# PROFESSIONAL WRITING IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

*Third Edition*

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# INTRODUCTION

"If you didn't document it, you didn't do it." Competent professional writing is a necessity, not a luxury. Third-party payers, such as insurance companies, may deny payment if the documentation for professional services is incorrect or incomplete. Medical chart notes, diagnostic evaluations, progress reports, and discharge summaries are all legal documents that may be used in court. The Code of Ethics of the American Speech-Language-Hearing Association (ASHA, 2016) states that individuals shall provide all services competently, and that includes documentation of services rendered.

The authors were motivated to write the present book to address writing problems exhibited by undergraduate and graduate students in communication sciences and disorders (CSD), lax documentation by clinicians, and general slovenliness in professional discourse. Since the second edition was published in 2014, we have figuratively blown our tops at students' overuse of *literally* in conversation, although this trend has not (yet) infected their professional writing. We continue to remind students that they are off base if they write *based off of* instead of based on. Lastly, we understand the reasons for accepting a singular form of *they* in spoken discourse, but reject its use in professional writing. The *Third Edition* includes expanded exercises in all sections, in response to reviewers who used the second edition and requested more practice opportunities. We include a more accessible website instead of a bundled CD for additional materials. We also responded to feedback from students who enrolled in a Professional Writing Boot Camp at Adelphi University that led to some changes and adjustments in the present volume. Guidelines for instituting writing boot camps at other colleges and universities appear in the website. In addition, RG field-tested portions of the second edition as a Fulbright Senior Specialist in Linguistics in Bogota, Colombia. The graduate TEFL students attended research methods and academic writing lectures in English, and provided valuable feedback regarding both English and Spanish materials provided in the courses.

In the past few years, we have had our concerns about professional writing shared by site visitors from the National Council for Accreditation of Teacher Education programs (NCATE). Within our own disciplines, the Council of Academic Accreditation (CAA) evaluators of our graduate program in speech-language pathology, the CAA site visitors of our consortial doctor of audiology program, and the CAA teams that joined RG on site visits to other colleges and universities echoed the need for improvement in professional writing. In all cases, we were assured that the decline in professional writing was a national concern.

At a recent meeting of the Council of Academic Programs in Communication Sciences and Disorders, we were eager to learn how other CSD programs assessed professional writing. We learned that while some programs denied admission to students applying for matriculation in graduate degree programs based on poor professional writing, other programs ignored professional writing, and one program director was honest enough to admit, unofficially, that writing requirements were "dumbed down" to give the program a perceived competitive advantage in recruitment. All programs welcomed a resource for professional writing that was comprehensive and scholarly.

In our research for the present book, we have discovered some fine style manuals for research reports and professional writing, as well as workbooks focusing on drill work. In this volume, we hope to provide reasons and explanations for the suggestions we make, and to support our claims

with relevant professional citations. We do not think our students need to attend "remedial graduate school," nor do we doubt that every CSD student and professional practitioner can learn to write competently. We also think that learning to be a better professional writer does not have to be drudgery and have attempted to leaven our instruction with humor and stories.

Chapter 1 has some material that is new to the third edition, and includes an overview of English mechanics underlying syntax. In addition to a review of parts of speech, the chapter includes information about sentence structure, syntactic development, and disorders of syntax.

In Chapter 2, we describe language as our favorite toy, where even punctuation can be funny. Other topics include the alphabet soup of abbreviations that we use professionally; the mutability of language, especially among young adult users; and such thorny issues as gender neutrality and cultural differences. There are examples of correct and incorrect forms of usage throughout the chapter, as well as exercises at the end that review some of the themes. We have included many exercises and worksheets to address common errors in written expression; a list of common abbreviations that we use in professional writing; and have added to the website sections on strong language, "Mondegreens," and a game to use Shakespeare's insults to improve vocabulary. When students ask why there is so much professional jargon in our disciplines, we sometimes give the flip answer, "So you can charge more." The reality is that every trade and professional group uses jargon, whether it's "Adam and Eve on a raft" (two sunny-side up eggs on toast) in a local diner, or the contents of a legal document.

