

Speech-Language Pathology (0330)

Test at a Glance

Test Name	Speech-Language Pathology		
Test Code	0330		
Time	2 hours		
Number of Questions	120		
Format	Multiple-choice questions		
	Content Categories	Approximate Number of Questions	Approximate Percentage of Examination
	I. Basic Human Communication Processes II. Phonological and Language Disorders III. Speech Disorders IV. Neurogenic Disorders V. Audiology/Hearing VI. Clinical Management VII. Professional Issues/ Psychometrics/Research	20 23 15 23 6 23 10	17% 19% 13% 19% 5% 19% 8%

About this test

The Speech-Language Pathology test measures examinees' academic preparation in and knowledge of the field. The examination is typically taken by examinees who are in or who have completed a master's degree program. Recognized as the national examination in speech-language pathology, the test is one of several requirements for the Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association (ASHA). Some states use the examination as part of the licensure procedure. Examinees may obtain complete information about certification or licensure from the authority (ASHA, 10801 Rockville Pike, Rockville, MD 20852, or state or local) from which certification or licensure is sought.

The 120 multiple-choice test questions focus on content related to the major practice areas of basic human communication processes, phonological and language disorders, speech disorders, neurogenic disorders, audiology/hearing, clinical management, and professional issues/psychometrics/research. Case studies assess the candidate's knowledge of possible applications to clinical situations and issues. Research articles are included to assess the examinee's ability to synthesize information and to apply it to specific examples. The distribution of the test questions across the areas of practice was based on a national survey, commissioned by ASHA, of speech-language pathologists in a variety of employment settings.

The Speech-Language Pathology test evolves slowly in order to incorporate new developments in this rapidly changing field while still maintaining comparability of scores from one year to the next.

Topics Covered

The following list represents the topics covered in editions of the test that are currently being administered. These topics are consistent with standards for clinical certification set by the American Speech-Language-Hearing Association.

I. Basic Human Communication

- Language acquisition and learning theory
 - normal development of speech and language
 - developmental norms in phonology, syntax, semantics, and pragmatics
 - theoretical models of learning related to language and cognition
 - behavior management and modification
 - cognitive development
 - developmental, motor, and linguistic processes
- Language science
 - the structure of language
 - the phonetic and phonological representations of speech sounds
 - phonological theory as it relates to normal development
 - grammatical categories
 - morphology, syntax, semantics, and pragmatics, as these fields relate to normal language processing and production
- Learning theory
 - theoretical models of learning related to language and the effective treatment of disorders
 - models of behavior management and modification
 - theories of cognitive development
- Multicultural awareness
 - applications of theoretical models of language in society to a variety of linguistic and cultural groups
 - cultural and socioeconomic factors that influence speech and language
 - communicative differences between speakers of the same language, including idiolectal and dialectal distinctions
 - differentiation between first language/dialect interference and speech/language disorders
 - cultural differences in the use of nonverbal communication
- Speech science
 - speech perception
 - physiological phonetics
 - acoustic phonetics
 - anatomy and physiology, as related to the production, reception, and processing of speech, language, and hearing
 - neural bases of speech and hearing

II. Phonological and Language Disorders: Assessment and Treatment

- Phonological disorders
 - articulation disorders as influenced by anomalous, oral-motor, dental, learning, or behavioral factors
 - phonological process disorders
- Language disorders
 - developmental, motor, and linguistic processes
 - differentiation of normal, delayed, and disordered language development
 - the nature of expressive and receptive language disorders
 - treatment of language delays and language disorders

III. Speech Disorders: Identification, Assessment, Treatment, and Prevention

- Fluency disorders
 - theories of fluency
 - neurological and psychological factors
 - assessment, treatment, and prevention of fluency disorders
- Resonance disorders
 - resonance, as influenced by congenital anomalies, neuralgic disorders, disease, trauma, and behavioral factors
 - assessment, treatment, and prevention of resonance disorders
- Voice disorders
 - phonation, as influenced by respiratory, laryngeal, and

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- airway problems resulting from malformations, neuralgia, disease, trauma, and behavioral factors
- alaryngeal speech
- assessment, treatment, and prevention of voice disorders

IV. Neurogenic Disorders

- Neurological disorders
 - aphasia
 - progressive disorders
 - motor speech disorders
 - traumatic brain injury
 - cognitive communication disorders
- Dysphagia
 - the process of swallowing
 - causes and effects of swallowing disorders
 - assessment and treatment of swallowing disorders

V. Audiology/Hearing

- Hearing science
 - principles of hearing
 - anatomy and physiology of the hearing mechanism
 - congenital and acquired hearing loss in children and adults
- Audiological assessment
 - hearing screening for clients of all ages
 - interpretation of audiograms and tympanograms
 - referrals to appropriate professionals

- Auditory habilitation and rehabilitation
 - management of clients with hearing loss
 - issues of intervention relevant to the practice of speech-language pathology

