QUICK REFERENCE TO SPEECH-LANGUAGE PATHOLOGY

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Quick Reference to Speech-Language Pathology

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This book is dedicated to our fathers,
William H. Pore
and
Herbert C. Reed,
and to the memory of our mothers,
Anne D. Pore
and
Ruth Krehbiel Reed

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Introduction

The purpose of this book is to provide a quick reference to those disorders, syndromes, and conditions seen among clients served by speech-language pathologists. It was written primarily as a source of information regarding those conditions for a diverse group of professionals, including clinicians, students of speech-language pathology, researchers, and educators, and lay people also will find the text informative and helpful in better understanding the nature of these disorders.

The book is organized by a classification of syndromes and conditions rather than by type of communication disorder. This allows clinicians preparing for a new admission to make a quick comparison between a stated diagnosis and information in the book relating to the diagnosis. It also recognizes that many conditions require intervention for more than one type of communication disorder.

The intent of this book is to provide more than a quick reference to specific disorders. It was written also to provide a summation of the present state of knowledge and practice regarding each condition. To that end, no sources used in researching the book were published earlier than 1992. Appendix F, however, contains a bibliography of the writings of several well-known practitioners in the field over the years. We provided it with the hope that readers, in referring to these sources, will gain some perspective on the history of the profession and its practices.

We sought to include in the book as many relevant conditions as possible. Most often the primary factor in excluding any particular one was a lack of published information regarding that condition and/or speech and language implications of the disorder. Whenever possible we included disorders mentioned in the literature. In some instances, this led to the inclusion of syndromes for which literally only a handful of cases have been identified. These are included because as clinicians we may be called on to provide services to someone with such a diagnosis and because it is hoped

that their inclusion will generate increased interest and subsequent research and reporting within the field. Some of the diagnoses that were considered for the book, but were not included because of insufficient published information, include Charcot-Marie-Tooth disease, Floating-Harbor syndrome, Gerstmann's syndrome, multiple system atrophy, tuberous sclerosis, Turner's syndrome, and Werdnig-Hoffman disease.

Each disorder in the book follows the format given below:

1. *Disorder*: The name of the disorder, followed by an abbreviation and/or any alternative names by which the disorder is commonly known.
2. *Description*: A brief description of the overall characteristics of the disorder, based on *The Merck Manual, 16th edition,* and/or information found in the cited references.
3. *Etiology*: A review of what is known regarding the cause of the disorder, based on *The Merck Manual, 16th edition,* and/or information found in the cited references.
4. *Speech and Language Difficulties*: A listing of speech and language characteristics associated with the condition.
5. *Associated and Other Difficulties*: A listing of other symptoms and characteristics associated with the condition.
6. *Assessment*: Included in this section are specific assessment instruments mentioned in the literature, with the following exception: tests that are not readily available are excluded. This has led to the exclusion of a few old "standards" that are now out of print, as well as the exclusion of tests and assessment instruments that were mentioned by name in the literature but for which no clear reference or publisher could be located. Appendix H lists all tests mentioned in the text, in alphabetical order, with descriptive information and the name of the publisher. Addresses and phone numbers of publishers are provided in Appendix I. Due to frequent fluctuations, pricing information is not included. Appendix G lists specific references for those assessment instruments that are not commercially available. In addition to specific instruments, the assessment section lists general areas to be evaluated, based on the acknowledged areas of speech and language difficulty.
7. *Intervention Techniques*: Specific techniques mentioned in the literature are covered, as well as general intervention techniques based on the acknowledged areas of speech and language difficulty.

8. *Results of Recent Studies*: This section summarizes those studies that fall within the time frame covered in the book and have been read by at least one of the authors. Not included are the results of studies referred to by other authors. Readers are encouraged to consult the sources given at the end of each chapter for references to additional studies. Also, generally excluded from this section are studies that report on a single case.

9. *Prognosis*: Information on the prognosis for the condition as a whole is discussed in this section. Despite recent calls within the field for specific outcomes data regarding speech and language interventions, very little published information is currently available regarding therapy outcomes for specific conditions.

10. *References*: The final section is a list of the cited references. In addition, Appendix E provides a list of more general readings on the subject of augmentative and alternative communication (AAC) and on the assessment and treatment of dysphagia. In the time period covered by the material in this book, 1992 to 1998, the technique of facilitated communication was strongly advocated by some authorities within the field while being denounced by others. Appendix D provides a list of readings on the topic.

