

Life Participation Approach to Aphasia: A Statement of Values for the Future

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Unprecedented changes are occurring in the way treatment for aphasia is viewed – and reimbursed. These changes, resulting from both internal and external pressures, are influencing how speech-language pathologists carry out their jobs.

Internal influences include a growing interest in treatments that produce meaningful real life outcomes leading to enhanced quality of life. Externally, we are influenced by disability rights activists encouraging adjustments in philosophy and treatment and by consumers frustrated by unmet needs and unfulfilled goals. Most recently, a strong external influence is emanating from the curtailment of funding for our work that has caused a significant reduction in available services to people affected by aphasia.

To accommodate these varied influences on service delivery, it is important to take a proactive stance. We therefore propose a philosophy of service delivery that meets the needs of people affected by aphasia and confronts the pressures from our profession, providers, and funding sources.

Our statement of values has been guided by the ideas and work of speech-language pathologists as well as by individuals in psychology, sociology, and medicine. We intend neither to prescribe exact methods for achieving specific outcomes, nor to provide a quick fix to the challenges facing our profession. Rather, we offer a statement of values and ideas relevant to assessment, intervention, policy making, advocacy, and research that we hope will stimulate discussion related to restructuring of services and lead to innovative clinical methods for supporting those affected by aphasia.

DEFINING THE APPROACH

The “Life Participation Approach to Aphasia” (LPAA) is a consumer-driven service-delivery approach that supports individuals with aphasia and others affected by it in achieving their immediate and longer term life goals (note that “approach” refers here to a general philosophy and model of service delivery, rather than to a specific clinical approach). LPAA calls for a broadening and refocusing of clinical practice and research on the consequences of aphasia. It focuses on re-engagement in life, beginning with initial assessment and intervention, and continuing, after hospital discharge, until the consumer no longer elects to have communication support.

LPAA places the life concerns of those affected by aphasia at the center of all decision making. It empowers the consumer to select and participate in the recovery process and to collaborate on the design of interventions that aim for a more rapid return to active life. These interventions thus have the potential to reduce the consequences of disease and injury that contribute to long-term health costs.

THE ESSENCE OF LPAA

We encourage clinicians and researchers to focus on the real-life goals of people affected by aphasia. For example, in the initial stages following a CVA, a goal may be to establish effective communication with the surrounding nursing staff and physicians. At a later stage, a life goal may be to return to employment or participation in the local community.

Regardless of the stage of management, LPAA emphasizes the attainment of re-engagement in life by strengthening daily participation in activities of choice. Residual skill is thus seen as only one of many requisites. For example, full participation is dependent on motivation and a consistent and dependable support system. A highly supportive environment can lessen the consequences of aphasia on one’s life, whatever the language impairment. A nonsupportive environment, on the other hand, can substantially increase the chance of aphasia affecting daily routines. Someone with mild aphasia in a nonsupportive environment might experience greater daily encumbrances than another with severe aphasia who is highly supported.

In this broadening and refocusing of services, LPAA recommends that clinicians and researchers consider the dual function of communication – transmitting and receiving messages and establishing and maintaining social links. Furthermore, life activities do not need to be in the realm of communication in order to deserve or receive intervention. What is important is to judge whether aphasia affects the execution of activities of choice and one's involvement in them (see Table 1 for a few examples of how LPAA may lead to a broadening and refocusing of services).

THE ORIGINS OF LPAA

Functional and Pragmatic Approaches

LPAA draws on ideas underlying functional and pragmatic approaches to aphasia and shares some common values with those who take a broad approach to functional communication treatment by focusing on life participation goals and social relationships. In our view, however, the term “functional” does not do justice to the breadth of this work. In addition, the term is often used narrowly to mean “functional independence in getting a message across.” Although LPAA recognizes the value of this type of impairment-level work, it should form part of a bigger picture where ultimate goal for intervention is re-engagement into everyday society.

Human Rights Issues and Consumers' Goals

LPAA is a means of addressing unmet needs and rights of individuals with aphasia and those in their environment. Indeed, the Americans with Disabilities Act (ADA), signed into law on July 26, 1990, requires that physical and communication access be provided for individuals with aphasia and other disabilities and allows them legal recourse if they are blocked from accessing employment, programs, and services in the public and private sectors.

In 1992, ASHA provided guidelines for a “communication bill of rights” (National Joint Committee for the Communicative Needs of Persons with Severe Disabilities). Its preface states that “all persons, regardless of the extent or severity of their disabilities, have a basic right to affect, through communication, the conditions of their own existence.” Communication is defined as “a basic need and basic right of all human beings” (p. 2). ASHA thus views communication as an integral part of life participation.

Emphasis on Competence and Inclusion

LPAA philosophy embraces a view of treatment that emphasizes competence and inclusion in daily life, focusing as much on the consequences of chronic disorders as on the language difficulty caused by the aphasia. Along with other movements in education and health care, LPAA shifts from a focus on deficits and remediation to one of inclusion and life participation (see Fougeyrollas et al., 1997; WHO, ICIDH-2, 1997). Such international changes in focus point to the need to address the personal experience of disability and promote optimal life inclusion and reintegration into society.

Changes in Reimbursement and Service Delivery

Health care and reimbursement in America have undergone an unprecedented overhaul. Financial exigencies have led to an emphasis on medically essential treatments and others seen as likely to save on future health care costs. Many of the incentives in this model result in the provision of efficient short-term minimal care, rather than the longer term, fuller care supported in the past.

LPAA represents a fundamental shift in how we view service delivery for people confronting aphasia. Since LPAA focuses on broader life-related processes and outcomes from the onset of treatment, service delivery and its reimbursement will require novel means that stand outside most current practices. We are confident that cost-sensitive and therapeutically effective models are possible. Our purpose in this introductory article is to prompt a discussion with providers and consumers as to whether life participation principles and values should play a more central role in the delivery and reimbursement of future service delivery for all those affected by aphasia.

THE CORE VALUES OF LPAA

LPAA is structured around five core values that serve as guides to assessment, intervention, and research.

The Explicit Goal Is Enhancement of Life Participation

In the LPAA approach, the first focus of the client, clinician, and policy-maker is to assess the extent to which persons affected by aphasia are able to achieve life participation goals, and the extent to which the aphasia hinders the attainment of these desired outcomes. The second focus is to improve short- and long-term participation in life.

All Those Affected by Aphasia Are Entitled to Service

LPAA supports all those affected directly by aphasia, including immediate family and close associates of the adult with aphasia. The LPAA approach holds that it is essential to build protected communities within society where persons with aphasia are able not only to participate but are valued as participants. Therefore, intervention may involve changing broader social systems to make them more accessible to those affected by aphasia.

The Measures of Success Include Documented Life-Enhancement Changes

The LPAA approach calls for the use of outcome measures that assess quality of life and the degree to which those affected by aphasia meet their life participation goals.

Without a cause to communicate, we believe, there is no practical need for communication. Therefore, treatment focuses on a reason to communicate as much as on communication repair. In so doing, treatment attends to each consumer's feelings, relationships, and activities in life.

Both Personal and Environmental Factors Are Targets of Intervention

Disruption of daily life for individuals affected by aphasia (including those who do not have aphasia themselves) is evident on two levels: personal (internal) and environmental (external). Intervention consists of constantly assessing, weighing, and prioritizing which personal and environmental factors should be targets of intervention and how best to provide freer, easier, and more autonomous access to activities and social connections of choice. This does not mean that treatment comprises only life resumption processes, but rather that enhanced participation in life "governs" management from its inception. In this fundamental way, the LPAA approach differs from one in which life enhancement is targeted only after language repair has been addressed.

Emphasis Is on the Availability of Services as Needed at All Stages of Aphasia

LPAA begins with the onset of aphasia and continues until consumers and providers agree that targeted life enhancement changes have occurred. However, LPAA acknowledges that life consequences of aphasia change over time and should be addressed regardless of the length of time post-onset. Consumers are therefore permitted to discontinue intervention, and reenter treatment when they believe they need to continue work on a goal or to attain a new life goal.

