

# PREFACE

Welcome to the second of two issues of *Seminars in Speech and Language* devoted exclusively to the rehabilitation of individuals with traumatic brain injury (TBI). If you missed the first issue (Volume 13, Number 4, 1992) you will want to read at least some of those articles as background for the discussions in this issue. Topics included the nature of communication impairment following TBI, which focused on frontal lobe (executive system) issues, communication assessment (both formal and functional), selected themes in cognitive rehabilitation, and social skills intervention.

The current issue of *Seminars* addresses critical themes in rehabilitation, particularly beyond the acute stages of recovery. The articles by Pressley and Meichenbaum summarize a wealth of clinical information and research findings obtained from a variety of clinical populations in the important areas of compensatory cognitive strategies and executive system intervention. I believe that professionals who work in head injury rehabilitation will profit greatly from the thoughtful program development and effectiveness research that has evolved in fields in which clients' needs are similar to those of many individuals with TBI.

For a variety of good reasons, many clinicians, including speech–language pathologists, are focusing their services on the real-world challenges that individuals with TBI face after they return home and attempt to re-establish community life. Consistent with this theme, Kneipp and Paul-Cohen discuss a relatively new and certainly promising model of community-based rehabilitative services and supports for individuals with TBI. Williams addresses the complicated tangle of issues connecting individuals, their families, service providers, and competing models for thinking about rehabilitation following brain injury. She argues persuasively for a rapid departure from the traditional medical model of service delivery and for strong consideration of the positive aspects of the developmental disabilities model and especially of the independent living model, with its emphasis on autonomy and self-advocacy.

In the final two articles, practical suggestions are given for serving individuals with augmentative communication needs following TBI (Ladtkow) and for facilitating improved communication and behavioral self-regulation by working directly with those people every day, including family members, peers, and direct care staff, who are the primary communication partners of individuals with TBI (Ylvisaker, Feeney, and Urbanczyk).

I hope that readers will respond positively to the variety of professionals who have contributed to this issue: four speech-language pathologists, one clinical psychologist, one educational psychologist, one rehabilitation psychologist, one behavioral psychologist, and one social worker. I believe that there are two important points in

this selection of authors. One is that, because human beings are more than collections of arms, legs, and tongues, professionals must not retreat into neatly demarcated scopes of practice but must embrace the reality of the overlap in professional territories and fashion appropriately interdisciplinary services that are consistent with these realities. Second, speech-language pathologists working with individuals with TBI must actively seek out clinical wisdom from other professionals who work with this population as well as from those whose wisdom has been acquired from working with other clinical populations.

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Guest Editor