Book Review

Spreen, O., & Risser, A. H. (2003). *Assessment of aphasia*. New York: Oxford University Press. xv + 320 pp. ISBN 0-19-514075-3. US$ 47.50.

Over two decades ago Spreen and Risser contributed an important chapter to the well-known volume *Acquired aphasia* edited by Martha Taylor Sarno (1981), in which they reviewed the methods around at the time for the assessment of aphasia in both adults and children. In later editions of this book (Sarno, 1991, 1998) this chapter was revised and somewhat enlarged, but due to publishing constraints the authors were limited in the amount of detail they were able to include.

In the last two decades we have seen an increasing interest in aphasiology and new developments in the research and testing of both aphasic and non-aphasic brain-damaged people. In view of these developments the new book by Spreen and Risser (S&R), bearing the same title as their original contribution to Sarno’s reader, *Assessment of aphasia*, is more than welcome. It provides a comprehensive and critical review of the methods currently available for the assessment of aphasia and related disorders in various brain-damaged populations.

In this book, originally suggested by Martha Taylor Sarno, the focus is on aphasia in adults, but there are also chapters on tests for aphasia in children and for the non-aphasic language disorders of people with traumatic brain injury, right hemisphere lesions, and dementia. In their extended survey of the (more than 60) language tests, each instrument is described in detail, including details on how to order and prices. S&R not only focus on the method of testing, but also pay attention to the theoretical position of the test authors and to the results of later research in which the test in question has been used. In discussing the strengths and weaknesses of the various tests, S&R put particular emphasis on the concepts of standardisation, reliability, and validity, thereby providing a valuable basis for clinicians and students-in-training to choose those tests that are most suitable for their own type of patients and purposes. However, in many cases it might be quite difficult for a potential test user to choose the ‘‘ideal’’ test(s) because, as S&R rightly point out (pp. 33–34):

> few tests in aphasia assessment fully meet the stringent psychometric requirements recommended by psychometric specialists and by associations concerned with the standards of testing (American Psychological Association, 1985). A primary reason for this is that most tests in the field of aphasia have been developed in individual clinics in the context of ongoing clinical services and are not generally adopted by large numbers of facilities and institutions. The collection of norms and the conduct of validity and reliability studies proceed slowly and are almost entirely dependent on the resources of test authors and their collaborators […] Aphasia tests are not bestsellers; as a result, psychometric development has been less than optimal in many instances and neglected in others.
The book by S&R is divided into four parts. In Part I, Introduction, the authors start off the first chapter by saying that the construction of aphasia tests is influenced by two main ideas: first by the conceptualisation of the nature of aphasia either as a specific disorder of selective linguistic abilities or as a pervasive communicative disorder, and second by the view of aphasia as being unitary in nature or as consisting of various subtypes. According to S&R a further distinction should be made between the clinical-neuroanatomical approach to aphasia, based on the Wernicke-Lichtheim model, and the psycholinguistic approach. In their description of the first approach, S&R give a short characterisation of the classical aphasia types (Broca’s, Wernicke’s, conduction aphasia etc.), while the second approach is illustrated by a short discussion of the later lexical processing model of Kay, Lesser, and Coltheart (1992).

Chapter 2 gives a brief outline of the history of aphasia assessment, starting with the simple clinical examination procedures used by Wernicke and contemporaries, up to and including various currently used methods for the analysis of spontaneous speech, such as the Correct Information Unit (CIU) analysis of Nicholas and Brookshire (1993).

In Chapter 3 the different purposes of aphasia assessment are described, because the evaluation and choice of a specific measuring instrument is, of course, largely dependent on the examiner’s goals. S&R distinguish the following general types of evaluation goals: (a) screening procedures (e.g., bedside clinical evaluations or specific-function tests like the Token Test); (b) diagnostic assessment (based on comprehensive test batteries such as the Boston Diagnostic Aphasia Examination); (c) descriptive evaluations for the direct purposes of rehabilitation and counselling; (d) progress evaluation to measure recovery; (e) functional and pragmatic assessment to measure the communicative and pragmatic abilities of brain-damaged patients; and (f) assessment of related disorders which may co-exist and influence the performance of the aphasic patient.

The final chapter of Part I describes and explains the general psychometric requirements that adequate tests should meet: standardisation, reliability (internal consistency, test–retest stability, and inter-rater reliability), and (criterion, construct and content) validity. In addition to these general requirements S&R discuss some specific requirements for tests with brain-damaged patients, such as range of item difficulty, overlap with intelligence tests and the ability of the test to measure recovery and the efficacy of therapy.

Part II, Contemporary tests and methods, can be considered as the central section of the book, because it contains a detailed discussion of both traditional and more recent test instruments for the assessment of acquired aphasia and related disorders in adults. Each test is reviewed along the lines set out in Part I, that is, each test is discussed in terms of the theoretical perspective of the author(s), the purposes of the assessment, and its standardisation, validity, and reliability. Part II is divided into five chapters, each dealing with a specific type of test.