Table of Contents

Chapter 1

Developmental Disorders

- Adult developmental disabilities
- Attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD)
- Central auditory processing disorders (CAPD)
- Cerebral palsy (CP)
- CHARGE association
- Child abuse and neglect
- Developmental apraxia of speech (DAS) and developmental verbal dyspraxia (DVD)
- Developmental language disorders (DLD) and developmental receptive language disorders (DRLD)
- Down syndrome (DS)
- Fetal alcohol syndrome (FAS)
- FG syndrome
- Landau-Kleffner syndrome (LKS) (acquired epileptic aphasia)
- Learning disabilities (LD)—adults
- Learning disabilities (LD)—children and adolescent
- Mental retardation (MR)—children and adolescents
- Prenatal cocaine exposure (PCE)
- Specific language impairment (SLI)

Adult Developmental Disabilities

DESCRIPTION

Federal legislation defines a developmental disability as "a severe, chronic disability of a person 5 years of age or older, which is attributable to a mental or physical impairment or combination of mental and physical impairments, and is manifested before the person attains age 22." It is likely to continue indefinitely and results in substantial functional limitations in three or more areas of major life activity: (1) self-care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency. It also reflects the person's need for "a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated." (Accardo and Whitman, 1996)

ETIOLOGY

(See Autism; Mental Retardation—Children and Adolescents; Cerebral Palsy)

SPEECH AND LANGUAGE DIFFICULTIES

- Use of pronouns "he" or "she" on first mention in a conversation without supplying a referent.
- Difficulty with pragmatics.
- Lack of strategies for repair of conversational breakdown.
- May be nonverbal.

(See also Autism; Mental Retardation—Children and Adolescents; Cerebral Palsy)

ASSOCIATED AND OTHER DIFFICULTIES

- Hearing and visual deficits are common.

(See also Autism; Mental Retardation—Children and Adolescents; Cerebral Palsy)

ASSESSMENT

- Rule hearing loss in or out.
- Be sure client does not understand or speak only a foreign language.
- Assess pragmatic skills in a variety of real-life situations applicable to each client.

(See also Autism; Mental Retardation—Children and Adolescents; Cerebral Palsy)

INTERVENTION TECHNIQUES

- NOTE: The use of facilitated communication to enhance the communication skills of persons with mental retardation and other developmental disabilities has been reported in the literature. The reader should be aware that use of this technique is controversial. References on the use of facilitated communication may be found in Appendix D.
- Create situations that empower clients to make choices for themselves. (Domingo, 1994)
- Work with clients in group settings. Address functional communication skills. (Trace, 1996)
- Help clients learn behavioral and language expectations in different settings, e.g., in a library, at a ballgame, and in a restaurant.
- Learn and then teach to clients the vocabulary and mores in any given setting.
- Establish communications books for clients.
- Enlist the aid of a co-worker in integrating a client into the milieu of a work setting.

RESULTS OF RECENT STUDIES

- When observed in two settings, the day-to-day activities of a day habilitation program and a less formal setting, adults with mental retardation evidenced somewhat more control of the speaking situation in the less formal setting. (Domingo, 1994)
- In one study of two severely disabled clients, interaction with co-workers increased with the introduction of communication books. (Storey and Provost, 1996)
- Mothers with mental retardation received home-based training in the areas of praising their child, providing imitation/expansion of the child's

utterances, and physical affection. Following the period of training, when compared with a control group, mothers in the training group showed significant increases in responsive and reinforcing interactions with their children. In addition, children from the targeted group showed significant increases in language development skills and spoke their first words significantly earlier. (Feldman, et al., 1993)

PROGNOSIS

(See Description above)

REFERENCES

Accardo PJ, BY Whitman. *Dictionary of Developmental Disabilities Terminology.* Baltimore: Paul H. Brookes Publishing Co. 1996:87.

Domingo R. The expression of pragmatic intentions in adults with mental retardation during instructional discourse. In: Bloom RL, LK Obler, S De Santi, JS Ehrlich, eds. *Discourse Analysis and Applications: Studies in Adult Clinical Populations.* Hillsdale, NJ: Lawrence Erlbaum Associates. 1994:111–30.

Feldman MA, B Sparks, L Case. Effectiveness of home-based early intervention on the language development of children of mothers with mental retardation. *Research in Developmental Disabilities.* 1993;14(5):387–408.

McLean LK, NC Brady, JE McLean. Reported communication abilities of individuals with severe mental retardation. *American Journal on Mental Retardation.* 1996;100(6):580–91.

Storey K, O Provost. The effect of communication skills instruction on the integration of workers with severe disabilities in supported employment settings. *Education and Training in Mental Retardation and Developmental Disabilities.* 1996;31(2):123–41.

Trace R. For adults with MR program is essential link to functional communication. *Advance for Speech-Language Pathologists & Audiologists.* 1996;6(6):6–7.

Zarrella S. Quality of life: improving social interactions in DD. *Advance for Speech-Language Pathologists & Audiologists.* 1995;5(11):4,38.