FOREWORD

In the past 50 years speech-language pathologists have seen major changes in the types of problems they see, the kinds of services they provide, the contexts in which they render those services, even in the roles they play as service providers. More and more, speech-language clinicians are working with other service providers, family members, administrative staff, and anyone else who interacts on a regular basis with the child or adult being seen for a speech-language disability or related disorder. As members of a service provider team, they collaborate in the evaluation and delivery of clinical services to children and adults in the everyday settings in which they live and communicate—classrooms, rehabilitation units, extended care facilities, homes—wherever their disability may be managed efficiently.

Many of these changes, such as the greatly expanded range of age groups and types of disabilities that are seen, likely reflect the remarkable growth in the field's scientific underpinnings. Other changes, of course, resulted from legislative mandates that require services to be provided in the least restrictive environment and to include family members in the planning or delivery of needed services. Some changes likely reflect more recent efforts to provide clinical services more economically. Regardless of cause, these changes require a re-conceptualization of speech-language disabilities, of traditional assessment and treatment processes, and of the roles and responsibilities of clinical service providers. Although these changes may not constitute a revolution in the discipline, they certainly signal that many speech-language pathologists are breaking new ground for the profession.

For many of us, change can be somewhat unsettling. The old saw, "If it ain't broke, don't fix it," aptly expresses the anxiety that change sometimes brings. For some, it isn't clear that speech and language clinical services need to be fixed, and for others, it isn't clear that this is the right fix. And in the absence of systematically controlled empirical comparisons, there has to be some uncertainty. To help us make some sense of these changes, I turned to Jim Andrews of Northern Illinois University. After some whining on my part and some contemplation on his, he agreed to serve as guest editor for this issue of *Seminars in Speech and Language.* As you will see, he was an excellent choice. Dr. Andrews applies the principles of systems theory to discuss the complex issues involved, and he asked clinicians who have been involved in charting these new directions to share their experiences and the information they have gained with us. There is much wisdom here for clinicians who now work, or soon will work, in a team or in contexts in which principles of systems can be applied to the resolution of clinical intervention problems.

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