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*Test Bank  
to accompany*

# **The Communication Disorders Casebook: Learning by Example**

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## **PREFACE**

The test bank includes a set of multiple choice questions designed to assess conceptual knowledge attained from reading the cases as well as to assess skill in application of clinical knowledge in addressing clinical questions.

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## **Infant and Toddler Cases**

### **Case 1: *Autism Spectrum Disorder***

1. Cases of autism spectrum disorder (ASD) in children generally
  - a. provide evidence to support current theories of child development.
  - b. demonstrate instances that challenge notions about language development in which children reach developmental milestones in a similar manner and rate as their typically developing peers.
  - c. demonstrate instances of typically developing cognitive skills in the presence of atypical communication skills.
  - d. demonstrate instances of atypical speech and language development, but exhibit engagement in dynamic social interactions with others.
  
2. Anne is a child with autism spectrum disorder (ASD). Her clinician most likely used knowledge of Anne's attachment to her blanket in developing treatment plans. This clinical decision most likely reflects
  - a. skill in using knowledge of the human dimension to make clinical decisions.
  - b. skill in the integration of knowledge from multiple perspectives to make clinical decisions.
  - c. skill in assessing the relevance of information obtained from child and family.
  - d. all of the above
  
3. Diagnostic therapy is often recommended to determine an appropriate communication system based on needs and abilities. In the case of children with autism, the physical environment may need to be modified. These modifications would most likely include
  - a. choosing a room with lots of windows that have great views of the city .
  - b. hanging many colorful posters in the treatment room. These posters should depict appropriate communication acts among diverse groups of adults and children.
  - c. arranging tables, chairs and sofas to create 3-4 conversational group settings within the treatment room.
  - d. using containers strategically placed outside of direct visual line of client, to store additional therapy items.
  
4. A 'texture walk' is
  - a. a path created using a variety of textures that may be used to assist children with ASD in making physical transitions.
  - b. a path created using a smooth surface designed to decrease the amount of sensory stimulation provided to children with ASD.
  - c. an activity designed to decrease a child's tendency to run in hallways.
  - d. a therapeutic approach that facilitates functional play.
  
5. Children with autism spectrum disorder (ASD) are reported to experience difficulty with modulating, processing and integrating sensory information. The process by which SLPs investigate the impact of sensory challenges on how a child with ASD learns effectively and responds to sensory challenges is measured by
  - a. parent interview.
  - b. standardized tests.
  - c. language sampling.
  - d. diagnostic therapy.

## Case 2: *Cleft Lip and Palate*

1. Prior to cleft palate repair, infants may babble using atypical tongue positions. These babbles are often characterized by
  - a. sounds not requiring intraoral pressure such as nasals and glides.
  - b. sounds that make use of tongue-to-alveolar contact such as /t/ and /d/.
  - c. sounds that make use of tongue-to-palatal contact such as /tʃ/ and /dʒ/.
  - d. high frequency consonants such as /s/ and /z/.
2. When a child has a cleft palate
  - a. the oral and nasal cavities are separated allowing for the creation of the positive intraoral pressure needed for adequate sucking.
  - b. the oral and nasal cavities are continuous, interfering with the infant's ability to create the negative intraoral pressure needed for adequate sucking.
  - c. the oral and nasal cavities are continuous allowing the infant to efficiently coordinate breathing and sucking during feeding.
  - d. the oral and nasal cavities are continuous interfering with the infant's ability to create the positive intraoral pressure needed for sucking.
3. A glottal stop replacement
  - a. is a compensatory error.
  - b. is often learned before palatal repair.
  - c. is used by children with unilateral clefts of the palate only.
  - d. A and B
4. Nasal snorting is a compensatory error that suggests the child is attempting to
  - a. close the glottis.
  - b. close the velopharynx.
  - c. open the nasal passageway.
  - d. occlude the nares.
5. The source of speech sound errors in children with cleft lip and palate may be
  - a. structural deviations of the speech mechanism.
  - b. phonological impairment.
  - c. compensatory errors.
  - d. all of the above
6. The speech sound assessment protocol for children with cleft lip and palate should include questions about
  - a. size of speech sound inventory.
  - b. phonological constraints.
  - c. maladaptive compensatory errors.
  - d. all of the above

### Case 3: *Developmental Delay*

1. When assessing a child to determine the presence of expressive language delay, it is important to ask questions about the size of a child's phonetic inventory and the presence of phonological constraints because research shows that
  - a. children with small phonetic inventories typically struggle with acquiring pragmatic skills.
  - b. children with diverse phonetic inventories typically have large vocabularies.
  - c. the diversity of consonants and syllable shapes produced during babbling is not related to later language outcomes.
  - d. the diversity of vowels produced in varied syllable shapes is a predictive marker of expressive language delay.
2. Differential diagnosis of a 'late talker' is difficult because
  - a. the labels 'late talker' and 'expressive language delay' are synonyms.
  - b. 'late talkers' and children with expressive language delay are often shy and talk very little.
  - c. the criteria for diagnosing expressive language delay in toddlers have not been established.
  - d. both groups of children lack the foundation for language acquisition.
3. Differential diagnosis of childhood apraxia of speech (CAS) in children under three years of age is a challenge, especially if
  - a. expressive vocabulary is limited.
  - b. receptive and expressive vocabulary is age-appropriate.
  - c. the child demonstrates lack of motor coordination.
  - d. the repertoire of syllable shapes produced by the child is limited.
4. For a toddler with a small lexicon, the presence of fricatives in his or her phonetic inventory may suggest that he or she
  - a. is a late talker.
  - b. has expressive language delay.
  - c. is developing an aberrant phonological system.
  - d. is at risk for childhood apraxia of speech (CAS).
5. Ben's phonetic inventory included two fricatives suggesting he may be a 'late talker' rather than a child with expressive language delay; however, direct therapy rather than an indirect approach was the method of choice, which suggests
  - a. providing treatment to Ben at the time of diagnosis may be unethical, because benefit cannot be derived.
  - b. providing treatment reflects the clinician's disregard of research evidence that supports using the presence of fricatives as a diagnostic marker of a late talker.
  - c. providing treatment reflects use of evidence-based practice in which research evidence and patient/family values are weighed equally when making clinical decisions.
  - d. providing treatment demonstrates the clinician's inability to stand up to demanding parents.