aged 61+ Treatment effect: Significant main effect, $F(2,3) = 90.54$, $\eta^2 = .73$, both ST and RET outperformed Control Group ranking: RET showed the greatest improvement, followed by ST ($M = 16.64$) and Control ($M = 16.25$). No significant effects of severity, $F(1,3) = 0.73$, or age of onset, $F(2,3) = 0.06$. No significant interactions among treatment, severity, and age of onset (all $p > .05$)	ST and RET both significantly improved expressive language in adults with aphasia in Ibadan, with RET producing the largest gains. Benefits were consistent regardless of aphasia severity or age of onset, supporting broad clinical applicability. Findings support integrating structured ST/RET into routine aphasia rehabilitation in Nigeria Limitations: small sample (n=6), single-site design, larger, multi-site studies are needed	Youmans, G. L., Youmans, S. R., & Hancock, A. B. (2005). Script training and automaticity in two individuals with aphasia. <i>Aphasiology</i>, 19(3-5), 435–450. Kearns, K. P. (1985). Response elaboration training for patient-initiated utterances. <i>Journal of Speech and Hearing Disorders</i>, 50(2), 140–149.. Osisanya, A. (2016). Speech-language therapeutic options for stroke patients: A multidisciplinary team approach. In C. A. Bakare, G. T. A. Ijaduola, J. Ademokoya, & A. O. Imogu (Eds.), <i>Collaboration and advocacy in the management of speech and hearing disorders</i> (pp. 299–314). Ibadan University Printery. ISBN: 978-978-8196-36-5 CONTACT Boluwatife Oluwasegun (Corresponding Author) Email: tifeb05@gmail.com  ALZHEIMER'S ASSOCIATION AAIC 26