

Hegde's PocketGuide to Assessment in Speech-Language Pathology

Fifth Edition

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Hegde's pocketguide to assessment in speech-language pathology
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Preface to the Fifth Edition

The fifth edition of this *PocketGuide to Assessment in Speech-Language Pathology* has been updated and expanded to offer detailed and comprehensive coverage of the assessment of all disorders of communication. Information in all entries has been updated to reflect the current practice and more recently developed procedures. Differential diagnostic guidelines on disorders that tend to be confused have been clarified. Standardized tests for all disorders have been updated to reflect current preferences of clinicians.

This fifth edition includes several new entries. Telepractice, artificial intelligence in assessment, quality of life assessments, assessment of abstract and figurative language, social communication skills, ethnographic interview techniques and their application to quality of life assessment, primary progressive apraxia of speech, Lewy body dementia, and transgender and gender-diverse individuals are new entries. Alternative assessment approaches and guidelines to assess communication disorders in ethnoculturally diverse individuals have been expanded. A reworded entry on genetic and congenital disorders associated with communication disorders has also been included.

The format of the guide has been significantly improved. More heading styles have been introduced to make it easier to quickly spot specific information. Whenever possible, levels of bulleted lists have been reduced to facilitate more rapid access to information and simplify the format. Updated crucial references have been added.

The publication of the fifth edition of this assessment pocket-guide is marked by the simultaneous publication of the fifth edition of *Hegde's PocketGuide to Treatment in Speech-Language Pathology*. Both PocketGuides reflect the current knowledge base and professional practice in speech-language pathology. As a set, the two PocketGuides offer comprehensive information on assessment and treatment of all disorders of communication.

The two guides serve a dual function: First, they are detailed enough for student clinicians as well as the more established practicing clinicians. Second, the guides are succinct enough to provide an overview of the entire range of knowledge on assessment and treatment in speech-language pathology.

Like its earlier editions, this fifth edition of the *PocketGuide to Assessment in Speech-Language Pathology* combines the most desirable features of a specialized dictionary of terms, clinical resource books, and textbooks on assessment. It is meant to be a quick reference book like a dictionary because the entries are alphabetized, but it offers more than a dictionary because it specifies the steps needed to assess each disorder of communication. Just before the scheduled assessment of a client, clinicians may quickly review the steps and procedures given in the succinct bulleted lists.

The *PocketGuide* is like a resource book in that it concentrates on practical procedures to be used in diagnosing disorders, but it offers more than a resource book by giving comprehensive assessment procedures in all their details, including alternative approaches, telepractice, artificial intelligence in assessment, quality of life measures, and so forth. The *PocketGuide* is also like a standard textbook that describes assessment procedures, but it organizes the information in a manner conducive to more ready use and easier access.

How the PocketGuide Is Organized

All main entries for assessment of communication disorders are printed in bold and orange color. Each cross-referenced entry is underlined. Each main disorder of communication is entered in its alphabetical order. Subcategories or types of a given disorder are described under the main entry (e.g., Broca's Aphasia under Aphasia: Specific Types, Ataxic Dysarthria under Dysarthria: Specific Types).

To avoid repetition under each main entry, assessment techniques that are common to major disorders have their own entry. These independent entries include case history, interview, hearing screening, orofacial examination, abstract and figurative language, social communication skills, quality of life assessments, communication disorders in ethnoculturally diverse individuals, and so forth. Nonetheless, elements of common assessments that are unique to given disorders are described for each disorder under the main entry for that disorder.

How to Use This PocketGuide

The guide may be used very much like a dictionary. There are two basic ways in which a clinician can find information of interest. First, a clinician who wants to read about the assessment of a particular disorder (e.g., Aphasia, Dementia, Language Disorders in Children, Voice Disorders, Stuttering) will find it by its main alphabetical entry. The table of contents quickly directs the clinician to the main entries that are the names of various disorders. Under each main entry, the clinician may be referred to certain concepts, assessment techniques, or assessment tools that are cross-referenced. All cross-referenced entries are underlined. Thus, throughout the guide, an underlined term means that the reader can find more about it in its own main alphabetical entry.

Second, the clinician also may look up certain assessment methods by name. Two such entries, Speech and Language Sample and Standard/Common Assessment Procedures, have been noted. Other such entries that are not named disorders but assessment targets, concepts, or techniques include Artificial Intelligence, Teleassessment, Social Communication Skills, Developmental Norms for Phonemes, Augmentative and Alternative Communication (AAC), Phonological Patterns, Grammatical Morphemes of Language, Computerized Axial Tomography, Maximum Phonation Duration, and so forth.

A Caveat

Serious attempts have been made to include most assessment techniques described in the literature. However, the author does not claim that all existing assessment techniques have been included. The author did not set for himself the impossible goal of including all assessment techniques ever used or published. The practical goal was to describe assessment techniques that are most commonly used in diagnosing the frequently encountered disorders of communication.

About the Author

M. N. Hegde, PhD, is Professor Emeritus of Speech-Language Pathology in the Department of Communicative Disorders at California State University, Fresno. A highly regarded and proficient author in speech-language pathology, his books include leading texts for academic courses and valuable resources for practicing clinicians. Dr. Hegde enjoys world renown as a researcher, presenter, and contributor of original articles to leading national and international journals and is also the critically acclaimed author of more than two dozen highly regarded books in speech-language pathology. He has edited more than 25 books for different publishers, is on the editorial board of several scientific journals, and has been a guest editor of international journals. He also has served on the editorial boards of scientific and professional journals and continues to serve as an editorial consultant to the *Journal of Fluency Disorders* and the *American Journal of Speech-Language Pathology*.

