

# Spa 127 exam study guide

[Linguistics](#), [Language](#)



1. What is the difference between “ typical" and “ normal? " \* Normal distribution coincides with the bell curve, Majority in the middle average \* Typical describes what is considered customary or expected, considered normal but they are not truly synonymous

2. What is the difference between formal and informal tests? Standardized and criterion referenced? Behavioral and objective or instrumental? Standardized testing compares patients performance to that of peers; same test given in some manner to allow all test takers reliable comparison. Norms can be established, individual performance compared. \* Criterion References testing measures an individual’s performance with respect to an expected criteria or established norm \* Behavioral testing relies on patient behavioral response or active cooperation or participation. \* Objective/Instrumental testing involves the use of equipment to provide information that is not reliant on a behavioral response from the patient.

3. Describe at least 5 essential steps or components of the assessment process (there are approximately 8 of them)

Case History Opening interview Hearing Screening Oro-facial screening Standardized testing Consolidation of findings Closing interview Report writing

4. What is “ sampling" with respect to assessment? Why is this Dr. Hahn’s preferred method? Sampling with respect to assessment is when what the patient says is transcribed and analyzed. Speech sample is transcribed phonetically so that pronunciation can be analyzed for impairment or language sample is transcribed verbatim in order to analyze for syntax, semantics, morphology and pragmatics.

5. Be able to define or at least recognize the definition of the following: \* Articulation- Refers to speech sound production \* Speech- Vocalized form of human

communication. \* Fluency- refers to the forward flow of speech \* Optimum and habitual pitch \* MLU - (Mean Length of Utterance)- measure of linguistic productivity in children \* Apraxia- motor speech disorder, motor signals from brain to articulation “ short circuit" and cause incorrect movements, resulting in incorrect sound production \* Dysarthria- motor speech disorder resulting from neurological injury of the motor component of the motor-speech system. \* Semantics- the study of meaning, relationships between words, phrases, signs and symbols \* Pragmatics- studies the ways in which context contributes to meaning \* Morphology- the identification, analysis and description of the structure of a given language’s morphemes and other linguistic units such as words, affixes, parts of speech, intonation/stress or implied context \* Syntax- the study of the principles and processes by which sentences are constructed in particular languages \* Phonology- describes the rule of a language that pertain to speech sound production

6. What are the language rules of thumb regarding MLU and age? 3 years old- shows more adult like sentence structure (3-3. 3 MLU) 4 years old- MLU is 3. 6-4. 7 morphemes 5 years old- MLU typically exceeds 5. 0 morphemes and child has acquired 70-80% of adult syntax

7. What are the speech rules of thumb relative to sound acquisition and age? 1 year- one word utterances 2 years- two word utterances 3 years- mostly 3-4 word utterances 4 years- most utterances will be 4-5 or more words in length 7 years- Adolescence- essentially adult like language

8. What is the “ traditional" or Van Riper approach to articulation therapy? 4 Steps (1) identifying the standard sound, (2) discriminating it from its error through contrasting and comparing, (3) varying and correcting the various productions until it is produced correctly,

(4) strengthening and stabilizing it in all contexts and speaking situations 9. What aspects of voice are usually assessed? Optimum or habitual pitch Intensity (loudness) Resonance Vocal Quality 10. What is a cleft? Who is most prone to cleft lip/palate? Least prone? Cleft- Hole Most Prone - Asian ancestry and certain groups of Native Americans Least Prone- African Americans 11. What are the main components of language? \* Receptive Language — what is understood \* Expressive Language — what is said \* Semantics — meaning of words/vocabulary \* Syntax — rules that govern structure of sentences (grammar) \* Pragmatics — rules governing the intent or use of language beyond the actual words (intent) \* Morphology — rules governing word formation (e. g., /s/ added to " dog" denotes plurality, /ed/ added to " play" denotes past tense, etc.) 12. What is the difference between expansion and extension and what are they? \* Expansion is expanding the child's utterance to make it correct, but not adding any new information to the child. The Clinician has to be a " detective" and try to figure out the child's intent so as to not alter the meaning of his utterance in your expansion response \* Extension is expanding your response to add new information to present to the child and taking the child's utterance to a new level or extends the reach of meaning 13. What are some of the major craniofacial syndromes and their primary features? Cleft Palate \* Disruption during first few of gestation \* over 400 multiple anomaly syndromes \* environmental factors are drugs, radiation, infection \* Difficulties are feeding, ear infections, dental issues, speech Treacher-Collins \* Caused by a defective protein called treacle \* Genetic mutation \* Microtia — abnormality of the outer ears \* Hearing Loss \* Micrognathia — small jaw \* Cleft palate \*

Coloboma — eyelid abnormalities \* Usually NORMAL INTELLIGENCE Crouzon Syndrome \* Genetic disorder \* Skull bones fuse prematurely (craniosynostosis), leading to malformation of the head \* Wide-set, bulging eyes \* Strabismus (crossed eyes) \* Underdeveloped upper jaw \* Hearing loss \* Dental abnormalities \* Cleft lip and/or jaw \* Usually NORMAL INTELLIGENCE Pierre-Robin Sequence \* Unknown cause — possibly due to fetal position in-utero; may be a recessive genetic component \* Micrognathia — small jaw \* Glossoptosis — tongue balls up in back of mouth and falls toward the throat \* Apnea or other breathing problems \* Horse-shoe shaped cleft of the palate or absent palate \* Hearing loss \* Usually NORMAL INTELLIGENCE

14. What are some of the conditions commonly associated with motor speech disorders and what are their characteristics? Autism and Pervasive Development Disorders (PDD) \* Cluster or spectrum of neurological, cognitive and behavioral signs and symptoms \* Impaired social interaction and communication deficits are prominent features \* Cause is unknown, but genetic/biologic predisposition seems likely \* Definition has broadened in recent years \* Incidence considered to be about 1: 150 children \* More commonly seen in males than in females Asperger's syndrome \* Mild form characterized by at least normal intelligence (often above average intellect) \* Typical language development, but with deficits in social and communication skills (pragmatics) Hyperlexia \* inordinate interest in letters and words characterized by early ability to read but with little comprehension Semantic-Pragmatic disorder \* characterized by limited vocabulary concrete definitions, poor conversational skills

15. What are the two broad categories of AAC? What are some specific examples of each?

What are some of the advantages and disadvantages associated with each?

Gestures/Manual Signs \* Advantages \* No external support devices needed \*

Portable \* No cost (except for training) \* Disadvantages \* Potential

communication partners limited \* Relies on user's memory abilities \* May be

difficult to learn Aided Communication \* Advantages \* Can produce

messages more complex than user's own language \* Can communicate at a

distance via voice output devices \* Disadvantages \* May break or lose power

\* Portability may be limited \* May be expensive