CONCLUSIONS

Our health-care systems are undergoing change and, as a result, so are our professions. How we allow this change to affect our clinical practice, our research directions, and our response to consumer advocacy is up to us. We need to educate policy-makers that being fiscally responsible means having a consumer-driven model of intervention focusing on interventions that make real-life differences and minimize the consequences of disease and injury.

While it is clear that the implicit motivation underlying all clinical and research efforts in aphasia is related to increased participation in life, the path to achieving that goal is often indirect. Because LPAA makes life goals primary and explicit, it holds promise as an approach in which such goals are attainable. We invite other speech-language pathologists to join us in discussing and developing life participation approaches to aphasia.

Table 1 Examples of the Shift in Focus of Life Participation Approach to Aphasia

LCAA	Examples of Shift in Focus
Assessment includes determining relevant life participation needs and discovering clients' competencies	In addition to assessing language and communication deficits, clinicians are equally interested in assessing how the person with aphasia does <i>with support</i>
Treatment includes facilitating the achievement of life goals	In addition to work on improving and/or compensating for the language impairment, clinicians are prepared to work on anything in which aphasia is a barrier to life participation (even if the activity is not directly related to communication)
Intervention routinely targets environmental factors outside of the individual	In addition to working with the individual on language or compensatory functional-communication techniques, clinicians might train communication partners or work on other ways of reducing barriers to make the environment more "aphasia-friendly"
All those affected by aphasia are regarded as legitimate targets for intervention	In addition to working with the individual who has aphasia, clinicians would also work on life participation goals for family and others who are affected by the aphasia, including friends, service providers, work colleagues, etc.
Clinician roles are expanded beyond those of teacher or therapist	<p>In addition to doing therapy, clinicians might take on the role of:</p> <ul style="list-style-type: none"> • "communication partner," and give the person with aphasia the opportunity to engage in conversation about life goals, concerns about the future, barriers to life participation, etc. • "coach," "problem solver," or "support person" in relation to overcoming challenges in reengaging in a particular life activity
Outcome evaluation involves routinely documenting quality of life and life participation changes	<p>In addition to documenting changes in language and communication, clinicians would routinely evaluate the following in partnership with clients:</p> <ul style="list-style-type: none"> • life activities and how satisfying they are • social connections and how satisfying they are • emotional well-being

Short List of References

- Fougeyrollas, P., Cloutier, R., Bergeron, H., Cote, J., Cote, M., & St. Michel, G. (1997). *Revision of the Quebec Classification: Handicap creation process*. Lac St-Charles, Quebec: International Network on the Handicap Creation Process.
- National Joint Committee for the Communicative Needs of Persons with Severe Disabilities. (1992). Guidelines for meeting the communication needs of persons with severe disabilities. *ASHA*, 34 (March, Suppl. 7), 1-8.
- World Health Organization. (1997). *International classification of impairments, activities and participation: A manual of dimensions of disablement and functions. Beta-1 draft for field trials*. Geneva, Switzerland: WHO.

Detailed List of References

- Alexander, M. (1988). Clinical determination of mental competence: A theory and retrospective study. *Archives of Neurology*, 45, 23-26.
- Angeleri, F., Angeleri, V., Foschi, N., Giaquinto, S., & Nolfe, G. (1993). The influence of depression, social activity, and family stress on functional outcome after stroke. *Stroke*, 24, 1478-1483.
- Armsden, G., & Lewis, F. (1993). The child's adaptation to parental medical illness: Theory and clinical implications. *Patient Education and Counseling*, 22, 153-165.
- Armstrong, E. (1993). Aphasia rehabilitation: A sociolinguistic perspective. In A. Holland & M. Forbes (eds.), *Aphasia treatment: World perspectives* (pp. 263-290). San Diego: Singular Publishing Group.
- Astrom, M., Asplund, K., & Astrom, T. (1992). *Psychosocial function and life satisfaction after stroke*. *Stroke*, 23, 527-531.
- Aten, J. (1986). Functional communication treatment. In R. Chapey (ed.), *Language intervention strategies in adult aphasia* (pp. 292-303). Philadelphia: Williams & Wilkins.
- Aten, J., Cagliuri, M., & Holland, A. (1982). The efficacy of functional communication therapy for chronic aphasic patients. *Journal of Speech and Hearing Disorders*, 47, 93-96.
- Banigan, R. (1998). *A family-centered approach to developing communication*. Boston: Butterworth-Heinemann.
- Bastiaanse R., & Edwards, S. (1998). Diversity in aphasiology: A crisis in practice or a problem of definition? *Aphasiology*, 12, 447-452.
- Becker, G. (1997). *Disrupted lives: How people create meaning in a chaotic world*. Los Angeles: University of California Press.
- Becker, G. (1980). Continuity after a stroke: Implications for life-course disruption in old age. *The Gerontologist*, 33, 148-158.
- Becker, G., & Nachtigall, R. (1995). Managing an uncertain illness trajectory in old age: Patients' and physicians' views of stroke. *Medical Anthropology Quarterly*, 9, 165-187.
- Bernstein-Ellis, E., & Elman, R. (1999). Aphasia group communication treatment: The Aphasia Center of California approach. In R. Elman (ed.), *Group treatment of neurogenic communication disorders* (pp. 47-56). Woburn, MA: Butterworth-Heinemann.
- Bethoux, R., Calmels, P., Gautheron, V., & Minaire, P. (1996). Quality of life of the spouses of stroke patients: A preliminary study. *International Journal of Rehabilitation Research*, 19, 291-299.
- Beukelman, D., & Mirenda, P. (1992). *Augmentative and alternative communication: Management of severe communication disorders of children and adults*. Baltimore, MD: Paul H. Brookes.
- Biegel, D., Sales, E., Schulz, R., & Rau, M. (1991). *Family caregiving in chronic illness* (pp. 129-146). London: Sage.
- Bindman, B., Cohen-Schneider, R., Kagan, A., & Podolsky, L. (1995). Bridging the gap for aphasic individuals and their families: Providing access to service. *Topics in Stroke Rehabilitation*, 2, 46-52.
- Blackford, K. (1988). The children of chronically ill parents. *Journal of Psychosocial Nursing and Mental Health Services*, 26, 33-36.
- Black-Schaffer, R., & Osberg, J. (1990). Return to work after stroke: *Development of a predictive model*. *Archives of Physical Medicine and Rehabilitation*, 71, 285-290.
- Blomert, L. (1990). What functional assessment can contribute to setting goals for aphasia therapy. *Aphasiology*, 4, 307-320.
- Bogdan, R., & Biklen, D. (1993). Handicapism. In M. Nagler (ed.), *Perspectives on disability* (pp. 69-76). Palo Alto, CA: Health Markets Research.
- Boland, J., & Follingstad, R. (1987). The relationship between communication and marital satisfaction: A review. *Journal of Sex and Marital Therapy*, 13, 286-313.