VI. Clinical Management

- Alternative/augmentative communication
 - assessment and use of alternative/augmentative communication devices
 - determining candidacy for alternative/augmentative devices
- Counseling
 - communicating assessment and treatment plans, progress, and results to clients and appropriate professionals
 - interpersonal communication and counseling techniques
- Documentation and monitoring client progress
 - collecting and using information from other agencies
 - communicating to other professionals concerning the client's history
 - data gathering and interpretation
 - determining termination criteria based on prognosis, progress, and motivation
 - procedures for referral and follow-up
 - writing professional reports

- Efficacy
 - demonstration of results of clinical services in relation to speech, language, and hearing
 - determining and communicating information about the outcomes of assessment and treatment
- Instrumentation
 - instrumentation used in speech and language analysis
 - the purpose, use, and applications of technological developments with respect to assessment and treatment of speech and language disorders
- Speech-language assessment
 - establishing clients' past and present status
 - formulating recommendations, including impact of life conditions, type of treatment, and service-delivery models
 - identifying individuals at risk for communication disorders
 - interviewing techniques and interpersonal skills
 - procedures for screening clients of all ages
 - selection and administration of standardized evaluation procedures, such as formal tests
 - selection and administration of nonstandardized procedures, such as language samples and behavioral observations

- Speech-language intervention
 - diagnostic intervention
 - selecting activities appropriate to the client’s age, sociocultural membership, and disorder
 - implementing remediation methods and strategies for disorders
- Syndromes and genetics
 - basic principles of genetics
 - syndromic and nonsyndromic inherited and developmental conditions
 - influence of syndromic and nonsyndromic conditions on hearing, speech and language development, production, and processing

VI. Professional Issues/ Psychometrics/Research

- Ethical practices
 - understanding standards for professional conduct
 - making referrals, obtaining permissions, keeping and using client records
 - ensuring client privacy
 - handling staffing issues in a professional and legally prudent manner
- Research methodology/psychometrics
 - criteria for selection of test materials

- determining the reliability of assessment procedures
- models of research design
- test construction principles
- Standards and laws
 - designing appropriate assessment and treatment through knowledge of governmental regulations and professional standards
 - federal laws and regulations impacting delivery of services
 - reporting requirements of governmental agencies

Sample Test Questions **Speech-Language Pathology (0330)**

The sample questions that follow illustrate the kinds of questions in the test. They are not, however, representative of the entire scope of the test in either content or difficulty. Answers with explanations follow the questions.

Directions: Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the one that is best in each case.

1. Which of the following is the major physical or organic factor underlying impairment in the speech of persons with cleft palate?
 - (A) Congenital hearing loss from otitis media
 - (B) Broad irregular maxillary arch
 - (C) Palatopharyngeal insufficiency
 - (D) Maintenance of learned neuromuscular patterns
 - (E) Irregular vocal fold abduction

2. A speech-language pathologist determines the mean length of utterance (MLU) of a language sample from a three-year-old child. Two weeks later, the same clinician reevaluates the same sample and again determines the MLU. The extent to which the two scores are similar is most directly a function of the
 - (A) validity of the scores
 - (B) reliability of the scores
 - (C) skewness of the score distribution
 - (D) efficiency of administration
 - (E) speededness of the measure

3. A speech-language pathologist is providing services to adults with neurogenic disorders of communication. Of the following clients, which will likely have the most favorable management prognosis?
 - (A) John, who has a closed head injury resulting in a slight concussion
 - (B) Jim, who has a penetrating head injury resulting in paralysis of the nervous system
 - (C) Mary, who has Alzheimer's disease
 - (D) Juan, who has amyotrophic lateral sclerosis
 - (E) Helen, who has Huntington's chorea

4. The clinician has targeted the phonological process of “stopping on initial fricatives” for remediation and is using the word “shoes” to establish the new behavior. The clinician now wishes to investigate whether the speaker can generalize the newly learned pattern to untrained words. If it is assumed that generalization will occur on words whose phonetic characteristics are most like the trained word “shoes,” which of the following words should be selected?
 - (A) shouting
 - (B) fished
 - (C) ocean
 - (D) shook
 - (E) mission

5. The Spanish-speaking parents of a nine-year-old bilingual child report that their child communicates in Spanish with complete utterances and has a good vocabulary in comparison to other children in the neighborhood. Their concern is that the child interrupts their conversations and has not learned social rules that are important within the family and community. Testing confirms similar problems in English-speaking settings. The speech-language pathologist would most likely recommend that therapy focus on which of the following language areas?
 - (A) Syntax
 - (B) Morphology
 - (C) Semantics
 - (D) Pragmatics
 - (E) Semantic relations

