

FOREWORD

The initial clinical training of many speech–language pathology students often begins with a young child whose acquisition of age-appropriate speech and language skills has fallen behind those of peers. I remember that when I was in clinical training such children were often described as having “a simple articulation problem.” Of course, as I gained experience, I learned that few “problems” are simple and that some of these children, especially those whose speech was seldom intelligible to me, improved very slowly.

Despite the time spent agonizing over what I might be doing wrong and what I should try next with such “simple problems,” it has been my experience that I learn much more from the challenges posed by these kinds of “problems” than when therapy progresses as expected. Consequently, I decided to devote an issue of *Seminars in Speech and Language* to a de-

tailed study of a child having a persistent sound system disorder. By analyzing this child and his therapy from several different theoretical and clinical management perspectives, I hoped to discover if there are common goals among diverse views and what differences, if any, distinguish these perspectives’ assessment and management strategies and techniques.

To oversee the planning and execution of this project, I had to look no farther than the office of a valued colleague down the hall, that of Ralph L. Shelton. Dr. Shelton and the clinician-investigators that he selected for this issue have achieved all that I had hoped, and in the process, have provided additional insight into the knowledge and art of current therapies directed at persistent sound system disorders.

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