The focus of Chapter 3, evidence-based writing, is to provide the reader with strategies to answer the "why" questions about professional writing. We include annotated samples of students' evidence-based writing. We take you through the stages of writing a journal article. Our goal for most readers is to help them become educated consumers of research, not necessarily producers of research. We would also like to foster a cognitive shift away from the educational model in preparing therapy plans and reporting treatment to one where the clinician is testing hypotheses. After all, if you are following a curriculum, you may continue with it even if it doesn't seem to be working, whereas, if your hypothesis is falsified, you can begin testing another one.

As noted above, the ASHA Code of Ethics (revised in 2016) requires that we discharge our duties honorably and document our services appropriately. In Chapter 4, we review the Principles of Ethics that relate to professional writing, the constraints imposed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the guidelines for writing a successful research proposal to an Institutional Review Board. Since 2000, anyone seeking federal grant support is required to have a current certificate indicating a passing grade (currently 80%) on the web-based training program on the protection of human research participants administered through the National Institutes of Health. Students and professionals in communication sciences and disorders (CSD) are obliged to learn ASHA's code of ethics. There are many other websites related to ethics, and we provide the links for instruction about ethics in areas related to CSD.

Using library resources, discussed in Chapter 5, begins with a history of the library, followed by a discussion of collections and services. Those of us who enjoy the musty smell of the stacks can still indulge in this activity, but we also need to know how to conduct electronic searches. As instructors often use a course pack to supplement or substitute for a traditional textbook, we considered it worth noting. We also include sections on copyright and plagiarism. We would like a field trip to a college or university library to be part of the requirements for Chapter 5. Although we can access most of what the library has to offer through a desktop computer at home, we find the "bricks-and-mortar" experience of being in the building to be stimulating and informative. There is an extended set of exercises in correct use of APA 2010 style for referencing.

As we say in Chapter 6, on using Internet resources, welcome to the new way of doing business, meeting your life partner, succeeding in academia, and conducting your clinical practice. The syntax, semantics, and jargon associated with the

Internet today may appear out of date and even quaint by the time this chapter gets to the reader, but the section on uses and abuses of the Internet should remain relevant. We continue the discussion about research-based writing in this chapter. We recommend Internet resources to use, as well as those to avoid; explain the peer-review process for both print and electronic media; and recommend sites and strategies for database searches.

We have not seen a section on writing for oral presentation, which is covered in Chapter 7 in the current volume, in other professional writing books. Preparing an oral presentation is a topic of importance in basic books on rhetoric and public address, but we include it here to show how to develop a speech and to outline the presentation. In delivering the oral presentation, particularly one that includes computer-generated visual aids, we differentiate what should appear on the slides compared to what should be included in effective speech delivery. An oral report in class, a demonstration of a diagnostic test in clinical practicum, and a short course at ASHA are all based on written preparation. As the poster presentation is popular as an assignment for demonstrating evidenced-based practice in university clinics, as well as for disseminating research findings at professional conventions, we devote considerable attention to preparing a poster, and include examples on the accompanying website.

The diagnostic report, Chapter 8, is one of the lengthier sections of the book, divided into two parts. The first part specifies and describes five rules for diagnosis. For example, we address the second rule, *Be an Educated Consumer of Tests and Measures*, to all audiologists and speech-language pathologists who must understand research methodology even if they do not actively produce research. The guidelines for writing diagnostic reports in speech-language pathology and audiology, in the second part of the chapter, include specific instructions and examples for diagnostic protocols and report formats. Exercises start with the building block of phonetic transcription, which includes solving and writing a crossword puzzle in phonetics. Following that are original and edited diagnostic reports in speech-language pathology and audiology, and exercises for editing reports.

