

FOREWORD

This is the second of two issues of *Seminars in Speech and Language* that focus on the application of recent advances in technology for aiding clinical assessments and management of language, speech, and swallowing disorders. The hardware and software now available span the range of ages and disorders included in the current scope of practice of speech–language pathologists. The May 1999 issue reviewed and tried to demystify some of the instruments and computer programs now being used to visualize the speech production and swallowing processes, administer test stimuli and assessment procedures, record and score clients' responses, organize and analyze data input from clients or clinicians, and even print reports of assessment findings. The focus of this issue is treatment and how current technology can assist clinicians in their management of children's and adults' language, speech, voice, and swallowing disorders.

I again asked Dr. Julie Masterson of Southwest Missouri State University to guide us through the rapidly expanding technological cyberspace being developed for speech–language pathology, and the crew she assembled for this expedition are familiar; their names also headed most of the articles in the May 1999 issue. Their task in this issue, however, is to describe how technological advances in speech–language pathology, which includes many of the same instruments and software programs reviewed in the previous issue, can also be

used for presenting treatment stimuli and tasks, correcting and rewarding responses, and helping clients improve their language, speech, voice, and swallowing functions.

Familiar routines and habits of long-standing are resistant to change, especially when the need for change is uncertain (i.e., "If it ain't broke, don't fix it!"), which may account, at least in part, for the apparent lag in clinicians acceptance and use of many recent technological advances in speech–language pathology. Some may be reluctant to use instruments or electronically embedded algorithms to perform traditional clinical tasks because they feel that they would be abandoning the skills and expertise that have been acquired over years of training and clinical experience. If so, I hope that these two issues of *Seminars* will allay such fears and concerns, because they clearly demonstrate that these advances in technology are providing tools that can substantially improve the clinical management of children and adults typically seen by speech–language pathologists. Indeed, I believe that all speech–language clinicians will be expected to use these sorts of tools skillfully in the near future, and I am hopeful that these *Seminars* issues will encourage readers who have chosen to remain unfamiliar with the technological advances described so far, to reexamine their reasons for not giving these clinical tools a try.

Richard F. Curlee, Ph.D.
Editor-in-Chief