PREFACE

In the fall of 1990, I assumed responsibility for therapy for Matthew, a 5-year, 9-month-old child whose developmental communication disorder involved the sound system, intelligibility, and language. He also was receiving therapy at school, which I agreed to supplement with work that emphasized the sound system. Dr. Richard Curlee became acquainted with Matthew, and we often discussed his speech and language disorder and such concepts as clinical phonology, developmental speech dyspraxia, and whole-language therapy as each might pertain to his therapy. One result of our discussions was the development of this issue of *Seminars in Speech and Language.*

From interaction with the participants and use of the literature, I hoped to increase my understanding of viewpoints about the breadth and depth of evaluation required for Matthew's type of communication disorder, especially as it pertains to therapy planning. Do clinician-investigators working within different theoretical frameworks differ in their use of a set of information about a child with a communication disorder that includes a strong sound system component? In what ways do they agree? I was especially interested in four broad topics: 1) The first pertains to the influence of theories and abstractions on clinical practice. Evaluation procedures, classificatory inferences, and therapy recommendations are influenced by theories of language, knowledge of the child, learning and therapy models, and other variables. Presumably theories directed to the nature of language, other theories, and clinical scholarship supplement one another. But to what extent do they place different demands on evalaution and treatment? For example, are abstractions such as underlying representation useful at an operational, clinical level?, 2) The second topic pertains to evaluation. Is evaluation sometimes driven by theories that result in unnecessarily elaborate evaluation procedures and the collection of information about children that goes unused? Should children's communication be analyzed into modules, approached as a whole, or both?, 3) The third topic pertains to therapy. Can diverse views of therapy—here perceptual-motor, phonological, and whole language—be used in a complementary fashion with an individual child? and 4) The fourth topic pertains to the relationship between the first three topics and applied research.

In this issue, Mrs. Rebecca Vance reports and interprets history and language assessment information that was obtained during work with Matthew at the Scottish Rite-University of Arizona Center for Childhood Language Disorders. Next, Danielle Tessier describes Matthew's speech therapy conducted at the Gruenwald-Blitz University of Arizona Children's Speech and Hearing Clinic. She summarizes his response to that therapy and highlights information provided by Matthew's public school speech–language clinicians.

Five clinician-investigators, who are expert in sound system disorders, were asked to study narrative and tabular descriptions and audio and video recordings of Matthew, to consider the nature of his communication disorder and to formulate recommendations regarding his further evaluation and treatment. Each also was invited to highlight her or his theoretical perspective and to indicate how it could be applied to Matthew. None interacted with Matthew directly.

The five respondent contributors were provided with the following: (a) early

drafts of the Vance and Tessier articles, (b) selected video and audio recordings of Matthew in therapy, (c) a draft manuscript pertaining to the issues and questions raised in the preceding paragraph, and (d) information obtained from Matthew's mother in response to questions raised by one respondent. The videotape contained segments of therapy sessions recorded during fall of 1990 and spring of 1991. Included were such activities as the sampling of speech diadochokinesis, administration of the Goldman-Fristoe Articulation Test, talking to rhythm, use of token reinforcement, auditory discrimination activities, phonemic contrast production tasks, practice to stabilize /l/ in words, instruction to evoke /ɜ˞/, conversation, and story telling. The ubiquitous Three Bears was used in many ways, and original stories were created, illustrated, and retold.

The audiotape included a conversation recorded at the Child Language Laboratory as Matthew and a clinician played with Sesame Street toys and a later recording of Matthew and me talking about Disneyland. A gloss and transcription of the latter sample was provided, together with intelligibility and consonant inventory information derived from the transcription.

The draft manuscript that was given to the contributors expressed my opinion that some writers' therapy recommendations place excessive reliance on detailed assessment of a set of variables that are compatible with one linguistic theory or another but that are not relevant to therapy. I suggested that the study of sound system disorders, and perhaps clinical practice, is influenced too much by abstractions that are ill-defined and little tested experimentally. While data and theory about therapy are essential to clinical practice and professional status, there appears to be a surfeit of armchair "theorizing."

Dr. Dennis M. Ruscello discusses therapy for sound system disorders from a motor skill learning perspective. He relates speech to other motor acts and identifies key components in motor skill learning and their application in treatment. This therapy model emphasizes practice, performance planning by the learner, practice schedule, study of responses by the learner, feedback and knowledge of results, and data collection for evaluating the learner's response to treatment. Ruscello notes that Matthew presents several communication deficits and emphasizes that therapy planning should take into account the overall disorder.

Dr. Mary Elbert presents a theoretical perspective in which phonological disorders have both phonetic and phonemic components. She applies to Matthew's data the analysis and decision-making practices associated with the Indiana generative view of phonological disorder. Consideration is given to the selection of target sounds for therapy and to generalization. Sounds associated with little productive phonological knowledge are given highest priority in therapy, and monitoring is discussed as a means of observing and studying change in the sound system.

Dr. Megan Hodge approaches sound system disorders from a biological perspective that employs assumptions about cerebral maturation. She discusses developmental speech disorders in terms of three components: impairment, disability, and handicap. In considering evaluation and treatment, she discusses these three components of a disorder and their learning style, linguistic, and social role counterparts. She specifies evaluation objectives in each area and reports what she found in Matthew's data. She also makes therapy recommendations and compares them with the therapy summarized by Tessier.

Dr. Paul R. Hoffman reviews whole-language philosophy and emphasizes the importance of targeting levels of communicative ability in therapy rather than language forms. He refers to mental representations and their role in language learning and use, and he suggests that professional specialization and atomistic learning theory led to a fragmentation of Matthew's language in therapy. After reviewing the violations of whole-language tenets that resulted from such fragmentation, he recommends whole-language ther-

apy for Matthew with emphases on interactive play, narrative construction, and storybook reading.

Dr. Rebecca J. McCauley presents a comprehensive approach to therapy that encompasses articulatory, phonological, communication, and child variables. She differentiates between the core sound system disorder and the larger communication disorder of which it is a part, and she discusses the evaluation and treatment of each with specific reference to Matthew. Her therapy attends to global communicative competence and to specific weaknesses. Therapy sessions employ a whole to part to whole sequence.

The invitation to organize this issue of *Seminars in Speech and Language* provided me with opportunities to interact with admired colleagues and to use the professional literature in thinking about a child with a sound system disorder. Each one responded readily and skillfully. Dr. Anthony DeFeo served as reader-advisor; he and Rebecca Vance once organized and conducted a convention session similar in format to that used here. I am indebted to each of these individuals, to the school clinicians who served Matthew and shared information with us, and to Dr. Curlee, who was a continuing participant in the project.

I am especially indebted to Matthew's mother. In a society where too many children are undernurtured at home, it is a pleasure to interact professionally with a competent, loving parent and her children. Parent-clinician interaction is a cornerstone on which speech therapy for children is founded.

Ralph L. Shelton, Ph.D.
Guest Editor