Chapter 9, clinical goals, reports and referrals, includes templates and samples of a treatment plan, progress report, and chart note, as well as forms of professional correspondence. We review issues in clinical writing related to terminology, ethics, and software. Exercises include writing cover letters for professional reports, writing letters as reports, completing an audiometric profile, and entering log notes in medical charts. We take you through the step-by-step process of evaluating background information, including test results, and making recommendations.

We end the book with an updated Chapter 10 on writing for professional advancement, because the format and number of questions have changed on our national examinations. The graduating student seeking a clinical fellowship, and the seasoned professional moving forward in a rewarding career, need strategies for developing professional documents. The chapter concludes with an analysis of multiple-choice tests, those used in the Praxis II exam as well as those prepared by course instructors. Exercises include developing a personal resume, preparing a professional cover letter, and developing a professional portfolio.

In recognizing the many people who helped us with this project, we want to pay a special tribute to the late Dr. Sadanand Singh, the founder of Plural Publishing, Inc. Singh (there is no disrespect intended; that is how he asked many of us to address him) also indicated that, although he could not read all manuscripts submitted or published, he did read our earlier one and enjoyed it very much. Angie Singh currently carries the torch at Plural, and she has been a wonderful source of support for us.

We are grateful for the assistance of Professor Suzy Lederer and Ms. Dawn Cotter-Jenkins at Adelphi University in providing some of the clinic forms used in this book. Professor Susan Behrens, a linguistics professor in the CSD Department at Marymount Manhattan College, spent a great deal of time with us to make sure that all appropriate grammatical rules were included in the third edition, and that our examples in the exercises were clear and appropriate. Our editors at Plural Publishing, Inc.—Kalie Koscielak and

Valerie Johns—have provided encouragement, cheerleading, and welcome deadlines throughout the writing project. Terry Gozdziewski field-tested the earlier editions in her writing classes and offered valuable suggestions. Our graduate research assistant, Yulia Kovalenko, painstakingly checked all chapters for clarity, ease of flow, and accuracy. Another graduate student, Monica Fernandes, corrected the Spanish version of the book that *Google Translate* yielded to produce a coherent Spanish version of the chapters used in Bogota. Our students' excellent work has inspired us, and their not-quite-so-excellent writing has motivated us, in preparing composite examples of diagnostic and treatment reports.

To Shelley and Elizabeth Goldfarb, Matt Simon and Tessera Rose; and to Andreas, Marie, and Ariana Serpanos, Luke Hardcastle, and Mark McClean—we love you madly. To Shelley and to Elizabeth V. Goldfarb, Matthew D. Simon, and to . . . (as written).

We invite readers to send comments and suggestions to us by email at:

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*To our daughters and their husbands.*

# 1 Getting Started

Language is our favorite toy. We encourage you to play with it, develop your own skill set, and have fun inventing and reinventing your unique use of it. At the same time, we want you to develop a consistently excellent professional writing (and speaking) style, using conventions universally understood by speech-language pathologists and audiologists. The professional and personal language you use will be quite different from what we wrote and said as undergraduate and graduate students. Emerging technology, especially in audiology, but also in areas of speech-language pathology such as alternative and augmentative communication, has resulted in a new and richer vocabulary, with terms borrowed from computer science, engineering, and medicine.

Nowhere is the flux of language more evident than in the words used by young adults to represent something or someone in exceedingly positive terms. These have evolved from "the cat's pajamas" to "groovy," "far out," and "def." The last term gives us an opportunity to examine what is claimed here to be a misunderstanding based on vernacular English. The term *def* does not refer to hearing loss; rather, as it originated in inner cities, it refers to *death* in an ironic way. There is a phonological rule in African American Vernacular English (AAVE) where the sound made by the voiceless *th* (theta), when appearing after a vowel, is pronounced as the sound made by the letter *f*. We write the rule as follows: postvocalic /θ/→/f/. This rule, as legitimate as any other in phonology, represents the accepted practice of a large linguistic community. It is important to note the difference between vernacular English and language disorder, as Jones, Obler, Gitterman, and Goldfarb (2002) indicate in a comparison of AAVE to agrammatism in aphasia. We can see now that the use of *def* actually corresponds to a phrase—*the livin' end*—used as a superlative several generations ago, for what is the end of life (*the livin' end*), but *def*?

