

Instructor's Manual and Test Bank

For

*Early Language Intervention for Infants, Toddlers,
and Preschoolers*

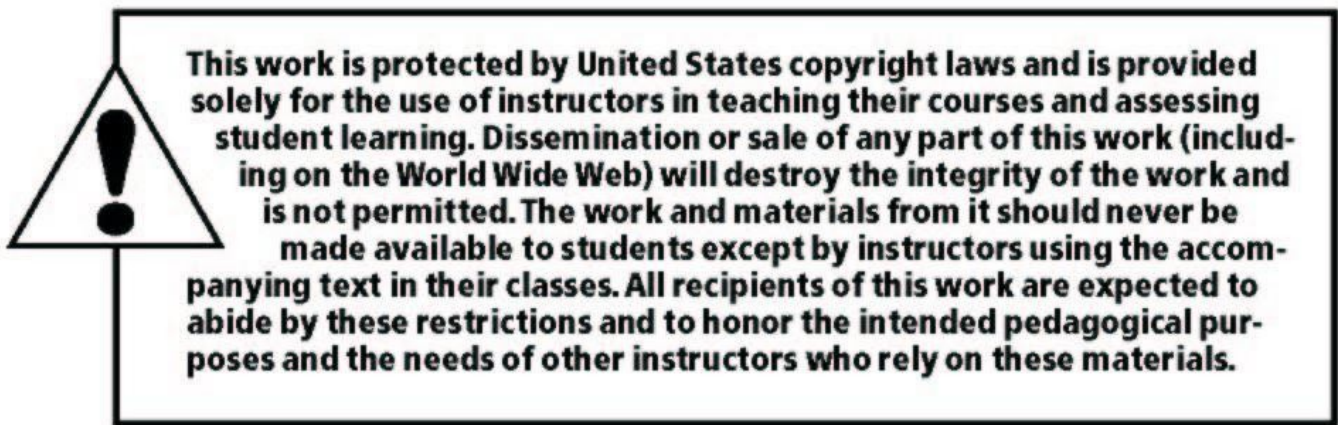
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Chapter 1 - Components of Early Intervention Test Bank Questions

Multiple Choice Questions

1. States maintain Early Intervention programs serving children between the ages of birth and three based on what requirement?
 - a. The Americans with Disabilities Act (ADA)
 - b. Part B of the Individuals with Disabilities Education Act (IDEA)
 - c. Rowley Standard set forth by the United States Supreme Court in Board of Education v Amy Rowley
 - d. Part C of the Individuals with Disabilities Education Act

2. A speech-language pathologist (SLP) is describing his role on an Early Intervention Team. He describes frequent collaboration with other team members including an early childhood developmental specialist, physical therapist, and occupational therapist. Each professional is involved in planning and each provides strategies for implementation. The SLP is the primary service provider (PSP) seeing the child and family weekly. The other professionals are consultants but not currently providing direct services with the family. This is best an example of what type of EI team model?
 - a. Interdisciplinary
 - b. Transdisciplinary
 - c. Multidisciplinary
 - d. All of the above
 - e. None of the above

3. Which of the following is consistent with a diagnosis of developmental disability?
 - a. Onset before the age of 3
 - b. Significant difficulties with expressive language, motor skills, and cognition that make self-care difficult.
 - c. A speech-language impairment without motor or cognitive impairment
 - d. Catch up growth with discharge from services by the age of 5

4. Two speech-language pathologists (SLPs) attend a workshop on cultural competency. One of the SLPs confides in another that she thinks this is waste of time as she took an entire semester course on multicultural aspects of communication disorders in her graduate program. Which tenet of cultural competency has been violated based on this statement?
 - a. The dynamic and ongoing nature of developing cultural competency
 - b. Recognition that different cultural groups have different expectations for communication
 - c. Skills at recognizing cultural differences exist
 - d. The idea that much of what we know about developmental milestones comes from the dominant culture

5. Evaluate the following statement from an IFSP development to identify which necessary component is missing:

The child, Mason's current status is defined as presenting delays in the areas of fine motor development and expressive language development but otherwise healthy. Mason's family reports a stable family status defined by adequate housing and resources as well as supporting the findings described by the members of the EI team. Mason and his family will receive speech-language and occupational services weekly for 60 minutes in the home for the next six months.