Chapter 5 deals with the primary goal (“is the patient aphasic?”), utility, and limitations of informal clinical bedside examinations (e.g., Brookshire, 1997), whereas Chapter 6 discusses four of the more standardised screening tests, e.g., the Frenchay Aphasia Screening Test (Fast; Enderby, Wood, & Wade, 1987). Chapter 7 discusses over a dozen tests for specific aspects of language behaviour, such as auditory comprehension, e.g., the Token Test (TT; De Renzi & Vignolo, 1962), naming, e.g., the Boston Naming Test (BNT; Goodglass & Kaplan, 2000), and verbal fluency, e.g., the F-A-S test (Spreen & Benton, 1977).
Chapter 8 covers the most well known tests for functional communication. Most of these tests, such as the ASHA-FACS (Frattali, Thompson, Holland, Wohl, & Ferketic, 1995), the CADL-2 (Holland, Frattali, & Fromm, 1998), and the Pragmatic Protocol (PP; Prutting & Kirchner, 1987), have been developed in the past two decades, following the introduction of the tripartite categorisation “Impairment-Disability-Handicap” of the World Health Organisation (WHO, 1980). Although these functional tests, all of which make use of rating scales, might offer important information about communication in daily life that cannot be captured by standardised diagnostic test batteries, this possible advantage is often at the cost of psychometric limitations, because as S&R rightly note: “the rating scales are not a substitute for psychometric testing and run the risk of reflecting the subjective biases and experience limitations of the raters themselves” (p. 101).

The last chapter in this section explores the traditional and more recent comprehensive aphasia examinations. Nine examinations are discussed at some length, the amount of space devoted to each assessment instrument being largely determined by their popularity in the United States and the amount of research being conducted with the help of each test. As S&R note, these comprehensive examinations vary in their purpose, theoretical basis, and adequacy. Some tests, such as the widely used Boston Diagnostic Aphasia Examination (BDAE; Goodglass, Kaplan, & Barresi, 2001) and the Western Aphasia Battery (WAB; Kertesz, 1982) for example, aim to classify aphasic patients into one of the classical anatomical-based aphasic syndromes. Other tests, such as the Porch Index of Communicative Ability (PICA; Porch, 1967) and the Psycholinguistic Assessment of Language Processing in Aphasia (PALPA; Kay et al., 1992) do not subscribe to the classical Wernicke-Lichtheim taxonomic system, but use a different theoretical perspective. The PICA is based on a rather obsolete input–output language model and uses a complicated 16-point multidimensional scoring system, while the PALPA is based on an elaborate model of lexical processing, ignoring both the sentence and discourse level. Of these four instruments, all of which (except the PALPA) provide sufficient psychometrically data about standardisation, validity, and reliability, the BDAE had been the most widely used.

One main reason for the popularity of the BDAE is that a central section of this test is concerned with examining “Conversational and Expository Speech”. This focus on spontaneous speech or discourse is, of course, very understandable, since an impairment in speaking spontaneously is without doubt the most prominent and, for the patient and his/her family, most distressing characteristic of aphasia. Furthermore, the spontaneous speech characteristics of aphasic patients can be said to form the basis for the classification of aphasia in terms of the classical syndromes. The focus on the classical aphasia typology is not without problems, however, because, as is noted by S&R, a large proportion of patients remain unclassified by the Wernicke-Lichtheim model. In different studies with larger populations there is also wide variation as to the percentage of patients that can be reliably classified according to the traditional aphasia typology, ranging from 20–30% (Albert, Obler, Goodglass, Helm, Rubens, & Alexander, 1978; Prins, Snow, & Wagenaar, 1978) to 100% (Kertesz, 1982). These widely different opinions about the frequency of occurrence of the classical aphasia types have serious implications (not fully acknowledged by S&R) because in many cases it is unclear to what extent the results of group studies based on the classical typology apply to the same kind of patients. This can be true in different or sometimes even the same
centres. This uncertainty, of course, makes it very difficult to draw conclusions or make reliable generalisations about the psycholinguistic or neurolinguistic mechanisms underlying the symptoms of the traditional aphasic syndromes, and can thus be considered as a major obstacle for advancements in understanding aphasia.

Part III of the book, *Tests for children*, contains a review of assessments methods for both pre-school and school-aged children. Chapter 10 discusses some general issues in the testing of children. Using a somewhat obsolete terminology, S&R divide the language disorders in children in two categories: acquired aphasia (with focal brain lesions) and “developmental aphasia” (without demonstrable brain damage), better known in current terminology as “specific language impairment (SLI)”. As S&R note, the construction of suitable tests for children requires much more psychometric effort, especially for standardisation, than test construction for adults. Language abilities in children increase with chronological age and children of the same age level may show rather large variations in their linguistic skills. As a result, many of the tests discussed in the two subsequent chapters fail to meet the necessary psychometric standards and are reviewed more briefly and cursorily than the assessment methods in the previous section.