Finally, as you play with your new language toy, resist the urge to turn nouns into verbs or verbs into nouns. Former President George W. Bush caused himself political harm by creating a noun from the verb *to decide*. Calling himself "the decider" resulted in a cascade of political cartoons, usually with a superhero in cape and tights (and the President's face) and a capital *D* emblazoned on his chest. The President would have been much better served by using the term *commander-in-chief* or even *the boss*. Similarly, creating a verb form of *clinician* is not the most apt way of expressing the notion that a speech-language pathologist or audiologist should be well rounded, as in, "To be a good clinician, you should *cliniche* with all types of cases."

## Beginnings of Speech-Language Pathology

This section is devoted to the beginnings of the field of speech-language pathology as well as the professional titles we use when referring to our colleagues and ourselves. The origins of speech-language pathology are usually traced to physicians in German-speaking countries in Europe during the early 1900s and shortly thereafter to the University of Iowa in the United States

(Goldfarb, 1985). In 1918 the University of Vienna appointed Emil Froeschels to serve as chief physician and *speech pathologist* (emphasis added) in the department of speech and voice disorders at the Central Hospital in Vienna. Together with Hugo Stern, his counterpart in the phoniatrics department, Froeschels convoked a meeting of what he dubbed the First International Congress of Logopedics and Phoniatrics. That meeting, held on July 3 to 5, 1924, at the Vienna Institute of Physiology, attracted some 65 specialists from the fields of laryngology, psychology, and pedagogical subjects. All but two of the participants were German-speaking Central Europeans.

At roughly the same time, across the seas in the United States, efforts were begun to develop the study and treatment of speech and hearing problems as a nonmedical field of professional specialization. Carl Emil Seashore, a psychologist and Dean of the Graduate College at the University of Iowa, selected a promising graduate student to develop a new program. This student, Lee Edward Travis, was probably the first individual in the world to be trained at the PhD level to work experimentally and clinically with speech and hearing disorders. His preparation involved study in the departments of psychology, speech, physics, psychiatry, neurology, and otolaryngology. In 1927, Travis became the first director of the University of Iowa Speech Clinic.

At the present time the International Association of Logopedics and Phoniatrics (IALP) convenes a congress every three years. The American Speech-Language-Hearing Association (ASHA), which is affiliated with IALP, presently lists more than 190,000 members (ASHA, 2018a). The professional titles of *logopedist* and *phoniatrist* have not been adopted in the United States. These titles and others are used primarily in Europe. For instance, the professional title of *orthophoniste* is used in France, as noted in Jean-Dominique Bauby's 1997 account of his brainstem stroke, *The Diving Bell and the Butterfly*. If they were used in the United States, the first author of this book would have to be called a *logogerist*, because he works with the elderly. Instead, in the United States, there has been a shift from identifying our practice as *speech correctionists* to *speech-language pathologists*, a shift that is traceable to the end of World War II. When injured soldiers, sailors, and marines returned to Veterans Administration Hospitals (now VA *Medical Centers*) with speech and language disorders secondary to head trauma, the attending psychiatrists and psychologists found they were not equipped to deal with these communication impairments. Some psychologists, notably Jon Eisenson, acquired expertise in both psychology and speech-language pathology, but the American Speech and Hearing Association (as it was called then) began emphasizing language in the scope of practice of its members. The addition of *Language* to the title came in the 1970s, when Norma Rees was president of ASHA (which preferred to keep its acronym rather than changing it to the unwieldy ASLHA).