- a. Child and family current status
 - b. Recommended services
 - c. Recommended outcomes
 - d. Projection of the duration of service delivery
6. What is one advantage of a transdisciplinary team model for Early Intervention?
- a. Each provider has the opportunity to work one-on-one with the family
 - b. The role of the family is maximized in both planning and implementation of the plan
 - c. There is collaboration during planning among team members but each team member maintains autonomous control over his/her treatment plan
 - d. Evaluations are done independently by providers leading to greater inter-rater reliability among providers
7. The role of the Primary Service Provider (PSP) includes which of the following:
- a. Coordination of identification of a developmental delay or need for early intervention
 - b. Coordination of the implementation of early intervention services
 - c. Writing the IFSP
 - d. All of the Above
 - e. A and B only
8. An educational approach to both prevent and remediate difficulties in areas of development for children between the ages of birth and three who have or are at risk of having a developmental disability is the definition of which of the following?
- a. Cultural Competence
 - b. Early Intervention
 - c. Early Communication Intervention
 - d. Evidence-Based Practice
9. Early Communication Intervention is defined as focused intervention with young children on which of the following areas?
- a. Speech
 - b. Language

- c. Communication
 - d. Feeding
 - e. All of the above
 - f. A and B only
10. At the IFSP meeting, during discussions of the location of direct services, the family and speech-language pathologist discuss possibly working at both the home and in a daycare. The family asks if daycare will satisfy the natural environment principle. Which is an accurate response to that question?
- a. No, daycare is not home so it does not meet the definition of natural environment. We will need to write a justification for seeing your child in the daycare setting.
 - b. No, daycare is not home so it does not meet the definition of natural environment. We cannot see your child at daycare for Early Intervention.
 - c. Yes, daycare meets the definition of natural environment because it is a setting considered typical for infants and toddlers.
 - d. Yes, daycare meets the definition of natural environment because any environment where a provider can provide intervention is a natural environment
11. One of the first roles of an early intervention provider when providing family-centered services would be which of the following?
- a. Train family members on specific intervention strategies to use with their child
 - b. Educate parents on the importance of early intervention and of their involvement and expertise related to their child
 - c. Identify barriers to collaboration
 - d. Co-treat with other clinicians to make sure families are not overwhelmed by different providers
12. An SLP might anticipate providing a Latino family information in Spanish regarding a new diagnosis of autism spectrum disorder (ASD) and linking them with a family advocate that speaks Spanish from the statewide autism program. What is a rationale for this choice by the SLP?
- a. Needing information about their child's condition is an often cited need by parents from other than the majority culture.
 - b. Latino families cannot understand English so the SLP must provide everything in Spanish
 - c. The SLP wants to provide initial information to the family in Spanish only until she can communicate the need for them to speak English only to their child.
 - d. The SLP should not provide the family with this information as this would be the role of the service coordinator
13. An SLP spends extra time at the end of a weekly visit asking about the family's routines and daily lives. He learns that the family enjoys weekly trips to a local hiking trail with extended family members. The SLP's intern seems frustrated by the SLP's off-topic

conversation. The SLP provides a rationale that developing relationship with the family is his first priority in therapy. What rationale would justify this choice?

- a. He wants the family to like him so they keep working with him
- b. Establishing a relationship with the family is critical to family-centered care
- c. Relationship with the family will lead to earlier language development in their child
- d. It is difficult to get all the minutes you get paid for with the client, so talking with the family helps you get paid

14. The first step in evaluating research is?

- a. Executing a search for a meta-analysis
- b. Selecting sources of evidence
- c. Developing a well-built question
- d. Applying evidence to a clinical problem

15. A well-built question will contain what information?

- a. Honest appraisal of clinical issue
- b. Relevance of environment
- c. Specific outcomes
- d. All of the above
- e. None of the above

16. Social validity can be defined as a response to which question below?

- a. Is the investigation truly measuring what it is intending to measure?
- b. Is the response to the intervention described generalizing to a social setting?
- c. Do parents and caregivers describe the published methods and outcomes social significant to them?
- d. Are the published methods socially acceptable?

