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## Resource Reviews

### *Évaluation des ressources*

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#### **Mutism**

Yvan Lebrun

**Cost:** £19.95 (sterling)

**Published by:** Whurr Publishers Ltd., 19b Compton Terrace, London, N1 2UN England

**Reviewer:** *John Ryalls* Univ. de Montréal, Ecole d'orthophonie et d'audiologie

This monograph covers all aspects of mutism, dealing with functional and organic causes, treatment, and prognosis. Although total mutism may be encountered relatively rarely in the clinic, speech-language pathologists should still be prepared to deal with this total communication breakdown. In fact, there has been a lack of comprehensive information of all the diverse aspects of this complex clinical syndrome(s). Lebrun's book clearly bridges this gap. Lebrun does an excellent job of delimiting and distinguishing clinical syndromes which are often confused, even in the literature. He guides his reader through the functional versus organic bases of mutism while at the same time providing recent and appropriate references. Any clinician who has encountered this syndrome will appreciate Lebrun's discerning and sensitive treatment.

Despite the overall high quality of Lebrun's treatment, two minor criticisms could be levelled. One is that in a few instances the author could have gone just a little bit further. For example, the concept of autism is only mentioned in passing, yet Lebrun discusses the case of "a toddler who had extrafamilial mutism together with underdeveloped language skills but who liked to imitate non-verbal noises" (p. 35). It seems that some discussion of autism is appropriate in this case. Similarly Lebrun might have done his readers a great service by explaining the similarities and differences between terms such as childhood aphasia, language delay, and audio-mutatis. The other minor oversight in Lebrun's text was that a discussion of Brown's (1975; 1977) hierarchical account of neurological language disturbances was in order, even if only to criticize this account. This is especially true since mutism is the most fundamental disturbance accounted for in Brown's model. Despite these very minor shortcomings, Lebrun's *Mutism* makes an important contribution to the clinical literature and is surely the most comprehensive, yet concise, treatment that is presently available.

#### **Talking Together — The Movie: A Guide to Speech and Language Development in Young Children (Videotape and Manual)**

Anne Gardner

**Cost:** \$65.00

**Available from:** Talking Together, 1729 Comox Avenue, Comox, BC, V9N 3Z8

**Reviewer:** *Lori Davies* Martin Education Centre, Kelowna, BC

This 18 minute videotape is a humorous, fun, informative summary of how adults and children "Talking Together" in the context of everyday activities lays the foundation for children's language development. It is a companion to the manual *Talking Together — A Guide to Speech and Language Development in Young Children*, developed by Anne Gardner and published in 1988.

Clips from home videos of five preschool children of various ages are used which focus on the interactions between parents and children in their home environment. The script is clear, succinct, and easily understood. There are six areas covered: (1) How Children Learn Language; (2) Keep the Conversation Going; (3) Kids Need Someone to Talk To; (4) Bedtime Stories; (5) Concerns; and (6) Summary. Within each of these areas, the following techniques for stimulating language are demonstrated and discussed: (1) following the child's lead; (2) turn talking; (3) parallel talk; (4) self talk; (5) reflecting; and (6) expansion. These strategies are demonstrated in everyday situations such as eating, dressing, play, and bedtime stories. The examples emphasize that taking advantage of the language or conversation opportunities that arise naturally throughout the day is important to encourage the language development of any child. The tape concludes with a parent interview about concerns and a summary of the information presented. A parent handout accompanies the video, which is to be read before the video is viewed. It highlights the key principles of the video using cartoons and brief descriptive sentences.

The positive tone and the style of language used in the script make this video very appropriate for parents. It would be useful to parents who are on waiting lists and want some general information and suggestions; as a resource for use with parent groups; or as a supplement for a speech-language pathologist to use with a family in conjunction with ongoing therapy. The companion manual is 51 pages long and parallels the information presented in the videotape. It is concise, informative, and easy to read. Examples are taken from every day situations, and numerous cartoons by illustrator Bill Adams reinforce key points. As a package, this video tape and manual would be an asset to the resource library of any speech-language pathologist working with preschool children.

