We developed a collaborative aphasia research program between the Center of Speech Pathology and Neurorehabilitation in Moscow, Russia and Ohio University in Athens, Ohio. Here we share with you some of the interesting challenges, pitfalls, and joys related to our collaborative experience.

**Challenges**

**How could we come up with a Russian IRB approval?**
A US funding agency required IRB/ethics permission from both the US and Russian sides. This was relatively easy in the US, except for a few challenges in getting translations of some of our materials certified. Obtaining IRB approval in Russia, where there is no official IRB regulation for behavioural studies, was tough. After a great deal of networking we found a medical research IRB committee in Russia (that usually approves pharmaceutical research) and obtained their approval.

**You want our patients to sign what?**
Due to social and cultural differences it was not appropriate to require Russian participants to sign informed consent forms. Russian participants tend to be comfortable volunteering for research, but not signing official documents. So we worked out a way to obtain consent from them orally and negotiated with the US IRB to approve this consent format. Another interesting contrast was that on the US side we pay our participants with aphasia while on the Russian side remuneration was not considered appropriate.

**How do we document that we administered a standardized aphasia assessment when there isn’t one?**
Actually there wasn’t one. Given the major influence of Lurian approaches to aphasia in Russia, in clinical and research practice there is a strong emphasis on observation and qualitative assessment, and thus a lack of standardized aphasia assessment tools. There was one quantitative assessment tool available in Russian (Quantitative Assessment of Speech in Aphasia), but it wasn’t rigorously standardized, had poor psychometric properties and wasn’t known abroad. Thus, we had no means to objectively document type and severity of language impairment in our participants. To be able to do so, we first modified the Russian version of the Bilingual Aphasia Test (Paradis & Zeiber, 1987) and then standardized it (Ivanova & Hallowell, 2009). We also standardized additional assessment tools as side projects (e.g., Hallowell & Ivanova, 2009).

**You think that because you’re Russian that your Russian language is good enough?**
An interesting challenge with the US IRB was that we had to obtain professional verification of translated experimental materials, despite the Russian language expertise on our team.

**Does it really matter so much how I administer this procedure?**
Research practices are generally less stringent in Russia. At first we were surprised to find that our Russian colleagues took substantial liberties in administering experimental protocols; they tended to alter the order of tasks, change the wording of instructions, and prompt participants and provide feedback at will during experimental tasks. We made sure our Russian colleagues were extensively trained to follow experimental protocols. We emphasized the importance of rigorously adhering to experimental procedures and maintaining a neutral position during testing.

**If it’s not about English-language speakers is the work less important?**
Once we started submitting our work for publication to international journals, we faced a language-specific publication bias. Some editors reviewers deemed our research uninteresting for the broader audience of the journal as the studies were done with non-English speakers. We advocated the need to widely distribute such findings and emphasized that such studies promote research and clinical standards in non-English-speaking countries.

**Pitfalls**

**What is aphasia anyway?**
The Lurian neuropsychological school and classification of aphasia is still very influential in Russia. Different conceptualization of aphasia made it difficult to ascertain that all patients really have aphasia according to Western standards. We had to include additional parameters to ensure the validity of the diagnosis. Furthermore, two aphasia classification systems (Lurian and the Western multidimensional) are not fully equivalent, making it impossible to directly compare US and Russian patients according to aphasia type.

**Well, we don’t actually say that in Russian.**
Due to crosslinguistic variations it was not possible to have an identical set of linguistic stimuli in Russian and English. This led to variations in the experimental protocol.

**Joys**

**Contribution of new assessment tools**
Besides exciting findings within our main eye-tracking research agenda, our collaboration fostered important byproducts in of themselves. We developed and normed several standardized language assessment tools in Russian (Hallowell & Ivanova, 2009; Ivanova & Hallowell, 2009), which are now being used in other studies.

**Building the scholarly base in a newly developing profession**
Through our scientific collaboration we were able to strengthen and enrich research practice in the field of Communication Sciences and Disorders for the Russian side, and extend the research program of the American side in significant ways.

**Revealing linguistic differences and global effects**
On one hand, our collaborative projects make it possible to conduct crosscultural and crosslinguistic analysis. On the other hand, similar effects observed in both English and Russian speakers further validate generalization of findings.

**Expanding horizons and bridging cultures**
Joint projects help expand awareness of research and clinical standards across languages and cultures. We learn from each other and teach each other throughout our collaborations.