17. The final step in evaluating research is?

- a. Implementation of a selected intervention
- b. Synthesis of the evidence
- c. Evaluating the application of evidence
- d. Establishing social validity

18. When executing a search for evidence, a meta-analysis is recommended as an ideal beginning article type. Why?

- a. A meta-analysis contains results of a rigorous review and synthesis of evidence
- b. A meta-analysis is often easier to read for an initial introduction
- c. A meta-analysis is often an extensive literature review
- d. A meta-analysis often contains steps for clinical implementation

19. Which of the following is true for an outcome statement on an IFSP?
- Needs to reflect family goals and priorities
 - Needs to be written in professional language with appropriate jargon
 - Can be written prior to the IFSP meeting
 - Can be written by the service coordinator after the IFSP meeting
20. An inability or particular lack of ability to perform various tasks, functions, or skills is defined as?
- Handicap
 - Disability
 - Impairment
 - Developmental Disability

Essay:

1. Define the components of Evidence Based Practice and describe how each component will be reflected in Early Intervention services.
2. Describe the steps in evaluating research including listing and defining each step. Describe how evaluating research can be integrated in an evidence based practice framework.
3. Describe the principles of Early Intervention and how each element impacts your role as provider.
4. Describe how you would build your cultural competency as an early intervention provider.

Chapter 2 - Early Communication Impairment Test Bank Questions

1. Infant morbidity is BEST described as which of the following?
 - a. Infant death prior to one year of age
 - b. Infant death within one month of birth
 - c. Infant lives but is at risk for developmental delay due to environmental
 - d. Infant lives at but with disability
2. Which baby is considered premature?
 - a. A baby born at 39 weeks
 - b. A baby born at 38 weeks
 - c. A baby born at 36 weeks
 - d. A baby born at 37 weeks
 - e. Any baby born less than 40 weeks
3. Which best describes the difference in use of a CPAP machine and a ventilator
 - a. A CPAP mechanically breathes for you but a ventilator does not
 - b. A CPAP provides oxygen support but a ventilator mechanically breathes for you
 - c. A CPAP means you cannot obtain oral nutrition but a ventilator enables oral nutrition
 - d. A CPAP is used to treat bronchopulmonary dysplasia but a ventilator is used for respiratory distress syndrome.
4. Which of the following syndromes discussed in class includes the following physical characteristics: short stature, obesity, narrow chin
 - a. Autism spectrum disorder
 - b. Fragile X syndrome
 - c. Fetal alcohol syndrome
 - d. Prader Willi syndrome
5. Treatment of respiratory distress syndrome (RDS) typically involves which of the following?
 - a. Synthetic surfactant applied to the lungs
 - b. Cessation of oral feedings
 - c. Surgery to repair the heart
 - d. Introduction of bradykinin
6. This umbrella term is utilized to describe neurological damage sustained in utero or around the time of birth that primarily impacts motor skills.
 - a. Spina bifida
 - b. Cerebral palsy

