

FOREWORD

There is a rapidly growing literature on the interrelationship of parent-child interactions and children's acquisition of communication skills and on how these interactions may be used in the clinical management of communicatively impaired children. To help us sort through this literature and examine its implications for speech-language clinicians, I have asked Nan Bernstein Ratner of the University of Maryland to serve as Guest Editor of the next two issues of *Seminars in Speech and Language*. The first issue focuses on the role of parent-child interactions in the management of children who stutter; the second on its role with children having other communication impairments.

A variety of treatment strategies have been recommended for young children who stutter. For those who have not been stuttering long and who evidence few if any accessory behaviors or associated features of stuttering, many clinicians believe that a child's home environment or that parent-child interactions should be primary clinical management targets. Some may examine parents' reactions to the child's stuttering and strive to help them react in a positive, constructive manner to make the child feel more accepted and secure. Others may explore the conflicts and stress levels that may characterize the child's home environment and attempt to decrease

them. Still others may direct their intervention efforts at modifying how parents communicate with their stuttering child.

These clinical management practices may be based on the belief that one or more critical factors in the environment precipitated the onset of the child's stuttering or are currently maintaining his or her fluency problem. Thus, if these factors can be eliminated or decreased, the child's fluency should return or be improved. Alternatively, such practices may reflect the belief that providing a more accepting, less tense home environment or that modeling more deliberate, less complex communicative behaviors will somehow facilitate a stuttering child's development of more fluent speech, regardless of what factors may have caused stuttering to begin. The goal of either view, of course, is to decrease the likelihood that a child's stuttering will persist into adult life as a chronic disability.

The contributors that Dr. Ratner selected for this issue have carefully examined the information available about parent-child interactions and stuttering and have provided us with thoughtful discussions of the implications of that information for clinicians who work with young children who have begun to stutter.

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