

PREFACE

We are beginning a decade in which many traditional paradigms in health care and speech-language pathology will undergo change. Our legislators have committed to focus both government and public attention on research, treatment, and rehabilitation of the brain, declaring the 1990s "The Decade of the Brain." Concepts of paradigm change and focus on research, treatment, and rehabilitation of the communicative sequelae of brain injury are not new to clinical aphasiologists. Since the early 1970s, these specialists in speech-language pathology have met annually at the Clinical Aphasiology Conference. This conference has provided clinicians and researchers engaged in the clinical management and investigation of persons with acquired neurologic speech-language disorders an opportunity to present their recent investigations and to engage in discussion with colleagues having similar interests. Subsequently, *Clinical Aphasiology* (formerly *Proceedings of the Clinical Aphasiology Conference*) has presented the current concepts, clinical knowledge, and prevailing logic underlying the management of adult neurogenic communication disorders.

While the data, analytic concerns, conceptualizations, modes of analysis, substantive findings, and theoretical conclusions of the research vary from those of earlier studies, there are also important continuities in the clinical aphasiology literature. Increasingly since the mid-1980s, the interest and scope of practice of clinical aphasiologists have embraced right-hemisphere communication disorders, cognitive-communicative disorders secondary to traumatic brain injury, communication impairments related to dementia, and cognitive-linguistic performance in normal elderly adults. The infusion of theory and empirical findings from normal adult communicative function and related language disorders has both enriched the clinical literature and refined theories of brain-language behavior and efficacious clinical-management procedures.

Clinical Aphasiology, Volume 22 contains a collection of original manuscripts presented at the 1992 Clinical Aphasiology Conference, Durango, Colorado. The standard of primary publication is supported by a two-tiered peer-review system and protected by policies that prohibit multiple submission and duplicate publication. Initially, conference proposals were blind-reviewed by a five-member program committee and rated in terms of scientific and clinical merit, contribution to knowledge, potential for stimulating useful discussion, and relevance to clinical management of people with acquired neurologic language disorders. Priority was given to papers dealing directly with clinical issues. Following the conference,

manuscripts were reviewed again by five members of an editorial board before being accepted or rejected for publication in this volume.

This volume is divided into eight major sections. The conference keynote, "Right Hemisphere and Verbal Communication: Conceptual, Methodological, and Clinical Issues," written by invitation by Yves Joanette and Pierre Goulet, introduces the first major section. Additional contributions to right-hemisphere function and deficits include investigations of the effects of visual and inferential complexity on picture description, categorization skills, verbal learning, and first-encounter conversations in right-hemisphere-damaged adults.

In the second section, neurodiagnostic techniques are used to investigate and develop an understanding of attention deficit in adult aphasia. Principles and methods of diagnosis and assessment are introduced in the third section, which offers: evidence for reliability in a prognosis profile and in measures of connected speech in aphasia; assessment of generalization and of narrative discourse; and evaluation from different clinical perspectives for varied patient populations. Continuing with evaluation, section four considers the validity of limb apraxia testing, while section five focuses on apraxia of speech and includes theoretical and treatment issues. The sixth section contains feature analysis for treatment and differential cognitive performance of traumatically brain-injured patients.

Many researchers suggest that a complete theory of treatment, including a set of assumptions about the nature of language function, aphasia, and recovery, provides a rationale for treatment and enables a clinician to identify *what* is being treated and *why* a particular procedure is selected. Yet a review by Horner and Loverso indicated most clinical treatment for adult aphasia is not theoretically based. Section seven, *Theory-Driven Treatment Considerations for Aphasia*, is divided into two subsections and revisits this topic. A trilogy of papers, presented in a special conference session, *Theory-Driven Therapy: From Occult Art to Science or the Other Way Around*, explores what theory-driven treatment can and cannot be expected to accomplish, considers a cognitive neuropsychological orientation to aphasia treatment, and pragmatically examines application of theory-driven therapy in the management of aphasic adults. The second subsection highlights linguistic theory as a framework for aphasia treatment and presents a specific approach for treatment of aphasic sentence-production deficits. Continuing with treatment considerations, the last major section of this volume features the effects of context variables, cueing, and multimodality training in aphasic patients.

As editor, it is my pleasure to conclude this preface by acknowledging my sincere appreciation to those who, in one way or another, have contributed to the development of this book. This volume would have been impossible without the assistance of many unidentified aphasic patients, many clinician-researchers, and the officers of the 1992 Clinical Aphasiol-

ogy Conference (CAC). First, I offer a special thanks and acknowledgment to our adult speech-language-disordered patients, who endure multiple probes and repeated testing in the service of clinical progress and increased quality communicative treatment. Second, a sincere thank you goes to the illustrious contributors to this volume. The literature in clinical aphasiology is built by single contributions that fill a space previously empty, and each contribution must be robust enough to bear the weight of contributions to come. Additionally, thanks to the officers of the 1992 CAC: Linda E. Nicholas, conference chairperson; Felice L. Loverso, program chairman; program committee members—Marilyn Selinger, Donald Robin, Joseph Duffy, Reg Warren, and Richard Peach; Lee Ann Golper, treasurer; and local arrangements—Thomas Prescott, Donna Bottenburg, Beth Henderson, Kathy Walker, and Russel Davis. Finally, this volume was completed because of the clinical and research expertise, patience, and support so generously given by the members of the editorial board: Jennifer Horner, Mike Kimbarow, Linda Nicholas, and Connie Tompkins. They carefully reviewed, evaluated, and offered important editorial contributions to each manuscript, thus strengthening this volume substantially. Also, Tinney Kees, who volunteered editorial service and provided specific suggestions, is due special thanks. Final thanks go to the PRO-ED editor, Gerry Wallace, the production manager, Alan Grimes, and his coworker, Tracy Sergo, for their assistance and troubleshooting.

This volume is a product of some of the expertise and energy found in clinical aphasiology today. The hope is that this volume will lead to even more energy, continuing development, and refinement of the prevailing ideas concerning research, theory, and rehabilitation of communicative disorders subsequent to brain injury. Knowing that clinicians must always function with at least two levels in mind—theory and treatment—this volume is dedicated to clinicians, to clinical-researchers, and to the graduate student clinicians who follow.

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