***American Sign Language:  
Linguistic and Applied Dimensions  
(2nd Edition)***

Ronnie Wilbur (1987)

**Cost:** \$31.00 (US)

**Published by:** College Hill Press/Little Brown & Company

**Available from:** Copp-Clark Pitman Ltd., 2775 Matheson Blvd. E., Mississauga, ON

**Reviewer:** David G. Mason, U. of Alberta and Alberta School for the Deaf

Wilbur indicated that *American Sign Language: Linguistic and Applied Dimensions* (1987) includes more up-to-date information on the linguistics of American Sign Language (ASL) than *American Sign Language and Sign Systems* (Wilbur, 1979) does. The newer book seems to emphasize the importance of the following areas: (1) the linguistic descriptions of ASL with emphasis on its phonology, morphology, and syntax; (2) sociolinguistic aspects of ASL; (3) psycholinguistic studies of memory and perception; (4) a study of sign language acquisition; and (5) bilingualism in deaf education. The author would rather deal with factual information on ASL and other types of signed communication and avoid any philosophical issues related to the time-honored oral versus manual communication controversy.

Readers with adequate ASL knowledge and experience should find the linguistic information on ASL and definitions of sign systems of English in this book reliable, accurate, and acceptable. The "Primarily for Linguists" sections in some of the chapters contain technical linguistic information that may be useful for researchers; average university students may skip these parts without missing the essence of Wilbur's work. Experienced sign language instructors may find this book a helpful source of linguistic information on ASL. This book would be appreciated more as a textbook for undergraduate or graduate level teachers of the deaf, if it is used by deaf professors/instructors with natural ASL skills to teach with. Deaf students may find this book an interesting source of information on the technical aspects of the sign language they have been using for years. Hearing students may enjoy discovering similarities and differences between ASL and English while learning ASL skills in classes or through interaction with deaf people.

The reader will notice that this book contains an adequate review of the 1960-1985 literature on ASL linguistics with much emphasis on the studies of the 1970's. It starts with an early phonological description of ASL signs and culminates with advanced descriptions of ASL syntax and usage. The information on a number of sign systems of English that appears in the latter

chapters seems to have been borrowed from Wilbur's earlier book. The overall quality could have improved had Wilbur provided more discussion on how ASL is helpful in English-based education. The chapters on sign systems may create confusion for certain readers who need clarification on the principles of ASL/English bilingualism. For example, they may have to be reminded that having English and ASL skills, rather than English and signed English skills, is an example of deaf bilingualism. This book contains very little information on how deaf individuals eventually become bilingually versatile and flexible with ASL and English. Readers are advised that, although *American Sign Language: Linguistic and Applied Dimensions* provides adequate information on the linguistics of ASL and definitions of sign systems of English, they still need to learn from deaf individuals with natural ASL skills in order to appreciate the depth and richness of deaf bilingualism and biculturalism.

Chapter 2 and 3 focus on the use of the phonology of spoken English as a basis for analyzing and describing the phonological aspects of ASL. Chapters 4, 5, and 6 deal with the morphology and syntax of ASL, confirming that it is a highly versatile and flexible language. Chapter 7 focuses on the psycholinguistic aspects of ASL with examples of metaphorical underpinnings. Chapter 8 contains studies to show that the rate of acquiring sign language skills is similar to that of spoken language skills in childhood. The sociolinguistic aspects of sign language are discussed with superficial information on deaf culture in chapter 9. Chapter 10 contains basic descriptions of several sign systems of English. Chapter 11 includes studies on the signed systems of English in school. Although this book contains accurate information on the linguistics of ASL and sign systems, the value of this book depends upon the experiences and skills of instructors or professors.

***An Introduction to Luria's Aphasiology:  
Theory and Application***

Aura Kagan & Michael M. Saling

**Cost:** \$14.95

**Published by:** Witwatersrand University Press, ISBS, 5602 N.E. Hassalo St., Portland, OR

**Reviewer:** Maureen F. Merchant NS Hearing & Speech Clinic, Halifax, NS

The stated purpose of this material is to make Luria's aphasiology more accessible to speech-language pathology clinicians and students. It is intended for aphasiologists interested in expanding their theoretical knowledge in the field — specifically those who have not been exposed previously to Luria's concepts. As the subject matter does not easily lend itself to summarization, confusion regarding terminology and theory is unavoidable in

places. The material, however, is presented in a logical sequence. The book contains a brief review of Luria's theoretical principles, aphasia classification, assessment approach, and treatment. The contents expose the reader to Luria, but further study would be necessary to fully appreciate his principles.

