

INTRODUCTION

The *Sourcebook for Receptive and Expressive Language Functioning* is a comprehensive resource of stimulus questions for you to draw upon for clients or patients from upper elementary to geriatric age. If you have used my *Sourcebooks for Speech, Language, and Cognition*, the format and diagnostic divider pages of this book will be familiar to you.

The *Sourcebook for Receptive and Expressive Language Functioning* was written for adults and adolescents with acquired impairments resulting from neurological dysfunction, disease, and injury. Speech pathologists report the *Sourcebooks'* versatility and also use them with a much younger and diverse population, including those with stuttering, autism spectrum disorders, ESL, and central auditory processing and other disorders. As a creative clinician, you will find great flexibility and many uses for this volume. The goal is to provide busy clinicians with a huge collection of questions that are current, real-life, and humorous; vocabulary that is relevant, functional, and interesting; and topics that are thought-provoking, diverse, and personal. Additional care was taken to ensure that questions have great variety in vocabulary, concepts, terms, and ideas. It is this clinician's experience that it is easier to take more difficult material and scale it down than it is to make easier material more difficult.

There are a number of features that make this *Sourcebook* unique and user-friendly.

- The book is divided into two sections clearly defined by colored tabs. The six purple tabs represent receptive comprehension skills and the six gray tabs represent verbal / nonverbal expressive skills.
- The unique tabbed pages function as more than divider pages. When you open to a divider page, you will see listed the names of all exercises in that target area along with the first question from each one. This page serves as a diagnostic screening tool and hierarchy of tasks to help you determine a patient's level of ability. For each of the screening questions, the numbered page has 20 follow-up practice questions of that same type. This diagnostic process can be used within one target area or across all receptive and expressive divider areas.
- The hard cover, heavier divider pages, and lay-flat spiral binding make the *Sourcebook* sturdy, durable, and long-lasting.
- Since this is not a patient workbook, the print is smaller so most exercises fit on one page. This allows you to scan the questions more easily. The added white space gives you room to personalize the book by adding your own notes, answers, or additional questions.
- All of the 296 exercises have 20 items so that percentages and outcomes can be easily determined. The receptive (purple) and expressive (gray) divisions and all target areas start with easier activities and progress to more complex materials. Within each target area, exercises are in a general order by type and by difficulty.
- The *Sourcebook* is a resource and not a step-by-step program. It offers flexibility for you to modify the type and difficulty level of stimulus and response items. You can be creative in what you present, how you present it, and how you build on the response.
- An answer key is not included for two reasons. First, only the Functional Math section has right/wrong answers and only a few exercises in the Naming target area are tricky. If you wish to have those answers available, there is room to write them on the page. The second reason is that each answer should be assessed on its own merits. If an answer is not conventional, let the patient explain or defend it. Individuals can give you important data by their answer, inter-

pretation, or even non-answer (as in the one we all hear: *I never did/knew/had to deal with that*). You might accept answers early in treatment that you would not accept with the same exercise at a later date. Assessing answers can help you plan treatment, develop strategies, goals, and self-monitoring. Preconceived answers may stifle creativity and cognitive flexibility on the part of both the patient and the clinician.

- The introduction to the target areas below suggests some ways that the exercises can be modified to become easier or more difficult depending on what is needed. The creative clinician will, no doubt, find even more ways to use them.

Receptive Language Functioning ***(purple tabs)***

Yes / No questions—35 exercises. This target area starts with simple orientation and proceeds to longer and more complex exercises. Yes / no questions are easy to modify into true / false, multiple-choice, or open-ended (naming) questions thus providing the means to expand the use of the exercises. To add more complexity, add another element to the question or ask “Was the last question about . . .” adding an element of recall.

Multiple Choice questions—27 exercises. Most of the multiple choice exercises have two answer choices within the question. Questions can be made easier by changing them to true / false or yes / no. Questions can be made more difficult by adding another choice, or by rewording the question so it becomes open-ended (naming) or requiring a sentence answer.

Sentence Comprehension questions—26 exercises. These exercises range from simple one-step directions to exercises with up to 10 elements. Omitting or adding information to the question can manipulate the difficulty level. Exercises in which there are statements followed

by comprehension questions can be modified by how general or specific the question is, and whether it is yes / no, open-ended, or requires repetition of some part of the original statement.

Basic Math problems—16 exercises. These exercises are mainly computation or “mental math.” A few exercises were included to cover cost awareness, common number facts, and conversions. The questions can be made easier or harder as needed.

Functional Material—20 exercises. The exercises in this target area are arranged by type of material, not by difficulty level. You need to have everyday items such as a newspaper or pill bottle available. The patient answers questions about the item. You can add or change questions by type and difficulty depending on your needs and the materials used.

Paragraphs with comprehension questions—17 exercises. This target area contains paragraphs of varying length and complexity with one or more comprehension questions. The questions are a combination of yes / no, multiple choice, or short answer and can be modified according to your needs. Some elements of the sentence can be omitted or other points can be included. Additional comprehension questions can be easily added.

Expressive Language Functioning ***(gray tabs)***

Nonverbal Communication—15 exercises. These exercises aim to build communication through drawing, gestures, and pantomime as well as to develop a means of functional communication. The exercises also are practice in using these methods to express wants and needs. Other nonverbal responses such as writing or use of electronic devices can be used not only with this target area but with questions throughout the book. These exercises can also be used by those with emerging speech.

Completions—24 exercises. Completions are a familiar technique to cue words and automatic speech, and as a means of eliciting speech at a word and phrase level. While most of the questions can be completed with a single word, they can be modified so the individual must generate a phrase. Modifications to increase difficulty include requiring more than one answer or having the patient repeat the whole question.

Naming—32 exercises. Naming tasks especially with picture cards are common. These exercises range in type and difficulty to challenge from emerging to high-level naming. The exercises can be made easier by making the category easier or by giving hints for a specific answer. The difficulty level can be increased by requiring multiple answers—making them Word Fluency tasks or by adding parameters to the question.

Word Fluency—28 exercises. Word Fluency exercises are naming tasks that require more than one answer. With multiple answers, there is more room for interpretation, creativity, and flexibility in a response. But for some this makes the task more difficult. The exercises can be made easier by omitting some parameters or making it a naming task (previous tar-

get area) by requiring only one answer. Additional challenges could be to require a higher number of answers or answers that begin with a certain letter.

Sentence Formulation—29 exercises. The directions for these exercises require creating a simple or complex sentence as a response. The first ten exercises provide words or phrases to incorporate into a sentence. The remaining exercises require not only the construction of a sentence but carefully considered content. The exercises can be made easier by accepting a nonverbal response, or a word or phrase rather than sentence. They can be made more difficult by having the patient include other points, expand a response, or by you asking follow-up questions. Most exercises in this target area can be interchanged with that of Longer Answers.

Longer Answers—27 exercises. In this target area, the patient is asked to construct either a complex sentence and/or multiple sentences with multiple bits of information. Each exercise presents questions that may trigger follow-up questions or discussion. Many of the responses can be insightful, personal, and intriguing. The difficulty level can be modified by requiring more or less information, or shorter answers that do not need to be in a sentence.