



COURSE DATA

Data Subject

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| Code | 35295 |
| Name | Speech Therapy Intervention in Developmental Disorders |
| Cycle | Grade |
| ECTS Credits | 6.0 |
| Academic year | 2022 - 2023 |

Study (s)

| Degree | Center | Acad. year | Period |
|---------------------------------|--|------------|------------|
| 1203 - Degree in Speech Therapy | Faculty of Psychology and Speech Therapy | 3 | First term |

Subject-matter

| Degree | Subject-matter | Character |
|---------------------------------|---|------------|
| 1203 - Degree in Speech Therapy | 22 - Speech therapy intervention in development disorders | Obligatory |

Coordination

| Name | Department |
|-------------------------------|--|
| YGUAL FERNANDEZ, DESAMPARADOS | 305 - Developmental and Educational Psychology |

SUMMARY

The speech therapy course in Developmental Disorders is taught in the third year of the Degree in Speech Therapy. It has a workload for the student of 150 hours, or 6 credits (ECTS). This is a compulsory subject to be taught in the first quarter of the course. It aims to provide students with basic knowledge of general child speech. It is for the study of the basic framework of the intervention, the basic techniques of intervention in developmental disorders that involve alterations in language. The speech therapy is a symptomatic intervention, ie, the cornerstone of the operation is performed according to the semiology of the alterations observed in the language or communication. And this fundamental axis is modulated intervention in the case of secondary disorders, depending upon the underlying disorder that suffers the child and the characteristics fundamentally cognitive, they define. In the speech therapy course in Developmental Disorders corresponds training cornerstone of that speech therapy intervention. Hence its importance in the curriculum, it is one of the central subjects of the intervention training because the skills acquired are applied to all pediatric diseases involving language difficulties.



PREVIOUS KNOWLEDGE

Relationship to other subjects of the same degree

1203 - Degree in Speech Therapy :

R4-OBLIGATION TO HAVE SUCCESSFULLY COMPLETED THE COURSE

35272 - Anatomy of Language and Hearing Organs

35273 - Physiology of Language and Hearing Organs

35288 - Developmental Disorders

Other requirements

Essential prerequisites.

The following are considered essential and recommended pre-requisites the subjects provided by developmental psychology and language acquisition and development disorders.

COMPETENCES (RD 1393/2007) // LEARNING OUTCOMES (RD 822/2021)

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.



- Understand and evaluate the scientific production underpinning the professional development of the speech therapist.
- Know the limits of their field of activity and learn to identify when an interdisciplinary treatment is necessary.
- Be able to develop skills such as regulating their own learning, solving problems, reasoning critically and adapting to new situations.
- 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.
- Manage the technologies of communication and information.
- Know the principles, functions and procedures of speech intervention in developmental disorders.
- Select appropriate alternative and augmentative systems of communication considering the needs of children with developmental communication and language disorders.

LEARNING OUTCOMES (RD 1393/2007) // NO CONTENT (RD 822/2021)

Design and implement rehabilitation programs in cases of developmental language disorders with or without associated mental retardation. Design and conduct counseling sessions for parents and / or caregivers. Design and implement sessions of functional exercises and exercises aimed Handle tools for proper implementation of functional and targeted exercise.

To design and implement an intervention in communication development in Pervasive Developmental Disorders. Framed design intervention sessions on different approaches as behavioral intervention programs, structured environment, using visual cues, utilization of augmentative communication (PEC's, Schaeffer ...), promotion of social skills through social stories and facilitated communication.

DESCRIPTION OF CONTENTS

1. Introduction. Theoretical basis of speech-therapy in developmental disorders.

Introduction. Intervention in etiology versus intervention in semiology. Theoretical basis of speech-therapy treatments of language development disorders. Influence of different theoretical orientations in current treatments: contributions of conductism, contributions of generativism, cognitive theories, social theories.



2. Methodological principles and components of speech-therapy in developmental disorders (DD)

Methodological classifications. Syntomatologic procedures versus global or generative procedures. Timely approach to evolutionary approach. Therapist-centered interventions versus child-centered interventions. Formal versus functional teaching strategies. Highly structured procedures versus interactive procedures. The model of naturalistic intervention. Specific strategies of naturalistic intervention.

3. Global models of action and decision-making in speech-therapy in DD. (I)

Multidimensional structural model of intervention. Intervention objectives. Coping strategies. Procedures and activities. Intensity of treatment. Intervention agents. Intervention contexts. Evaluation of the intervention.

Interactive three-level model of Juarez and Monfort. First level: Reinforced and systematized stimulation. Concept of communicative adjustment. High quality dual interactions. Agents and contexts of the intervention. Counseling programs for parents and caregivers.

Interventions targeting emerging communication and language.

4. Global models of action and decision-making in speech-therapy in DD. (II)

Interactive three-level model of Juarez and Monfort.

Second level: Functional exercises. Concept. Criteria for intervention through functional exercises. Objectives assumed with this methodology. Instructional scheme of a functional exercise:

The situation. Complexity variables. Support systems. Evaluation of results.

Third level: formal exercises. Criteria for intervention through the exercisers. Objectives that can be assumed with this intervention methodology. Agents and contexts of the intervention.

5. Treatment in language levels: The intervention in morphosyntactic level.

Intervention in the morphosyntactic level. Treatment Approach: interactive approaches, naturalistic intervention, Intervention based in functional exercises, formal approaches.

Intervention in stage combination of first words. Intervention in the acquisition of simple sentence, morphosyntactic development intervention, augmentative communication applied to morphosyntactic déficit.



6. Treatment in language levels: Intervention in semantic component.

Treatment in the lexical-semantic: Introduction. Treatment approach: Interactive approaches, naturalistic treatments, treatment based on functional exercises, formal approaches.

