



**COURSE DATA**

**Data Subject**

<b>Code</b>	35292
<b>Name</b>	Speech Therapy Intervention in Early Attention
<b>Cycle</b>	Grade
<b>ECTS Credits</b>	4.5
<b>Academic year</b>	2023 - 2024

**Study (s)**

<b>Degree</b>	<b>Center</b>	<b>Acad. year</b>	<b>Period</b>
1203 - Degree in Speech Therapy	Faculty of Psychology and Speech Therapy	3	Second term

**Subject-matter**

<b>Degree</b>	<b>Subject-matter</b>	<b>Character</b>
1203 - Degree in Speech Therapy	19 - Speech therapy intervention in early care	Obligatory

**Coordination**

<b>Name</b>	<b>Department</b>
ALCANTUD MARIN, FRANCISCO	305 - Developmental and Educational Psychology

**SUMMARY**

About 30 years ago in Spain begin the first experiences of early childhood intervention. Since then the concept of EI has been evolving over the years to adapt to different situations, from a classical model based only on the treatment of disability from the Social Services until the current model is considered in Care Early as a means of prevention of disability and focuses on the child and its environment. From this view, we consider the totality of the child, taking into account the intrapersonal, biological, psychosocial and educational, of each individual and interpersonal related to their own environment: family, school, culture and social context (White Paper on Early Intervention). In our case, we will understand EI planned set of actions ([1]) global ([2]) and interdisciplinary ([3]) aimed at children from 0-6 years ([4]), to the family and the environment, which aim to respond as soon as possible to the needs of transient or permanent ([5]) who have children with developmental disorders or at risk of suffering. The main purpose of EI is that children with developmental disorders or at risk of suffering, receive, on a model that considers the bio-psycho-social, all that from the preventive and assistance to enhance their capacity development and welfare, allowing the integration more fully in family, school and social and personal autonomy. The development of children with developmental disorders depend heavily on the collection date and the time of onset of EI. The term "early" means starting early, ie in the moment of birth or in



early, not wait to start the intervention. Kicker is every act, word, object, action that arouses interest in the child and move it to perform an action. We can not passively transmit learning in a child. There are times that instead of "encourage" should help the child learn to inhibit their behavior, to control some behaviors. -----[1] Actions planned: those that gather and structure the different elements by an appropriate definition of objectives and goals, and a systematization of the proposed actions, and that use and have the resources necessary for such purposes. [2] global, ie, providing all aspects of himself and those of their environment (family, health, educational, social, etc.). [3] Interdisciplinary involvement is coordinated among professionals in the areas of Health, Education and Social Services. [4] The law ¿? Sets the right to receive care from 0 to 6 years but we are waiting for legislative development in Valencia. [5] Transitory: are those needs that have a limited lifetime in the child's life, with an incidence varying function, according to its evolution. Standing 6: Those present needs throughout the life of the person, but with a functional effect varies, depending on your progress.

**PREVIOUS KNOWLEDGE**

**Relationship to other subjects of the same degree**

**1203 - Degree in Speech Therapy :**

- R4-OBLIGATION TO HAVE SUCCESSFULLY COMPLETED THE COURSE
- 35276 - Basic Psychological Processes and Language Psychology
- 35278 - Psychology of Development and Language Acquisition

**Other requirements**

**1203 - Degree in Speech Therapy**

- Students must be able to apply their knowledge to their work or vocation in a professional manner and have acquired the competences required for the preparation and defence of arguments and for problem solving in their field of study.
- Students must have the ability to gather and interpret relevant data (usually in their field of study) to make judgements that take relevant social, scientific or ethical issues into consideration.
- Students must be able to communicate information, ideas, problems and solutions to both expert and lay audiences.
- Students must have developed the learning skills needed to undertake further study with a high degree of autonomy.
- Design, implement and evaluate actions to prevent communication and language disorders.
- Design and conduct speech therapy treatments, both individual and collective, by setting targets and stages, with the most effective and adequate methods, techniques and resources, and bearing in mind the different life developmental stages as well as gender perspective.



- Select, implement and facilitate the learning of augmentative communication systems, as well as the design and use of prostheses and technical aids adapted to the physical, psychological and social conditions of the patient.
- Advise families and other persons in the social environment of users, encourage their participation and collaboration in the speech therapy, address the peculiarities of each case and bear gender perspective in mind.
- Know the limits of their field of activity and learn to identify when an interdisciplinary treatment is necessary.
- Explain and argue the treatment selected for each patient.
- Know and critically evaluate the techniques and tools of assessment and diagnosis of speech therapy, as well as its intervention procedures.
- Communicate findings and conclusions to patients, their families and other professionals involved in their care, both orally and in writing, considering the sociolinguistic characteristics of the environment.
- Prepare and write reports of assessment, diagnosis, monitoring, completion of treatment and referral to another professional.
- Have an adequate speech production, language structure and voice quality.
- Evaluate one's own professional intervention in order to optimise it.
- Apply speech therapy through early intervention with the most appropriate and effective methods, techniques and resources.

To detect cases early identification and early intervention needs.