Those sections describing Luria's theories and classification of aphasia are considered to be essential reading for aphasiologists and students — especially those familiar with other theoretical views of aphasia (e.g., the Boston classification system). Although not a manual for clinical use, assessment, or treatment, sections of this book provide an interesting perspective on client management.

### ***Bilingual Aphasia Test***

*Michael Paradis*

#### **Cost:**

The Assessment of Bilingual Aphasia	29.95 (US)
Single-Language Stimulus Book	14.95 (US)
Single-Language Tests (10 booklets)	14.95 (US)
Bilingual Tests (10 booklets)	12.50 (US)

**Published by:** Lawrence Erlbaum Assoc., Inc., 365 Broadway, Hillsdale, NJ 07642 USA

**Reviewer:** *Guylaine Le Dorze* Ecole d'orthophonie et d'audiologie, Univ. de Montréal

The Bilingual Aphasia Test (BAT) "...provides a means of objectively evaluating the relative residual abilities in each of an aphasic patient's languages, so as to assure that all languages are assessed uniformly and that the scores obtained on any version of the test can be meaningfully compared to scores on any other." (p. 230) As stated in the book (or manual), the BAT was not designed for the diagnosis of aphasia, nor for the evaluation of compensatory strategies, nor for the evaluation of functional communication abilities; rather, it is essentially a test of linguistic performance. In order to attain that goal, Michael Paradis, in collaboration with Gary Libben, many researchers, and numerous graduate students around the world, has devised an instrument available in 40 different languages. Very careful attention has been given to the tasks' testing objectives, the linguistic particularities of each language to be tested, and the cultural aspects of the language in the selection and presentation of the stimuli.

The primary users of this test will certainly be speech-language pathologists or other professionals and researchers called upon to evaluate aphasic patients. It is stipulated that testing in each language be conducted by a native speaker. But as speech-language pathologists are not necessarily polyglots themselves,

Paradis suggests that the BAT is standardized in such a manner that a non-specialist native speaker, such as a parent or friend of the aphasic patient, may adequately deliver the test. The administration directions are clear, and specific instructions for each task are read by the examiner. The recording of responses is straightforward and involves little or no subjective judgment. Evaluating the patient using pointing tasks may be easy, but other tasks require some ability to analyze language. For example, in the sentence construction task, the examiner determines whether utterances are grammatical, whether they make sense, how many words they contain, and so on. It cannot be assumed that a non-specialist can adequately test an aphasic patient, as this requires some skill and training. Further research with the BAT is necessary to determine the reliability of non-specialists' delivery of the test. Nevertheless, in the interim, it should not deter one from evaluating an aphasic patient in a foreign language. Rather, if and when appropriate, testing will require training, supervision, and clinical judgement throughout the entire process.

The BAT contains 40 single-language tests in 40 different languages. There are also bilingual tests for specific language pairs. Most pairs are with English, but there are many others available, with many likely combinations of languages represented (e.g., French and Italian). In the bilingual tests, the ability to translate and to recognize word and sentence equivalents in both languages is evaluated. Each single-language test has a corresponding stimulus book and a response booklet, while the bilingual tests are contained in their respective response booklets. Because testing materials may not be available in some languages, the author points out that the appropriate single-language test may be used as the basic evaluation instrument.

The single-language tests are described by Paradis as quadrimodal (hearing, speaking, reading, writing) and linguistically multidimensional: the dimensions being the linguistic level (phonology, morphology, syntax, lexicon, semantics), linguistic task (comprehension, repetition, judgment, lexical access, propositionizing), and linguistic unit (word, sentence, paragraph). Each single-language test contains 32 subtests which are classical in the evaluation of aphasic patients. There is a strong emphasis on the evaluation of auditory comprehension; approximately 150 of the 400 test items pertain to auditory comprehension, and of these, more than half deal with syntactic comprehension. This makes the BAT the most thorough instrument available for the evaluation of syntactic comprehension, a quality clinicians will certainly appreciate.