## Beginnings of Audiology

Audiology emerged as a distinct profession in the United States during World War II, where noise exposure to the modern weapons of the times created the necessity of diagnostic and rehabilitative services for many returning military personnel. At the time, audiologic services were administered by professionals in related areas, mostly otologists and speech-language pathologists, and included psychologists and teachers of the deaf, who ultimately became the first audiologists. The term *audiology* given to the new profession meaning "the study of (*logos*: Gr.; *audire*: L.) hearing" (Martin & Clark, 2012, p. 4) is attributed to otolaryngologist Norton Canfield and speech-language pathologist Raymond Carhart.

Robert West, a speech-language pathologist, is credited with expanding the discipline of speech correction to include hearing services (Bess & Humes, 2003). Audiologic services were officially recognized within the profession's purview by ASHA (then known as the American Academy of Speech Correction) in 1947, where the organization voted to include the term *hearing* in the association's title (Paden, 1975). At present, ASHA is the largest organization representing audiologists, with over 12,000 certified

members, a number that is substantially lower than the membership of over 165,000 certified speech-language pathologists also represented by ASHA (ASHA, 2018b).

A movement to create an independent organization for audiologists resulted in the formation of the American Academy of Audiology (AAA) in 1988 with a mission to "promote quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness and support of research" (AAA, 2018). With over 12,000 members, the AAA is currently the largest independent professional organization operated specifically by and for audiologists. Like ASHA, the AAA offers clinical certification to its qualified members, publishes a scientific journal, professional position statements, and practice guidelines in addition to consumer information, and conducts an annual national conference. There are numerous other organizations for the varying areas of audiology specializations, including hearing aid dispensing and pediatric and rehabilitative audiology.

### About the Deaf Community and *Hearing Impairment*

There are many terms used to describe individuals with hearing loss, including *hard of hearing* or *hearing impaired*. The use of such terms may vary depending on the severity of the loss or the communicative method used by the individual, such as manual, spoken, written forms, or their combinations. The term *deaf* is specifically used to describe an individual with a severe to profound degree of hearing loss, such that hearing cannot be used as a principal means of receiving communication. Individuals who are deaf and communicate primarily using manual language (e.g., American Sign Language, or ASL), sharing a culture of similar traditions and values, are part of what is referred to as the *Deaf community* (differentiated by the term *deaf* with a capital D). At issue with its members is the connotation of disability or handicap often associated with terms relating to hearing loss. The Deaf community does not consider deafness a deficit but rather a characteristic of an individual's hearing acuity (Deboni & Donohue, 2008; Martin & Clark, 2012).

## Current Issues

There are physical, occupational, and respiratory therapists; why are we not speech or hearing therapists? Currently, the master's degree is the minimum level of education for best practice in speech-language pathology, whereas the doctoral degree is required for practice in audiology. Accordingly, speech-language pathologists and audiologists do their own diagnosis, treatment, and discharge planning. There is no medical specialty with greater expertise in communication sciences and disorders than that of ASHA-certified practitioners. Although we may provide speech, language, and aural rehabilitation, we are not therapists. A therapist's professional duties are prescribed by a physician; take, for example, the activities of daily living skills for the occupational therapist (OT) and range-of-motion exercises for the physical therapist (PT). Referral from a physician to a speech-language pathologist, required for some insurance reimbursement, should properly indicate no more than "evaluate and treat."

The confusion continues when we try to describe the people we treat. Those of us who work in hospitals and medical centers may refer to our *patients*. In university speech and hearing centers, our graduate students tend to see *clients*. When they go off on externships in schools, they may work with *students*. If the placement is in a day treatment center for individuals with developmental disabilities (formerly referred to as *mentally retarded*), they become *providers* working with *consumers*.

## English Mechanics

One interpretation of the title of the present section is that it will deal with chaps who work under the bonnets of lorries. Lexical ambiguity is the basis of much of what we think of as jokes.

However, the purpose of this chapter is to define, describe, and help in the practice of some basic concepts of English mechanics as they apply to professional writing in speech-language pathology and audiology.

