

Chapter 1 multiple choice questions

1. Caleb's speech can be difficult to understand. He is 4;4 years and his preschool teacher suspects that he has a speech sound disorder. This means that Caleb has:
 - a) a problem remembering words in everyday conversation.
 - b) difficulty perceiving, phonologically representing and/or articulating speech, impacting his speech intelligibility and acceptability.
 - c) a genetic syndrome.
 - d) a structural problem with his ears or palate requiring further investigation.
2. Prevalence is a statistical concept referring to:
 - a) the number of children with speech sound disorders at one point in time.
 - b) the number new cases of children with speech sound disorders reported in a year.
 - c) the combined percentage of children who currently have a speech sound disorder and a history of SSD.
 - d) the pervasiveness of speech sound disorders in children.
3. Prevalence reports about speech sound disorders vary because of differences in the:
 - a) age range of the children studied, definitions of speech sound disorders, data collection methods, procedures for sampling children, and cut-points used on a standardized test.
 - b) statistical procedures for calculating prevalence.
 - c) the qualifications of the researchers determining prevalence.
 - f) inclusion or exclusion of incidence data.
4. Natural history refers to:
 - a) descriptions of children with speech sound disorders overtime.
 - b) the progression of a condition, such as speech sound disorders, without intervention.
 - c) chronological accounts of how SLPs have and have not been involved in a child's case overtime.
 - d) retrospective study of the changes in children's speech overtime.
5. From the limited natural history research on speech sound disorders in children, it has been suggested that:
 - a) most children with speech sound disorders improve without intervention.
 - b) most children with speech sound disorders will not improve without intervention.
 - c) at least half of young children with speech sound disorders will not improve without intervention.
 - d) children should not be given intervention and left to improve naturally.
6. Glen (4;10 years) has a concomitant language impairment and speech sound disorder. Fiona (4;9 years) has a speech sound disorder only. Which of the following statements is true?
 - a) Glen is less likely to improve without intervention compared to Fiona.
 - b) Fiona and Glen are equally likely to improve without intervention.
 - c) Fiona and Glen are equally unlikely to improve without intervention.
 - d) Glen will catch up while Fiona will not catch up.
7. Riley (8;3 years) has a moderate-severe speech sound disorder. Based on the outcome research it is likely that Riley is:
 - a) having difficulty with reading, writing and spelling.
 - b) not having any literacy difficulties but is struggling with numeracy.
 - c) having difficulty remembering words.
 - d) not having any problems at school and he does not have a concomitant language impairment.

8. Doug (32 years) has a history of childhood speech sound disorder. He received speech-language pathology intervention as a young child. His speech is now intelligible to unfamiliar listeners. During an assessment task designed to stress Doug's speech production skill, you would expect that Doug:
 - a) will have no speech difficulties.
 - b) may have subtle difficulties with polysyllabic words and tongue twisters, and may have errors on /ɹ, s, z/.
 - c) will be able to say polysyllabic words without error but may struggle with the speech sounds /ɹ, s, z/.
 - d) will have literacy difficulties.
9. As part of the Templin Longitudinal Study reported by Felsenfeld, Broen, and McGue (1994), it was reported that:
 - a) adults with a history of speech sound disorder completed fewer years of education, received lower grades, and required more remedial education than those with no history of speech sound disorder.
 - b) adults with a history of speech sound disorder completed similar years of education but received lower grades, and required more remedial education than those with no history of speech sound disorder.
 - c) adults with a history of speech sound disorder had similar outcomes to adults with no history of speech sound disorder.
 - d) adults with a history of speech sound disorder were less satisfied with their educational and occupational outcomes compared to adults with no history of speech sound disorder.
10. As part of the Ottawa Language Study reported by Johnson, Beitchman, and Brownlie (2010) it was reported that:
 - a) educational attainment was significantly higher for adults in the control group (i.e., no history of speech sound disorder or language impairment) compared to the adults with a history of speech sound disorder only and the adults with a history of language impairment.
 - b) educational attainment was significantly higher for adults in the control group (i.e., no history of speech sound disorder or language impairment) and adults with a history of speech sound disorder only compared to adults with language impairment (and possible concomitant speech sound disorder).
 - c) educational attainment was significantly higher for adults in the control group (i.e., no history of speech sound disorder or language impairment) and adults with a history of language impairment only compared to adults with speech sound disorder.
 - d) educational attainment was equivalent across the three groups studied: adults with no history of speech sound disorder or language impairment (control group), adults with a history of speech sound disorder only, and adults with a history of language impairment.
11. As part of the Cleveland Family Study of Speech and Language Disorders, Lewis et al. (2015) reported that if speech sound disorder persists into adolescence, the speech errors can include:
 - a) errors of syllable omission and the insertion of glottal stops.
 - b) atypical production of velars.
 - c) polysyllable errors only, as all other consonants, vowels and stress patterns have been mastered.
 - d) polysyllable errors, distortions of /s, z, ɹ, l/, substitution errors, phonological processes (e.g., cluster reduction), and possible abnormal voice, prosody, and fluency.
12. Compared to typically developing children, school-aged children identified at 4 to 5 years as having difficulty talking and making speech sounds may experience:
 - a) poorer peer relationships, significantly more instances of bullying, lower self-esteem, and less enjoyment of school.
 - b) enjoy school like their peers without speech sound disorders but experience more instances of bullying.
 - c) good peer relationships and no instances of bullying but lower self-esteem.
 - d) poorer peer relationships, lower self-esteem and less enjoyment of school but similar numbers of episodes of bullying to children.