- c. Bradycardia
 - d. Inter-cranial hemorrhage
7. A baby born before 28 weeks would be expected to participate in what type of feeding routine?
- a. Variable depending upon birth weight
 - b. Intravenous feeding
 - c. G tube feeding
 - d. Oral feeding
8. Patent ductus arteriosis is caused by what?
- a. Inability for premature babies to close the duct between heart and lungs after birth
 - b. Scar tissue in lungs
 - c. Apnea
 - d. Bradycardia
9. The first intervention for apnea is typically?
- a. Behavioral to arouse a child
 - b. Wait and see
 - c. Medicine
 - d. Surgery
10. Late-language emergence is best defined as which of the following?
- a. Delays in phonology but appropriate semantic development
 - b. Late talking
 - c. Delays in social communication
 - d. Language impairment
11. Established risk is defined as which of the following?
- a. At risk for developmental disability due to several environmental or biological factors
 - b. The presence of a genetic syndrome
 - c. The impact of prematurity on development
 - d. Expectation of developmental delay due to the presence of a condition that is characterized by delays in development
12. Which of the following is NOT a condition that would be defined under Established Risk category for Early Intervention?
- a. Intellectual disability

- b. Autism Spectrum Disorders
 - c. Maltreatment
 - d. Cleft Palate
13. When getting a referral for speech therapy with a new client recently diagnosed with autism spectrum disorder (ASD) under the age of three, an SLP would anticipate always seeing which of the following?
- a. Deficits in aspects of early social communication including diminished eye contact, diminished joint attention, and language delay
 - b. Intellectual disability
 - c. Seizure disorder
 - d. Oral motor deficits
14. A chronic lung condition associated with prematurity and characterized by lung scarring and inflammation is best known as which of the following?
- a. Respiratory distress syndrome
 - b. Patent ductus arteriosus
 - c. Bronchopulmonary dysplasia
 - d. Sepsis
15. Jaundice is best treated by which of the following?
- a. Phototherapy
 - b. Wait and see approach
 - c. CPAP
 - d. Cessation of oral feedings
16. In addition to gestational age, which of the following has the largest impact on prematurity outcomes?
- a. Head circumference
 - b. Birth weight
 - c. Gender
 - d. Ethnicity
17. A clinician has a client that he feels needs early interventions services for late language emergence. The client has a history of neglect and is now in foster care but no known etiology for the language delay. What category could the clinician use to justify early intervention services?
- a. Established risk
 - b. At risk
 - c. Prematurity
 - d. Neglect

18. You ask a family regarding what treatment was provided for their preterm infant for an inter-ventricular hemorrhage (IVH). The family responds that no direct treatment was provided for the IVH. This is expected information based on which of the following?
- Most cases of IVH are mild and resolve themselves
 - We have no effective interventions for IVH
 - A preterm infant is too young for shunt
 - IVH is often not detected at birth due to poor screening procedures
19. In a typically-developing fetus, the ability to swallow develops around what gestational age?
- 38 weeks
 - 35 weeks
 - 32 weeks
 - 26 weeks
20. The threshold for deafness is which of the following?
- Hearing loss of 60 dB
 - Hearing loss of 90 dB
 - Hearing loss of 100 dB
 - Any hearing loss of more than 20 dB

Essay

- Select one syndrome discussed in Chapter 2 and describe the following: characteristics, cause, and impact on overall development.
- Define and distinguish between established risk and at risk categories for developmental delay.
- Discuss the impact of prematurity on areas of development including respiration, circulation, and feeding.

Essay #1: Prader Willi, Fragile X, and Down syndrome all listed as syndromes in Chapter 2

- Prader Willi – physical features discussed, consistent hunger, poor speech/phonology/oral motor skills caused by gene deletion on chromosome 15; delays in language with poor narrative skills

- b. Fragile X – physical features discussed, deficits in social communication, eye contact, at risk of intellectual disability caused by mutation to a gene of the X chromosome
- c. Down syndrome – physical features, cognitive delay, language often a relative strength compared with cognition by still delayed in development caused by extra genetic material on 21st pair of chromosomes

Essay #2: Expectation of disability in Established Risk due to known etiology but at risk there is possibility of delay. Established risk automatically qualify for EI but at risk is often dependent upon degree of delay.

Essay #3: Should include discussion of impact of gestational age and birth weight with possible respiration complications including RDS, BPD, and apnea. Complications related to circulation include PDA and ROP. Feeding impact based on degree of prematurity as swallow develops around 32 weeks gestation age but may also be complicated by NEC if present.