Apply techniques and intervention programs in early intervention cases in various areas of development: prenatal intervention, cognitive intervention, intervention in- sensory, emotional and social competence intervention.

Apply early stimulation techniques in the visual-auditory, motor and perceptual-manipulative areas. Precursors of the theory of mind.

Apply techniques early stimulation in preventing disorders, detection of language difficulties, understanding and stimulating production.

## **DESCRIPTION OF CONTENTS**

### **1. Framework for Early Childhood Intervention**

Definition and Background. Levels, Early detection and intervention models. Areas of activity in Early Intervention. Scientific-theoretical foundations in Early Intervention. The Centers for Child Development and Early Intervention (CDIAT) Regulatory framework.



## **2. Early detection**

Risk indicators.  
Biological risk.  
Social risk.  
Preterm and low birthweight.  
Chronic diseases.  
Deficits.

## **3. Early intervention in different areas of development.**

Prenatal intervention.  
Cognitive intervention.  
Sensory intervention.  
Emotional intervention.  
Intervention in the social area.

## **4. Early intervention on language development**

Prevention.  
Detection.  
Stimulation.

## **5. Early language stimulation.**

Requirements for the development of language stimulation programs.  
Major intervention programs in developing psycholinguistic and techniques used.

## **6. Family and Early Intervention**

The family as a developmental context.  
Intervention in the family context.  
The central role of families in early intervention.

**WORKLOAD**

ACTIVITY	Hours	% To be attended
Theory classes	30,00	100
Laboratory practices	15,00	100
Study and independent work	67,50	0
<b>TOTAL</b>	<b>112,50</b>	

**TEACHING METHODOLOGY**

Various methods were combined active. The concepts of each block are introduced during a participatory classroom, combining exposure of examples and case studies. The timing is not chronological, and the activities to be extracted and the contents of the different blocks simultaneously. The sessions are always theoretical and practical. The student participation is considered essential so that teachers propose in advance the topic of discussion. The practical activities will be individual or group to meet specific competencies. Given the characteristics of the degree course and is indispensable skills and competencies serve as the spit exhibition attitudinal, creative and interpretative, cooperative work, attitudes and values implicit in the development of practical activities. It will use the Virtual Classroom E-Learning platform placed at our disposal by the University of Valencia as a complement to the lectures. We will use the virtual mentoring via email and try to give timely feedback to all work submitted by students.

**EVALUATION**

- Oral or written presentation of reports, individual or group work (40%). To pass the subject, it will be necessary to attend at least 80% of the practical classes and, in the event that there are absences in a maximum of 20% of sessions, these must be due to well-documented reasons of force majeure. The contents and activities carried out in the face-to-face classes of a practical nature can be recovered by means of a written test that will be carried out at the end of the official final test.
- Exam aimed at assessing theoretical and/or applied knowledge (60%). Recoverable on second call.
- In the second call, the notes of the practical activities will be kept. For people who have not passed this part, it will be recoverable in the second call by exam.
- The awarding of an honours degree will be determined by the total mark obtained. In case of a tie in the total score, it will be the best exam mark and if there is still a tie, it will be determined by the best practical work.

The qualification of the subject as well as the review of and appeal to the allotted grades will abide to what is stipulated in the *Reglament d'Avaluació i Qualificació de la Universitat de València per a títols de Grau i Màster* (ACGUV 108/2017 of May 30, 2017).

[http://www.uv.es/graus/normatives/2017\\_108\\_reglament\\_avaluacio\\_qualificacio.pdf](http://www.uv.es/graus/normatives/2017_108_reglament_avaluacio_qualificacio.pdf)



In the event of fraudulent practices, the Action Protocol for fraudulent > practices at the University of Valencia will be applied (ACGUV 123/2020): <https://www.uv.es/sgeneral/Protocols/C83.pdf>

## REFERENCES

### Basic

- Alcantud, F. & Alonso, F. (2022) Trastornos del Espectro del Autismo: Bases para la intervención psicoeducativa, Madrid, Ed. Piramide
- Alcantud, F. (2003) Intervención Psicoeducativa en niños con Trastornos Generalizados del Desarrollo. Madrid, Ed. Piramide.
- Candel, I. (1999) Programas de atención temprana. Madrid: CEPE.
- Gómez-Artiga, A; Viquer, P; Cantero, M.J. (2003). Intervención Temprana. Desarrollo óptimo de 0 a 6 años. Madrid: Pirámide.
- Sansalvador, Jordi. (1998) Estimulación precoz en los primeros años de vida. CEAC, S.A.
- Román, J.M.; Sánchez, S.; Secadas, F. (1996) Desarrollo de habilidades en niños pequeños. Madrid: Ediciones Pirámide S. A.

### Additional

- Alcantud, F. (2008). Mi hija tiene Parálisis Cerebral Infantil. Madrid. Ed Síntesis.
- Serra, E.; Viquer, P. (1992). Educación infantil: un ambiente optimizador para niños de 0 a 3 años. Valencia. Nau Llibres.
- Shonkoff, J. Y Meisels, S.J. (1990). Early childhood intervention: The evolution of a concept. En S. J. Meisels y J. P. Shonkoff (Eds.). Handbook of early childhood intervention. Cambridge University Press.