A Brief History of the Clinical Aphasiology Conference and Its Publications

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The 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 encouraged 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 to share ideas, hypotheses, speculations, plans, and preliminary 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 to attend to 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 neuropsychologies 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
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 passe 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 change, 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.

References


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