The section includes information and practice on grammatical classes (parts of speech) and structure rules (syntax). We have devoted considerable attention to most parts of speech, but have given others a cursory review. Most writers have no difficulty using *conjunctions* (and, but, yet) to join two simple sentences to form a compound sentence, or to use them to join words, phrases, and clauses. Similarly, we don't need to teach you that *articles* (a, an, the) identify and specify nouns. Finally, *interjections* (ouch, ah, whoops) express emotion, and do not belong in professional writing. We have chosen to describe *particles* briefly, because the prepositional and adverbial forms they take may be somewhat confusing. Finally, we relate concepts of English mechanics to theories of language development and language disorders, and demonstrate how knowledge of syntax can apply to clinical intervention.

We have tried to answer the following questions: What are characteristics of nouns and verbs? How do we use pronouns? How do adjectives/attributes develop in typical children? What are the differences between adjectives and adverbs? What are content (lexical) and function (functor or helping) words? What is a noun phrase? What is a verb phrase? How do we put them together to form sentences? What kinds of sentences can we create?

## Parts of Speech

(See Goldberg & Goldfarb, 2005)

### *Nouns*

Acquired earlier than verbs

Processed more quickly

Have an identity independent of verbs

More typical stress patterns in English

More syllables and longer durations

Conceptually, mapped as things

### *Verbs*

Verb relations often include nouns

More complex syntactically and morphologically

Greater range of meaning than nouns

Less typical stress patterns

Fewer syllables and shorter durations

Conceptually, mapped as relations

Limited number of verb forms convey a wide variety of meanings

### *Pronouns*

There are nine types of pronouns, and some of them give professional writers considerable trouble. Let's look at the easier ones first.

1. An *indefinite pronoun* refers, in general terms, to a person or thing. Indefinite pronouns include *all*, *any*, *both*, *each*, *everyone*, *few*, *many*, *neither*, *none*, *nothing*, *several*, *some*, and *somebody*. Some examples of indefinite pronouns in sentences are:

   Several answers come to mind.

   Any exercise is usually better than none.

   Nothing good will come of this.

2. A *reflexive pronoun* refers back to the subject of a sentence. The reflexive pronouns are *herself*, *himself*, *itself*, *myself*, *ourselves*, *themselves*, and *yourselves*. These same words can also act as intensive pronouns (see C, below). Some examples of reflexive pronouns in sentences are:

   They should take better care of themselves.

You should make yourself scarce.

I learned much about myself in clinical practicum. (Note that *much* is preferable to *a lot*. In professional writing, try to avoid colloquial usage.)

3. An *intensive pronoun* strengthens or emphasizes the noun or pronoun that comes before it. Some examples of intensive pronouns in sentences are:

   Professor Serpanos herself told me to take this course.

   I myself would not have chosen to go.

4. A *demonstrative pronoun* points out a noun. The demonstrative pronouns are *that*, *these*, *this*, and *those*. Even though these pronouns may look like demonstrative adjectives, they are taking the place of a noun, as pronouns do. When *that*, *these*, *this*, and *those* are followed by nouns, they function as adjectives. If we say, "Take these before bedtime," then *these* functions as a demonstrative pronoun. However, if we say, "Take these pills before bedtime," then *these* functions as an adjective. Some examples of demonstrative pronouns in sentences are:

   That is what we should use.

   How can you handle all those?

5. An *interrogative pronoun* is used, as the reader has probably already guessed, when asking a question. Interrogative pronouns include *what*, *which*, *who*, and *whom*. They also attach to ever, as in the compound words *whatever*, *whichever*, *whoever*, and *whomever*. As with demonstrative pronouns, interrogative pronouns may look like interrogative adjectives, but these pronouns take the place of nouns. Note that *which*, *who*, *whose,* and *whom* may also be used as relative pronouns (see 6, below). Some examples of interrogative pronouns in sentences are:

   Which hat goes with this dress?

   What is the meaning of this?

   Whatever does Lola want? Note that in the song from the musical *Damn Yankees*, "Whatever Lola Wants (Lola Gets)," the word *whatever* is used as the object of a verb in a dependent clause.