- Boles L. (1997). Conversation analysis as a dependent measure in communication therapy with four individuals with aphasia. *Asia Pacific Journal of Speech, Language, and Hearing*, 2, 43-61.
- Bouchard-Lamothe, D., Bourassa, S., Laflamme, B., Garcia, L., Gailey, G., & Stiell, K. (1999). Perceptions of three groups of interlocutors of the effects of aphasia on communication: An exploratory study. *Aphasiology*, 13, 839-855.
- Bourgeois, M. (1997). Families caring for elders at home: Caregiver training. In B. Shadden & M. A. Toner (Eds.), *Aging and communication* (pp. 227-249). Austin, TX: Pro-Ed.
- Bradburn, N. M. (1969). *The structure of well-being*. Chicago: Aldine.
- Brookshire, R. (1994). Group studies of treatment for adults with aphasia: Efficacy, effectiveness, and believability. *ASHA Special Interest Division 2 Newsletter*, 4, 5-13.
- Brumfitt, S. (1993). Losing your sense of self: What aphasia can do. *Aphasiology*, 7, 6, 569-591.
- Brumfitt, S., & Clark P. (1983). An application of psychotherapeutic techniques to the management of aphasia. In C. Code & D. Muller (eds.), *Aphasia therapy*. London: Whurr.
- Byng, S. (1995). What is aphasia therapy? In C. Code & D. Muller (Eds.), *The treatment of aphasia: From theory to practice* (pp. 3-17). London: Whurr.
- Byng, S., & Black, M. (1995). What makes a therapy? Some parameters of therapeutic intervention in aphasia. *European Journal of Disorders of Communication*, 30, 303-316.
- Byng, S., Kay, J., Edmundson, A., & Scott, C. (1990). Aphasia tests reconsidered. *Aphasiology*, 4, 67-91.
- Byng, S., Pound, C., & Parr, S. (in press). Living with aphasia: A framework for therapy interventions. In I. Papathanasiou (ed.), *Acquired neurological communication disorders: A clinical perspective*. London: Whurr.
- Caplan, D. (1993). Toward a psycholinguistic approach to acquired neurogenic language disorders. *American Journal of Speech-Language Pathology*, 2, 1, 59-83.
- Carriero, M. R., Faglia, Z., & Vignolo, L. A. (1987). Resumption of gainful employment in aphasics: Preliminary findings. *Cortex*, 26, 667-672.
- Chapey, R. (1992). Functional communication assessment and intervention: Some thoughts on the state of the art. *Aphasiology*, 6, 85-93.
- Christensen, J. M., & Anderson, J. D. (1989). Spouse adjustment to stroke: Aphasic versus nonaphasic partners. *Journal of Communication Disorders*, 22, 225-231.
- Clark, L. (1997). Communication intervention for family caregivers and professional health care providers. In B. Shadden & M. Toner (Eds.), *Aging and communication* (pp. 251-274). Austin, TX: Pro-Ed.
- Clinical Forum. (1998). Beyond the "plateau": Discharge dilemmas in chronic aphasia. *Aphasiology*, 12, 207-243.
- Cochrane, R., & Milton, S. (1984). Conversational prompting: A sentence building technique for severe aphasia. *The Journal of Neurological Communication Disorders*, 1, 4-23.
- Code, C., & Muller, D. (1992). *The Code-Muller protocols: Assessing perceptions of psychosocial adjustment to aphasia and related disorders*. London: Whurr.
- Coles, R., & Eales, C. (1999). The aphasia self-help movement in Britain: A challenge and an opportunity. In R. Elman (ed.), *Group treatment for neurogenic communication disorders: The expert clinician's approach* (pp. 107-114). Woburn, MA: Butterworth-Heinemann.
- Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: HarperCollins.
- Csikszentmihalyi, M. (1993). *The evolving self*. New York: HarperCollins.
- Csikszentmihalyi, M. (1997). Finding flow: *The psychology of engagement with everyday life*. New York: HarperCollins.
- Damico, J. S., Simmons-Mackie, N., & Schweitzer, L. A. (1995). Addressing the third law of gardening: Methodological alternatives in aphasiology. In M. L. Lemme (ed.), *Clinical aphasiology Vol. 23* (pp. 83-93). Austin, TX: Pro-Ed.
- Darley, F. (1991). I think it begins with an A. In T. Prescott (ed.), *Clinical aphasiology Vol. 20* (pp. 9-20). Austin, TX: Pro-Ed.
- Davis, A., & Wilcox, J. (1985). *Adults' aphasia rehabilitation: Applied pragmatics*. San Diego: College Hill Press.
- Davis, A. (1986). Pragmatics and treatment. In R. Chapey (ed.), *Language intervention strategies in adult aphasia* (pp. 251-265). Baltimore: Williams & Wilkins.
- Davis, G., & Wilcox, J. (1981). Incorporating parameters of natural conversation in aphasia treatment. In R. Chapey (Ed.), *Language intervention strategies in adult aphasia*. Baltimore: Williams & Wilkins.
- de Hann, R., Aaronson, N., Limburg, M., Langton Hewer, R., & van Crevel, H. (1993). Measuring quality of life in stroke. *Stroke*, 24, 320-327.

- de Hann, R., Horn, J., Limburg, M., van der Meulen, J., & Bossuyt, P. (1993). A comparison of five stroke scales with measures of disability, handicap, and quality of life. *Stroke*, *24*, 1179-1181.
- Dickson, H. G. (1996). Problems with the ICDH definition of impairment: Clinical commentary. *Disability and Rehabilitation*, *18*, 52-54.
- Disability Alliance (1995). *Disability rights handbook*. London: Disability Alliance Educational and Research Associations.
- Doolittle, N. (1992). The experience of recovery following lacunar stroke. *Rehabilitation Nursing*, *17*, 122-125.
- Doolittle, N. (1994). A clinical ethnography of stroke recovery. In P. Benner (ed.), *Interpretive phenomenology: Embodiment, caring and ethics in health and illness*. Thousand Oaks, CA: Sage.
- Duchan, J. (1995). *Supporting language learning in everyday life*. San Diego: Singular.
- Duchan, J. (1997). A situated pragmatics approach for supporting children with severe communication disorders. *Topics in Language Disorders*, *17*, 1-18.
- Duchan, J., Maxwell, M., & Kovarsky, D. (1999). Evaluating competence in the course of everyday interaction. In D. Kovarsky, J. Duchan, & M. Maxwell (eds.), *Constructing (in)competence* (pp. 3-26). Mahwah, NJ: Lawrence Erlbaum.
- Eldridge, M. (1968). *A history of the treatment of speech disorders*. Edinburgh: Livingstone.
- Elman, R. (1995). Multimethod research: A search for understanding. *Clinical Aphasiology*, *23*, 77-81.
- Elman, R. (1998a). Diversity in aphasiology: Let us embrace it. *Aphasiology*, *12*, 6, 456-457.
- Elman, R. (1998b). Memories of the 'plateau': Health-care changes provide an opportunity to redefine aphasia treatment and discharge. *Aphasiology*, *12*, 227-231.
- Elman, R. (ed.). (1999). *Group treatment of neurogenic communication disorders*. Woburn, MA: Butterworth-Heinemann.
- Elman, R., & Bernstein-Ellis, E. (1995). What is functional? *American Journal of Speech-Language Pathology*, *4*, 115-117.
- Elman, R., & Bernstein-Ellis, E. (1999a). The efficacy of group communication treatment in adults with chronic aphasia. *Journal of Speech, Language, and Hearing Research*, *42*, 411-419.
- Elman, R., & Bernstein-Ellis, E. (1999b). Psychosocial aspects of group communication treatment: Preliminary findings. *Seminars in Speech & Language*, *20*, 1, 65-72.
- Enderby, P. (1997). *Therapy outcome measures: Speech-language pathology technical manual*. San Diego: Singular Publishing Group.
- Evans, R. L., Dingus, C. M., & Haselkorn, J. K. (1993). Living with a disability: A synthesis and critique of the literature on quality of life, 1985-1989. *Psychological Reports*, *72*, 771-777.
- Ewing, S. (1999). Group process, group dynamics, and group techniques with neurogenic communication disorders. In R. Elman (ed.), *Group treatment for neurogenic communication disorders: The expert clinician's approach* (pp. 9-16). Woburn, MA: Butterworth-Heinemann.
- Ezrachi, O., Ben-Yishay, Y., Kay, T., Diller, L., & Rattock, J. (1991). Predicting employment in traumatic brain injury following neuropsychological rehabilitation. *Journal of Head Trauma Rehabilitation*, *6*, 3, 71-84.
- Ferguson, A. (1994). The influence of aphasia, familiarity, and activity on conversational repair. *Aphasiology*, *8*, 143-157.
- Ferguson, A. (1996). Describing competence in aphasic/normal conversation. *Clinical Linguistics and Phonetics*, *10*, 55-63.
- Ferguson, D. (1994). Is communication really the point? Some thoughts on interventions and membership. *Mental Retardation*, *32*, 7-18.
- Finkelstein V. (1991). Disability: An administrative challenge. In M. Oliver (ed.), *Social work, disabled people and disabling environments* (pp. 19-39). London: Jessica Kinglsey.
- Flickinger, E. E., & Amato, S. C. (1994). School-age children's responses to parents with disabilities. *Rehabilitation Nursing*, *19*, 403-406.
- Florence, C. (1981). Methods of communication analysis used in family interaction therapy. In R. Brookshire (ed.), *Clinical aphasiology: Conference proceedings* (pp. 204-211). Minneapolis, MN:BRK.
- Flowers, C., & Peizer, E. (1984). Strategies for obtaining information from aphasic persons. In R. Brookshire (Ed.), *Clinical aphasiology: conference proceedings* (pp. 106-113). Minneapolis, MN:BRK.

