Preface

Since the first edition of *Treatment Procedures in Communicative Disorders* was published in 1985 (and after its second edition in 1993), many academic instructors and clinicians who have used the book have offered several positive comments. The instructors and clinicians alike have welcomed the general approach taken in the book. They have strengthened my belief that the treatment principles and procedures explicated in our classrooms and clinics must be empirically based.

The book has been thoroughly revised for this third edition. The revision reflects both changes in the discipline and feedback received from instructors, professionals, and students. Most chapters have been expanded to include additional examples and clarifications that make the concepts and procedures clearer.

For this third edition, an accompanying book titled *Treatment Protocols in Communicative Disorders: Targets and Strategies* has been prepared. This treatment planning guide is a resource book that provides a variety of target behavior examples shown at various levels of response complexity. Most target behaviors described in *Protocols* are either readily usable or usable with minimum modifications to suit individual clients. This guide can get the clinician started in treatment with much less time spent on selecting and preparing target words, phrases, and sentences. *Protocols* gives brief descriptions of treatment strategies for each speech and language target. For the benefit of student clinicians, *Protocols* also contains treatment plans for major disorders of communication.

I would like to thank the many instructors and professionals who have used this book and offered constructive comments. I am especially grateful to my friend and colleague Adriana Peña-Brooks for many suggestions on improving the book and preparing the accompanying volume, *Treatment Protocols*. I also would like to thank Debbie Ma, an exceptional student of mine, who has been very helpful in researching target behaviors for *Protocols*.

Introduction

This book is written for practicing speech–language pathologists and student clinicians in training programs. The main objective of the book is to discuss the principles and procedures used in treating communication disorders. Generally, treatment of each different disorder is considered separately, with the implication that different disorders are to be treated uniquely. The approach taken in this book, however, is that certain treatment principles and procedures can be applied to all types of communicative disorders. This is not to suggest that the uniqueness of individuals or disorders should be ignored. To the contrary, the treatment model presented in this book seeks to clarify the issue of commonality and uniqueness. It suggests that treatment principles are based on generality and procedures on individual uniqueness.

This book presents an integrated model of treatment in a single source. The model has its empirical bases, but it is not theoretical. One of my major purposes in writing this book is to describe techniques that clinicians can use in treating clients on a day-to-day basis. At the same time, I have made every effort to put the practical treatment procedures in the context of broader and empirically based scientific principles. I believe that speech and language pathology, which is trying to broaden its scientific bases, cannot afford to take a cookbook approach to treatment. Nor can it afford to base treatment procedures on rational arguments and logical assumptions that are not empirically supported.

The book emphasizes clinician accountability in terms of legal and scientific requirements. Practical methods of documenting treatment effectiveness and a client's behavioral improvement are described. Strategies for documenting treatment effectiveness in individual clients without the aid of complex statistical techniques are summarized. It is well known that clinician accountability depends on the measurement of client behaviors. Therefore, objective and verifiable procedures of measurement are described and emphasized throughout this book.

There are common principles of selecting target behaviors for training. These principles, along with suggestions about how to select multiple target behaviors, are offered. The importance of selecting target behaviors from the standpoint of long-term maintenance is pointed out.

In the final analysis, a clinician's task is to increase certain desirable communicative behaviors in clients while decreasing certain undesirable and interfering behaviors. Therefore (in two chapters), basic techniques of increasing a variety of communicative behaviors and decreasing undesirable behaviors are specified. In a later chapter, a method for writing comprehensive treatment programs for clients

with speech and language problems is described. In addition, the reasons and procedures for making changes in written treatment programs are specified.

A significant clinical problem is the sequencing of treatment. A good program may be ineffective simply because it uses an inappropriate sequence of target behaviors. Before they are taught, many target behaviors must be simplified by the identification of smaller components that are learned somewhat easily. Subsequently, the learned components must be integrated into the final target behavior. A related problem is presented by clients who do not produce target behaviors at all. In such cases, the behaviors must be shaped into existence. Most clients in these situations need additional help in terms of modeling, instruction, prompts, and manual guidance. All of these techniques are described with examples.

A challenge clinicians face today is the maintenance of clinically established behaviors. This challenge is described as a "problem of generalization." It is possible, however, that the concepts and techniques associated with the term *generalization* are not appropriate for the clinical purposes of response maintenance. Some of these conceptual and methodological problems are discussed along with several techniques designed to achieve response maintenance.

Another clinical challenge is to get family members and others involved in a client's treatment. Most clinicians know that a comprehensive treatment program should include the significant others in a client's life. Therefore, a chapter addresses the problems that can occur when working with family members and others, offering potential solutions to these problems.

I hope that both practicing and student clinicians will continue to find this book useful in the planning and execution of treatment programs for their clients. In addition, I hope that the book will help clinicians plan treatment programs that are based on scientific and professional principles. These principles are a basis for designing flexible treatment programs that can be modified to suit individual clients with a variety of communicative disorders. The principles and procedures described in the book seek to fulfill the legal, professional, and scientific demands made on the profession.