With respect to the overall difficulty of test items, Paradis describes the approach to test design as a "100 % lowest possible ceiling" which means that, ideally, any person (healthy normal) with a practical command of two languages, and who uses them with no appreciable effort, should obtain 100 % correct on all subtests. However, a table specifying normal error ranges is provided in the manual. Unfortunately, it is not stated how these

error ranges were obtained, nor for which single-language tests these error ranges hold true. It is mentioned in the manual that 60 normal subjects were tested with the BAT in each language, but this data apparently has not been made available to test-users.

In testing aphasic patients, clinicians will probably find that the instrument is most appropriate for moderately or slightly impaired patients. Most subtests contain 10 stimuli or more, which do not, with few exceptions, appear in an order of difficulty. Also there are no provisions for ending a task if repeated failures are encountered. The organization of the subtests could have been smoother had modalities of one of the underlying dimensions served as the factor for determining the order of tasks. Clinicians might find it unnecessarily confusing to go from one modality to another and back again.

The analysis of spontaneous speech and writing includes many suggested measures. This is where the specialist (aphasiologist, speech-language pathologist) is needed to examine for the presence of paraphasias, neologisms, agrammatism, and many more features of aphasic output. Surprisingly none of these items are included in the response booklet. The response booklet itself is lacking a means for tabulating the data gathered and analyzing the scores with respect to linguistic level, linguistic unit, modality, or syntactic structure. Also absent is a practical means of charting and comparing performances in the different languages tested. The interpretation of results is left up to the examiner who is directed to take into consideration the patient's premorbid level of bilingualism and literacy. In the comparison of aphasia in two languages, what constitutes a significant difference is, again, a matter for the examiner's judgment.

In conclusion, speech-language pathologists will surely be enthusiastic about the BAT as it provides the first instrument for evaluating any bilingual or polyglot aphasic patient whatever be the language. This indeed is a situation with which more and more clinicians are faced. The publication of the BAT fills a void. Interested users will need to purchase every single-language test and bilingual pairs of tests they think they might need. As well, the objects serving as stimuli in a number of subtests (i.e., a glove, toothbrush, key, watch, thermometer..) will need to be purchased separately, as they are not provided. The manual for using the test is also absolutely necessary as all matters pertaining to test design, implementation, and scoring as well as the answer key are provided in it. A much appreciated detail is that the answer key is the same for all languages which makes easier the scoring of booklets in foreign languages. Once the instrument has been purchased, obtaining the information on the relative status of two languages in a bilingual aphasic patient will require a significant investment on the part of the examiner. First of all, testing in each of the single-languages is relatively long (at least one hour for each) and to that, the bilingual test (translation) needs to be added. Secondly and more importantly, if the exam-

iner is someone other than a specialist, the speech-language pathologist will need to invest in training and supervision of this person. Moreover the clinician will need to find someone capable of analyzing the specific responses of the patient in order to have all of the results. Surely though, these efforts may very well be justifiable for a number of patients.

### ***Sign Language and the Health Care Professional***

*Debbie E. Cole*

**Cost:** \$12.50

**Available From:** Krieger Publishing Co., Inc., P.O. Box 9542, Melbourne, FL 32902-9542

**Reviewer:** *Cynthia Tompkins* NS Hearing & Speech Clinic, Halifax, NS

This text is primarily intended for health care professionals in a clinical setting. It is not intended specifically for those in the human communication disorders area, although it could be useful to speech-language pathologists and audiologists working in a hospital setting.

The introduction is brief but gives some basic information on the rights of the deaf to an interpreter and some commonly held myths about the deaf population. The first three chapters deal with the basics of signing including the alphabet, hand-shape, numbers and time references. The final chapter discusses the interpreter's role in the medical management of the deaf patient.

Chapters 4-11 cover signs which are important in a medical setting, for example, anatomy, labour and delivery, vital signs and first aid. Each chapter begins with a brief description of the sign category which follows. The individual signs are well illustrated with a written description under the illustration. All signs are in the American Sign Language (ASL). The signs which are included are in Layperson's terms. The book has a useful sign index at the back for quick reference.

*Sign Language for the Health Care Professional* is a concise handbook style text for those who work in a clinical setting. While it is not designed for speech-language pathologists and audiologists it could be useful as a reference. It certainly would be a reference for physicians, nurses, occupational therapists and other members of the health care team who find themselves frequently treating deaf patients. The text is a brief but informative introduction to issues of deaf communication and gives basic sign vocabulary necessary for health care.