- Fougeyrollas, P., Cloutier, R., Bergeron, H., Cote, J., Cote, M., & St. Michel, G. (1997). *Revision of the Quebec Classification: Handicap creation process*. Lac St-Charles, Quebec: International Network on the Handicap Creation Process.
- Fox, L., & Fried-Oken, M. (1996). AAC Aphasiology: Partnership for future research. *Augmentative and Alternative Communication, 12*, 257-271.
- Fraser, R., & Baarslag-Benson, R. (1994). Cross-disciplinary collaboration in the removal of work barriers after traumatic brain injury. *Topics in Language Disorders, 15*, 1, 55-67.
- Frattali, C. (1992). Functional assessment of communication: Merging public policy with clinical views. *Aphasiology, 6*, 63-85.
- Frattali, C. (1993). Perspective on functional assessment: Its use for policy making. *Disability and Rehabilitation, 15*, 1-9.
- Frattali, C. (1996). Measuring disability. *ASHA Special Interest Division 2 Newsletter-Neurophysiology and Neurogenic Speech and Language Disorders, 6*, 6-10.
- Frattali, C. (1997). Clinical care in a changing health system. In N. Helm-Estabrooks & A. Holland (eds.), *Approaches to the Treatment of Aphasia* (pp. 241-265). San Diego: Singular Publishing Group.
- Frattali, C. (1998). Measuring modality-specific behaviors, functional abilities, and quality of life. In C. Frattali (ed.), *Measuring outcomes in speech-language pathology* (pp. 55-88). New York: Thieme.
- Frattali, C., Thomson, C., Holland, A., Wohl, C., & Ferketic, M. (1995). *The American Speech-Language-Hearing Association functional assessment of communication skills for adults* (ASHA FACS). Rockville, MD: ASHA.
- Frattali, C., & Sutherland, C. (1994). Improving quality in the context of managed care. *Managing Managed Care*. Rockville, MD: ASHA.
- French, S. (1993). What's so great about independence? In J. Swain, F. Finkelstein, S. French, & M. Oliver (eds.), *Disabling barriers-enabling environments* (pp. 44-48). London: Sage.
- French, S. (1994a). Dimensions of disability and impairment. In S. French (Ed.), *On equal terms: Working with disabled people* (pp. 17-34). Oxford: Butterworth Heinemann.
- French, S. (1994b). The disabled role. In S. French (Ed.), *On equal terms: Working with disabled people* (pp. 47-60). Oxford: Butterworth Heinemann.
- French, S. (1994c). Researching disability. In S. French (Ed.), *On equal terms: Working with disabled people* (pp. 136-147). Oxford: Butterworth Heinemann.
- Fuhrer, M. J. (1994). Subjective well-being: Implications for medical rehabilitation outcomes and models of disablement. *American Journal of Physical Medicine and Rehabilitation, 73*, 358-364.
- Gainotti, G. (ed.). (1997). Emotional, psychological and psychosocial problems of aphasic patients [Special Issue]. *Aphasiology, 11*(7).
- Garcia, L. J., Barrette, J., & Laroche, C. (in press). Perceptions of the obstacles to work reintegration for persons with aphasia. *Aphasiology*.
- Garnes, H., & Olson, D. (1995). Parent-adolescent communication and the circumplex model. *Child Development, 56*, 438-447.
- Garrett, K. (1996). Augmentative and alternative communication: Applications to the treatment of aphasia. In G. Wallace (ed.), *Adult aphasia rehabilitation* (pp. 259-278). Boston: Butterworth-Heinemann.
- Garrett, K. (1999). Measuring outcomes of group therapy. In R. Elman (Ed.), *Group treatment for neurogenic communication disorders: The expert clinician's approach* (pp. 17-30). Woburn, MA: Butterworth-Heinemann.
- Garrett, K., & Beukelman, D. (1992). Augmentative communication approaches for persons with severe aphasia. In K. Yorkston (ed.), *Augmentative communication in the medical setting* (pp. 245-338). Tucson, AZ: Communication Skill Builders.
- Garrett, K., & Beukelman D. (1995). Changes in the interactive patterns of an individual with severe aphasia given three types of partner support. In M. Lemme (ed.), *Clinical Aphasiology Vol. 23* (pp. 237-251). Austin, TX: Pro-Ed.
- Garrett, K., & Ellis, G. (1999). Group communication therapy for people with long-term aphasia: Scaffolded thematic discourse activities. In R. Elman (Ed.), *Group treatment for neurogenic communication disorders: The expert clinician's approach* (pp. 85-96). Woburn, MA: Butterworth-Heinemann.
- Gerber, S., & Gurland, G. (1989). Applied pragmatics in the assessment of aphasia. *Seminars in Speech and Language, 10*, 263-281.
- Goodwin, C. (1995). Co-constructing meaning in conversations with an aphasic man. In E. Jacoby & E. Ochs (eds.), *Research on language and social interaction, 28*, 233-260.