In Chapter 11, nine tests for infants and young children are discussed, including the Children’s Acquired Aphasia Screening Test (CAAST; Whurr & Evans, 1998) for children of between 3 and 8 years, and the Reynell Developmental Language Scales-III (RDLS-III; Reynell & Gruber, 1990) for children of between 8 and 29 months.

Chapter 12 reviews six tests for school-age children, including the Clinical Evaluation of Language Fundamentals-3 (CELF-3; Semel, Wiig, & Secord, 1987, 1995), and the Test of Language Competence-Expanded Edition (TCL-EE; Wiig & Secord, 1989). Some other well-known tests, such as the ITPA-3 (Hammill, Mather, & Roberts, 2002) and the PPVT-III (Dunn & Dunn, 1997) are only briefly mentioned.

Although S&R’s discussion of language tests for children might be valuable for some readers (especially those with an interest in SLI), the coverage of “childhood aphasia” in a book focusing on the assessment of aphasia in adults seems somewhat out of place, and appears to be prompted by an attempt to be inclusive rather than by a keen interest in the subject as such.

Part IV, *Contemporary clinical practice*, covers a rather heterogeneous collection of topics, some of which are only partly connected to the central theme of the book. Chapter 13 discusses some general issues in clinical practice, such as the decision-making process about the presence or absence of aphasia in patients in relation to premorbid language function, intelligence, emotional status, and attention.

Chapter 14 contains a brief discussion of some specific tests for the cognitive-communication disorders of patient with traumatic brain injury (e.g., the Brief Test of Head Injury, BHI; Helm-Estabrooks & Hotz, 1990), followed by a short description of two elaborated clinical approaches (Tompkins, 1995; Myers, 1999) for the examination of language and communication in patients with right hemisphere lesions. In spite of the growing interest in the non-aphasic communication problems, a standardised test for the pragmatic and discourse problems of these two populations is not yet available, mainly because a detailed analysis of discourse is quite complex and very time consuming, demanding resources that are not usually available in most clinical or academic settings.

Chapter 15 briefly discusses the age-related changes in the healthy elderly and subjects with dementia as found with
some of the assessment instruments described in the previous chapters (e.g., the BNT in Chapter 7). Except for the Arizona Battery for Communication Disorders of Dementia (ABCD; Bayles & Tomoeda, 1990), there are at present no specific tests for the language and communicative functions in patients with dementia. The ABCD itself should also be viewed as being in a preliminary stage, because of its insufficient psychometric development. S&R’s discussion of the assessment of the language and communication problems in dementia is quite brief and limited to Alzheimer’s disease (AD). No information is provided about the testing of other forms of dementia, such as vascular dementia, Parkinson’s disease, or primary progressive aphasia (PPA). Especially in the case of PPA, a language-based dementia extensively studied in the last decade, this can be considered as a notable omission.

The book concludes with two very short (fewer than four pages) chapters. Chapter 16 is a cursory discussion of the problems of testing aphasia in bilingual patients, but contains a useful table listing tests in other languages (e.g., French, Spanish, and Chinese) which have been translated into English.

Finally, Chapter 17 briefly discusses some general considerations regarding test choice and interpretations of assessment. S&R do not recommend particular tests, but advocate a flexible approach in which the test chosen is supplemented with other test procedures for specific problems, associated deficits, and specially constructed tasks suitable for retraining. They further advocate that “assessment is not an end in itself, but must be considered in relation to its potential value to the patient and the treatment and management of the patients deficits” (p. 223). Such general statements about the assessment of aphasia may sound sympathetic and sensible, but can be said to have little value in clinical practice, since nowhere in the book is it convincingly shown how the use of a particular test instrument may lead to valid predictions of recovery or to clear directions for effective treatment procedures. Given the obviously great experience and expertise of the authors in the field of aphasia testing, a more detailed and critical discussion of the practical usefulness of the various assessment instruments discussed and a more specific description of their own approach would have been more desirable.

Despite these minor shortcomings, the broad scope of this book and the in-depth coverage of both traditional and modern instruments for the assessment of aphasia and related disorders make it a valuable, practical, and up-to-date resource for both clinicians and researchers in the field of aphasiology. I personally used the book (especially the first two parts) extensively in a recent review of the analysis of the spontaneous speech in aphasic speakers (Prins & Bastiaanse, 2004) and can highly recommend it to speech and language pathologists, neuropsychologists, and clinical linguists, as well as their students and trainees.

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