6. Which of the following intervention approaches should the speech-language pathologist try first for a four-year-old child with a moderate fluency disorder?
 - (A) Helping the child learn to speak slowly
 - (B) Treating the child with biofeedback
 - (C) Treating the child with delayed auditory feedback
 - (D) Counseling the family
 - (E) Referring the child for psychotherapy

7. A 60-year-old man has Parkinson's disease and is in the early stage of dementia. It would be appropriate to address which of the following goals first in therapy?
- (A) To improve articulation skills
 - (B) To educate the family or caregivers
 - (C) To decrease jargon
 - (D) To decrease circumlocution
 - (E) To improve motor skills

	<i>Pretherapy</i>	<i>Current</i>
Pitch	175 Hz	200 Hz
Phonation duration	10 sec.	15 sec.
Perturbation	1.2	.68
Average airflow during connected speech	100 ml/sec.	150 ml/sec.

An adult female has received 20 sessions of voice therapy for hoarseness related to vocal nodules, and the data above for pre- and post-evaluation measures are compared. Which of the following is most strongly indicated by the data?

- (A) The patient's voice is improving.
- (B) The patient's voice is deteriorating.
- (C) Perturbation is worse, but the other measures are better.
- (D) The patient's voice is still abnormal.
- (E) The vocal nodules are gone.

9. A speech-language pathologist is behaving ethically if he or she does which of the following?
- (A) Refuses to deliver professional services on the basis of a client's sexual orientation.
 - (B) Offers to provide speech or language services solely by correspondence for an individual whose handicapping condition prevents easy access to the professional's office.
 - (C) Diagnoses a speech disorder solely through correspondence as long as the correspondence is thorough and careful.
 - (D) Offers general information of an educational nature by correspondence.
 - (E) Indicates the specific duration of the therapeutic program.

10. Which of the following statements best characterizes the ethics of formulating prognoses for clients with speech and language disorders?
- (A) No assessment is complete until a precise statement can be formulated regarding the prognosis.
 - (B) Since offering a favorable prognosis is essentially equivalent to guaranteeing the results of a therapy program, it is unethical to make specific statements regarding prognosis.
 - (C) The extreme complexity of speech and language processes and behaviors makes it impossible to formulate prognoses.
 - (D) After an assessment has been completed, it is usually appropriate to make some general statements about prognosis.
 - (E) A clinician's ability to make prognostic statements depends on the availability of standardized tests to quantify the severity of a speech and language disorder.

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Answers

1. The best answer is C. Palatopharyngeal insufficiency or, more specifically, velopharyngeal insufficiency is the major cause of the hypernasal speech associated with cleft palate. The other choices are incorrect because otitis media is not congenital; in cleft palate, the maxillary arch is often collapsed and thus is narrow; learned patterns are not organic; and irregular vocal fold abduction is not associated with cleft palate.

2. The best answer is B. Reliability is the consistency with which a test measures or the degree to which repeated measurement with the same instrument of the same individual would tend to produce the same result. Larger values indicate greater reliability; a reliability of 0.90 or greater is desirable for a test to be used in making decisions about individuals.

3. Choices C, D, and E mention disorders that are progressive in nature. Choice B describes a problem that is diffused or dispersed throughout the head with major impairments to the nerves, whereas the best answer, A, is more limited in scope and therefore most likely to be amenable to therapy or treatment.

4. Generalization probes are a principal feature of phonological therapy. The answer choices require the clinician to pay attention to position of the fricative sound in a word and also to the word's syllable structure. Of the choices, only D meets these criteria and is thus the best answer.

5. The parents have described adequate syntactic and semantic knowledge by the child. Testing in English confirms similar strengths. An area that has been identified as a weakness is pragmatics and social rules for interaction. The best answer, therefore, is D.

6. The best answer is D. According to Shames and Florence, the family is the critical variable for the young child who stutters. Counseling the family should be tried first, because the family might be inadvertently contributing to the problem in a way that would render other intervention ineffective.

7. When dementia is associated with Parkinson's disease, it is usually irreversible. Therefore, the family or caregivers must understand the nature of the linguistic and intellectual problems, as well as learn how to maximize the abilities of the client. The sooner the family or caregivers are made aware of the condition of the client, the better the intervention is likely to be. Therefore, the best answer is B.

8. All measures discussed demonstrate improvement. There is no certainty that the nodules are gone or that the voice is still abnormal. Perturbation, having gone down, shows some improvement. Based only on the data shown, one could say that there is some improvement. Therefore, A is the best answer.

9. According to the 1995 Code of Ethics of the American Speech-Language-Hearing Association (ASHA), the best answer, D, is allowed. The other choices are not approved and are discussed in Principle of Ethics I, Rule C, Rule F, and Rule G, among others.

10. According to the 1995 ASHA Code of Ethics, Principle of Ethics I, Rule F, a speech-language pathologist can make general statements about a client's prognosis. The other choices are contrary to the spirit of this ethical position. Therefore, D is the best answer.