13. Based on research by Felsenfeld et al. (1994), adults with a history of speech sound disorder are:
- a) more likely to be employed in semi-skilled or unskilled jobs compared with others of the same gender and no history of a speech sound disorder.
 - b) likely to be dissatisfied with their employment compared with others of the same gender with no history of a speech sound disorder.
 - c) likely to be employed in a variety of jobs regardless of skill level (i.e., skilled, semi-skilled and unskilled).
 - d) likely to be employed in skilled jobs but not satisfied with their employment when compared with others of the same gender with typical speech.
14. Based on research by Barr, McLeod and Daniel (2008), siblings of children with speech sound disorders:
- a) may feel jealousy, resentment, worry and concern about their brother or sister with a speech sound disorder.
 - b) are not usually impacted by their brother or sister with a speech sound disorder.
 - c) may feel anxious that they cannot understand their brother or sister and so avoid interacting with them.
 - d) can feel frustrated and annoyed that they cannot understand their brother or sister and so avoid supporting them when in need.
15. The average age of referral for children with speech sound disorders is:
- a) 2;6 years.
 - b) 5;6 years.
 - c) 4;3 years.
 - d) 3;4 years.
16. The ratio of boys to girls with speech sound disorders is:
- a) 1:1 – there is no difference in rates of SSD between boys and girls.
 - b) approximately 3:1 boys to girls.
 - c) approximately 2:1 boys to girls.
 - d) approximately 4:1 boys to girls.
17. Temperament(s) that serve as protective factors regarding the identification of speech and language difficulties in children include:
- a) reactive temperament.
 - b) persistent and sociable temperaments.
 - c) sociable and reactive temperament.
 - d) persistent and reactive temperament.
18. Temperament(s) that serves as a risk factor regarding the identification of speech and language difficulties in children include:
- a) reactive temperament.
 - b) persistent temperament.
 - c) sociable temperament.
 - d) persistent and sociable temperament.
19. For children who are multilingual, it is true that:
- a) speaking more than one language is a cause of speech sound disorders in children.
 - b) speaking phonologically similar languages causes speech sound disorders in children.
 - c) speaking more than one language is not a cause of speech sound disorders in children.
 - d) speaking phonologically different languages causes speech sound disorders in children.
20. Using Dollaghan's (2007) conceptualization of E³BP, the three sources of evidence include:
- a) internal research evidence, evidence from a clinical practice, and external evidence from patients/clients.
 - b) evidence from research, expert opinion, and evidence from patients/clients.
 - c) research evidence, case study evidence, and practice-based evidence.
 - d) external evidence, internal clinical evidence, and internal evidence from patients/clients.