6. A *relative pronoun* introduces a clause, or part of a sentence, that describes a noun. The relative pronouns are *that*, *which*, *who*, *whose,* and *whom*. Some examples of relative pronouns in sentences are:

   Use the test that you find most appropriate. *That* introduces "appropriate," which describes the test.

   Larry is a scientist who is familiar with the CSL. *Who* introduces "familiar with the CSL," which describes Larry.

7. A *subjective pronoun* acts as the subject of a sentence; a person or thing that performs the action of the verb. The subjective pronouns are *he*, *I*, *it*, *she*, *they*, *we*, and *you*. Some examples of two subjective pronouns in sentences are:

   She and I are assigned to the same client.

   We are never late, but they always are.

   It seems as if we'll never finish our 400 hours of practicum.

8. An *objective pronoun* acts as the object of a sentence; a person or thing receives the action of the verb. The objective pronouns are *her*, *him*, *it*, *me*, *them*, *us*, and *you*. Some examples of two objective pronouns in sentences are:

   Blame him for the mess, not us.

   Take her along with them.

9. A *possessive pronoun* indicates who owns something. The possessive pronouns are *hers*, *his*, *its*, *mine*, *ours*, *theirs*, and *yours*. As we note elsewhere, punctuation errors are the bane of professional writers who make errors when using possessive pronouns. We also note regional dialectal

variations for some possessive pronouns, especially *mines*. Some examples of possessive pronouns in sentences are:

The responsibility is mine, not hers.

When we get married, what was yours becomes ours.

### Adjectives and Adverbs

*Adjectives* describe nouns or pronouns. It makes no difference if the description comes before (What a *cute* baby) or after the noun (That baby is so *cute*). Adverbs modify adjectives, verbs, and other adverbs, but not nouns or pronouns. *Adverbs* answer questions of how (where the adverb usually has the *-ly* ending), as well as when and where. The non-*ly* adverbs are called flat adverbs. If you are describing a careful worker, then you are using an adjective (to modify the noun, *worker*); but if you write about someone who works carefully, then you have used an adverb (to modify the verb, *works*).

Of course, as we are discussing English grammar, there are special rules regarding the *-ly* ending, which is not used when describing sense experiences of taste, smell, look, and feel. Then we drop the ending when using adverbs. Accordingly, a baby's head smells sweet, not sweetly; you look happy, not happily; a poor grade on an exam makes you feel bad, not badly; and chocolate tastes delicious, not deliciously. Another special rule applies to *good* and *well*. In general, good is an adjective (You did good work), and well is an adverb (You worked well). However, use well, and not good, when describing health. You may look good in your new clothes, but you will look well once you get over the flu. Elsewhere in this book we refer to comparatives (usually taking the ending *-er*) and superlatives (*-est*) in reference to adjectives and adverbs. However, we do not drop the *-ly* from an adverb when using the comparative form. That is, we do not speak *quieter*, but *quietly* in the audiology booth.

The use of certain classes of adjectives changes as children get older. Cognitive discrimination relates to stages of development in children, and reflects impairment related to brain damage in adults. According to Piaget's decentration theory (2001), the child develops the ability to move away from one system of classification to another. For some children, the ability to decenter from color to various aspects of form (that is, initially describing an object as blue, but then changing the description to big, round, and soft) begins in the preoperational period, between 2 to 7 years, and is usually completed during the concrete operational period of 7 to 11 years. Choosing color or form as the primary attribute in a controlled experiment has been shown (Goldfarb & Balant-Campbell, 1984) to differentiate neurotypical adults from those with left- and right-brain damage.

### Prepositional Phrases

Most of us have heard (or even said), "Between you and I . . . " This prepositional phrase represents correct usage of *between*, because two elements are involved, but it is incorrect usage of the object of the preposition. That is, the sentence should start as, "Between you and me," because *between* is a preposition and *me* is the objective pronoun.

While (or, perhaps, *whilst*) it is appropriate to use the term *amongst* in British writing, the term *among* is preferred in American English usage. The same sentence that has the word *between* might also have the indefinite pronoun *both*; a sentence with *among* might also have the indefinite pronoun *all*.

