

PREFACE

Responding to the 50 million Americans with brain disorders and the economic burden related to their rehabilitation, the 101st Congress of the United States declared the 1990s "The Decade of the Brain." This designation encourages and supports efforts that in 1970 were pioneering in character. Since then the nation's leading speech-language clinicians in aphasia rehabilitation have been meeting annually to focus on the latest assessment, diagnostic, and treatment methods for aphasic adults. In the pioneering stage, there were many "look-and-see" investigations that helped to map the territory. Increasingly, there has been a shift toward more theoretically oriented clinical research and more emphasis on systematic explanation of results and efficacy of treatment. Believing that the prosperity of adult communication rehabilitation depends upon the movement of information to and from research and application, clinical aphasiologists have pointed out the implications of research for aphasia management, but also consistently have encouraged the flow of topics from real-life issues to research investigation.

This volume presents a collection of scientific papers on clinically relevant issues in the rehabilitation of aphasic speech-language disorders and is a reference source for professionals and students. Part I, *Microcomputer Technology in Aphasia Rehabilitation*, reflects a period of stunning technological innovation, change, and application. Important considerations and cautions in using selected statistical procedures are included in Part II, *Analyzing and Interpreting Aphasia Research*. Highlighting a potential for unprecedented economic-political reform, Part III, *Measurement of Functional Outcome*, addresses an increased national concern with the quality and cost of health-care delivery systems. As in previous volumes, volume 21 focuses on the description, determination, and treatment of aphasia in its largest section, Part VII, *Issues in Aphasia Diagnosis, Prognosis, and Treatment*. Additionally, this volume contains information about other adult neurogenic communication disorders including: Part IV, *Brain Damage and Discourse Production*; Part V, *Right Hemisphere Damage and Inference Deficits*; and Part VI, *Traumatic Brain Injury and Communication Impairments*. The last section, Part VIII, deals with *Neurodiagnostic Techniques and Understanding Aphasia*.

The present volume can be traced to the 21st Clinical Aphasiology Conference (CAC) in Destin, Florida, June 1991. All papers were blind reviewed and, if accepted, presented at the conference. Papers were then subjected to additional critical review by at least three members of the editorial

board. Of the papers presented, 33 were selected by the editorial board for inclusion in *Clinical Aphasiology, Volume 21*.

The editor notes with pleasure the collegial cooperation that was elicited in preparing this volume. Thanks must begin with the persons who are owed the greatest debt—the authors. Their curiosity, thought, and scholarship produced the data and the manuscripts. Additionally, the 21st CAC Program Committee—chaired by Linda Nicholas—advanced, clarified, and polished the initial review process. Other members of the program committee included Drs. Patrick Doyle, Lee Ann Golper, Margaret Lemme, and Thomas Prescott. Last, but *far from least*, the editor wishes to thank the editorial board—Drs. Joe Duffy, Jennifer Horner, Mike Kimbarrow, and Connie Tompkins—for their expert assistance and numerous hours spent reviewing, ranking, and carefully editing the submitted manuscripts. The volume is stronger because of their clinical-research experience, insights, and suggestions.

Clinician-researchers in clinical aphasiology have much to contribute to advances in knowledge gained through research as well as to applications for enhancing the quality of life for aphasic adults. The contributors, editorial board, and editor trust that this volume—like previous ones—will promote clinical research, intensify academic-clinical instruction of the subject matter, and compel reexamination of clinical services for brain-damaged adults with neurogenic communication disorders.

M. L. L.