- Gordon, J. (1997). Measuring outcomes in aphasia: Bridging the gap between theory and practice . . . or burning our bridges. *Aphasiology*, *11*, 845-854.
- Graham, M. (1999). Aphasia group therapy in a subacute setting: Using the American Speech-Language-Hearing Association Functional Assessment of Communication Skills. In R. Elman (ed.), *Group treatment for neurogenic communication disorders: The expert clinician's approach* (pp. 37-46). Woburn, MA: Butterworth-Heinemann.
- Granger, C., Hamilton, B., Keith, R., Zielezny, M., & Sherwin, F. (1986). Advances in functional assessment for medical rehabilitation. *Topics in Geriatric Rehabilitation*, *1*, 569-574.
- Hales, G. (1996). *Beyond disability-Towards an enabling society*. London: Sage.
- Hemsley, G., & Code, C. (1996). Interactions between recovery in aphasia, emotional and psychosocial factors in subjects with aphasia, their significant others and speech pathologists. *Disability and Rehabilitation*, *18*, 567-584.
- Hermann, M., & Code, C. (1996). Weightings of items on the Code-Muller protocols: The effects of clinical experience of aphasia therapy. *Disability and Rehabilitation*, *18*, 509-514.
- Hermann, M., & Wallesch, C. (1990). Expectations of psychosocial adjustment in aphasia: A MAUT study with the Code-Muller scale of psychosocial adjustment. *Aphasiology*, *4*, 527-538.
- Hermann, M., & Wallesch, C. (1989). Psychosocial changes and psychosocial adjustments with chronic and severe nonfluent aphasia. *Aphasiology*, *3*, 513-526.
- Hersh, D. (1998). Beyond the 'plateau': Discharge dilemmas in chronic aphasia. *Aphasiology*, *12*, 207-218.
- Hinckley, J., Packard, M., & Bardach, L. (1995). Alternative family education programming for adults with chronic aphasia. *Topics in Stroke Rehabilitation*, *2*, 53-63.
- Hinckley, J. (1998). Investigating the predictors of lifestyle satisfaction among younger adults with chronic aphasia. *Aphasiology*, *12*, 509-518.
- Hoen, R., Thelander, M., & Worsley, J. (1997). Improvement in psychological well-being of people with aphasia and their families: Evaluation of a community-based programme. *Aphasiology*, *11*(7), 681-691.
- Holland, A. (1977). Some practical considerations in the treatment of aphasic patients. In M. Sullivan & M. Kommers (eds.), *Rationale for adult aphasia therapy* (pp. 167-180). Omaha, NE: University of Nebraska Press.
- Holland, A. (1980). *Communicative abilities in daily living. CADL*. Austin TX: Pro-Ed.
- Holland, A. (1982). Observing functional communication of aphasic adults. *Journal of Speech and Hearing Disorders*, *47*, 50-56.
- Holland, A. (1991). Pragmatic aspects of intervention in aphasia. *Journal of Neurolinguistics*, *6*, 197-211.
- Holland, A. (1992). Some thoughts of future needs and directions for research and treatment of aphasia. *NIDCD Monograph Vol. 2* (pp. 147-152).
- Holland, A. (1996). Pragmatic assessment and treatment for aphasia. In G. Wallace (ed.), *Adult aphasia rehabilitation* (pp. 161-173). Boston: Butterworth-Heinemann.
- Holland, A. (1998a). Some guidelines for bridging the research practice gap in adult neurogenic communication disorders. *Topics in Language Disorders*, *18*, 49-57.
- Holland, A. (1998b). Why can't clinicians talk to aphasic adults? Clinical forum. *Aphasiology*, *12*, 844-846.
- Holland, A., & Beeson, P. (1999). Aphasia groups: The Arizona experience. In R. Elman (ed.), *Group treatment for neurogenic communication disorders: The expert clinician's approach* (pp. 77-84). Woburn, MA: Butterworth-Heinemann.
- Holland, A., Frattali, C., & Fromm, D. (1998). *Communicative abilities in daily living. CADL 2*. Austin TX: Pro-Ed.
- Holland, A., Fromm, D., DeRuyter, F., & Stein, M. (1996). Treatment efficacy: Aphasia. *Journal of Speech and Hearing Research*, *39*, 527-536.
- Holland, A., & Ross, R. (1999). The power of aphasia groups. In R. Elman (ed.), *Group treatment of neurogenic communication disorders* (pp. 115-117). Boston, MA: Butterworth-Heinemann.
- Holland, A., & Thompson, C. (1998). Outcomes measurement in aphasia. In C. Frattali (ed.), *Measuring outcomes in speech-language pathology* (pp. 245-266). New York: Thieme.
- Howard, D., & Hatfield, F. (1987). *Aphasia therapy: Historical and contemporary issues*. Hillsdale, NJ: Lawrence Erlbaum.
- Hughes, B., & Paterson, K. (1997). The social model of disability and the disappearing body: Toward a sociology of impairment. *Disability and Society*, *12*, 325-340.

- Hux, K., Beukelman, D., & Garrett, K. (1994). Augmentative and alternative communication for persons with aphasia. In R. Chapey (Ed.), *Language intervention strategies in adult aphasia* (3rd ed.) (pp. 338-357). Baltimore: Williams & Wilkins.
- Ireland, C., & Wootton, G. (1993). *Time to talk: ADA counseling project*, Department of health report. London: Action for Dysphasic Adults.
- Iskowitz, M. (1998). Preparing for managed care in long-term care. *Advance for Speech-Language Pathologists and Audiologists*, January 12th, 7-9.
- Jennings, B., Callahan, D., & Caplan, A. (1988). *Ethical challenges of chronic illness*. Briarcliff Manor, NY: A Hastings Center Report.
- Johnson, E. (1993). Open your doors to disabled workers. In M. Nagler (ed.), *Perspectives on disability* (pp. 475-479). Palo Alto, CA: Health Markets Research.
- Johnson, R. (1987). Return to work after severe head injury. *International Disability Studies*, 9, 49-54.
- Jordan, L. (1998). 'Diversity in aphasiology': A social science perspective, *Aphasiology*, 12, 474-480.
- Jordan, L., & Kaiser, W. (1996). *Aphasia - A social approach*. London: Chapman & Hall.
- Kagan, A. (1995a). Family perspectives from three aphasia centers in Ontario, Canada. *Topics in Stroke Rehabilitation*, 2, 1-19.
- Kagan, A. (1995b). Revealing the competence of aphasic adults through conversation: A challenge to health professionals. *Topics in Stroke Rehabilitation*, 2, 15-28.
- Kagan, A. (1998). Supported conversation for adults with aphasia: Methods and resources for training conversation partners. *Aphasiology*, 12, 851-864.
- Kagan, A., & Cohen-Schneider, R. (1999). Groups in the 'introductory program' at the Pat Arato Aphasia Centre. In R. Elman (Ed.), *Group treatment of neurogenic communication disorders* (pp. 97-106). Woburn, MA: Butterworth-Heinemann.
- Kagan, A., & Gailey, G. (1993). Functional is not enough: Training conversation partners for aphasic adults. In A. Holland & M. Forbes (Eds.), *Aphasia treatment: World perspectives* (pp. 199-215). San Diego: Singular.
- Kagan, A., & Kimelman, D. (1995). 'Informed' consent in aphasia research: Myth or reality? *Clinical Aphasiology*, 23, 65-75.
- Kagan, A., Winckel, J., & Shumway E. (1996a). *Pictographic communication resources*. North York, Canada: Pat Arato Aphasia Centre.
- Kagan, A., Winckel, J., & Shumway E. (1996b). *Supported conversation for aphasic adults: Increasing communicative access* (Video). North York, Ontario, Canada: Pat Arato Aphasia Centre.
- Kaufman, S. (1988a). Illness, biography, and the interpretation of self, following a stroke. *Journal of Aging Studies*, 2, 217-227.
- Kaufman, S. (1988b). Toward a phenomenology of boundaries in medicine: Chronic illness experience in the case of stroke. *Medical Anthropology Quarterly*, 2, 338-354.
- Keatley, M. A., Miller, T. I., & Mann, A. (1995). Treatment planning using outcome data. *ASHA*, 37(2), 49-52.
- King, R. B. (1996). Quality of life after stroke. *Stroke*, 27, 1467-1472.
- Kovarsky, D., Duchan, J., & Maxwell, M. (Eds.). (1999). *Constructing (in)competence: Disabling evaluations in clinical and social interaction*. Hillsdale, NJ: Lawrence Erlbaum.
- Kraat, A. (1990). Augmentative and alternative communication: Does it have a future in aphasia rehabilitation? *Aphasiology*, 4, 321-338.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45(3), 214-222.
- Kwa, V., Limburg, M., & de Hann, R. J. (1996). The role of cognitive impairment in the quality of life after ischemic stroke. *Journal of Neurology*, 243, 599-604.
- LaCoste, L. D., Ginter, E. J., & Whipple, G. (1987). Intrafamily communication and familial environment. *Psychological Reports*, 61, 115-118.
- Lafond, D., Joannette, Y., Ponzio, J., Degiovani, R., & Sarno, M. (Eds.). (1993). *Living with aphasia: Psychosocial issues*. San Diego: Singular.
- LaPointe, L. (1997). Adaptation, accommodation, aristos. In L. LaPointe (Ed.), *Aphasia and related neurogenic disorders*. (2nd ed.) (pp. 265-287). New York: Thieme.
- LaPointe, L. (1996). On being a patient. *Journal of Medical Speech-Language Pathology*, 4 (1).
- LaPointe, L. (1989). An ecological perspective on assessment and treatment of aphasia. *Clinical Aphasiology*, 18, 1-4.

