

Hegde's PocketGuide to Treatment in Speech-Language Pathology

Fifth Edition

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Preface to the Fifth Edition

The fifth edition of this *PocketGuide to Treatment in Speech-Language Pathology* has been updated to include newer research-based treatment procedures. All existing entries have been revised in light of recent developments in treatment approaches and techniques. Guidelines on treating all disorders of communication have been revised in accordance with evidence-based practice principles. Unfounded treatment procedures have been eliminated. Available controlled or other kinds of evidence for described major treatment procedures are briefly noted. To further assist critical evaluations and treatment procedure selections, comprehensive levels of evidence are described. Most entries have been revised to make them more succinct to allow inclusion of newer information. Current references to major entries have been added and older ones eliminated.

A companion volume, *Hegde's PocketGuide to Assessment in Speech-Language Pathology*, has been simultaneously revised to update and expand information on assessment approaches and procedures. The two guides provide comprehensive information to advance evidence-based clinical practice. The guides serve a dual function: First, they are detailed enough for the 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 related to assessment and treatment in speech-language pathology.

This fifth edition of the *PocketGuide to treatment procedures* is designed for clinical practitioners and students in communication disorders. The *PocketGuide* combines the most desirable features of a specialized dictionary of terms, a clinical resource book, and textbooks on the treatment of communicative disorders. It works as a quick reference book like a dictionary because the entries are alphabetized, but it offers more than a dictionary because it specifies treatment

procedures the clinicians can apply step-by-step in treating any disorder of communication in any age group. The PocketGuide is like a resource book in that its main objective is to describe practical treatment procedures while minimizing theories that are often unnecessary to implement the procedures. However, the guide offers more than a resource book because it clearly specifies all the steps involved in treating clients with various communication disorders.

The PocketGuide is unlike any other standard textbook or resource book on treatment because it is uniquely comprehensive in addressing treatment procedures for all disorders of communication in both children and adults. The technical treatment actions the clinicians take are highlighted to show that the same set of techniques are applicable in treating disorders from A through V—aphasia to voice disorders and all disorders in between. Easy accessibility for a specific disorder's treatment is the main reason why the guide is written as an alphabetized dictionary.

How the PocketGuide Is Organized

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

A major concern or confusion of clinicians is the multiplicity of advocated treatment procedures for every communication disorder. Selection of a treatment procedure may be baffling, especially to student clinicians. This guide simplifies the treatment selection process. For each of the major communication disorders, the clinician will first find a description of a comprehensive and complete treatment procedure that is self-sufficient to treat that disorder. Clinicians may use this procedure because it integrates all necessary and research-supported procedures to treat that disorder. The procedure is comprehensive in that it begins with establishing baserates, moves through steps in treatment, and ends with maintenance strategies and caregiver training. The comprehensive procedure also describes treatment at progressively more complex levels, beginning with the sound-syllable-word level to conversational speech. Most specialized and named treatment programs do not offer a comprehensive picture of treating a disorder; most are limited to a single skill and limited skill levels.

Organization of entries varies somewhat for different disorders, but they follow a general format that begins with a brief description of the disorder, general guidelines on treatment, ethnocultural considerations in treatment, and comprehensive treatment procedures in many cases, ending with specific treatment programs or procedures when available (e.g., social approaches to treating aphasia, enhanced milieu teaching, or syllable prolongation in stuttering). Major and current

references are given at the end of each main entry and at the end of most specific treatment techniques or programs.

Many specific techniques that are a part of the comprehensive treatment program and are applicable to treating multiple disorders have their independent entries (e.g., Baselines, Discrete Trials, Modeling, Biofeedback, or Reinforcement Schedules, Response Cost, Pause-and-Talk). Disorders for which a particular technique is especially appropriate are also described.

How to Use This PocketGuide

There are two methods for the clinician to use this guide. In the first method, the clinician may look up treatment procedures by disorders in their alphabetical order. *Major Entries* (in the table of contents) will quickly refer the reader to specific communication disorders described in the guide. Clinicians can rapidly gain access to treatment procedures, from aphasia to voice disorders, described in their alphabetical order. Under each of the main entries for major disorders, the clinician may look up subentries or specific types of disorders. For example, under Dysarthrias, the clinician will find the various types of dysarthria, also entered alphabetically, from ataxic dysarthria to unilateral upper motor neuron dysarthria. Similarly, following the main entry for Aphasia, the different varieties of aphasia are described in their alphabetical order.

In the second method, the clinician may look up a treatment procedure by its name. For example, the clinician can look up such specific treatment techniques as the following in their alphabetical order: activity-based language intervention, airflow management in stuttering, conversational repair strategies, delayed auditory feedback, functional equivalence training, mand-model, melodic intonation therapy, and so forth. In many cases, the reader who finds a specific treatment technique in the alphabetized order is referred to the specific disorder for which the technique is applicable.

