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# A Brief History of the Clinical Aphasiology Conference and Its Publications

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**T**he 21 papers in this supplement to the *American Journal of Speech-Language Pathology* represent submissions from the authors of some 35 presentations made at the 25th Annual Clinical Aphasiology Conference held at Sunriver, Oregon, June 4–7, 1995. In the 25 years since its inception, the Clinical Aphasiology Conference has provided an important forum for the exchange of information related to diagnosis, assessment, and treatment of persons with communication impairments caused by aphasia and related disorders.

In 1971, at the invitation of Bruce Porch, the first Clinical Aphasiology Conference was held in the Speech Pathology Service of the Albuquerque, New Mexico, Veterans Administration Medical Center. A small group of some 20 or 30 speech-language pathologists with interests in clinical aphasiology gathered to share ideas, concepts, and data about evaluation and treatment of adults with aphasia. In the years immediately following, the meetings of the Clinical Aphasiology Conference consisted primarily of speech-language pathologists employed by the Veterans Administration, which provided funds to support their participation. The first three conferences remained in Albuquerque; each had a unique format, described in the preamble to the early programs:

As implied by its title, this conference is dedicated to the exchange of current information dealing with the clinical course of aphasia. All issues, both theoretical and applied, which bear on the diagnosis, prognosis, and treatment of aphasia and related disorders will come under consideration and are acceptable for presentation. Because the conference is designed to stimulate the exchange of information and thought, all participants will be encour-

aged to take part in the discussions. In this spirit, the number of participants will be limited, there will be no restrictions on how short or long presentations will be, and liberal allowances will be made for discussions....It is in the contrast in views from which we all hope to learn (Porch, 1973, p. i).

Thus, participants came to the conference prepared to share ideas, hypotheses, speculations, plans, and preliminary or final results of their studies related to clinical aphasiology. The spirit was one of discussion and sharing of data, ideas, and thoughts, many of which might be tentative, partially formed, and/or controversial. Porch (1974) portrayed the theme of the conference as follows:

I think that the great strength of the Clinical Aphasiology Conference is not only the fact that people feel free to present tentative and controversial concepts but that there is an opportunity for all of us in attendance to stand up and be heard on the topic...many of the most stimulating moments at the conference occur in the discussions between papers (Porch, 1974, pp. ii–iii).

By 1973, the rapid growth of the conference led to the establishment of a steering committee to plan, organize, and select a site for further meetings. Beginning in 1974, the conference was held in cities other than Albuquerque, and a more traditional, structured format was adopted in which the conference was organized around scheduled presentations by participants, who were allotted specific times for their presentations and ensuing discussions. In keeping with its historical emphasis on discussion and exchange of ideas among participants, the time allotted for discussion of the papers was, and continues to be, equivalent to that allotted for presentation of the paper itself.

The nature of the conference has changed somewhat over the years: its size has grown from 20 to 30 participants to 80 to 100; professionals from other disciplines such as neurology and neuropsychology now routinely attend; and special sessions with invited speakers are now a regular part of the conference. Yet its underlying philosophy remains unchanged. The emphasis of the conference remains clinical, although theoretical issues are commonly addressed. Those who wish to attend the conference are required to submit a proposal for a conference presentation, ensuring that everyone who attends is active in clinical research and motivated to participate in the exchange of concepts, ideas, and information. The enduring objectives and major contributions of the conference were concisely summarized by Duffy (personal communication, 1989):

The Clinical Aphasiology Conference has been an important vehicle for sharing clinically relevant information, for generating research ideas, and for developing leadership and improved clinical and research skills. Over the years it has been attended by many of the most active clinical researchers in adult neuropathologies of speech and language, many of whom are recognized leaders in our discipline, and are well-published in refereed journals, chapters, and books. On the other hand, the conference is not exclusive to such individuals, and efforts have been made over the years to welcome new participants, with an attempt to encourage the development and recognition of younger individuals with potential to make ongoing clinical and research contributions.

The first published record of a Clinical Aphasiology Conference was that of the

1974 conference; it was edited by Bruce Porch. In keeping with the informal and personal character of the conference, the 1974 volume was printed and bound in-house by the Albuquerque Veterans Administration Hospital, and distributed without cost to the conference participants. The favorable reception accorded the 1974 conference publication led Wertz and Collins (1976) to compile a proceedings for the 1972 conference; it, too, was subsequently distributed without cost to those who participated in the conference. The Veterans Administration again played a significant role in making the publication possible—printing and binding were provided by the Veterans Administration Hospital, Madison, Wisconsin. (The 1973 conference, alas, failed to attract a benefactor, and no published record of that conference exists.)