Lexical level treatment. Treatments at the semantic level and verbal reasoning.

7. Pragmatic language deficits treatment

Intervention in the pragmatics of communication. Introduction. Treatment approach: Definition of objectives. Support system. Training of basic communication skills. Joint attention and eye contact. The game. Verbal comprehension. Training tasks of theory of mind. Training in communication functionality. Comprehension of humor and irony. Understanding of rules and moral judgments. Discursive skills training. Conversational skills. The story. Argumentation.

8. Specific intervention in communication development of children with Autism Spectrum Disorders.

The intervention in the communication of children with autism spectrum disorders. Ethodological approaches to intervention. Traditional behavioral approaches. Naturalistic behavioral interventions. Intervention with alternative and augmentative systems of communication. The effectiveness of the intervention: evidence-based treatments. Intervention in the prelinguistic level. Treatments at the beginning of language. Treatments for advancing the language development. The communication intervention for children with autism spectrum disorder high level of functioning. Treatment approaches.

WORKLOAD

| ACTIVITY | Hours | % To be attended |
|---------------------------------|---------------|------------------|
| Theory classes | 45,00 | 100 |
| Laboratory practices | 15,00 | 100 |
| Development of group work | 10,00 | 0 |
| Development of individual work | 10,00 | 0 |
| Study and independent work | 55,00 | 0 |
| Readings supplementary material | 7,00 | 0 |
| Resolution of case studies | 8,00 | 0 |
| TOTAL | 150,00 | |



TEACHING METHODOLOGY

It will conduct an active methodology based on theoretical explanations of the teacher and a set of activities related to the theoretical exposition that will induce students to reflect and take initiatives. Activities include reflective learning intervention techniques, case studies, materials analysis and reflections on important aspects of professional practice, evidence-based practice, ethical issues. This whole process accompanied and guided from the tutorial will try to guide students in self-study and resolution of doubts about the proposed activities.

EVALUATION

Evaluation system:

Information to obtain the final qualification of the subject is obtained through two basic procedures: individual final (final exam) and continuous or progress assessment (classroom, activities reports and / or work individual and group activities in class, attendance at conferences, seminars or workshops, etc.).

Individual final assessment shall be adjusted to the specific objectives of the programme guide. This assessment, which will reflect the level reached at the end of the learning process, will be held at the end of the classroom and will represent 70% of the qualification of the subject, being the highest value of 7. The final test to evaluate the specific objectives of the course will be written, theoretical - practice, target type and development questions.

Continuously or progress of work done by the students throughout the course of the evaluation will be done from the reports and written and oral comments in classes and tutorials, as well as the different activities carried out in the theoretical sessions and practices. This part of the evaluation is formative in nature, since it allows a feedback process, both for the teacher and student. This assessment will represent 30% of the qualification of the subject. Within the continuous assessment are distinguished two distinct parts:

1. reports of the practice sessions. There will be a single report of practices with maximum value of 2.25 points.
2. other activities carried out in the classroom: reports and / or individual and work group, access to content available in the virtual classroom, active participation in the activities carried out in class, etc. The value of this part is a maximum of 0.75.

The practical school attendance is mandatory and to pass the course will be required to attend at least 80% of classes. Non-attendance must be due to reasons of force majeure well-documented (health condition occurring, death of family member up to third grade, official examination, accompanying a relative of the first degree for medical reasons). The contents of the practical classes are considered irrecoverable. Students who do not attend or suspend this part of the evaluation may not recover it in the second call.



The final note is obtained from the sum of weighted notes of each part of the assessment, whenever expired portion convened formally written tests and practice report, i.e. it is necessary to approve each of the parts that make up the assessment to pass the course.

In the second call, the notes of the practical activities will be kept.

In the case of not having attended the practical classes, the student will be able to pass the subject only with the exam mark that is recoverable also in the second call.

Honors (MH) may be awarded to those students whose mark is equal to or greater than 9, to the highest mark in their group. Obtaining honors is subject to taking an extraordinary oral exam in the event that two students have the same mark and it is only possible to award an MH. In no case will the exam subtract marks.

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

- Juárez, A. y Monfort, M. (2015). Estimulación del lenguaje oral. Madrid: Entha Ediciones.
- Cervera-Mérida, J. y Ygual-Fernández, A. (2006). Intervención logopédica en los niveles de la lengua. En: Garayzábal, E. (Ed.) Lingüística clínica y logopedia. Madrid: A. Machado Libros.
- Mendoza, E. (2017). Trastorno específico del lenguaje (TEL). Avances en el estudio de un trastorno invisible. Madrid. Ed: Pirámide.
- Monfort, M., Juárez, A. y Monfort, I. (2004). Niños con trastornos pragmáticos del lenguaje y de la comunicación. Madrid: Entha Ediciones.
- Monfort, M., Juárez, A. y Monfort, I. (2006). La práctica de la comunicación bimodal. Madrid: Entha Ediciones.
- McCauley, R.J., Fey, M.E. & Gillam, R. B. (2017) Treatment of Language Disorders in Children. Baltimore. Paul H. Brookes Publishing Co. Inc.

Additional

- La profesora indicará bibliografía complementaria para cada tema.
- Martos, J. y Pérez, M (2002). Autismo. Un enfoque orientado a la formación en logopedia. Valencia: Nau Llibres.
- Prelock P. A. y McCauley, R. J. (2012) Treatment of Autism Spectrum Disorders. Baltimore, MD: Paul H. Brookes Publishing Co



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- Reichow, B., Doehring, P., Cichetti, D.V., & Volkmar, F.R. (Eds.) (2011). Evidence-based practices and treatments for children with autism. New York, NY: Springer.
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