Introduction

ach section of this workbook refers to a particular speech or language skill that may have been affected by aphasia or language impairment. Each of those skills (defined below) is also represented by a column in Figure 1. The person's ability in each of those areas should first be evaluated by a speech–language pathologist, who should be asked to rate the patient's disabilities from 0 (normal) to 4 (a severe deficit), writing the appropriate number in the correct column in Figure 1. You will then be able to see a profile of the patient's problem and determine which sections of the book should be used in helping the patient overcome some of his or her disability. For the best results, start remediation in an area where success can be most easily achieved; in other words, do not start in an area in which a 4 rating was obtained.

It is important to maintain or rebuild the patient's confidence in his or her ability to use language as soon as possible; remember, this confidence has received a tremendous shock as a result of a stroke, tumor, accident, or other cause of the language impairment. Once again, begin where success is possible! For example, if the patient has problems matching like objects or pictures or recognizing objects when you say the names, begin there; the patient should have some difficulty but also experience some success. By comparison, beginning this same patient on following complex commands would result in failure, frustration, and reduced confidence. It will be helpful for you and the patient if you use the sections of this book that the speech–language pathologist has suggested, because the materials are designed to aid the patient through successful experiences in a particular segment of language, which can then be the foundation for more difficult language tasks to come. (Note that the instructions on the exercise pages are addressed to the patient. Directions for using the exercises and assisting your patient appear on separate pages in advance of the relevant exercise pages. If there is no clinician available, select the appropriate section as indicated by the following chart.)

Finally, note that exercises within sections of this book may be used across language areas. For example, the patient may write or verbally respond to materials in the word finding section. The clinician or family could use materials in the reading comprehension section to improve auditory comprehension by concealing the written words and saying these same words orally to the patient.

The following list defines the terminology used on the chart:

• Auditory Comprehension—The patient does not fully recognize or understand spoken language.

	Auditory Compre- hension	Word Finding	Sentence Structure	Oral Expression Practice Material	Reading Compre- hension	Writing	Spelling	Time	Arithmetic
0				~					
1									
2									
3									
4									

Figure 1. Patient profile.

- Word Finding—The patient cannot recall words or phrases at will. He or she often says, "I know what it is, but I can't tell you." This problem is often referred to as anomia.
- Sentence Structure—The patient is unable to formulate a sentence using a key word when it is given, to arrange word groups into a sentence, or to construct a meaningful simple sentence.
- Oral Expression Practice Material—The patient has language and words but lacks the ability to use words properly convey more complex ideas and grammatical structures.
- Reading Comprehension The patient cannot recognize letters or words and cannot understand simple or complicated written materials.
- Writing—The patient has lost memory patterns for movements in handwriting.
- Spelling—The patient is unable to recall letter sequences to write words correctly while formulating sentences.
- *Time*—The patient is unable to use a clock or watch to tell time.
- Arithmetic—The patient cannot count or recall numbers and cannot do the four basic processes in simple arithmetic.