In 1975, the Clinical Aphasiology Conference Proceedings became a free-standing publication, with Robert Brookshire as editor, publisher, bookkeeper, packer, and shipper. A limited advertising program led to distribution beyond conference participants to universities, medical centers, libraries, and individuals. Brookshire continued as editor and publisher until 1987 and, continuing the tradition established by Porch, Wertz, and Collins, all papers presented at the conference and submitted to the publication were included with only minor editing. From 1976 to 1987, the discussions that followed the presentations were published with the papers. In 1974, Porch elucidated the philosophy that continued to guide compilation of the conference proceedings through 1987:

Since the philosophy of the conference is to present current and sometimes hypothetical constructs related to the treatment of the aphasic patient, many of these articles represent the best guess of the presenter at the time the paper was given. Therefore, it is natural and appropriate that some of the ideas are at times incomplete or very tentative. Some of the studies were on completed research and have subsequently been published elsewhere. A few papers that were given at the conference were not printed, at the choice of the authors, in which case interested readers are encouraged to write to the authors listed in the appendix. In all cases, my job as editor has been to merely collate and print the proceedings and each author takes responsibility for the content of his presentation (pp. ii–iii).

The first major change in philosophy, editorial policies, and content came in 1988, when publication was assumed by

College-Hill Press, Thomas Prescott became editor, and a four-person editorial board was appointed by the steering committee to review submitted manuscripts, make recommendations regarding revisions, and advise the editor regarding manuscripts' suitability for publication. These events signaled the beginning of a gradual change in the philosophy and nature of the publication, from a more-or-less verbatim report of what had taken place at the conference, to a more formal and scholarly presentation of edited versions of manuscripts that were considered by the editor and editorial board to be acceptable for publication. Throughout this period of gradual change, however, the conference's and the publication's focus on clinical issues has remained in place. Prescott, in the preface to the 1989 volume, commented:

This volume covers a lot of territory. It is aimed toward clinicians and researchers who are interested in treating aphasic patients. Out there in the real world, the need exists to "do a better job" for our patients. This volume reflects the thoughts and efforts of clinician-researchers who work toward meeting that need. It reflects the continuing attempt to learn more and to share what has been learned, while providing a basis for improving the efforts made in the future. All clinicians will know that "this book's for you." (p. ix).

Page limitations caused elimination of some submitted papers for the 1988 volume, although the discussions of the published papers were included. In 1989, College-Hill Press was absorbed by Pro-Ed, which became the publisher of *Clinical Aphasiology*. In that year, page limitations led to the demise of the post-presentation discussions. Prescott edited the 1989 and 1990 volumes, and Margaret Lemme was elected by the steering committee to edit the 1991 through 1994 volumes, all published by Pro-Ed. Donald Robin was elected to edit the 1995 publication, and Marilyn Newhoff arranged for this volume to be published as the first of ASHA's publication supplements in the *American Journal of Speech-Language Pathology*.

From 1988 until the present, the nature of the conference publication has continued to change toward today's more selective publication, in which submissions of conference participants are reviewed for clinical, scientific, and literary merit. The papers in this supplement have been subjected to a more traditional peer review process, having been reviewed by the editor and at least two editorial board members, and having been revised and resubmitted as necessary.

The papers ultimately accepted have been judged to be: (a) related to the theme of the Clinical Aphasiology Conference (e.g., assessment or treatment of adults with aphasia, right-hemisphere disorders, dementia, normal aging, or traumatic brain injury); (b) clinically and theoretically relevant and important; (c) in conformity with standards of evidence and scholarship; and (d) clearly written.

Clinical aphasiology now faces new challenges. The crusade for increased economy and efficiency in health care threatens the effectiveness of our treatment programs. Technological developments may make many of our current procedures passé and require development of new approaches to assessment and treatment. Developments in the neurosciences and linguistics may require restructuring or replacing, not only our methods and procedures, but our theories, models, and rationales. Increasing lifespan may increase the demand for clinical aphasiologists' services, while advances in prevention and treatment of stroke and other neurologic conditions may diminish it. Meeting these challenges will require creativity, resourcefulness, perseverance, and stubborn dedication to the well-being of patients with neurogenic communication disorders. The process of challenge, and clinical aphasiology's response to it, will no doubt change clinical aphasiology in many ways—the face of clinical aphasiology in the year 2020 may bear only passing resemblance to that of 1995. Nevertheless, it seems unlikely that the *personality* of clinical aphasiology will be much changed. Curiosity, creativity, respect for the principles of science, and enduring concern for the well-being of adults with communication impairments—fundamental traits of clinical aphasiology from 1970 to 1995—will no doubt govern, in a major way, the conduct of clinical aphasiology in 2020.

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