

## PREFACE

The practice of the profession is changing. Many speech-language pathologists who previously worked alone, one on one with clients, are now including members of the client's natural context in assessment and treatment sessions. Depending on the environment in which the clinician practices, other participants in clinical services may be the client's family members, hospital staff, residential facility staff, or community agency staff. In schools, speech-language pathologists are involving classroom teachers, special educators, and even other children, to help children with communicative disorders improve their speech-language behaviors. The client-clinician dyad has expanded, then, to include other persons who problem-solve with the clinician and intervene with the client to create positive communicative changes in the individual with a communicative disorder.

Not only have speech-language pathologists expanded the unit of treatment with which they work, many do not isolate the client by providing their services in a "therapy room" or in the clinician's office. Clinicians practicing in schools are providing speech-language pathology services in the child's classroom. Clinicians practicing in other settings provide their services in the client's home. In addition, then, to expanding the unit of treatment, clinicians are working "in context," or in one of the natural environments in which the client spends a good deal of time. This treatment setting is usually very different from the plain, small, uncluttered traditional therapy room used in the undergraduate and graduate preparation of so many speech-language pathologists.

Third, techniques used by speech-language pathologists to change behavior have

expanded well beyond those used in a direct service delivery model. Counseling techniques have been added to the repertoire of many clinicians in order to help them make their knowledge usable by others. These techniques assist the clinician in learning about and using the views of others in the treatment system in ways that will facilitate speech-language improvement in the client. They also are used to learn about contextual interactions that may be linked with suggestions that will fit the interactive styles, content, and routines of the natural context in which members of the treatment system will intervene to help the client improve his/her communicative ability. These types of interventions are said to be "isomorphic" (a term defined by M. Andrews in this issue) to the context and the person making the intervention.

Fourth, in the past, speech-language pathologists were tempted to suppress information and be secretive about their techniques for fear that others untrained in the profession might attempt to promote change in a client's speech-language behavior. Today, many clinicians practice role-release and *encourage* others to promote speech-language change such as when another service such as physical or occupational therapy is provided. In other cases, the speech-language pathologist works with clients' families to develop, with their input, techniques that they may use at home in order to help their own family member.

Fifth, the hierarchical relationship between the professional and the client and between the professional and the client's family is changing to an egalitarian relationship. Others are acknowledged as having expertise that may be brought to bear to

help improve a client's communicative ability. This does not mean that the speech-language pathologist does not have expertise in changing speech-language behavior, but rather that other participants in the treatment system also have expertise. Others may be more familiar with what has been beneficial for the client in the past, they may know the characteristics of the client well and be able to predict the success of various interventions, and they may know the times that interventions will be accepted by the client, as well as times that they will not. Treatment sessions, then, are likely to include a sharing of both information and problem-solving to develop the most effective strategies for intervention. Speech-language pathologists practicing systemically view others in the treatment system as *partners* in treatment, thus establishing an egalitarian relationship.

As clinical practice continues to expand in these ways, it seems apparent that a systemic paradigm would be particularly useful as a theoretical basis for providing assessment and treatment services. That is what this issue of *Seminars* is all about. The first two articles relate directly to the systemic paradigm. First, systemic principles are discussed and illustrated as they could occur during a first early intervention session. Following this, Mary Andrews, a family therapist, discusses five systemic concepts that may be helpful in reading the remaining articles, all of which illustrate the systemic

practice of the profession. Martha Burns describes the application of these to her private practice with adults having neurologically-based communicative disorders. Doherty and Masters describe the evolution of their clinical practice in schools and the manner in which they consult and collaborate with teachers to provide services in the context of the classroom. Rush and Sheldon describe the way an early intervention team evolved to provide family-centered services. Harbers addresses the preparation of new professionals. She describes her "journey" from a strictly linear, medical model clinician to a clinician who came to understand the usefulness of systems concepts. She continues to deepen her understanding of these concepts as she teaches university students to use them in the context of a traditional speech-language pathology university program. Finally, Gottfred describes the larger systems of a city and her efforts to intervene in these systems. Dr. Gottfred is the 1995 recipient of the Louis M. DiCarlo award for her program which serves children and adolescents and their families in Cabrini-Green, a Chicago housing project.

I believe that the articles in this journal are useful, interesting, stimulating, and enjoyable to read. I hope you will agree.

James R. Andrews, Ph.D.  
Guest Editor