PREFACE

Midway through the 1990s, we are immersed in a decade of stunning national and world change, an ocean of available information, and the challenges of both. Predictable, incremental change is gone and solutions that often worked in the past are no longer effective. Having enough information is not a problem; accessing and managing it within available time is. Other challenges include increased national concern with the quality and cost of both health care and higher education delivery systems, unprecedented economic-political reform, and dramatically different conditions in the workplace, including reduced research dollars. Changes within health care are happening so rapidly that many professionals are making critical decisions about their service practices and compensation without the time necessary to gather information needed to determine the future impact of their decisions.

Within this context, clinical aphasiologists are compelled to continue to look comprehensively at how they serve individuals with neurogenic communication disorders and how they clinically educate young professionals. They need to explore new approaches, new perspectives, and perhaps standard assumptions; and to practice the communication processes that they have treated in adults with neurogenic communication disorders—accessing and managing information accurately, completely, and without delay. Since the 1970s, clinical aphasiologists have met at an annual conference to present clinical research and to engage in discussion with colleagues having similar clinically relevant interests. During this decade, and in the coming millennium, they will navigate the changes, meet the new challenges with success, and create a new future based on the legacy of those who have gone before them.

Clinical Aphasiology, Volume 24, contains original papers first presented at the 1994 Clinical Aphasiology Conference (CAC) held in Traverse City, Michigan. A two-tiered, peer-review system and policies that prohibit duplicate publication, maintain the standard of primary publication. Before acceptance for conference presentation, proposals are blind-reviewed and rated by a program committee. Before publication acceptance, submitted conference manuscripts are reviewed a second time by an editorial board. Publication inclusion criteria are: scientific and technical quality; clinical and theoretical significance; clarity, style and format; and overall appropriateness for publication. This volume contains 20 conference manuscripts.

Volume 24 is divided into five sections that include consideration of theory-driven clinical research and various scientific, professional, and treatment issues relevant to communication rehabilitation for adults with aphasia and with right-hemisphere dysfunction. Part I, Theory in Clinical Research, presents a trilogy of manuscripts that highlight the importance

of, preparation for, and pitfalls in the inferential chain used in theory building: theory–experiment–interpretation–theory. Apraxia of Speech and Phonological Output, Part II, explores the diagnostically challenging domain of motor speech and aphasic output disorders. It includes a review of acoustic analyses studies in aphasia and/or apraxia of speech, as well as, two acoustic investigations and two treatment studies. Part III, devoted to Diagnostic Tests and Prognosis for Aphasia, delineates the scoring and rationale for The Philadelphia Naming Test, presents the effects of normal aging variables on the Boston Naming Test, compares aphasic performances on two versions of the Revised Token Test, and concludes with longitudinal measures for acute aphasia on the Western Aphasia Battery. Part IV includes information and evidence for a basal temporal language area, question asking strategies, and picture naming variability in adult aphasia, and explores the timely economic question, How much is a word worth? The volume concludes with investigations of right hemisphere processing deficits: proverb interpretation, plausibility judgments, error awareness, and the effects of auditory distractors on comprehension performance.