- LeDorze, G., & Brassard, C. (1995). A description of the consequences of aphasia on aphasic persons and their relatives and friends, based on the WHO model of chronic diseases. *Aphasiology*, 9, 239-255.
- LeDorze, G., Croteau, C., & Joannette Y. (1993). Perspectives on aphasia intervention in French-speaking Canada. In A. Holland & M. Forbes (Eds.), *Aphasia treatment, world perspectives* (pp. 87-114). San Diego: Singular.
- Light, J. (1988). Interaction involving individuals using augmentative and alternative communication systems: State of the art and future directions. *Augmentative and Alternative Communication*, 4, 66-82.
- Livneh, H. (1991). On the origins of negative attitudes toward people with disabilities. In R. Marinelli & A. Dell Orto (Eds.), *The psychological and social impact of disability* (pp. 181-196). New York: Springer.
- Lomas, J., Pickard, L., Bester, S., Elbard, H., Finlayson, A., & Zoghaib, C. (1989). The communication effectiveness index: Development and psychometric evaluation of a functional communication measure for adult aphasia. *Journal of Speech and Hearing Disorders*, 54, 113-124.
- Lomas, J., Pickard, L., & Mohide, A. (1987). Patient versus clinician item generation for quality-of-life measures: The case of language-disabled adults. *Medical Care*, 25, 764-769.
- Lord, M. (1993). Away with barriers. In M. Nagler (Ed.), *Perspectives on disability* (pp. 471-474). Palo Alto, CA: Health Markets Research.
- Lubinski, R. (1981). Environmental language intervention. In R. Chapey (Ed.), *Language intervention strategies in adult aphasia* (pp. 223-248). Baltimore: Williams & Wilkins.
- Lubinski, R. (1986). Environmental systems approach to adult aphasia. In R. Chapey (Ed.), *Language intervention strategies in adult aphasia* (pp. 267-291). Philadelphia, PA: Williams & Wilkins.
- Lubinski, R., Duchan, J., & Weitzner-Lin, B. (1980). Analysis of breakdowns and repairs in aphasic adult communication. In R. Brookshire (Ed.), *Clinical aphasiology conference proceedings*. Minneapolis, MN: BRK.
- Lund, N., & Duchan, J. (1993). *Assessing children's language in naturalistic contexts* (3rd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Luterman, D. (1996). *Counseling persons with communication disorders and their families* (3rd ed.). Austin, TX: Pro-Ed.
- Lyon, J. (1992). Communication use and participation in life for adults with aphasia in natural settings: The scope of the problem. *American Journal of Speech-Language Pathology*, 1, 7-14.
- Lyon, J. (1995a). Drawing: Its value as a communication aid for adults with aphasia. *Aphasiology*, 9(1), 33-50.
- Lyon, J. (1995b). Communicative drawing: An augmentative mode of interaction. *Aphasiology*, 9(1), 84-94.
- Lyon, J. (1996a). Measurement of treatment effects in natural settings. *ASHA Special Interest Division 2 Newsletter-Neurophysiology and Neurogenic Speech and Language Disorders*, 6, 10-15.
- Lyon, J. (1996b). Optimizing communication and participation in life for aphasic adults and their prime caregivers in natural settings: A use model for treatment. In G. Wallace (Ed.), *Adult aphasia rehabilitation* (pp. 137-160). Newton, MA: Butterworth Heinemann.
- Lyon, J. (1997a). Treating real-life functionality in a couple coping with severe aphasia. In N. Helm-Estabrooks & A. Holland (Eds.), *Approaches to the treatment of aphasia* (pp. 203-239). San Diego: Singular.
- Lyon, J. (1997b). Volunteers and partners: Moving intervention outside the treatment room. In B. Shadden & M. Toner (Eds.), *Communication and aging* (pp. 299-324). Austin, TX: Pro-Ed.
- Lyon, J. (1998). *Coping with aphasia*. San Diego: Singular.
- Lyon, J. (in press). Finding, defining, and refining functionality in real-life for people confronting aphasia. In L. Worrall & C. Frattali (Eds.), *Neurogenic communication disorders: A functional approach*. New York: Thieme.
- Lyon, J. Cariski, D., Keisler, L., Rosenbek, J., Levine, R., Kumpula, J., et al. (1997). Communication partners: Enhancing participation in life and communication for adults with aphasia in natural settings. *Aphasiology*, 11, 693-708.
- Lyon, J. G., & Sims, E. (1989). Drawing: Its use as a communicative aid with aphasic and normal adults. *Clinical Aphasiology*, 18, 339-356.
- Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist*, 41(9), 954-969.
- Marshall, R. (1993). Problem focused group therapy for mildly aphasic clients. *American Journal of Speech-Language Pathology*, 2, 31-37.
- Marshall, R. (1999a). An introduction to supported conversation for adults with aphasia: Perspectives, problems and possibilities. *Aphasiology*, 12, 811-816.

- Marshall, R. (1999b). *Introduction to group treatment for aphasia: Design and management*. Woburn, MA: Butterworth-Heinemann.
- Marshall, R. (1999c). A problem-focused group treatment program for clients with mild aphasia. In R. Elman (Ed.), *Group treatment for neurogenic communication disorders: The expert clinician's approach* (pp. 57-65). Woburn, MA: Butterworth-Heinemann.
- Marshall, R., Freed, D., & Phillips, D. (1997). Communicative efficiency in severe aphasia. *Aphasiology*, *11*, 373-384.
- McClenahan, R., Johnston, M., & Denham, Y. (1992). Factors influencing accuracy of estimation of comprehension problems in patients following cerebro-vascular accident by doctors, nurses and relatives. *European Journal of Disorders of Communication*, *27*, 209-219.
- Meeuwesen, L., Schaap, C., & Van der Staak, C. (1991). Verbal analysis of doctor-patient communication. *Social Science in Medicine*, *32*, 1143-1150.
- Milroy, L., & Perkins, L. (1992). Repair strategies in aphasic discourse: Towards a collaborative model. *Clinical Linguistics and Phonetics*, *6*, 17-40.
- Muller, D. (1984). Psychological adjustment to aphasia. Brief Research Report. *International Journal of Rehabilitation Research*, *7*, 195-196.
- Muller, D., & Code, C. (1983). Interpersonal perception of psychosocial adjustment to aphasia. In C. Code & D. J. Muller (Eds.), *Aphasia therapy* (pp. 101-112). London: Edward Arnold.
- National Joint Committee for the Communicative Needs of Persons with Severe Disabilities (1992). Guidelines for meeting the communication needs of persons with severe disabilities. *ASHA*, *34* (March, Suppl. 7), 1-8.
- Nester, M. (1984). Employment testing for handicapped persons. *Public Personnel Management Journal*, *13*(4), 417-434.
- Nettleton, S. (1996). *The sociology of health and illness*. Cambridge, UK: Polity Press.
- Newhoff, M., Tonkovich, J., Schwartz, S., & Burgess, E. (1985). Revision strategies in aphasia. *Journal of Neurological Communication Disorders*, *2*, 2-7.
- Nicholas, L., & Brookshire, R. (1993). A system for quantifying the informativeness and efficiency of the connected speech of adults with aphasia. *Journal of Speech and Hearing Research*, *36*, 338-350.
- Niemi, M., Laaksonen, R., Kotila, M., & Waltimo, O. (1988). Quality of life 4 years after stroke. *Stroke*, *19*, 1101-1107.
- Nisbet, J. (Ed.) (1992). *Natural supports in school, at work and in the community for people with severe disabilities*. Baltimore, MD: Paul H. Brookes.
- Oelschlaeger, M., & Damico, J. (1998). Spontaneous verbal repetition: A social strategy in aphasic conversation. *Aphasiology*, *12*, 971-988.
- Oliver, M. (1996). *Understanding disability: From theory to practice*. London, UK: Macmillan.
- Parr, S. (1994). Coping with aphasia: Conversations with 20 aphasic people. *Aphasiology*, *8*, 457-466.
- Parr, S. (1996a). The road more traveled: Whose right of way? *Aphasiology*, *10*, 496-503.
- Parr, S. (1996b). Everyday literacy in aphasia: Radical approaches to functional assessment and therapy. *Aphasiology*, *10*, 469-479.
- Parr, S., & Byng, S. (1998). Breaking new ground in familiar territory. Clinical forum. *Aphasiology*, *12*, 839-844.
- Parr, S., Byng, S., & Gilpin, S. (1997). *Talking about aphasia: Living with loss of language after stroke*. Buckingham, UK: Open University Press.
- Patterson, J., & Garwick, A. (1992). The impact of chronic illness on families: A family systems perspective. *Annals of Behavioral Medicine*, *16*, 131-142.
- Patterson, R., Paul, M., Wells, A., Hoen, B., & Thelander, M. (1994). *Aphasia: A new life. Handbook for helping communities*. Stouffville, Ontario, Canada: York-Durham Aphasia Centre.
- Peach, R. (1993). Clinical intervention for aphasia in the United States of America. In A. Holland & M. Forbes (Eds.), *Aphasia treatment: World perspectives* (pp. 335-369). San Diego: Singular.
- Penn C. (1998). Clinician-researcher dilemmas: Comment on 'supported conversation for adults with aphasia.' Clinical forum. *Aphasiology*, *12*, 839-844.
- Pessar, L., Coad, M., Linn, R., & Willer, B. (1992). The effects of parental traumatic brain injury on the behavior of parents and children. *Brain Injury*, *7*, 231-240.
- Petheram, B., & Parr, S. (1998). Diversity in aphasiology: A crisis in practice or a problem of definition? *Aphasiology*, *12*, 435-446.
- Petheram, B., & Parr, S. (1998). Reply: Plenty of room in the wardrobe: A response to Bastianne, Edwards, Cappa, Elman, Ferguson, Gordon, and Jordan. *Aphasiology*, *12*, 481-488.

