

## FOREWORD

It is generally acknowledged that the prevention of accidents, disease, and disorders of both physical and functional origins is the most effective and efficient way to manage the injuries, illnesses, and disabilities that would otherwise result. Likewise, early detection and treatment of diseases and disorders usually provide the best chance for recovery and prevention of further complications or handicaps. During the past decade, prevention efforts that focus on identifying infants and toddlers who are at risk for developmental disabilities, including later emerging speech and language disorders, have been expanded to accommodate the increasing number of medically compromised neonates. Medical and technological advances have increased the survival rates of such newborns dramatically in recent years, but many of these children have cognitive, sensory, and motor impairments that place their development at risk.

The development of many early intervention programs was fostered in 1986 when the 99th Congress extended the benefits of the Education for All Handicapped Children Act to children from birth to age 3. As a result, speech-language pathologists who wanted to become involved in these early intervention programs had to familiarize themselves with how early communication behaviors emerge among typically developing infants and gain an understanding of how congenital sensory, motor, and

cognitive impairments, or other disabilities that are acquired early in life, affect the developmental precursors to verbal communication and a child's later acquisition of normal spoken language skills. They also had to develop new management strategies that rely on family members as the primary providers of intervention services.

This issue of *Seminars in Speech and Language*, like the two preceding issues of Volume 18, focuses on an area of clinical information that has been encompassed by the profession's scope of practice only recently. Indeed, the information base on this clinical population and its management is still being constructed. To help us obtain a status report on what is now known about at-risk infants and toddlers, their assessment, and the strategies currently used to manage the problems identified, I turned to Dr. Elizabeth R. Crais at the University of North Carolina in Chapel Hill. She responded by carefully selecting clinicians and clinical researchers who are actively working with at-risk infants and toddlers and who are able to write about their work in a clear, responsible manner. The result is an issue that contains a storehouse of current clinical information and management perspectives about this expanding frontier of professional practice in speech-language pathology.

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