A Caveat

Conscientious attempts have been made to include most treatment techniques described in the literature. However, the author is aware that not all techniques have been included. Some have been excluded because of their transparent lack of logic, appropriateness, or even an expectation of desirable effects. Others have been omitted because of negative evidence. A few popular methods are described briefly with the cautionary note that the method may be useful but more

evidence is needed to support its practice. Most importantly, in any task such as this that requires an encyclopedic review of the entire treatment literature in speech-language pathology, the omission of a procedure that deserves inclusion is an acknowledged limitation and an unintended consequence. The reader more often may be correct in assuming that a technique was omitted inadvertently than to assume that it was considered and rejected. After careful consideration, rejecting or accepting a technique, included or excluded in this guide, is still the clinician's prerogative as well as responsibility; the author hopes that this guide will facilitate that consideration. Finally, the author will be grateful to clinicians and researchers who might suggest procedures to be included in future editions.

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, 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 and 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

Abstract and Figurative Language. These language skills, also described as figurative (non-literal) language skills, include production and comprehension of proverbs, metaphors, similes, and idioms; recognizing absurd statements; distinguishing logical and illogical utterances; making correct inferences from indirect expressions (understanding implied meanings); understanding humor and jokes; and so forth.

Abstract and Figurative Language Intervention/General Guidelines

- Abstract and figurative language skills may be treatment targets in several kinds of communication disorders, including those based on neurological impairments (e.g., traumatic brain injury, right hemisphere disorder, dementia), autism spectrum disorder, significant language disorders in older students and adolescents, and so forth
- Such skills may be targets for individuals with any type of communication disorder if assessments reveal deficits
- Controlled experimental research on practical treatment methods are extremely limited; use behavioral intervention procedures that are known to be effective in teaching various language skills
- Target these advanced features after establishing the basic language skills, including words, sentences, narratives, discourse, and other [Social Communication Skills](#)
- Select treatment targets that are client-specific; consider the level of education and occupation for all individuals; in addition, consider the individual's bilingual status and ethnocultural variables because of their effects on proverbs, common sayings, idioms, and metaphors; these tend to be culture-specific
- Find common proverbs, metaphors, and similes online
- See the cited Nippold book for developmental data on abstract language and multiple examples of proverbs, metaphors, simile, idiom, riddles, jokes, and so forth

Treat 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:
 - Tell the client that *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?” Reinforce the correct response, which may be something like, “Perhaps he is going to have a business luncheon meeting.”
 - Describe and teach inferences from multiple scenarios
- **Use various kinds of pictures or illustrations**
- Find such stimuli for inferences 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?”
 - Reinforce correct responses (“The man is going on a hiking trip; the woman is going on a business trip”); prompt if no responses; correct wrong responses by modeling the right inference
 - 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”; and so forth)
 - Use similar strategies with other kinds of pictures (e.g., such as those by Normal 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
- Show pictures that show sad and happy faces and ask the client why they might be so
- Train multiple exemplars and test generalized inferencing skills by presenting new and untrained stimuli

Treat 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
- **Present verbal or written statements that are logical or absurd**
 - Present printed absurd and sensible statements and ask the client to separate them (e.g., “Yesterday, I was so hungry when coming home from work that I went to a park and sat there” versus “Yesterday, I was so hungry when coming home from work that I stopped by a restaurant to eat before reaching home”)
 - Present other absurd and logical statements
 - Present a series of absurd statements without their logical counterparts and ask the person to explain why a statement is absurd
 - Test for generalized recognition of absurd statements by presenting untrained statements

Treat Impaired Comprehension of Proverbs

- **Teach client-specific proverbs**
 - Proverbs mean something other than what the words directly say

- For the selected proverbs, write literal interpretations and the abstract meanings they imply; for instance, for the proverb *Birds of a feather flock together*, write (a) birds with similar feathers stay together (literal) and (b) similar people associate with each other (implied meaning)
- Ask the client to select statements that give literal meanings
- Ask the client to select statements that give abstract meanings
- Prompt correct responses
- Reinforce and give corrective feedback
- Tell a few proverbs and ask the person to state the abstract meanings
- Ask the person to state proverbs and explain their abstract meanings
- Start with more common proverbs (e.g., *Honesty is the best policy*) and move on to less common proverbs (e.g., *Don't put too many irons in the fire*)
- Teach multiple exemplars and test for generalization with untrained proverbs
- **Teach common metaphors and similes**
 - Metaphors (figurative speech) equate two things, implying some kind of similarity; similes point out similarities between two things without equating them; *this is that* is a metaphor (e.g., *Summer in the desert is the oven at 400 degrees*; *She is a sun in the day, a moon in the night*), but *this is like that* is a simile (e.g., *Driving through fog in Fresno is like swimming in mushroom soup*; *the hail storm was like a pebble storm*)
 - Write both literal and figurative explanations of metaphors or similes you present
 - Ask the person to explain their meanings
 - Prompt and reinforce correct interpretations; verbally correct literal interpretations
 - Teach multiple exemplars and test for generalization of correct interpretations by presenting untrained metaphors and similes