A

Abductor Spasmodic Dysphonia (ASD). To assess this type of voice disorder of neurological origin, see Spasmodic Dysphonia; see Adductor Spasmodic Dysphonia; see also Voice Disorders for general procedures of assessment of vocal parameters.

Abstract and Figurative Language. Assessing production and comprehension of proverbs, metaphors, similes, and idioms; recognition of absurd statements; distinction between logical and illogical utterances; drawing correct inferences from indirect expressions (understanding implied meanings); and appropriately responding to humor and jokes.

Assessment of Abstract and Figurative Language/General Guidelines

- Assess abstract and figurative language skills in individuals with traumatic brain injury, right hemisphere disorder, dementia, and older students and adolescents with language disorders
- Assess understanding and production of proverbs, common sayings, idioms, and metaphors that are generally known in the client's culture and language; these language features well known in one language and culture may be unknown in another
- Assess abstract and figurative language skills that are suitable to the level of education, occupation, bilingual status, and ethnocultural background of the client
- Consult the cited Nippold book for developmental data on abstract language and multiple examples of proverbs, metaphors, simile, idiom, riddles, and jokes; Nippold also gives examples of proverbs from different cultures; find additional assessment items online

Assess Impaired Comprehension of Proverbs and Idioms

- Proverbs suggest a lesson learned from life or a common belief in the community; idioms are everyday expressions that do not compare anything like metaphors and similes do; idioms indirectly say something or refer to an action or event but not what is literally meant

- Present two written statements for each proverb, one stating the literal meaning and the other stating the proverbial (abstract) meaning; for instance, for the proverb *all that glitters is not gold*, write (a) everything that shines is not gold (literal) and (b) everything that appears good may not be good (implied meaning)
- Do the same for selected idiomatic statements; for example, to assess comprehension of *it's up in the air*, write (a) it is something flying in the air (literal), and (2) something is undecided (idiomatic)
- Present the written statements and ask the client to select (e.g., touch) the one that says what the proverb or the idiom means
- Tell a few proverbs without written statement and ask the person to orally state the abstract meanings
- Ask the person to state a few proverbs and explain what they mean
- Assess multiple exemplars of proverbs (e.g., *birds of a feather flock together*, *actions speak louder than words*, *you reap what you sow*, *no man is an island*, *bury the hatchet*, *off the record*, *skeleton in the closet*) and idioms (e.g., *read between the lines*, *kick the bucket*, *a piece of cake*, *spill the beans*, *saving up for a rainy day*)

Assess Comprehension of Metaphors and Similes

- Use the assessment procedures described for proverbs and idioms
- Write both literal and abstract meanings of selected metaphors and similes
- Ask the person to orally state the abstract meaning or touch the correct written statement
- Ask the person to spontaneously produce a few proverbs and state their meanings
- Note that metaphors equate two things (*this is that*) to suggest similarity; similes suggest similarity by using the word *like* (*this is like that*) or using the word *as* twice in the same phrase (*this is as good as that*)

- *Time is money* or *The world is a stage* are metaphors because they equate two things without qualification, whereas *She eats like a bird* and *He is as steady as a rock* are similes because they point out similarities without equating the two
- Write both literal and figurative explanations of metaphors or similes you present
- Ask the person to explain their meanings or touch the correct sheet of answers (literal or figurative)
- Assess comprehension of multiple metaphors (e.g., *he is a rolling stone*, *she is an early bird*, *life is a roller coaster*, *her daughter is her sunshine*) and similes (*as clean as a whistle*, *as fit as a fiddle*, *slept like a rock*, *fits like a glove*)

Assess Impaired Comprehension of Humor

- Use cartoons to assess humor comprehension
- Show cartoons and their captions separately
- Ask the client to study the cartoons and then match them with their captions
- Ask the client to say what is humorous about the cartoon
- Ask the client to read a few jokes whose body of the joke and the punchlines are separated
- Ask the client to match the joke with its punchline
- Ask the client why a joke is funny
- Assess multiple joke exemplars

Assess Impaired Inference With Multiple Strategies

- Tell brief stories or describe short episodes
- Ask questions to have the client describe information not explicitly stated but implied in the narratives; for example:
 - Describe the following scenario to the client: *A man in a business suit, tie, and a tablet in his hands walks into a restaurant and asks the hostess, "Do you have a special room that is quiet? Need a table for five."* Then ask the client, "Why do you think the man wants a quiet room to eat?" The correct

response may be something like, “Perhaps he is going to have a business luncheon meeting.”

- Use various kinds of pictures or illustrations in books and magazines; for example:
 - Show a picture in which a man is packing a duffel bag and a pair of hiking boots are placed next to it, and a woman is putting a fancy dress into a suitcase and a pair of high-heeled shoes are placed next to it; ask the client, “Where are they going?”
 - Expect the correct response (“The man is going on a hiking trip; the woman is going on a business trip”)
 - Show a picture that prompts multiple inferences (e.g., show the picture of a woman buying a large bouquet of flowers in a flower shop and ask, “Why is she buying flowers?”); multiple answers may be good inferences (e.g., “She is buying flowers for her husband’s birthday”; “She is buying flowers for her friend’s wedding”)
 - Use similar strategies with other kinds of pictures (e.g., such as those by Norman Rockwell) and ask the client to infer what is going on and what had just gone on
 - Show such line drawings as that of a dog on a beach, shaking its body, and ask what the dog had been doing (swimming)
 - Show pictures of sad and happy faces and ask the client why they might be so

Assess Impaired Recognition of Absurdities

- Use pictures that depict logical and absurd events
- Show the picture of a cat chasing a rat and another of a rat chasing a cat
- Show the picture of an elephant eating leaves and another eating a dead cow
- Ask the client to point out the one that is logical (correct)
- Ask the client to point out the one that does not make sense (absurd)
- Use other pairs of absurd and logical pictures