- Pound, C. (1996). New approaches to long term aphasia therapy and support. *Bulletin of the Royal College of Speech and Language Therapists*, 532, 12-13.
- Pound, C. (1998). Therapy for life: Finding new paths across the plateau. *Aphasiology*, 12, 222-227.
- Prutting, C., & Kirchner, D. (1987). A clinical appraisal of the pragmatic aspects of language. *Journal of Speech and Hearing Disorders*, 52, 105-119.
- Ramsburger, G. (1994). Functional perspective for assessment and rehabilitation of persons with severe aphasia. *Seminars in Speech and Language*, 15, 1-16.
- Rao, P. (1997). Functional communication assessment and outcome. In B. Shadden & M. Toner (Eds.), *Aging and communication* (pp. 197-225). Austin, TX: Pro-Ed.
- Rice, B., Paull, A., & Muller, D. (1987). An evaluation of a social support group for spouses of aphasic partners. *Aphasiology*, 1, 247-256.
- Robey, R. (1998). A meta-analysis of clinical outcomes in the treatment of aphasia. *Journal of Speech, Language and Hearing Research*, 421, 172-187.
- Robillard, A. (1994). Communication problems in the intensive care unit. *Qualitative Sociology*, 17, 383-395.
- Rolland, J. S. (1994). In sickness and in health: The impact of illness on couples' relationships. *Journal of Marital and Family Therapy*, 20, 327-347.
- Roter, D. L., & Hall, J. L. (1992). *Doctors talking with patients/patients talking with doctors: Improving communication in medical visits*. Westport, UK: Auburn House.
- Ryan, E., Bourhis, R., & Knops, U. (1991). Evaluative perceptions of patronizing speech addressed to elders. *Psychology and Aging*, 6, 442-450.
- Ryan, E., Meredith, S., MacLean, M., & Orange, J. (1995). Changing the way we talk with elders: Promoting health using the communication enhancement model. *International Journal of Aging and Human Development*, 4, 89-107.
- Ryff, C. (1989a). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081.
- Ryff, C. (1989b). In the eye of the beholder: Views of psychological well-being among middle and old-aged adults. *Psychology and Aging*, 4, 195-210.
- Ryff, C. (1989c). Scales of psychological well being (short form). *Journal of Personality and Social Psychology*, 57, 1069-1081.
- Ryff, C., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry*, 9(1), 1-29.
- Sacchetti, C., & Marshall, J. (1992). Functional assessment of communication: Implications for the rehabilitation of aphasic people: Reply to Carol Frattali. *Aphasiology*, 6, 95-100.
- Sacks, H., Schegloff, E., & Jefferson, G. (1974). A simplest systematics for the organization of turn-taking for conversation. *Language*, 50, 696-735.
- Sandin, K. J., Cifu, D. X., & Noll, S. F. (1994). Stroke rehabilitation: Psychological and social implications. *Archives of Physical Medicine and Rehabilitation*, 75, S-52-S-55.
- Sands, E., Sarno, M., & Shankweiler, D. (1969). Long term assessment of language function in aphasia. *Archives of Physical Medicine and Rehabilitation*, 50, 202-206.
- Sarno, M. (1965). A measurement of functional communication in aphasia. *Archives of Physical Medicine and Rehabilitation*, 46, 101-107.
- Sarno, M. (1969). *The functional communication profile: Manual of directions*. New York: Institute of Rehabilitation Medicine.
- Sarno, M. (1993). Aphasia rehabilitation: Psychosocial and ethical considerations. *Aphasiology*, 7, 321-334.
- Sarno, M. (1997). Quality of life in aphasia in the first post-stroke year. *Aphasiology*, 11(7), 665-678.
- Sarno, M. T. (1991). The psychological and social sequelae of aphasia. In M. T. Sarno (Ed.), *Acquired aphasia* (2nd ed.) (pp. 521-582). San Diego: Academic Press.
- Sarno, M. T. (1992). Preliminary findings in a study of age, linguistic evolution and quality of life in recovery from aphasia. *Scandinavian Journal of Rehabilitative Medicine*, Suppl. 26, 43-59.
- Sarno, M. T., & Chambers, N. (1997). A horticultural therapy program for individuals with acquired aphasias. *Activities, Adaptation and Aging*, 22, 81-91.
- Schuling, J., de Haan, R., Limburg, M., & Groenier, K. H. (1993). The Frenchay activities index. *Stroke*, 24, 1173-1177.
- Sherman, S., & Anderson, N. (1982). *Ability testing of handicapped people: Dilemma for government, science and the public*. Washington, DC: National Academy Press.