Prepositions often refer to the position of one object in relation to another. One common clinical assignment for new SLP student clinicians is to work on basic spatial relations with young children who have a language delay. Therapy often begins with *in*, *on*, and *under*, which are used in grammar as prepositions. We remember taking an old shoebox, and cutting out a square in the lid to make a "preposition box." The clinician could put a toy "in" the box through the cutout; "on" the box, somewhere else on the lid; and, by lifting the shoebox, "under" the box.

### Particles

Have you noticed that you can drink up and drink down, but you eat in only one direction (up,

although you can chow down)? When a word that is usually a preposition or an adverb in another context joins with a verb to form a multi-word verb, that word is called a *particle*. An alphabetical list of the most commonly used particles are *along*, *away*, *back*, *by*, *down*, *forward*, *in*, *off*, *on*, *out*, *over*, *round*, *under*, *up*. The word *out* forms a phrasal verb in "look out," and the word *for* forms a prepositional verb in "care for."

## Grammatical Morphemes

A morpheme is a minimal grammatical unit of a language that cannot be divided into smaller grammatical parts. The morpheme may be a word or a meaningful part of a word. How many morphemes are in the word "unconstitutional"? Your first job is to locate the free morpheme (also called a bound root) and then see which bound morphemes attach to it. If you said that the free morpheme was "constitution," nice try. Actually, "constitution" is a combination of the free morpheme "constitute," with the *-tion* ending needed to change a verb to a noun. The *-al* ending changes the word from a noun to an adjective, and the *un-* changes the word from affirmative to negative. So the correct answer is that there are four morphemes, one free and three bound.

In the Frank Loesser musical, *Guys and Dolls* (based on a story by Damon Runyon), the curtain rises to reveal a trio of men, one called Nicely-Nicely Johnson, singing, "Fugue for Tinhorns." Runyon and Loesser knew that an inappropriate adverbial form was required for the character's nickname. When asked how he was feeling, Johnson always replied, "Nicely-Nicely." Remember that we do not use the *-ly* ending for adverbs describing sense experience. Even though he was a morally sketchy character, Johnson's failed attempt at good grammar showed, paradoxically, that he was an upwardly mobile striver.

It is sometimes useful to have an operational definition of an utterance, especially when collecting pre-treatment data that will be compared to results of therapy. Our operational definition of an utterance is that it consists of two or more meaningfully related morphemes. Consider the following clinician–child interaction:

Clinician: Where do you live?

Child: New York

Clinician: What do you have?

Child: Toys

Even though "New York" has two words, it does not qualify as an utterance, because there is only one unit of meaning, or one morpheme. However, "Toys" does qualify as an utterance, because there is a free morpheme (toy) and a bound regular plural morpheme.

There are usually more morphemes than words in a series of utterances, but an individual utterance may have more words than morphemes. For example, consider the sentence, "Is the Empire State Building in New York City?" There are nine words, but only five morphemes, because "Empire State Building" and "New York City" have only one unit of meaning, even though there are three words. Much more frequently, bound morphemes tilt the imbalance in the other direction. For example, the sentence, "Nine miners were trapped irretrievably" has five words but 13 morphemes, as follows:

1. Nine: one word, one morpheme
2. Miners: one word, three morphemes (free morpheme "mine" and two bound morphemes of [er] for "one who" works in a mine, and the bound regular plural morpheme [s]).
3. Were: one word, three morphemes (present singular form of auxiliary verb "to be," plural form [is → are], and irregular past tense morpheme [are → were])
4. Trapped: one word, two morphemes (free morpheme "trap" and bound regular past tense morpheme)
5. Irretrievably: one word, four morphemes (free morpheme "retrieve" with negative morpheme [ir-], adjectival form [-able] and adverbial form [-ly]). It can even be argued that "retrieve" is composed of a prefix (re) and a bound root (trieve).