- Shewan, C., & Bandur, D. (1986). Language-oriented treatment: A psycholinguistic approach to aphasia. In R. Chapey (Ed.), *Language intervention strategies in adult aphasia* (3rd ed.) (pp. 184-206). Philadelphia, PA: Williams & Wilkins.
- Shewan, C. (1986). The history and efficacy of aphasia treatment. In R. Chapey (Ed.), *Language intervention strategies in adult aphasia*. (2nd ed.). Philadelphia, PA: Williams & Wilkins.
- Shontz, F. C. (1991). Six principles relating disability and psychological adjustment. In R. Marinelli & A. Dell Orto (Eds.), *The psychological and social impact of disability* (pp. 107-110). New York: Springer.
- Simmons, N. (1986). Beyond standardized measures: Special tests, language in context, and discourse analysis. *Seminars in Speech and Language*, 7, 181-205.
- Simmons, N., Kearns, K., & Potechin, G. (1987). Treatment of aphasia through family member training. In R. Brookshire (Ed.), *Clinical aphasiology: Conference proceedings, Vol. 17* (pp. 106-116). Minneapolis, MN: BRK.
- Simmons-Mackie, N. (1998a). A solution to the discharge dilemma in aphasia: Social approaches to aphasia management. *Clinical forum. Aphasiology*, 12, 231-239.
- Simmons-Mackie, N. (1998b). In support of supported communication for adults with aphasia: Clinical forum. *Aphasiology*, 12, 831-838.
- Simmons-Mackie, N. (in press). Social approaches to the management of aphasia. In Worrall, L., & Frattali, C. (Eds.), *Neurogenic communication disorders: A functional approach*. New York: Thieme.
- Simmons-Mackie, N., & Damico J. (1995). Communicative competence in aphasia: Evidence from compensatory strategies. *Clinical Aphasiology*, 23, 95-105.
- Simmons-Mackie, N., & Damico J. (1996a). Accounting for handicaps in aphasia: Communicative assessment from an authentic social perspective. *Disability and Rehabilitation*, 18, 540-549.
- Simmons-Mackie, N., & Damico J. (1996b). The contribution of discourse markers to communicative competence in aphasia. *American Journal of Speech Language Pathology*, 5, 37-43.
- Simmons-Mackie, N., & Damico J. (1997). Reformulating the definition of compensatory strategies in aphasia. *Aphasiology*, 8, 761-781.
- Simmons-Mackie, N., & Damico, J. (1999). Social role negotiation in aphasia therapy: Competence, incompetence and conflict. In D. Kovarsky, J. Duchan, & M. Maxwell (Eds.), *Constructing (in)competence: Disabling evaluations in clinical and social interaction* (pp. 313-341). Hillsdale, NJ: Lawrence Erlbaum.
- Simmons-Mackie N., Damico, J., & Damico, H. (1999). A qualitative study of feedback in aphasia therapy. *American Journal of Speech-Language Pathology*, 8, 218-230.
- Simmons-Mackie, N., & Kagan, A. (1999). Communication strategies used by 'good' versus 'poor' speaking partners of individuals with aphasia. *Aphasiology*, 13, 807-820.
- Slansky, B., & McNeil, M. (1997). Resource allocation in auditory processing of emphatically stressed stimuli in aphasia. *Aphasiology*, 11, 461-472.
- Spencer, K., Tompkins, C., Schulz, R., & Rau, M. (1995). The psychosocial outcomes of stroke: A longitudinal study of depression risk. *Clinical Aphasiology*, 23, 9-23.
- Stainback, W., & Stainback, S. (Eds.) (1990). *Support networks for inclusive schooling*. Baltimore, MD: Paul H. Brookes.
- Starkstein, S., & Robinson, R. (1988). Aphasia and depression. *Aphasiology*, 2, 1-20.
- Stiell, D., & Gailey, G. (1995). Cotherapy with couples affected by aphasia. *Topics in Stroke Rehabilitation*, 2, 34-39.
- Strauss Hough, M., & Pierce, R. (1994). Pragmatics and treatment. In R. Chapey (Ed.), *Language intervention strategies in adult aphasia*. Philadelphia, PA: Williams & Wilkins.
- Sutherland, A. (1981). *Disabled we stand*. London, UK: Souvenir Press.
- Swanson, K. (1993). Nursing as informed caring for the well-being of others. *Journal of Nursing Scholarship*, 25, 352-357.
- Taylor, M. (1965). A measurement of functional communication in aphasia. *Archives of Physical Medicine and Rehabilitation*, 46, 101-107.
- Thompson, C. (1989). Generalization research in aphasia: A review of the literature. *Clinical Aphasiology*, 18, 195-222.
- Thompson, C. (1994). Treatment of nonfluent Broca's aphasia. In R. Chapey (Ed.), *Language intervention strategies in adult aphasia*. Baltimore, MD: Williams & Wilkins.
- Tippett, D., & Sugarman, J. (1996). Discussing advance directives under the patient self determination act: A unique opportunity for speech-language pathologists to help persons with aphasia. *American Journal of Speech-Language Pathology*, 5, 31-54.

- Verbrugge, L. M., & Jette, A. M. (1994). The disablement process. *Social Science and Medicine*, 38, 1-14.
- Wahrborg, P. (1989). Aphasia and family therapy. *Aphasiology*, 3, 479-482.
- Wahrborg, P. (1991). *Assessment and management of emotional and psychosocial reactions to brain damage and aphasia*. San Diego: Singular.
- Wahrborg, P., & Borenstein, P. (1989). Family therapy in families with an aphasic member. *Aphasiology*, 3, 93-98.
- Walker-Batson, D., Curtis, S., Smith, P., & Ford, J. (1999). An alternative model for the treatment of aphasia: The Lifelink© approach. In R. Elman (Ed.), *Group treatment for neurogenic communication disorders: The expert clinician's approach* (pp. 67-75). Woburn, MA: Butterworth-Heinemann.
- Wang, C. (1993). Culture, meaning and disability: Injury prevention campaigns and the production of stigma. In M. Nagler (Ed.), *Perspectives on disability* (pp. 77-90). Palo Alto, CA: Health Markets Research.
- Warren, R. (1996). Outcome measurement: Moving toward the patient. *ASHA Special Interest Divisions – Neurophysiology and Neurogenic Speech and Language Disorders*, 6, 5-6.
- Webster, E., Dans, J., & Saunders, P. (1982). Descriptions of husband-wife communication pre and post aphasia. In R. Brookshire (Ed.), *Clinical aphasiology conference proceedings* (pp. 64-74). Minneapolis, MN: BRK.
- Weisman, C. S. (1987). Communication between women and their health care providers: Research finding and unanswered questions. *Public Health Reports*, 102, 147-151.
- Weniger, D., & Sarno M. (1990). The future of aphasia therapy: More than just new wine in old bottles? *Aphasiology* 4, 301-306.
- Wertz, R. (1984). Language disorders in adults: State of the clinical art. In A. Holland (Ed.), *Language disorders in adults* (pp. 10-78). San Diego: College Hill Press.
- West, J. (1993). "Ask me no questions": An analysis of queries and replies in physician-patient dialogues. In T. A. Dundas & S. Fosher (Eds.), *The social organization of doctor-patient communication* (pp. 127-157). Hillsdale, NJ: Ablex.
- Whiteneck, G. G., Charlifue, S. W., Gerhart, K. A., Overholser, J. D., & Richardson, G. N. (1992). Quantifying handicap: A new measure of long-term rehabilitation outcomes. *Archives of Physical Medicine and Rehabilitation*, 73, 519-526.
- Whurr, R., Lorch, M., & Nye, C. (1992). A meta-analysis of studies carried out between 1946 and 1988 concerned with the efficacy of speech and language therapy treatment for aphasic patients. *European Journal of Disorders of Communication*, 27, 1-17.
- Wilcox, M. (1983). Aphasia: Pragmatic considerations. *Topics in Language Disorders*, 3(4), 35-48.
- Wilcox, M., & Davis, G. (1977). Speech act analysis of aphasic communication in individual and group settings. In R. Brookshire (Ed.), *Clinical aphasiology conference proceedings* (pp. 166-174). Minneapolis, MN: BRK.
- Wood, L., & Ryan, E. (1991). Talk to elders: Social structure attitudes and address. *Ageing and Society*, 11, 167-188.
- World Health Organization (1980). *International classification of impairments, disabilities, and handicaps: A manual for classification relating to the consequences of disease*. Geneva, Switzerland: WHO.
- World Health Organization (1997). *International classification of impairments, activities and participation. A manual of dimensions of disablement and functions. Beta-1 draft for field trials*. Geneva, Switzerland: WHO.
- Worrall, L. (1992). Functional communication assessment: An Australian perspective. *Aphasiology*, 6, 105-110.
- Yalom, I. (1985). *The theory and practice of group psychotherapy*. (3rd ed.). New York: Basic Books.
- Zemba, N. (1999). Aphasia patients and their families: Wishes and limits. *Aphasiology*, 13, 219-224.
- Zraik, R. I., & Boone, D. R. (1991). Spouse attitudes toward the person with aphasia. *Journal of Speech and Hearing Research*, 34, 123-128.